

Statutory foster care service inspection report

Health Information and Quality Authority
Regulation Directorate monitoring inspection
report on a statutory foster care service under the
Child Care Act, 1991



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| Name of service area: | Kerry |
| Dates of inspection: | 25 – 28 March 2019 |
| Number of fieldwork days: | 4 |
| Lead inspector: | Una Coloe |
| Support inspector(s): | Grace Lynam Sharron Austin Tom Flanagan |
| Type of inspection: | <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced <input type="checkbox"/> Full <input checked="" type="checkbox"/> Focused |
| Fieldwork ID: | MON-0026555 |

About the Health Information and Quality Authority (HIQA)

The Health Information and Quality Authority (HIQA) is an independent statutory authority established to promote safety and quality in the provision of health and social care services for the benefit of the health and welfare of the public.

HIQA's mandate to date extends across a wide range of public, private and voluntary sector services. Reporting to the Minister for Health and engaging with the Minister for Children and Youth Affairs, HIQA has responsibility for the following:

- **Setting standards for health and social care services** — Developing person-centred standards and guidance, based on evidence and international best practice, for health and social care services in Ireland.
- **Regulating social care services** — The Office of the Chief Inspector within HIQA is responsible for registering and inspecting residential services for older people and people with a disability, and children's special care units.
- **Regulating health services** — Regulating medical exposure to ionising radiation.
- **Monitoring services** — Monitoring the safety and quality of health services and children's social services, and investigating as necessary serious concerns about the health and welfare of people who use these services.
- **Health technology assessment** — Evaluating the clinical and cost-effectiveness of health programmes, policies, medicines, medical equipment, diagnostic and surgical techniques, health promotion and protection activities, and providing advice to enable the best use of resources and the best outcomes for people who use our health service.
- **Health information** — Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information on the delivery and performance of Ireland's health and social care services.
- **National Care Experience Programme** — Carrying out national service-user experience surveys across a range of health services, in conjunction with the Department of Health and the HSE.

About monitoring of statutory foster care services

HIQA monitors services used by some of the most vulnerable children in the State. 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 continual improvement so that children have better, safer services.

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 the Child and Family Agency (Tusla) and to report on its findings to the Minister for Children and Youth Affairs. HIQA monitors foster care services against the *National Standards for Foster Care*, published by the Department of Health and Children in 2003.

In order to promote quality and improve safety in the provision of foster care services, HIQA carries out inspections to:

- **assess** if the Child and Family Agency (Tusla) — the service provider — has all the elements in place to safeguard children
- **seek assurances** from service providers that they are **safeguarding children** by reducing 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 HIQA's findings.

HIQA inspects services to see if the National Standards are met. Inspections can be announced or unannounced.

As part of the HIQA 2019 monitoring programme, HIQA is conducting focused inspections across 17 Tusla service areas focusing on **The child and family social worker, Assessment of children and young people, Care planning and review, Matching carers with children and young people, Safeguarding and child protection and Preparation for leaving care and adult life**. These focused inspections will be announced, and will cover six of the national standards.

This inspection report sets out the findings of a monitoring inspection against the following themes:

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| Theme 1: Child-centred Services | <input type="checkbox"/> |
| Theme 2: Safe and Effective Services | <input checked="" type="checkbox"/> |
| Theme 3: Health and Development | <input type="checkbox"/> |
| Theme 4: Leadership, Governance and Management | <input type="checkbox"/> |
| Theme 5: Use of Resources | <input type="checkbox"/> |
| Theme 6: Workforce | <input type="checkbox"/> |

1. Inspection methodology

As part of this inspection, inspectors met with the relevant professionals involved in the child in care service and with children in care, young people availing of the aftercare service and with foster carers. Inspectors observed practices and reviewed documentation such as care files, and relevant documentation relating to the areas covered by the relevant standards.

During this inspection, the inspectors evaluated:

- the social worker role
- assessment of children in care
- matching of children in care and foster carers
- care plans, placement plans
- safeguarding processes
- the leaving and aftercare service.

The key activities of this inspection involved:

- the analysis of data submitted by the area and questionnaires completed by 29 children in care and 3 birth parents
- meeting with or speaking to 11 children
- interviews/meetings with the area manager, the principal social worker for child protection and children in care, the principal social worker for foster care, three team leaders for children in care, and the aftercare manager
- home visits to five foster care households
- separate focus groups with children in care social workers, fostering social workers, aftercare workers and with foster carers
- review of the relevant sections of 38 files of children in care as they relate to the theme
- observation of a child in care strategy meeting
- phone calls/meetings with two parents of children in care

Acknowledgements

HIQA wishes to thank the staff and managers of the service for their cooperation with this inspection, the children in care who completed questionnaires, and the children in care, parents of children in care, and foster carers who met with or spoke to inspectors.

2. Profile of the foster care service

2.1 The Child and Family Agency

Child and family services in Ireland are delivered by a single dedicated State agency called the Child and Family Agency (Tusla), which is overseen by the Department of Children and Youth Affairs. The Child and Family Agency Act 2013 (Number 40 of 2013) established the Child and Family Agency with effect from 1 January 2014.

The Child and Family Agency (Tusla) has responsibility for a range of services, including:

- child welfare and protection services, including family support services
- existing Family Support Agency responsibilities
- existing National Educational Welfare Board responsibilities
- pre-school inspection services
- domestic, sexual and gender-based violence services.
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Child and family services are organised into 17 service areas and are managed by area managers. The areas are grouped into four regions each with a regional manager known as a service director. The service directors report to the chief operations officer, who is a member of the national management team.

Foster care services provided by Tusla are inspected by HIQA in each of the 17 Tusla service areas. Tusla also places children in privately run foster care agencies and has specific responsibility for the quality of care these children in privately provided services receive.

2.2 Service Area

According to data published by Tusla in 2018, the Kerry service area had a population of children from the ages of 0-17 years of 34,527.

The area is under the direction of the service director for Tusla, South Region, and is managed by an area manager. There were two principal social workers in the area,

who had responsibility for the foster care, child in care, leaving care and aftercare services.

The long-term children in care team, child protection teams, and the leaving care and aftercare team were based in Tralee and Killarney.

At the time of the inspection there were 155 children in foster care in the area. Of these, 56 children were placed with relatives and the remaining 99 children were placed with general foster carers, three of whom was placed with private foster carers.

The organisational chart in Appendix 2 describes the management and team structure as provided by the Tusla service area.

3. Summary of inspection findings

The Child and Family Agency (Tusla) has the legal 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 workers. Foster carers must be able to provide children with warm and nurturing relationships in order for them to achieve positive outcomes. Services must be well governed in order to produce these outcomes consistently.

This report reflects the findings of the focused inspection, which looked at the role of the social worker, the assessment of children's needs, care planning and statutory reviews, matching, safeguarding and child protection, and preparation for leaving care and adult life.

In this inspection, HIQA found that, of the six national standards assessed:

- 2 standards were compliant
- 2 standards were substantially compliant
- 2 standards were non-compliant, all of which were moderate non-compliance.

Children who met with or spoke to inspectors said they felt safe in their foster homes and they were happy and well cared for in their placements. The majority of children were happy with the contact they had with their families and described positive relationships with their social worker.

There were many areas of good practice in the area. Child in care reviews were well managed and care plans were up-to-date for most of the children. There was a significant effort by the team in 2018 to ensure reviews were completed for children. Children with a disability received a good service and there were good working relationships between Tusla and the Health Service Executive (HSE) in terms of services for children. Children had their needs adequately assessed. Family contact for children in care in the area was promoted and efforts were made to ensure children maintained positive relationships with family members. All eligible children were allocated an aftercare worker and the area demonstrated a commitment to the aftercare service.

The majority of children in care had an allocated social worker but there were some gaps in the allocation of social workers in the last two years and this impacted on the consistency of social workers provided to children in care. Children were routinely visited by their social workers and although there were occasions when visits were not completed as often as required, this accounted for a small number of children. Children with a disability had access to the services they required. The

team including senior managers ensured efforts were made to liaise with disability services to ensure children had access to the services and supports they required.

The number of complaints made by children in care was low but the management of complaints required improvement. Inspectors found that children were not provided with written information about how they could complain. There was no system to ensure oversight of all complaints and not all complaints were categorised correctly or managed in a timely way. Inspectors sought assurances in relation to the management of one complaint made by a child that had not been addressed. A satisfactory response was received after the inspection.

An electronic recording system was established in the area in March 2018 as part of a national system. Inspectors found that some files were easily accessible with good quality records but there was information missing from other files reviewed.

Assessments of children's needs were carried out in line with the standards. Inspectors found that, although, there was no standardised assessment of need document, the needs of children were recorded adequately within various other reports and records.

There was a good system in place to manage child in care reviews. There were a small number of reviews outstanding but reviews were generally held within the required timeframes. Additional reviews took place, when required, for example following an unplanned ending but this practice was not consistent. Care orders and/or voluntary consent was in place for all children whose files were reviewed. This area did not complete placement plans for the children in care in the area. Social workers were supervised by a team leader and records of the discussions were recorded and uploaded on the children's files. However, inspectors found that records of case management were absent from some files.

There was a matching process in place but the area had a limited number of available foster placements, which impacted on the quality of the matching process. Although there had been some good quality matching for some children, improvements were required to ensure this was evident for all children and reflected on their files. There were a number of foster care households providing care for more than two unrelated children which had not been risk assessed or approved by the foster care committee. There was a back-log of long-term approvals of placements.

There were a number of practices to ensure children were protected from all forms of abuse. Social workers were committed to safeguarding and protecting the children in care for whom they held responsibility and the majority of children were visited by their social worker. In addition, all foster care households had an allocated link worker. There were some examples of poor practices relating to an absence of a formal safety planning process in the area, the categorisation of complaints, allegations and serious concerns and there was an absence of a managerial tracking system to maintain oversight of child protection and welfare concerns. When specific measures were taken to ensure children's safety, these were not always reflected in formal, written safety plans. Inspectors sought assurances after the inspection in relation to the implementation of safety plans for children who required one and in relation to another case where the investigation of a child protection concern had not occurred in line with children first. A satisfactory response was received.

Children and young people in foster care were helped to develop the skills, knowledge and competence necessary for adult living. They were also given the support and guidance to help them attain independence on leaving care.

Issues outlined above and other issues identified during the inspection are contained in the action plan which can be found at the end of this report.

4. Summary of judgments under each standard and or regulation

During this inspection, inspectors made judgments against the National Standards for Foster Care. They used four categories that describe how the national standards were met as follows. We will judge a provider to be compliant, substantially compliant or non-compliant with the regulations and or national standards. These are defined as follows:

- **Compliant:** a judgment of compliant means that no action is required as the provider or person in charge (as appropriate) has fully met the standard and is in full compliance with the relevant regulation.
- **Substantially compliant:** a judgment of substantially compliant means that some action is required by the provider or person in charge (as appropriate) to fully meet a standard or to comply with a regulation.
- **Non-compliant:** a judgment of non-compliance means that substantive action is required by the provider or person in charge (as appropriate) to fully meet a standard or to comply with a regulation.

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

What children told us and what inspectors observed

During the inspection, inspectors met with nine children living in foster care in the area. Two of these children were aged three or under and were observed by inspectors with their foster carers in their foster home. Inspectors also received 29 completed questionnaires from children which expressed their views of the foster care service in the Kerry area.

Children reported that they were happy and well cared for by their foster carers. They liked living in their foster home and had choices in relation to day-to-day decisions and activities and their culture and background was respected. Children were happy with the contact they had with family members. Some of the comments children said when asked what they liked about their foster carers included:

- "everything"
- "I feel safe, I love it here. I am healthier and stronger. I am very happy here"
- "brilliant"
- "I like that they are really nice and they care for me..."
- "they are loving, understanding, caring and kind"
- "they really listen to me when I am upset about not meeting my siblings more"
- "foster care is good".

With the exception of one child who was unsure, all other children who returned questionnaires indicated that they had an allocated social worker. Four (13%) out of 29 children who responded to questionnaires said they did not see their social worker on a regular basis. Of the children who saw their social worker regularly, they said that their social worker met them on their own, felt they were listened to and that they could make important decisions about their care.

The responses from the majority of children were positive about their social worker. Children described their social worker as "very nice" and also said:

- "she has really helped me a lot throughout the years"
- "I only met my social worker once so I can't say anything about her as I do not really know her but I did like her when I met her"
- "she is helpful and I know she is there when I need her and I can talk to her"
- "I love my social worker but I feel like she doesn't listen to me sometimes".

29 (76%) of the 38 children who were met with or who completed a questionnaire reported that they had a care plan and their views were heard in relation to this. Most children attended a review meeting about their care plan or completed a review form which their social worker read out at the meeting. Two children said they did not have a care plan and five were unsure whether they had one or not and as such were unsure about decisions made at review meetings about their care.

While the majority of children knew about their care plan and were happy about it, some children said:

- "I would like to see my sisters and brothers more"
- "I feel I am not listened to about my siblings that I want to meet them more than every four weeks.... and I don't want the social workers to be there when I am with my siblings and have the foster carers do it instead"
- "I would like to know what happens to me when I want to move out on my own".

The nine children who met with inspectors in their foster home, two of which were aged three or under, presented as happy and very much part of the family they were living with. The children who spoke with the inspector said that family was important to them and they had the best of both worlds as they could see their own family while also living in foster care. They spoke freely about their home, school friends, as well as interests such as swimming, reading, quiz shows and action figures. Overall, children reported they were happy and safe in their foster home and their care experience was positive.

5. Findings and judgments

Theme 2: Safe and Effective Services

Services promote the safety of children by protecting them from abuse and neglect and following policy and procedure in reporting any concerns of abuse and or neglect to the relevant authorities. Effective services ensure that the systems are in place to promote children's welfare. Assessment and planning is central to the identification of children's care needs. In order to provide the care children require, foster carers are assessed, approved and supported. Each child receives the supports they require to maintain their wellbeing.

Standard 5: The child and family social worker

There is a designated social worker for each child and young person in foster care.

Summary of inspection findings under Standard 5

Data submitted to HIQA by the area prior to the inspection indicated that all children in care in the area had an allocated social worker. However, at the time of the inspection four children were not allocated a social worker, and instead these cases were held by a team leader, until such time as they could be re-allocated. Performance data published by Tusla showed that the children in foster care in the area had 100% allocation of social workers throughout 2018 but inspectors found evidence on files of some gaps in the allocation of social workers during this time period.

The principal social worker and the area manager told inspectors that there were occasions when children were unallocated, due to inadequate staffing to cover vacancies when staff were on extended leave. The principal social worker confirmed that when there were periods of leave, the supervising team leader oversaw any immediate tasks and ensured they were completed. Fostering link social workers told inspectors that the team leaders were accessible to both the link worker and the foster carers during these instances. Link workers also said they increased their contact with the carers to ensure there was adequate support provided. They outlined that changes in social workers can present as a challenge for foster carers and foster carers reported a lack of consistency, as a result, for the children. Team leaders confirmed that changes to personnel had impacted on consistency for children in care but they were facilitating handover meetings to ensure a positive transfer to a new worker, which often included a joint home visit.

Following a review of case lists, inspectors found that team leaders were holding the cases of four out of 155 children (2.5 %) as they were not allocated a social worker. Following the inspection the principal social worker outlined a plan to allocate these children in the weeks following the inspection. Two social workers went on unplanned leave shortly before the inspection and as they were due to go on extended leave, a plan was put in place to reallocate their cases. The principal social worker confirmed following the inspection that there was a plan to reassign the 18 children in care allocated to these social workers to other social workers on the team.

There was no system in place to document the number of social workers a child had or when a social worker changed for a child. Although the principal social worker advised that this information could be sourced if it was requested by a child, it was not facilitated on the current electronic system.

Inspectors reviewed 23 cases for the purpose of the role of the social worker and although all of these children were allocated a social worker at the time of the inspection, four of the children reviewed had been unallocated for periods of five, nine and ten months in the last two years. A further two of these children were due to be reallocated as their social workers were due to go on extended leave.

Data provided by the area indicated that there were six children who had not been visited by a social worker in line with regulations. Inspectors reviewed 20 children's files for this purpose and found that the requirements of regulations were met in over half of the cases sampled from the last two years. Ten out of 19 children's files reviewed in relation to statutory visits were deemed to be of good quality where children were met with in private, in the foster carers home and records written up.

Inspectors found that two of the nine cases where the statutory visits were not completed in line with the requirements, the children had been unallocated and there was a gap of 12 months between visits for both of these children. Two children had not been visited following a placement change and a further three children had gaps of nine and 10 months between visits. Case notes were not evident on one file and a visit to another child was delayed by one month.

Social work team leaders told inspectors that the expectation was that social workers would visit children four times per year or more often if required. They maintained oversight of the visits through supervision but advised that an overview list of statutory visits was not readily available. Team leaders have requested that social workers use a standardised format for uploading records of their visits to ensure another level of oversight but this was not fully operational at the time of the inspection.

The area manager identified maintaining family contact was one of the strengths in the area. He said foster carers regularly facilitated family visits and if not, staff and facilities were available in the area to ensure the contact was a positive experience for the children and families. The principal social worker for fostering said that family contact was considered during the matching process to ensure access was facilitated, if appropriate, on an informal basis. Twenty out of 29 children who returned questionnaires said their social worker kept in contact with their family and made sure they saw them. Inspectors reviewed 23 children's files and there was appropriate family contact in place for these children. If contact with some of the children's family members was deemed inappropriate, this was recorded. There were instances where social workers attempted to contact and maintain contact for children whose parents were abroad or in secure settings, which was good practice.

Inspectors spoke with some birth parents and children over the course of the inspection who described dissatisfaction with the family contact arrangements in place. They told inspectors that they did not feel heard when they tried to address their issues.

Data provided by the area outlined that there were 20 children in the area with a disability. This figure included children with complex medical needs. The principal social worker and the area manager both described effective working relationships with the Health Service Executive (HSE) disability services. There was a joint protocol in place and regular meetings at management level to address any gaps or potential issues arising. The area manager said children were linked with disability services in a timely manner and if lengthy waiting lists were impacting on a child, Tusla committed to funding the services privately. This was highlighted in the minutes of a team meeting where it was noted that there was a two year waiting list for occupational therapy. Social workers told inspectors that there a scarcity of services for children with additional needs.

Inspectors reviewed seven files where children had a disability and found that there was good coordination of services for each of these children. For example, there was a medical care plan on one file which covered in detail all of the complex health and medical needs of the child, and it was regularly reviewed from a multidisciplinary approach. There was also evidence of funding provided to source nursing hours for a child who required this and a respite placement was organised for another child.

The biggest concern identified by the area manager and the principal social worker related to funding required for services for children with moderate or severe disabilities who were approaching 18 years and therefore ageing out of Tusla's remit. The area manager said such cases were addressed at meetings with the chief officer in the HSE and to date he advised that all concerns were resolved satisfactorily. The area was proactive in trying to resolve issues and any difficulties were addressed at management level.

Overall, the number of children that had significant events was low in the area. There were 29 incidents of children going missing from care and the principal social worker maintained a log of these incidents. Inspectors viewed one file which contained the relevant details and found that there was an absence management plan in place and strategy meetings were held with An Garda Síochána as required by the 'Children Missing from Care, A Joint Protocol between An Garda Síochána and the Health Service Executive'. Foster carer's reported the incidents appropriately and these were recorded in case notes.

Inspectors sampled another child's file where a child had significant mental health concerns. The foster carers were proactive in reporting concerns relating to the child's mental health and the appropriate services were put in place for the child. There were no serious incidents reported in the last two years.

Data provided to inspectors prior to the inspection highlighted that there were four complaints made by children in care and one complaint by foster carers, parents or family members in the previous 12 months. Complaints were managed in the first instance by the child in care social worker on an informal basis. If following investigation of the complaint, the complainant remained unhappy, they were directed to the complaints officer and the official Tusla policy on managing complaints. Nineteen out of 29 children who responded to questionnaires said their social worker had explained how to make a complaint. However, the principal social worker said the area did not provide children with written child-friendly information about complaints. Team leaders confirmed that no information was provided to children about the complaints process unless they wanted to make a formal complaint and then they would be given the complaints form. They said that complaints by children were not viewed as complaints unless they received them formally in writing. Some social workers told inspectors that there were times when the classification of complaints was difficult.

There was one complaint by an adult in relation to a child in care on the areas complaints log but there was no formal system in place to track the complaints made by children. The area manager said he was briefed on all complaints during supervision and he said complaints were managed by the social worker and through child in care reviews.

The classification of complaints was not satisfactory. Inspector's looked at three cases where it was recorded that a child had made a complaint. Inspectors found that in one of these cases the child's issues was addressed appropriately and closed but this was classified as an expression of dissatisfaction, which was not accounted for in the Tusla complaints policy. A second complaint by a child, related to an allegation of physical abuse which was incorrectly classified and should have been classified as a child protection concern and this will be addressed later in this report, under standard 10. A third complaint reviewed by inspectors referred to a complaint

made by a child in June 2018 and again in January 2019 relating to the child's treatment by foster carers. This complaint will be addressed under standard 10.

A National Child Care Information system (NCCIS) for recording children's information was implemented in the area in March 2018. There was a social work team leader assigned to the implementation of this electronic system in the area and to provide support to the team using this system. Inspectors found good evidence of record keeping, up-to-date case notes and consistent use of the system. However, it was evident from discussions with social workers, minutes of team meetings and through file reviews that there had been some challenges with this system. Some social workers found the process time consuming, and the quality of the records was dependent on individual social workers competence inputting their records adequately. Inspectors found that not all case notes had been uploaded and it was difficult to locate some records as there was no naming convention to ensure consistency throughout the files. The impact of implementing a new electronic system, practice issues and the quality of records was regularly discussed at area management meetings.

Case chronologies were not completed in the area. Information such as the number of social workers a child has had or significant events in the child's life were recorded sporadically throughout the case notes and as a result this information was not easily retrievable or accessible in a timely manner from the file. The principal social worker said that although the national approach to social work practice now embedded in the service allowed for a certain level of information to be gathered and recorded, the system did not capture the history within complex cases, for example. Monthly audits of the use of the electronic system were completed and feedback provided to social workers, their managers and the senior management team regarding the process. Inspectors viewed a sample of these audits and found that there was an improvement in the overall use of the system to record key data recently. The quality of recording was not included in this auditing process. The principal social worker said this was the role of the Tusla Quality team.

While the area had demonstrated a commitment to ensuring each child had an allocated social worker, there were times when some children experienced gaps and inconsistencies in the allocation of a social worker over the last two years and there were four children whose cases were being held by a team leader. As a result, not all children were visited in line with statutory requirements and some improvements were required regarding the recording system. The information provided to children about the complaints process was not adequate and there was no system to maintain oversight of complaints made by children. For these reasons, the area was judged to be substantially compliant with the standard.

Judgment: Substantially Compliant

Standard 6: Assessment of children and young people

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.

Summary of inspection findings under Standard 6

An assessment of a child's needs is required prior to any placement or, in the case of emergencies, as soon as possible thereafter. There was a process in place to carry out an assessment of need for every child placed in foster care in the area. There was no specific document or template to clearly outline the outcome of the assessment and to record all of the child's needs. In the absence of this, the assessment of the child's needs was recorded in various documents produced by the social workers such as court reports, care plans and placement request forms. In the case of children placed in an emergency, the assessment of need was recorded on the minutes of the child's first child-in-care review. The principal social worker outlined that how an assessment of need was recorded depended on the type of admission, that is, emergency or planned placement change. He said he was aware of every admission to care through discussions with the team leaders and social workers regarding the need and purpose of placements.

According to figures provided by the area, there were 37 children placed in foster care in the last 24 months and 21 children had experienced a placement change during that time. Inspector's sampled eight files to assess the quality of the assessment of the children's needs. Inspectors found that six out of the eight assessments were of good quality. These included a case where a child was placed on an emergency basis. The placement request form which was completed within one week of the placement contained a very detailed analysis of the child's needs and background. This reflected multidisciplinary input and set out clearly the child's needs going forward. Inspectors viewed another case relating to a child who had experienced a number of placement changes. The assessment documented the child's wishes and the supports required to ensure a positive experience for the child in the future.

Inspector's viewed two further cases of children who were placed on an emergency basis. The assessments were documented on the child's care plan and child in care review minutes and were of good quality. The requirement was to have an assessment completed within six weeks of an emergency placement and although, the assessment took an additional two weeks in one case and four weeks in the other case, to complete, they were comprehensive. Team leaders told inspectors that following an emergency placement, social workers may need to work on a case for up to three months while assessing the child's needs and therefore this may lead to the assessment taking longer than required by the national standards.

Assessments of need were carried out on all children placed in foster care including children placed on an emergency basis. The assessments were of good quality and for this reason, the area was judged to be compliant with this standard.

Judgment: Compliant

Standard 7: Care planning and review

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.

Summary of inspection findings under Standard 7

Care planning and child in care reviews were well managed. Child in care reviews were managed by three team leaders who worked on the children in care and child protection teams. It was their responsibility to organize, schedule and chair the meetings. Social workers took responsibility for sending out invitations and feedback forms to foster carers, children and families. Dates for all reviews were scheduled at the beginning of the year by the team leaders. The principal social worker provided an overview of reviews held in 2018 which amounted to 222 in total, over the course of the year. This was a remarkable achievement for the area which showed substantial commitment. Child in care social workers and fostering social workers attended the reviews and copies of the care plan were available on the system for the fostering social workers to refer to. The reviews were generally held in the social work offices but team leaders said there could be flexibility in terms of the location of the reviews, for example, reviews could be held in the foster carers home and this depended on the needs of children, their families and foster carers.

Data provided by the area prior to the inspection outlined that every child in care had an up-to-date care plan. Inspectors reviewed care plans for 27 children and found 25 were up-to-date at the time of the inspection. One review was held the week before the inspection and therefore the care plan was in the process of being updated. Another child's care plan had not been reviewed, as required and the care plan was seven months out of date. A team leader said this child had been unallocated but was receiving a service from an aftercare worker. The team leader confirmed that as this child was due to turn 18, a social worker was allocated to formally hand over the case to the aftercare team.

Data provided by the area outlined that there were five child in care reviews that were overdue at the time of the inspection but there was a plan in place to ensure each of these reviews occurred. Overall, in the 24 months prior to the inspection, inspectors found that the care planning and review process was in line with statutory requirements for 17 out of 25 children whose files were reviewed for this purpose. There were eight children's files where the child in care review did not take place

within the requirements set out by regulations. This included delays convening review of between two weeks and three months for five children, seven months for one child and nine months for another child. Eight of the reviews sampled were not signed by team leaders, as required.

Guidance relating to the timeframes for updating a care plan after a child in care review was not specific. The principal social worker said there was no deadline for social workers to update the care plan after a child in care review but there was an expectation to have this completed in a timely manner. Team leaders had mixed opinions on timeframes and therefore practice was not consistent across the teams.

Children were encouraged and supported to attend child in care reviews. Team leaders said they knew all of the children and children were always invited to their review, particularly children over the age of eight years. In addition to attending the review, children had the opportunity to meet with their social worker or complete the review form beforehand. Nineteen out of 29 children who responded to questionnaires said that they had attended or were invited to attend their reviews and 17 children felt their views were reflected in their care plan. Of the nine children visited by inspectors, three of them were too young to comment but the other six children were aware of their reviews and exercised their right to choose to attend the review or not.

Inspectors found care plans were mostly of good quality, considered the child's needs and identified the required supports for the child. The plans outlined the arrangements in place for family contact and consulted external professionals in the majority of cases. However, four of the care plans sampled did not have a specific timeframe or person identified with responsibility to implement the actions recommended on the care plan.

Team leaders said following a review meeting the care plan was updated and sent to parents, carers and the children. However, it was not always evident that the decisions arising from a review were discussed with children. Inspectors only found evidence of this in eight of the 27 files sampled. Ten foster carers who met with inspectors said they did not have a copy of the child's care plan and another carer said there was a significant delay receiving the plan. Two out of three parents who responded to questionnaires said that they understood the decisions from the review meeting.

There was a process in place to ensure voluntary consent was updated for children placed in foster care under a voluntary arrangement. Inspectors reviewed two cases of children placed on a voluntary arrangement. There was a process to renew this at every child in care review.

There had been ten placement breakdowns in the 12 months prior to the inspection. A disruption meeting was held afterwards to identify the key factors pertaining to

the breakdown and to establish if there was any learning arising from the breakdown. Inspectors reviewed the minutes of foster care committee meetings and found that unplanned endings were discussed and reasons for the placement breakdown were recorded. The principal social worker said although they have tried to identify trends, common issues were not presenting and reasons for the breakdowns were specific to individual children. The principal social worker with responsibility for fostering explained that any learning arising from these situations was shared with the social workers at team meetings to ensure it informed future matching with the carers. The area manager said creative alternative therapies were put in place to support children and placements that were at risk of ending. Social workers advised that they completed joint work to ensure both foster carers and the children obtained the required supports, where necessary, to prevent a placement at risk from breaking down.

Inspectors looked at five files where the placement was at risk of ending or the child had experienced an unplanned ending. In one case, inspectors found that a disruption meeting was held which indicated the related factors which contributed to the unplanned ending. In another case, although a disruption meeting had been requested by the social worker, this did not take place. There was a delay of one year completing a review for another child and there was a significant delay sourcing alternative accommodation for two children where their placement was at risk of ending.

Social workers told inspectors that services for children with additional needs were limited in the area and timely access to services was required for all children in care. Some foster carers told inspectors that the children had access to the services they required in a timely way while others said there were delays obtaining the services outlined on their care plan. One foster care explained that they were waiting for tests for two years while another said they were awaiting therapy for the child for approximately eight months. Foster carers explained that the area manager had to sanction funding for some supports. During the file reviews, inspectors did not find any instances where there were issues accessing specialist supports for children.

Child in care social workers were supervised by their team leaders, the records of which were uploaded on the system. Team leaders told inspectors that during each supervision meeting, they completed an audit of one of the social worker's files to check the quality of the record, for example, that a care plan was completed. Twenty-one files were reviewed for evidence of case management. Inspectors found this was appropriate in seven of these files with adequate records of case management but there was insufficient evidence on 14 files to reflect the case management on these files.

The area was in the process of implementing a new management system to ensure oversight of the care planning and review system. The principal social worker advised that they were no longer using a tracker system as they were in the process of developing an online tracking system. The principal social worker also outlined

that he had oversight of the reviews and the quality of the records through his monitoring of the records but he did not have evidence of this for inspectors to view. File audits were completed by a social work team leader who had responsibility for the electronic system and the findings of these audits were reported to the social workers, team leaders and senior management. Inspectors viewed a sample of these and found they related to the use of the electronic system only and not the quality of the records. The area manager said he received reports on allocations, difficulties in placements and data relating to care plans from the principal social worker.

The area manager told inspectors that the Tusla national quality assurance and monitoring team had planned to undertake an audit of children's care plans in March 2019 but that this had been postponed.

The area did not have a system in place to ensure children that all children in care had a placement plan. Plans for the children's placement were contained within their care plan. Care plans did not, however, set out how a child's needs would be met on a day-to-day basis. The development of placement plans is outlined as a requirement in the National Standards for Foster care. In addition, Tusla's alternative handbook refers to the development of a placement plan as a key social work task following the admission of a child to care.

Care planning and child in care reviews were well managed and care plans were generally of good quality. There were some gaps in the oversight of plans and in case supervision, and it was not always evident when children and foster carers were advised of the actions arising from a review. However, placement plans were not completed for children in care in this area, as required by the standards, and therefore the area was judged to be in moderate non-compliance with this standard. Placement plans should outline the specific needs of a child in their current placement and set out the way in which a child's needs will be met day-to-day and the way in which the placement will contribute to meeting the child's needs as outlined in their care plan.

Judgment: Non-compliant Moderate

Standard 8: Matching carers with children and young people

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.

Summary of inspection findings under Standard 8

The area tried to ensure that children were matched with foster carers who had the capacity to meet their needs and there was a formal matching process in place. The recording of this process was not reflected in the children's files and the quality of

the records relating to the matching process on the foster carers files varied in quality.

The formal matching process was the responsibility of the fostering department following receipt of a referral from the child's social worker. The fostering department then sourced an appropriate match depending on the availability of suitable carers. Matching meetings took place as required or during planned biweekly meetings depending on the urgency of the request.

Fostering social workers told inspectors that there were a number of factors to consider when considering a placement match. This included for example, whether the foster carers had capacity to meet the child's needs, the location of children's schools, the child's needs, the children already in the household, sibling groups and geographical considerations, as well as the experience of the foster carers. A new matching assessment report was introduced to the team two months before this inspection to reflect the matching considerations required. The suitability of the match was verified during the child in care review meeting while ensuring the foster care placement was meeting the needs of the child.

Inspectors reviewed 11 files for the purposes of matching and found that the quality of the process was mixed. Social workers outlined the process to inspectors and described the meetings that took place regarding matching but this was not always reflected on the child's file. Three out of four files initially reviewed did not have any evidence of matching and as a result, inspectors requested additional information to evidence the work which took place. Information pertaining to an additional seven cases was sampled. Inspectors found examples of very good matching in two of these cases, which included a very detailed reflection of the child's needs and how the foster carer could meet the needs, including their strengths and any concerns regarding the placement. Another case clearly outlined the child's wishes, while considering how the foster carers could provide for the assessed needs of the child. In three cases, the child's needs were not recorded on the meeting record and therefore the connection between the carers experience and strengths to meet those needs was not evident. In another case, there was no evidence of consideration of the foster carers birth children or other foster children in the home which could impact on their availability and capacity.

At the time of the inspection, there were four available placements. The area manager advised that it can be a challenge to ensure there was an appropriate range of carers available especially for children, for example, with a disability. The principal social worker for fostering outlined that there have been occasions when a placement was not provided due to the lack of available or suitable carers. Team leaders said they have accepted a placement because it was available but generally they use their experience and knowledge of the families to identify the most suitable match.

Key considerations during the matching process included, ensuring siblings were placed together, in their local area, if possible. Children were placed with a relative, in the first instance, if this was deemed appropriate. Fifty-six of the 155 children were placed with a relative accounting for 36 % of the overall placements. Three children were placed in supported lodgings. These children were receiving sufficient support and statutory visits and child in care reviews took place, as required. There were 10 children placed outside of the area. Inspectors looked at four of these cases which included two children who were in private foster care placements. In three of these cases, statutory visits and reviews took place within requirements but one child had a gap of nine months between visits. There were reports on file from private foster care providers providing a detailed update of the case to the social work department. There were no special foster care placements.

The national standards outline that there should be no more than two children placed in the foster home, except in the case of sibling groups and these should not be placed with other fostered children. Data provided to inspectors prior to the inspection indicated that there was one placement which exceeded the numbers recommended by the standards. Following a review of documents provided and a discussion with the principal social worker, inspectors found that there were 11 foster care placements where the number of children placed exceeded the standards. The discrepancy in figures provided by the area related to placements where there were two siblings and one unrelated child which had not been classed by the area as exceeding the recommendations of the standards. The principal social worker confirmed that the foster care committee had not been notified of these placements, as required by the Foster Care Committee Policy, Procedure and Best Practice Guidance.

Eighteen out of twenty-nine children who responded to questionnaires said they had an opportunity to meet or stay with their foster carers before they moved in, which is good practice. Three parents who responded to questionnaires said they did not get to meet the foster carers before their child went to live with them. Some foster carers were very positive about the information provided to them before a child was placed, while others said they were not provided with sufficient information.

Out of the 12 cases reviewed for matching, inspectors found evidence of information provided to the foster carers prior to the placement in five of the cases, this was not possible in four cases as the children were admitted in emergencies and the remaining cases did not have the evidence of this on the child's file.

The area tried to ensure that children maintained contact with their local community when they were admitted to foster care. Of the children who answered questionnaires, eighteen said they did not have to move school when they went to live with the foster carers. Twenty respondents said they were satisfied with the contact they had with their family and friends.

The capacity of foster carers to meet the needs of children is not always apparent at the beginning of a placement and therefore the suitability of long-term matches between children in care and foster carers is considered and approved by the Foster Care Committee. There was a waiting list in place for the approval of long-term matches in the area. Data provided by the area outlined that there had been six long-term placements approved in the 12 months prior to the inspection and there were 16 children awaiting a long-term match. Fostering link workers told inspectors that they tried to ensure children were placed in households with the potential to be a long-term placement. The need for a long-term match was identified during a foster care review if there was no possibility of reunification with the children's birth family. Inspectors were told that the area have not progressed the long-term matching process in line with timeframes set out in the standards because in the majority of cases, care orders granted had to be renewed regularly and were not long-term orders. Inspectors reviewed four files of those listed as approved as long-term carers in the 12 months prior to the inspection. Two of these files were relative carers and there was no documentation on the child's file to reflect that the long-term matching process had been completed. There was evidence on a third file that the carers were sent a letter to advise that their fostering status had changed but the fourth file was on a waiting list for a long-term match and this was not reflected on the child's file.

Evidence of matching was not present on children's files and the quality of matching the process was mixed. Placements where the number of children placed exceeded recommendations outlined by the standards, had not been notified to the foster care committee and there was a backlog of long-term matches. For these reasons, the area was judged to be substantially compliant with the standard.

Judgment: Substantially Compliant

Standard 10: Safeguarding and child protection

Children and young people in foster care are protected from abuse and neglect.

Summary of inspection findings under Standard 10

There was a process in place to manage concerns and allegations against foster carers, complaints and child protection and welfare concerns relating to children in care but the governance system and oversight of these was not adequate. There were delays assessing some complaints and concerns and the classification of complaints and concerns was not always adequate. There was no formal safety planning process in place in the area.

Data provided by the area indicated that, in the previous 12 months, there were no allegations against foster carers and there was only one serious concern against a

foster carer. However, inspectors found that there were other concerns and allegations that had not been reflected on the data provided to HIQA by the area.

Inspectors reviewed the serious concern which was recorded as a complaint on the child's file. The concern was addressed according to the Interim Protocol for managing concerns and allegations against foster carers but, it was incorrectly classified, as the concern related to allegations of physical abuse against a foster carer which required investigation under Children First (2017) and Tusla's standard business processes. There was a delay reporting the disclosures made by the child and a mandated report was not submitted by a professional working with the child, as required. There was a three month delay devising and implementing a safety plan but this was provided to inspectors on the last day of the inspection.

Data provided by the area outlined that there were two child protection and welfare concerns relating to children in foster care. Inspectors viewed these files and found that the concerns were addressed but there was subsequently a long delay sourcing an alternative placement for the children after this need was identified. Although the children's views were considered when seeking a new placement, it took over 12 months for the move to occur. The children were unallocated during some of this time and child in care reviews did not take place as required.

Furthermore, in the course of the inspection, following discussions with the principal social worker, inspectors were advised that there was a further 18 child protection and welfare concerns relating to 15 children in care, not related to their foster care placement. This information had not been reflected on the data provided for the inspection, due to a misinterpretation of the question by the area. Inspectors reviewed three of these child protection and welfare concerns, which included allegations against adults who were not associated with the foster care placement. Two of these allegations were being managed appropriately. Inspectors were concerned with the management of one allegation which had not progressed since July 2018, and had not been managed in line with standard business processes and Children First (2017). Therefore, assurances were sought from the area manager after the inspection. A satisfactory response was received from the area which outlined how this investigation would progress after the inspection.

The principal social worker for fostering maintained a tracking system to ensure oversight of allegations against foster carers. There was no similar tracking system to ensure management oversight of allegations made by children in care against other people including family members and people in the community or of the management of child protection and welfare concerns. Team leaders provided oversight through discussions with the social worker about initial concerns, supervision of the cases and by their attendance at strategy meetings. The principal social worker said a tracker was not required as the numbers were low. Although there was a tracking system for allegations against foster carers, inspectors reviewed a child's file that detailed an allegation against a foster carer which had not been

referenced on the data provided to inspectors. Although this case was referred as a child protection concern, was investigated and subsequently classified as a concern, it had not been presented to the foster care committee, at the time of the inspection. Improvements were required to ensure that all allegations against foster carers were entered onto the tracker in the first instance, in order to ensure management oversight of all investigations into allegations against foster carers.

The management of complaints was not adequate. Inspector's reviewed two complaints made by children in care that were not satisfactorily managed. One of the complaints referred to allegations of physical abuse against a foster carer which warranted a child protection response, as referenced earlier in the report. Inspectors reviewed details regarding another complaint made by a child in June 2018 and again in January 2019. This complaint referred to concerns about the child's treatment by a foster carer and this had not been addressed. Assurances were sought from the area manager that this would be addressed, following the inspection. A satisfactory response was received.

Social workers were competent and dedicated to safeguarding children in care. Inspectors met with social workers with responsibility for children in care and with social workers with responsibility for supporting foster carers. They presented as having appropriate knowledge and skills and committed to their roles. However, some social workers were unclear about the policy and procedures to follow in relation to concerns and complaints. Some social workers told inspectors that there were times when the classification of complaints was difficult and other social workers outlined variances in practice while managing complaints and concerns. During discussions, it was apparent that there were some variances in practice in how individual workers had managed similar scenarios.

There were a number of safeguarding measures in place in the area including children allocated a social worker and the majority of child in care reviews were up to date. However, the area did not record formal safety plans for children who required them. Inspectors found that there were two children who needed a safety plan but this had not been completed. One case had concerns in relation to a child's drug use and mental health concerns but the risks were not clearly set out and the safeguarding arrangements were not formalised in a written safety plan. In another case, inspectors found that the risks and safeguarding arrangements to protect a child from contact with alleged abusers had not been recorded. Inspectors identified two other cases where there was poor practice in relation to safety planning. One case had the plans for the child's safety sporadically recorded throughout the file while the other case had long delays before implementing a safety plan. The principal social worker said they did not have formal safety plans but children's care plans addressed their safeguarding needs and if additional safeguarding arrangements were required, this was reflected in case notes or in supervision. This is not good practice.

Following the inspection, inspectors highlighted the gaps identified in the safety planning process with the area manager and requested feedback in relation to how he was assured that appropriate and timely safety plans were in place for children who required one. The area manager outlined that there was no nationalised recognised formal safety plan but when issues arise regarding the safety of children, these issues were addressed. He listed a number of ways in which he was assured that protection and safeguarding of children was achieved including through the child in care review and care planning process, the assessment of risk through the child protection system and through the recruitment, supervision and training of their foster carers. Following further escalations, the area manager subsequently agreed to implement a safety plan for two children who required this. However, the lack of learning by the area from previous inspections and the report of the investigation into the management of allegations of child sexual abuse against adults of concern by the Child and Family Agency (Tusla) upon the direction of the Minister for Children and Youth Affairs, published in June 2018 in relation to practice regarding safety planning, is a concern.

Inspectors did not find any evidence of the involvement of independent advocates with children whose files were reviewed. Following the inspection, an independent advocate told inspectors that although there had been very minimal contact with children from the area or referrals from social workers, they would be happy to meet with the teams to explain their role and promote this support for the children in care.

The area manager advised inspectors in writing that all of the foster carers in the area had completed mandatory training in Children First 2017 or completed the online training programme. Foster carers who spoke with inspectors said they understood the legal obligation to report concerns but said they would record the detail in a diary and ring the social worker. Foster carers were not clear that they were required by law, as mandated persons, to submit a child protection and welfare referral in relation to any new concerns.

Data provided by the area outlined that there were no serious or adverse incidents, in the past twenty-four months.

Not all concerns and complaints were classified correctly and not all child protection and welfare concerns and allegations were managed in line with Children First and standard business processes. In addition, formal safety plans were not in place when required and there was no process in place in the area to ensure that safety planning was implemented, reviewed and monitored, as required. There was no governance system to track allegations and child protection concerns relating to children in care, therefore, the area was judged to be in moderate non-compliance with this standard.

Judgment: Non-compliant Moderate

Standard 13: Preparation for leaving care and adult life

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.

Summary of inspection findings under Standard 13

Children and young people in foster care were helped to develop the skills, knowledge and competence necessary for adult living. They were also given the support and guidance to help them attain independence on leaving care.

The aftercare service was provided by an aftercare team which, at the time of inspection, comprised of an acting team leader, an aftercare worker and a supported lodgings coordinator. Another aftercare worker was on long-term leave and there was a vacancy at team leader level. The work of the team was informed by the Tusla national aftercare policy and associated guidance, and almost all elements of the policy were implemented in the area.

There was an effective system in place for ensuring that all eligible children, including those in care and those who had returned home, were referred to the aftercare service and managers maintained good oversight of this. The aftercare team met with the principal social worker and the area manager twice a year to identify children in care who would become eligible for the aftercare service, and to review all children in care in the 16-18 year age range and all young people over 18 years in the aftercare service. Inspectors reviewed minutes of these meetings which reflected this discussion and review.

Inspectors reviewed the files of five children in care who were over 16 years of age. They showed that children received good quality support to prepare them for leaving care and that they were usually referred to the aftercare team by their social workers on reaching the age of 16 years.

The aftercare team provided adequate information to children approaching leaving care age and their foster carers. In late 2017, staff were provided with briefings on legislation on aftercare and the new aftercare policy and, in 2018, the aftercare manager provided training to foster carers on the aftercare service. The aftercare team told inspectors that they usually undertook a joint visit to the child with the child's social worker and there was evidence of this in the children's files. They met with the children and their foster carers and spoke with them about the aftercare process, and provided them with an information booklet which addressed all aspects of the aftercare service. They gave the child their mobile number so that the child

could choose to contact the aftercare worker if they wished and the aftercare worker sought to build a relationship with the child. They told inspectors that the frequency of visits to and contact with the child depended on the child's needs and wishes. Inspectors viewed evidence of frequent contact in the case of some children.

Children in care were involved in planning for their future. Involvement in the aftercare service was voluntary for each child and children were asked to sign their consent to be involved in the aftercare process. The aftercare team tried to ensure that the child led the process insofar as possible. Assessments of need and aftercare plans were drawn up in conjunction with the children and children usually co-signed these documents with the aftercare worker. The aftercare team told inspectors that the aftercare worker usually attended a child's child in care review meeting when they reached the age of 17 years.

Assessments of need were carried out on all children leaving care. Inspectors viewed the files of five children between the ages of 16 and 18 years and each contained an assessment of need carried out by an aftercare worker. The assessments, which were brief but adequate, were usually undertaken during one or more meetings between the aftercare worker, the child, and their foster carers. They addressed all the issues outlined in the standards and regulations and were produced on national standardised templates. A more in-depth assessment of children's independent living skills was completed in the case of one of these children and was planned to take place for another child.

Inspectors reviewed the files of three children who had reached the age of seventeen and a half years and each child had a good quality aftercare plan. In the cases of two of these children, the aftercare plans had not been completed within the prescribed timeframe but this did not impact negatively on the children. The aftercare team told inspectors that the aftercare assessments and plans for children who were still in secondary school sometimes needed to be reviewed as the children had not finally decided on educational options post leaving certificate at the time of their original plans.

The service had an aftercare steering committee, which met each quarter, on average. The children's social workers made referrals to the steering committee and also met the committee to present profiles of the children and their individual needs. The steering committee comprised the aftercare team and senior representatives from the Department of Social Protection, the local authority and Health Service Executive disability and mental health services. The aftercare team told inspectors that additional professionals were invited, depending on the children's needs. Minutes of the steering group meetings showed that the committee considered the needs of children in care who had complex needs or disabilities that required a multidisciplinary response.

The aftercare team told inspectors that they had a very good relationship with the local authority who had provided assistance by identifying suitable properties for young people. Some young people in independent living arrangements also benefitted from the support of housing outreach workers.

The aftercare team told inspectors that they provided a service to 45 young people over the age of 18 years. A drop-in clinic was provided in the social work department building where the aftercare team was based on one afternoon every fortnight for young adults with a care history, their family members and professionals involved in their care. Drop-in clinics were arranged elsewhere in the county as required. This service included the provision of practical support, advice or signposting to other agencies. The acting aftercare team leader maintained records of all contacts from young people who were no longer in care.

The acting team leader did not produce an annual report of the adequacy of the service in line with national policy. She did, however, maintain records and statistics on young people who had left care and were provided with an aftercare service. She also submitted monthly returns to the Tusla national office on referrals, assessments undertaken, and aftercare plans completed and the timeframes involved. She provided inspectors with information on the outcomes for these young people under the headings of education and accommodation (figures as at 31/12/18).

Of 40 young people in the aftercare service between the ages of 18 and 22 years, 32 (80%) were in full-time education or training placements as follows:

- 7 (18%) were still in second level schools
- 13 (33%) were in post-leaving cert courses
- 1 (2%) was in vocational training
- 10 (25%) were in third level college or university and
- 1 (2%) was in accredited training.

The acting team leader told inspectors that, of the young people who were not in educational or vocational placements at the end of 2018, one had since returned to a vocational training course, two were in receipt of job seeker's allowance and the remainder were either working or attending a day care centre.

The accommodation arrangements of the 40 young people in the 18-22 years age group were as follows:

- 18 (45%) remained with their former foster carers
- 8 (20%) were living independently
- 2 (5%) were in residential care
- 6 (15%) were in student accommodation
- 1 (2%) was in supported lodgings and
- 2 (5%) were in some other type of supported accommodation

- 3 (8%) were living at home.
- None were reported as homeless.

There was no evidence of the involvement of an independent advocate with any of the children whose files were reviewed and the aftercare team told inspectors that, while they were aware of an independent advocacy organisation for children in care, they had not met an advocate from this organisation and they did not make the children or young people they worked with aware of how to contact an advocate should they wish to do so. The aftercare team also told inspectors that they did not have a formal mechanism such as exit interviews to elicit feedback from young people on the quality of the aftercare service.

There were a number of examples of good practice in relation to the aftercare service in this area, including the following:

- All eligible children were allocated an aftercare worker regardless of their circumstances
- Some children, who required support but did not meet the criteria for eligibility for an aftercare service, were allocated an after care worker and provided with an aftercare service.
- The area demonstrated their commitment to the aftercare service by continuing to support some young people who were over the age of 23 years but continued to pursue third level education courses.

The area were not in full compliance with the National Aftercare Policy for Alternative Care, 2017, as the area did not produce an annual report on the adequacy of the service, children and young people were not provided with information about an independent advocacy service and there was no mechanism for seeking feedback from children. Despite this, children and young people in foster care were helped to develop the skills, knowledge and competence necessary for adult living and the area had ensured that the requirements of the National Standards were in place and therefore was judged to be in compliance with this standard.

Judgment: Compliant

Appendix 1 — Standards and regulations for statutory foster care services

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| <i>National Standards for Foster Care (April 2003)</i> |
| Theme 1: Child-centred Services |
| Standard 1: Positive sense of identity Children and young people are provided with foster care services that promote a positive sense of identity for them. |
| Standard 2: Family and friends Children and young people in foster care are encouraged and facilitated to maintain and develop family relationships and friendships. |
| Standard 3: Children's Rights 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. |
| Standard 4: Valuing diversity 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. |
| <i>Child Care (Placement of Children in Foster Care) Regulations, 1995</i> <i>Part III Article 8 Religion</i> |
| Standard 25: Representations and complaints 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 fostering service, whether provided directly by a health board or by a non-statutory agency. |

* These services were provided by former health boards at the time the standards were produced. These services are now provided by the Child and Family Agency (Tusla).

National Standards for Foster Care (April 2003)

Theme 2: Safe and Effective Services

Standard 5: The child and family social worker

There is a designated social worker for each child and young person in foster care.

Child Care (Placement of Children in Foster Care) Regulations, 1995
Part IV, Article 17(1) Supervision and visiting of children

Standard 6: Assessment of children and young people

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.

Child Care (Placement of Children in Foster Care) Regulations, 1995
Part III, Article 6: Assessment of circumstances of child

Standard 7: Care planning and review

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.

Child Care (Placement of Children in Foster Care) Regulations, 1995
Part III, Article 11: Care plans
Part IV, Article 18: Review of cases
Part IV, Article 19: Special review

Standard 8: Matching carers with children and young people

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.

Child Care (Placement of Children in Foster Care) Regulations, 1995
Part III, Article 7: Capacity of foster parents to meet the needs of child

Child Care (Placement of Children with Relatives) Regulations, 1995
Part III, Article 7: Assessment of circumstances of the child

National Standards for Foster Care (April 2003)

Standard 9: A safe and positive environment

Foster carers' homes provide a safe, healthy and nurturing environment for the children or young people.

Standard 10: Safeguarding and child protection

Children and young people in foster care are protected from abuse and neglect.

Standard 13: Preparation for leaving care and adult life

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.

Standard 14a — Assessment and approval of non-relative foster carers

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.

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

Part III, Article 5 Assessment of foster parents

Part III, Article 9 Contract

Standard 14b — Assessment and approval of relative foster carers

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.

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

Part III, Article 5 Assessment of relatives

Part III, Article 6 Emergency Placements

Part III, Article 9 Contract

* These services were provided by former health boards at the time the standards were produced. These services are now provided by the Child and Family Agency (Tusla).

National Standards for Foster Care (April 2003)

Standard 15: Supervision and support

Approved foster carers are supervised by a professionally qualified social worker. This person, known as the link worker, ensures that foster carers have access to the information, advice and professional support necessary to enable them to provide high-quality care.

Standard 16: Training

Foster carers participate in the training necessary to equip them with the skills and knowledge required to provide high-quality care.

Standard 17: Reviews of foster carers

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.

Standard 22: Special Foster care

Health boards provide for a special foster care service for children and young people with serious behavioural difficulties.

Standard 23: The Foster Care Committee

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.

Child Care (Placement of Children in Foster Care) Regulations, 1995
Part III, Article 5 (3) Assessment of foster carers

Child Care (Placement of Children with Relatives) Regulations, 1995
Part III, Article 5 (2) Assessment of relatives

* These services were provided by former health boards at the time the standards were produced. These services are now provided by the Child and Family Agency (Tusla).

National Standard for Foster Care (April 2003)

Theme 3: Health and Development

Standard 11: Health and development

The health and developmental 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.

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

Part III, Article 6 Assessment of circumstances of child

Part IV, Article 16 (2)(d) Duties of foster parents

Standard 12: Education

The educational needs of children and young people in foster care are given high priority and they are encouraged to attain their full potential. Education is understood to include the development of social and life skills.

National Standards for Foster Care (April 2003)

Theme 4: Leadership, Governance and Management

Standard 18: Effective policies

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.

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

Part III, Article 5 (1) Assessment of foster carers

Standard 19: Management and monitoring of foster care agency

Health boards* have effective structures in place for the management and monitoring of foster care services.

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

Part IV, Article 12 Maintenance of register

Part IV, Article 17 Supervision and visiting of children

* These services were provided by former health boards at the time the standards were produced. These services are now provided by the Child and Family Agency (Tusla).

Standard 24: Placement of children through non-statutory agencies

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.

Child Care (Placement of Children in Foster Care) Regulations, 1995
Part VI, Article 24: Arrangements with voluntary bodies and other persons

National Standards for Foster Care (April 2003)

Theme 5: Use of Resources

Standard 21: Recruitment and retention of an appropriate range of foster carers

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.

National Standards for Foster Care (April 2003)

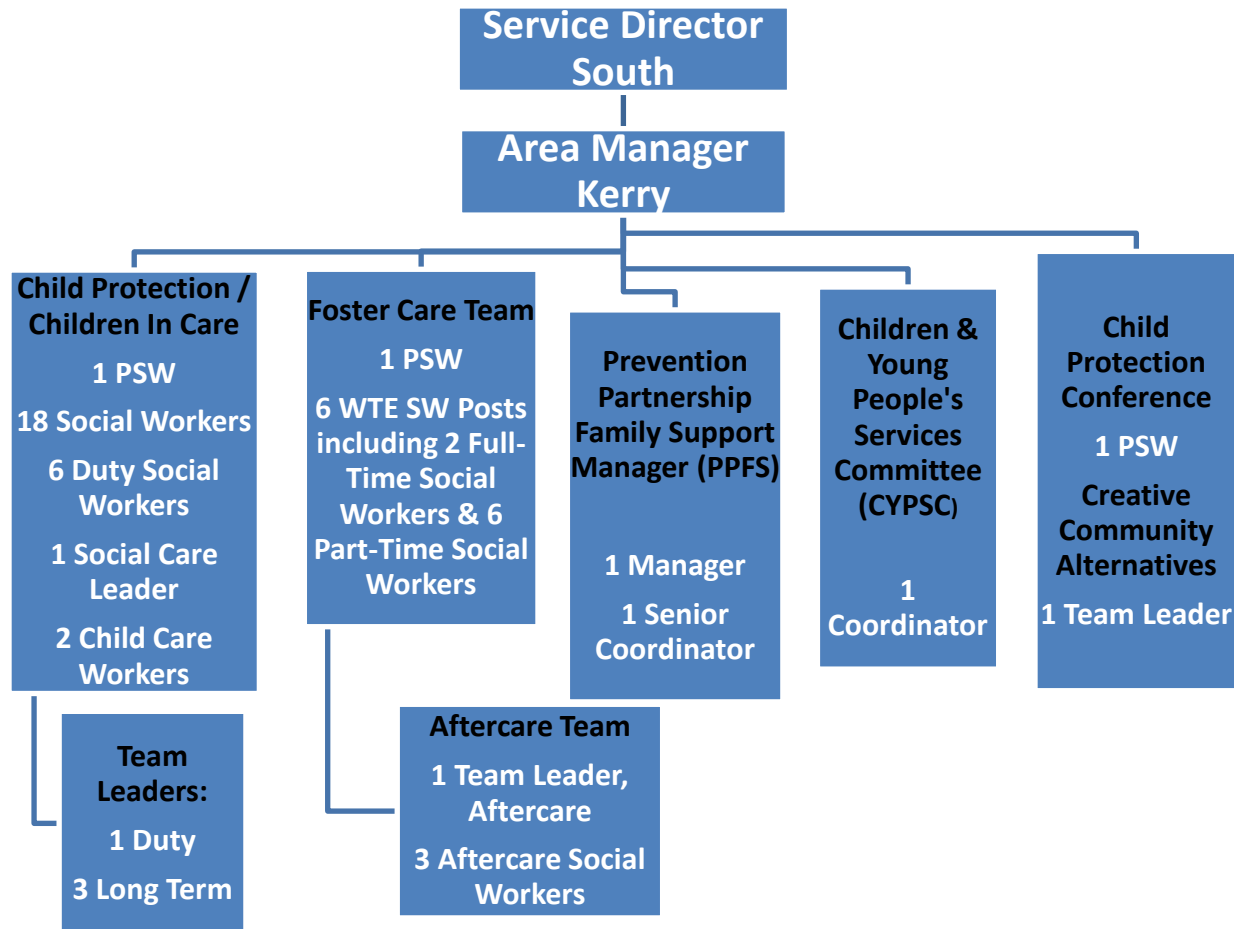
Theme 6: Workforce

Standard 20: Training and Qualifications

Health boards* ensure that the staff employed to work with children and young people, their families and foster carers are professionally qualified and suitably trained.

* These services were provided by former health boards at the time the standards were produced. These services are now provided by the Child and Family Agency (Tusla).

Appendix 2: Organisational structure of Statutory Alternative Care Services, in Kerry Service Area *



* Source: The Child and Family Agency

Action Plan

This Action Plan has been completed by the Provider and the Authority has not made any amendments to the returned Action Plan.

| | |
|--|--------------------|
| Provider's response to Report Fieldwork ID: | MON 0026555 |
| Name of Service Area: | Kerry |
| Date of inspection: | 25 – 28 March 2019 |
| Date of response: | 12/06/2019 |

These requirements set out the actions that should be taken to meet the identified child care regulations and *National Standards for Foster Care*.

Theme 2: Safe and Effective Services

Standard 5 – The child and family social worker

Substantially compliant

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

There was no system of oversight for ensuring the statutory visits to children were carried out in line with the timeframes set out in the regulations.

Children were not provided with written information about the complaints process.

The classification of complaints was not always adequate and there was no system to provide oversight of complaints made by children in care.

The electronic system for the storage of children's case files and associated documents was complex for social workers to navigate and did not facilitate timely access to specific documents and :

- There were different practices within the area regarding the naming and storing of specific documents.
- There were no chronologies on children's files.
- Key information on children in the area was not always accessible to social work staff.

Action required:

Under **Standard 5** you are required to ensure that:

There is a designated social worker for each child and young person in foster care.

Please state the actions you have taken or are planning to take:

Action:

5.1 The Child and Family Agency Kerry will put in place an alerting system, via tasknote (named as Statutory Visit) for Children in Care. This will be done through NCCIS. This system will allow for Statutory Visits to be undertaken and recorded on time. It will also allow for management oversight at all times of Statutory visits to children in care. This will be completed by 01.09.2019.

5.2 Upon reception into care, a child/young person will have the complaints process clearly explained to them in an age appropriate manner by their Social Worker. This will be reviewed annually as part of the Statutory Child in Care Review. A record of which will be recorded on the Statutory Review forms completed. This written record will be held on the child's file. This will be

completed by 01.09.2019.

5.3 The current system for classification of complaints will be reviewed in Kerry. All expressions of dissatisfaction /complaints made by children in care will be managed in accordance with the Alternative care Handbook.

- The PSW in Fostering will maintain a record of complaints using an excel sheet. This will track all complaints made by children in care and will ensure managerial oversight.

This will be completed by 30.06.2019.

5.4

1. A draft guideline document has been created by National Office which addresses the ongoing issues with naming and storage of information on NCCIS. When circulated, the User Liaison Officer for NCCIS in Kerry will ensure that the team are trained in the correct usage of this system. This will be completed by 01.11.2019.
2. A standardised template will be devised in order to maintain an up to date chronology for each child in care. This will be maintained by the Social Worker allocated to each child and will be recorded on that child's file on NCCIS. This will be completed by 30.10.2019.
3. Key Information. This is contained within the 'Person' page on NCCIS. Each child's electronic file will have this page updated to ensure all information is updated and accurate. This will be completed by 01.09.2019.

Proposed timescale:

Date for completion 01.11.2019

Person responsible:

CPSW & CiC Team Leader,
PSW's Fostering & Children in
Care, NCCIS User Liaison
Officer, Quality Assurance Officer,
Area Manager

Standard 7 – Care planning and review

Non-compliant Moderate

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

There were no placement plans in place for children in care in the area.

There was no system in place to ensure management oversight of the care planning and review process at the time of the inspection.

There was no guidance for the team regarding the timeframes for updating a care plan after a child in care review.

Not all care plans were signed by a team leader.

The actions arising from the child in care reviews were not always assigned to specific people and the timeframes were not always clearly outlined.

It was not always evident that decisions arising from a review were discussed with children.

There was insufficient evidence to reflect case management on some files.

Action required:

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.

Please state the actions you have taken or are planning to take:

Action:

7.1 The Child & Family Agency in Kerry will ensure that placement plans will be put in place for each child in care in accordance with the Business Process. These will be completed by 1.06.2020

7.2 Management and oversight of this will rest with the PSW for CiC. A template is in place which alerts to CiC Reviews that are required to be completed. This process will be reviewed quarterly with the allocated Team Leader for each child in care. This will be completed by 01.06.2019.

7.3 A guidance note will be written up to ensure that once a Statutory Review has been convened, an updated Care Plan will be completed within a timeframe of six weeks and that a fully signed copy of same will be uploaded onto NCCIS. This will be completed by 30.06.2019.

7.4 All Care Plans uploaded onto NCCIS will be signed by a Team Leader. This will be completed by 30.06.2019.

7.5 Each Team Leader for Children in Care will be written to by the Area Manager to ensure that actions assigned in a Statutory Child in Care Review will have persons responsible clearly assigned to this action with a clear timeframe for completion. This will be completed by 30.06.2019.

7.5 A practice note will be issued by the Area Manager to state that once a Statutory Review has taken place, the Social Worker allocated to the child will have responsibility to ensure that the child is made aware of decisions made at the review, by undertaking a visit to the child in their placement and informing them of the decisions of the review. The date of this visit will be agreed at the Statutory Review. Management and oversight of this will rest with the Team Leader for the Child in Care. This will be completed by 30.06.2019.

7.7 All case supervision records will be placed on the child’s electronic NCCIS file. This will be completed by 30.06.2019.

An Audit of the actions undertaken to address the findings contained in the HIQA report under Standard 7 will be undertaken quarterly.

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|--|--|
| <p>Proposed timescale:</p> <p>Date for completion 01.06.2020</p> | <p>Person responsible:</p> <p>CPSW, Area Manager, CP & W Team Leaders, Quality Assurance Officer.</p> |
|--|--|

Standard 8 – Matching carers with children and young people

Substantially compliant

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

- The recording of the matching process was not evident on children’s files.
- The quality of the recording of the matching process varied.
- Placements where the number of children placed exceeded the standards were not notified and approved by the foster care committee.
- Information provided to foster carers prior to a placement was not consistently evident on children’s files.
- There was a backlog in the completion of long-term matches in the area.

Action required:

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.

Please state the actions you have taken or are planning to take:

Action

8.1 The matching process that is already conducted and evidenced on the fostering file will be attached to the child's electronic file, in order to allow for all fostering files to be examined to ensure all evidence is transferred this will be completed by 1-11-2019.

8.2 A standard form for matching has been revised and adapted in Kerry. This form, which is currently being utilised, will be co-signed by the PSW for Children in Care and the PSW for Fostering. This will be completed by 01.07.2019.

8.3 In existing placements, where the number of children placed exceed the National Standards for Children in Foster care, they will be returned to the Foster Care Committee for approval. This will be completed by 31.12.2019.

8.4 In regard to information being provided to Foster Carers. A 'Child Profile Form' will be completed as part of the matching process when a child is identified as needing to be received into care. This will be provided to Foster Carers in regard to every child placed with them. This will be completed by 01.08.2019.

8.5 The Link Worker will complete a Review Form for each carer, this together with a report prepared by the child's Social Worker will be brought to the approvals committee to eliminate the existing backlog. This will be completed by 01.02.2020.

Proposed timescale:

Date for completion 01.02.2020

Person responsible:

Fostering Link Worker, PSW
Fostering & CP/Children in Care.

Standard 10 – Safeguarding and Child Protection

Non-compliant Moderate

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

Improvements were required in relation to the management and oversight of allegations and serious concerns to consistently ensure that:

- all allegations are assessed in line with Children First (2017) and standard business processes
- timely action is taken in response to a CPW concern
- all outcome reports following the investigation of serious concerns are presented to the FCC
- there are appropriate management tracking systems in place to enable management oversight of all allegations made by children in care.

The area did not record formal safety plans for children, and there was no system in place to ensure that safety plans were put in place when required, reviewed and monitored.

Some foster carers were not clear that they were required by law, as mandated persons, to submit a child protection and welfare referral in relation to any new concerns.

Action required:

Under **Standard 10** you are required to ensure that:
Children and young people in foster care are protected from abuse and neglect.

Please state the actions you have taken or are planning to take:

Action:

10.1/10.2 All Child Protection & Welfare reports received in regard to children in care will be responded to in line with Children's First and the Standard Business Process. This will include an Intake Record and an Initial Assessment being undertaken and will occur with immediate effect. This will be completed by 30.05.2019.

10.3 All Outcome Reports that pertain to Foster Carers will be brought before the Foster Care Committee, following a Foster Care Review. This will be completed by 01.09.2019.

10.4 All allegations made by children in care will be notified to the PSW responsible for children in care. Where allegations of child abuse relate to Foster Carers, a strategy meeting will be convened between the Child Protection/Children in Care Social Work Department and the Fostering Department to ensure the child is safe in the first instance and each allegation is investigated. A tracking system will be put in place by the PSW for Children in Care to ensure oversight of all allegations. This will be completed by 01.11.2019.

10.5 Pending National Office putting in place a standardised template for Safety Planning, Kerry

Social Work Department will devise a localised template. This will be in place by 30.09. 2019. Each child requiring a safety plan will have one and this will be reviewed at Statutory Reviews. This will be completed by 01.12.2019.

10.6 A formal letter will be issued to all Foster Carers by the 01.09.2019 regarding the role of Foster Carers as mandated persons. Should a carer need to make a report, they will be provided with support and advice from their Link Worker. Children's First training, including, Mandated Reporting by Foster Carers will form part of the training schedule for carers going forward. This will be completed by 01.09.2019.

Proposed timescale:

Date of completion 01.12.2019

Person responsible:

CP Team Leader, PSW Fostering & Children in Care, Fostering Link Workers.