

## 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



<b>Name of service area:</b>	Waterford Wexford
<b>Dates of inspection:</b>	03 February 2020 – 06 February 2020
<b>Number of fieldwork days:</b>	Four
<b>Lead inspector:</b>	Lorraine O’ Reilly
<b>Support inspector(s):</b>	Bronagh Gibson Jane Mc Carroll Susan Geary Susan Talbot Tom Flanagan
<b>Type of inspection:</b>	<input checked="" type="checkbox"/> <b>Announced</b> <input type="checkbox"/> <b>Unannounced</b> <input type="checkbox"/> <b>Full</b> <input checked="" type="checkbox"/> <b>Focused</b>
<b>Fieldwork ID:</b>	<b>MON_28346</b>

## 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 and 2020 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:

<b>Theme 1: Child-centred Services</b>	<input type="checkbox"/>
<b>Theme 2: Safe and Effective Services</b>	<input checked="" type="checkbox"/>
<b>Theme 3: Health and Development</b>	<input type="checkbox"/>
<b>Theme 4: Leadership, Governance and Management</b>	<input type="checkbox"/>
<b>Theme 5: Use of Resources</b>	<input type="checkbox"/>
<b>Theme 6: Workforce</b>	<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 and 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 130 children in care
- home visits to six foster care households
- meeting with or speaking with 23 children in care
- interviews/meetings with the area manager, principal social workers for child protection and welfare, fostering and children in care teams, the aftercare manager and a child-in-care reviewer
- separate focus groups with child protection and children in care social workers, fostering link social workers, social work team leaders and aftercare

workers

- one focus group with six foster carers
- review of the relevant sections of files of 72 children in care as they relate to the theme
- review of the relevant sections of foster carer files
- review of foster care committee records and review of management meetings records
- phone calls or meetings with or questionnaires from parents of children in care and thirteen foster carers.

## **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.

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 Waterford Wexford service area had a population of children from the ages of 0-17 years of 68,513.\* The area is under the direction of the service director for Tusla, South, and is managed by an area manager. There are five principal social workers in the area:

- Principal Social Worker- Wexford Child Protection and Welfare
- Principal Social Worker- Waterford Child Protection and Welfare
- Principal Social Worker- Waterford Children in Care, Fostering and Aftercare
- Principal Social Worker- Wexford Children in Care, Fostering, Respite Unit and access
- Principal Social Worker- Service Development and Quality Improvement.

The child protection and welfare teams, children in care teams and the foster care teams were based in offices throughout the service area, in both Waterford and Wexford. At the time of the inspection, there were 401 children in foster care in the area. Of these, 92 children were placed with relatives and the remaining 309 children were placed with general foster carers, 18 of whom was placed with private foster carers.

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\*Annual Review on the Adequacy of Child Care and Family Support Services Available – 2018 (Tusla website, February 2020)

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:

- one standard was compliant
- two standards were substantially compliant
- three standards were moderate non-compliant.

Data provided by the area prior to the inspection showed that, of 401 children in care in the foster care service, 375 (94%) had an allocated social worker. The majority of children who met or spoke with inspectors felt safe and were happy and well cared for in their placements. Social work vacancies in the area had an impact on children not having a social worker. Local measures had been taken in an attempt to address this, but there remained 26 children in care who were not allocated a social worker. Children who were allocated a social worker received a good service, while improvements were required in relation to statutory visits and maintaining children's records.

Children were not visited as often as they should be in line with statutory regulations. There were significant gaps between statutory visits. Statutory visits were of mixed quality and the recording of them was poor. Inspectors were required to seek assurances from team leaders and social workers that visits had been or would be undertaken.

Assessments of need were carried out on all children placed in foster care and were of good quality. Placement meeting agendas and placement matching consideration forms were used. There were systems in place to ensure that comprehensive assessments of need were undertaken in a timely manner and that children had medical examinations upon admission to care. The assessments were consistently of

good quality regardless if children were entering care in a planned or unplanned way.

Child-in-care reviews were of mixed quality and different systems for reviews were in place across the area. Reviews in Waterford were overseen by dedicated child-in-care reviewers and scheduled a year in advance. Reviews in Wexford were overseen by social work team leaders. The number of children attending reviews was low; however, the majority of children's views were obtained prior to the child-in-care reviews. There were significant delays in families receiving records of the meetings. The recording of child-in-care reviews was poor. Reviews in Wexford were not routinely recorded on the child's file.

Care plans were of good quality but not all were up to date. As care plans were updated as part of the child-in-care review process, the failure to carry out child-in-care reviews in line with the time frames set out in the regulations meant that not all care plans had been reviewed as required. When care plans were completed, there was good consideration of children's care needs, including family contact, education, health, and other supports such as specific supports for children with additional needs or children with a disability.

Children who had complex needs and or a disability received specialist supports as required. Inspectors found that there was good quality care planning, co-ordination of services and review of these children's needs.

The majority of voluntary consent forms reviewed by inspectors were incomplete, out of date and not routinely reviewed. Thirteen children had been in care for over five years and five children had been in care for over ten years. This was not in line with best practice and Tusla's policy guidance on voluntary consent. When children were in long-term care and returning to their parents care was not seen as possible, appropriate permanency placement planning should occur for those children.

The area had not completed a review of all voluntary consent for children in care, as directed by Tusla national office in September 2019. The significant issues with voluntary consent were escalated to the area manager following the inspection. This led to the area carrying out an audit and updating the required documents.

The recording of supervision for social workers regarding case management required improvement. Twenty-three (58%) out of 40 files reviewed for case management were of good quality. Good practice involved regular supervision, good oversight and recording of case discussions and social workers being held accountable for their practice. Case management records were not always placed on the child's record. There were significant gaps in supervision and the recording on the child's file was not timely.

Placement plans were not completed as required under the standards. For children who had a placement plan, they contained limited information and were not fully completed.

There was evidence that social workers put safeguarding measures in place for particular children, some were in the form of safety plans, but the use of the area's suggested template for this was inconsistent. This meant that all children did not have safety plans that included essential elements such as an assessment of the risks, regular monitoring and reviews, as required.

The poor standard of children's records was escalated to the area manager following the inspection as they were not maintained to an acceptable level of practice. Standard 5.2 of the National Standards for Foster Care state that social workers have the responsibility for keeping an up-to-date case file in respect of each child that includes a record of each visit to the child. The area manager provided assurances that an audit and service improvement plan would occur in relation to file recording and how the NCCIS system was managed in the area.

The majority of complaints and serious concerns were managed appropriately. However, the correct process for reporting child protection concerns and allegations and subsequent processes for the investigation of concerns were not followed or were not timely in all cases. While no children were found to be at ongoing risk at the time of the inspection, this departure from agreed processes was escalated to the area manager following the inspection.

The aftercare service provided a good quality service to children preparing to leave care. All children aged between 16 and 18 years old had been referred to the service. There were delays in referrals and allocations of an aftercare worker, which in turn led to delays in assessments being completed and aftercare plans being put in place. However, when assessments and aftercare plans were in place, they were of good quality and focused on the child's needs, and when children and young people did receive an aftercare service there was very good practice noted in many cases. Issues outlined above and other issues identified during the inspection are contained in the compliance 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
<b>Theme 2: Safe and Effective Services</b>	
<b>Standard 5:</b> The child and family social worker	<b>Non-compliant moderate</b>
<b>Standard 6:</b> Assessment of children and young people	<b>Compliant</b>
<b>Standard 7:</b> Care planning and review	<b>Non-compliant moderate</b>
<b>Standard 8:</b> Matching carers with children and young people	<b>Substantially compliant</b>
<b>Standard 10:</b> Safeguarding and child protection	<b>Non-compliant moderate</b>
<b>Standard 13:</b> Preparation for leaving care and adult life	<b>Substantially compliant</b>

### What children told us and what inspectors observed

During the inspection, inspectors spoke with 23 children living in foster care in the area. Inspectors also met with two young adults availing of the aftercare service. Furthermore, inspectors received 130 completed questionnaires from children living in foster care.

Children told inspectors about the things they liked about living in foster care:

- foster carers 'made us feel really welcome'

- 'they are my family'
- 'I'm well looked after. I have the best family ever'
- 'they do everything in their power to make sure I'm happy'
- 'They love me very much. I feel like part of the family'
- 'This is my home. I like everything'
- Foster carers were described as 'loving', 'funny' 'sound' and 'unique'.
- 'they respect me. They make me feel safe'

Children told inspectors that they liked living with their siblings, liked eating their favourite food and going to nice places. Children said that they liked their house and bedroom; nice dinners; their school; and contact with their birth families. Children also talked about some of the activities they loved doing, such as going on holidays, playing soccer on their local team and playing computer games.

Children also told inspectors some hard things about living in foster care:

- 'I'd like to be listened to more'
- 'My social worker never listens to me'
- 'I have had lots of social workers - 8 in total'
- Social workers 'don't listen sometimes' 'they say no with no explanation'
- Care plans were 'babyish', 'questions could be worded a bit better' and 'immature for people over 14'
- 'too many kids in care for the amount of social workers'.

Children said that they were annoyed when not placed with their siblings, had ongoing court cases and found living in foster care 'weird sometimes'.

108 of 119 (91%) children indicated in the questionnaires that they had an allocated social worker. The majority of children liked their social workers and described them as 'nice', 'kind' and 'she is good to me'. Children told inspectors that their social workers 'helped me to stop fighting in school', 'told me don't make friends with people who bully me' and helped to 'fill out forms'.

Of 127 children who responded to the question of whether or not they felt listened to by their social worker, 118 (93%) said 'yes' or 'sometimes', 3 (2%) children answered 'don't know' and 6 (5%) children said that they did not feel listened to.

Out of the 129 children who answered the question about having a care plan, 117 (91%) said they had a care plan and 5 children said they did not have a care plan. Seven children did not know if they had a care plan.

Of 129 children who completed the section of the questionnaire in relation to child-in care reviews, 54 (42%) said that they had either attended or been invited to attend their child-in-care review, two (2%) children were unsure and 73 (56%) said that they had not. Some children indicated that they did not like attending meetings where they are talked about.

Eighty-three of 124 children (67%) said that decisions made at their reviews were explained to them, 24 (19%) said that they were not, and 17 (14%) answered 'don't know'.

97 out of 126 (77%) children who replied on the questionnaire indicated that they had enough contact with their birth family while seven children said this happened sometimes and 18 children said that this did not happen.

Twenty-four young people over the age of 16 responded to the questionnaire. Fifteen out of 19 young people, who answered the question about aftercare plans, indicated that they had an aftercare plan and three responded that they did not have an after care plan. One young people responded 'don't know'. Fourteen of the respondents who had an aftercare plan said that their aftercare worker listened to them, while one young person responded that they did not know. Thirteen respondents who had an aftercare plan said they had a say in it and two young people said no or they did not know. Nineteen (of 22) young people said they knew what money they were entitled to. Three young people said they did not know what their financial entitlements were.

Four young people, who were members of a youth participation group, met with an inspector and spoke about their presentation to the Tusla manager's panel about issues for children in care in relation to consent forms and communication with social workers. The principal social workers told inspectors that they planned to take actions to address these issues for children in care. They spoke about delays in getting consent for medical procedures, travelling out of the country, going on school trips or having sleepovers with friends. They also spoke with an inspector about various activities that they were involved with; such as, creating an information booklet for children in care and organising a sponsored walk for the homeless.

## 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 provided by the area prior to the inspection showed that, of 401 children in care in the foster care service, 375 (94%) had an allocated social worker. Children in care were allocated their social worker from the child protection and welfare teams, the children in care teams and the fostering team. The majority of children in foster care were assigned to the children in care teams. The protection and welfare team retained case responsibility for some children in foster care who may be returning to their parents care. Thirteen children were allocated to the fostering team, this meant that they had the same social worker as their foster carers. At the time of inspection, 26 children (6%) did not have an allocated social worker. Data provided to inspectors showed that there were 22 child-in-care social worker posts in the area, and four of these were vacant. There had been vacancies in the area for over two years and local measures had been taken in an attempt to address this. The area manager told inspectors that the area developed initiatives to recruit staff; such as, giving presentations to college students and offering bursaries for students to undertake social work courses.

Children without their own allocated social worker were not visited in line with statutory requirements. Of the nine unallocated cases reviewed by inspectors, four children were not visited by a social worker in the previous six months in line with regulations. While they had been visited by a child care worker or social care leader, a statutory visit by a social worker had not been undertaken to ensure their safety

and wellbeing, to meet with them in private, and to ensure their care plan was being implemented in a timely way. One child had been placed in care eight weeks prior to the inspection but had not yet been visited by a social worker and another child had not been visited by a social worker in 17 months. Inspectors escalated these cases to management and both children were visited by social workers on that day.

The area had developed a draft quality assurance initiative for the management of unallocated children in care. The draft standard operating procedure detailed measures such as providing children, parents and foster carers with the contact details of the social work team leader who would undertake monthly reviews of unallocated cases. Other measures included the allocation of a child care worker to provide support to all unallocated cases to ensure that the child's voice would be heard. It noted that risks associated with unallocated children in care would be escalated through the governance structure.

Inspectors saw evidence of this reporting on the risk register, which was regularly reviewed by management. The risk register noted the risk of harm to children in care due to lack of professional oversight and monitoring as a direct result of insufficient social work staff. This risk was escalated in October 2018 and reviewed three times in 2019. The most recent review in December 2019 noted that a presentation about the risks would take place with the service director. The inability to recruit staff was also on the risk register. The most recent review in December 2019 noted that the area manager and business manager were to meet with regional human resources and the service director to discuss the issue.

Children who were allocated a social worker received a good service, while improvements were required in relation to statutory visits and maintaining children's records. Social workers told inspectors that children were provided with an information pack when they came into foster care. Social workers ensured that children were aware of their rights and how to make a complaint. Children informed inspectors that they were provided with this information. There was a regional booklet developed by the youth participation group for children living in foster care. Members of the group provided inspectors with a copy of the booklet during the inspection. It was a colourful booklet that contained useful information to help explain things to children living in foster care.

Inspectors reviewed 41 children's records to examine whether or not the statutory visits to the children during the two years prior to the inspection were in line with regulations. In 19 of the 41 (46%) children's records, inspectors saw that statutory visits occurred on a regular basis and were of good quality. There was evidence that social workers followed up on actions arising from their visits, had regular contact with children, and there was detailed recording of needs discussed during visits and the child's voice being heard. Many of the children who were visited or responded to

the questionnaire had very positive things to say about their social workers. Children were visited by social workers in their foster home and were seen on their own in 32 (78%) of the 41 records reviewed for statutory visits.

In a focus group, six foster carers described their experiences of social workers involvement. Feedback from foster carers was that the children in their care had social workers and they visited regularly. They spoke with inspectors about having various social workers but that a consistent long-term link social worker was 'amazing'. Foster carers described social workers as 'brilliant' and spoke about the close working relationship between the children's social workers and link social workers. They told inspectors that social workers were good at getting supports for children. Foster carers spoke with inspectors about the importance of having one consistent social worker and that this had not been the case at times. Foster carers spoke with inspectors about when there were changes to the allocated social worker, getting services in place for children were delayed. Having a consistent social worker prevented children from telling the 'same story over and over again'. Some foster carers told inspectors that this had recently improved for the children in their care. Foster carers were aware of the new out-of-hours service and had the phone number for the service.

Data provided to inspectors prior to the inspection showed that there were 42 children who had not been visited by a social worker in line with regulations. Inspectors found that statutory visits were not in line with regulations in 16 of 41 (39%) of records reviewed. In 11 of the records reviewed, inspectors found that there were gaps between statutory visits of between 10 and 16 months during the previous two years when children had not been visited by a social worker. Although children had regular contact with child care workers, this did not meet Tusla's legal obligation to ensure that children in care were visited by a social worker.

The area had arrangements in place to ensure that key up-to-date information was maintained on a centrally held children in care register. The professional support to the area manager updated the register on a monthly basis. The recorded information included the child's family details, dates of child-in-care reviews, care plans, and legal status. The database was updated on a monthly basis. Social work team leaders told inspectors that they checked when care plans and child-in-care reviews were due by reviewing the register and during supervision with social workers. The register did not track when statutory visits were due and inspectors were informed that this was the responsibility of the allocated social worker. The team leader was responsible for tracking visits to unallocated cases.

The majority (54%) of statutory visits reviewed by inspectors were irregular and of poor quality. In 22 of the 41 children's records reviewed, the information about statutory visits showed lack of follow up from previous visits, infrequency in visiting

children in care, and not meeting children on their own. 56 (44%) of children who completed questionnaires said that their social worker did not visit regularly or visited 'sometimes'. Twenty-three children (18%) responded that their social worker did not meet them on their own.

The recording of statutory visits on the children's records was poor. In cases where few records of statutory visits were available on children's records or where records of visits were not on the electronic system, inspectors sought assurances from team leaders and social workers that visits had been or would be undertaken. Principal social workers and social work team leaders told inspectors that while the visit may not be recorded on the child's file, they were confident that the majority of the statutory work had been undertaken but there were delays in uploading records. Inspectors noted that several documents were uploaded to children's records in the three weeks prior to the inspection.

If the record of a statutory visit was not contained on the child's file, then the information was not readily available to managers, or other staff if required, for example if the allocated social worker was not available. Social workers informed inspectors that it was the responsibility of the social worker to know when statutory visits were due. In Wexford, statutory visits were monitored through a database and social workers updated the database on a monthly basis. The register in Waterford did not include the tracking of statutory visits. The social workers had this responsibility. Team leaders informed inspectors that statutory visits were discussed in supervision with social workers. However the level of management oversight of statutory visits was poor, and this was reflected in the significant gaps found by inspectors in visits to children in care, and significant gaps in children's case records.

The principal social worker responsible for service development and quality improvement had undertaken an audit on supervision activity. It noted that overall, supervision was consistently implemented by managers. Improvements were required in areas such as the level of detail in supervision records, the tracking of key decisions made at supervision and the filing system. An improvement plan for 2020 was put in place and these areas were some of the key targets.

Tusla's National Child Care Information system (NCCIS) for recording children's information was implemented in the area in 2018. The area used the electronic system for recording children's information and had an NCCIS support person in post. Inspectors found that NCCIS was not fully utilised and was not as well embedded in the area as in other Tusla areas. Inspectors sought clarification or reassurances for 36 of the 72 (50%) children's records reviewed because of insufficient recording practices. The low usage of NCCIS and staff feeling challenged to maintain contemporaneous records were noted in team meeting minutes over the twelve months prior to inspection. Principal social workers told inspectors there were

issues with the speed of the system and a proposal to increase the speed had been approved by management.

Children's records were missing key pieces of significant information and records were not kept up to date in line with national standards. The quality of records was judged to be in need of improvement in 42 (58%) records reviewed. Inspectors found that there were long gaps in records, not all case notes had been uploaded in most cases and it was difficult to locate some records on the electronic system. Significant events in the child's life were not recorded in a systematic way and, as a result, this information was not easily retrievable or accessible in a timely manner from the records. Many records were only uploaded or created in the three weeks prior to the inspection, which meant that prior to this inspection, those children's records had not been maintained to an adequate level. The area implemented 'shut down' days to safeguard time to update children's records. Staff spoke with inspectors about the time constraints with recording information in a timely manner and that administration support had been lacking in the area until recently. There were two additional administration positions created in the three months prior to the inspection.

The poor standard of children's records was escalated to the area manager following the inspection as they were not maintained to an acceptable level of practice. Standard 5.2 of the National Standards for Foster Care state that social workers have the responsibility for keeping an up-to-date case file in respect of each child that includes a record of each visit to the child. Three children's files that were reviewed by inspectors contained information about other children and these were brought to the attention of the service area during the inspection. Inspectors requested that the area manager advise of what actions would be taken to ensure that social workers fulfilled their role in maintaining contemporaneous files and, how children's files would contain all the key information and documentation that is required.

The area manager advised that delays in putting case records on children's files were due to social workers spending a lot of time away from the office. He was assured that although there was not a record of the work on the child's file, this did not mean that the work had not occurred. He said that documents were uploaded in the weeks prior to the inspection to assist with the inspection and that bulk uploading of information was a regular occurrence. He advised that improvements could be made and actions to address this had been included in their service improvement plan.

Social workers maintained links with the children's families. This was found in 36 of 37 children's records, where this was appropriate. Thirty-one of these children had an allocated social worker while five did not. Plans for contact between children and

their families were outlined in the care plans. In their questionnaire responses, 97 (77%) of 126 children who answered the question said that their social worker kept in contact with their family and made sure that they got to see them regularly. Seven children said that this happened sometimes, four children stated they 'don't know' while 18 children said that they did not.

There was good coordination of services for children with diagnosed disabilities and or illnesses. Inspectors reviewed the records of thirteen children and found that ten had an allocated social worker. There were systems in place for social workers to identify children with disabilities at an early stage and for the cases of these children to be discussed at multidisciplinary forums. The area manager and principal social workers told inspectors that the area had access to a local therapeutic team and could also seek funding for private assessments or services for children who required them. The funding requests were screened by the therapeutic team initially prior to being sent to the area manager for approval. The area manager assured inspectors that children who required therapeutic services were provided with them and he spoke highly of the therapeutic team within the area. Inspectors found that this was evident in the children's records. In 12 of the 13 records reviewed by inspectors, there was evidence of very good practice in relation to children with disabilities. Good practice included life story work, good coordination of services, homecare packages and comprehensive aftercare planning.

The area undertook a service development initiative with disability services in relation to providing a child centred service through understanding the joint working protocol process. The area ensured that the learning impacted practice by continuing to implement the protocol and ensured that any issues causing delays in service provision for children were escalated quickly to senior management. Social workers spoke with inspectors about the positive change in the Wexford area regarding having a dedicated contact person within the disability services.

Social workers responded well to significant events involving children in care, such as when children went missing from care. Data provided by the area indicated that there had been six notifications of children missing from care in the 12 months prior to the inspection, three of which were reviewed during the inspection. Social workers followed the missing from care policy and liaised appropriately with An Garda Síochána (police) and the foster carers. Parents were also notified, when appropriate. Social workers took appropriate measures to ensure the safety of the children, and absence management plans were put in place or updated. There was evidence that the needs of the children concerned were considered in how these events were managed.

Data provided by the area showed that there were three children awaiting transfer outside of the area and five children awaiting transfer into the area. Inspectors

reviewed the records of two of the three children awaiting transfer out of the area. It was documented on both records that cases would not transfer until the other service areas had capacity to allocate a social worker and unless it was in the child's best interests to do so. Both children had allocated social workers, were visited regularly and there was evidence that the social workers followed up on issues arising for these children.

Social work team leaders told inspectors that training was provided to members of all the social work teams on how to manage complaints and staff were familiar with the national policy. In the questionnaires submitted by children, 59 (51%) of 117 children who answered the question said that their social worker explained how to make a complaint if they were not happy with something while 58 (49%) said that their social worker had not.

Data provided by the area showed that there were nine complaints made by children during the previous 12 months. One complaint by a child was reviewed by inspectors and was managed appropriately. Of the 123 children who answered the question had they made a complaint, 24 children (20%) had made a complaint. Thirteen of the 24 (54%) children were happy with the outcome of the complaint. They said 'I was heard and it was dealt with' and 'they addressed the issue'. Five young people were not happy with the outcome and said 'they didn't do anything' and 'it was not dealt with the way I wanted it to happen' and six children did not answer if they were happy or not.

Some children were not allocated their own social worker. Children were not visited as frequently as required by the statutory regulations. There were significant gaps between statutory visits. The majority of statutory visits reviewed by inspectors were poor quality; however, there were also examples of statutory visits that did conform to the standards. Inspectors were required to seek assurances from team leaders and social workers that visits had been or would be undertaken. NCCIS was not fully utilised in the area to ensure that children's records were kept up to date by social workers in line with national standards. The quality of record-keeping in children's records was poor and in need of improvement. This issue was escalated to the area manager following the inspection. For these reasons, the area was judged to be in moderate non-compliance with the standard.

**Judgment: Non-compliant moderate**

**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**

Social workers carried out good quality assessments of the needs of children placed in foster care. There was no stand-alone assessment of need document on which to clearly record the outcome of the assessment and to outline any unmet needs. Instead, children's needs were recorded on a variety of documents, including social work assessments, care plans, aftercare plans, multidisciplinary reports and social work reports for court. The way in which an assessment of need was recorded depended on whether the admission of the child was a planned admission, an emergency admission or a change of placement.

According to data provided by the area, 114 children were admitted to foster care in the 24 months prior to this inspection. Forty-six children had experienced a change of placement during that time. Inspectors reviewed 19 children's records who were admitted to foster care in the past 24 months, all of whom had medical examinations in line with regulations upon admission to care.

Inspectors sampled the records of 16 children for the purpose of examining the quality of needs assessments. All of these children had been received into care or moved placement within the 12 months prior to the inspection. The assessments of need were timely and of good quality. They were comprehensive and where appropriate, children and their families participated in the assessments. Other professionals were involved when this was required.

Inspectors reviewed the records of eight children admitted to care in an emergency. When an emergency placement was required, an initial assessment of need was contained in the placement request form. The comprehensive assessments of need to inform the children's care plans were begun in a timely way after the children were received into care.

Inspectors reviewed the records of eight children whose admission to care or change of placement was planned. Their comprehensive assessments of need were completed prior to their placement. They involved the child, extended family and multidisciplinary input when appropriate and transition plans were also in place where possible. The eight admissions to care or change of placement were appropriately assessed and focussed on the children's needs.

The assessments of need were of good quality. There were systems in place to ensure that comprehensive assessments of need were undertaken in a timely manner and that children had medical examinations upon admission to care. Assessments were comprehensive and where appropriate, children, their families and other professionals were involved when this was appropriate. The quality of the assessments of need was good for both planned and unplanned admissions to care or a changes of placement. For these reasons, 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 for children in care required improvement within the area. Data provided by the area stated that all children had a written up-to-date care plan and there were 29 (7%) care plan reviews overdue. Inspectors found that while 35 out of 42 (83%) of case records reviewed had an up-to-date care plan, however, for seven children they were out of date.

The process for carrying out child-in-care reviews was different for children, depending on where they resided in the area. There was one whole time equivalent post for an independent chair for child-in-care reviews for the Waterford region, filled by two part-time workers. Chairpersons maintained their own records of scheduling reviews and each was dedicated to either the city or county team within Waterford region. Social work team leaders chaired and approved the child-in-care reviews in Wexford.

One child-in-care reviewing officer informed inspectors that a pilot project to improve the systemic management of child-in-care reviews was occurring in the Waterford region. It was planned that this would extend to Wexford. The Waterford pilot project listed the various tasks to be undertaken and who was responsible for each task and when it was required to be completed. The reviewing officer and allocated social worker were responsible for agreeing the dates for the care plan and for the next review. The administrator sent out the invites for the review meeting by encrypted email or registered post. The reviewing officer chaired the review meeting

and wrote up the care plan on NCCIS and review meeting minutes. Since August 2019, handwritten minutes were placed on the child's file which were signed by all relevant people on the day of the review. Minutes were subsequently typed by the chair, reviewed by the social worker and then administration staff had the responsibility for distributing minutes to the relevant people. Social workers and team leaders had responsibility, following reviews, to follow up on the agreed actions and ensure that they were implemented. In the Waterford area, reviews were scheduled a year in advance and therefore assisted with relevant professionals being available to attend.

Social workers and team leaders spoke with inspectors about child-in care reviews in Wexford. The social work team leaders chaired the meetings, wrote the minutes of the meeting and approved the reviews. Social workers met with children before the reviews to obtain their views. Fostering link social workers attended the review meetings, where possible. Inspectors were informed by management and social workers that there was a backlog in typing and formalising care plans and reviews and with placing them on children's files. The record may not be sent to people for months after the review occurred. This was not in line with the process put in place by Tusla for the management of care planning and reviews through NCCIS.

Records of the child-in-care reviews were not routinely placed on children's records in Wexford. Inspectors spoke with team leaders about child-in-care reviews missing from children's records and were informed that either the care plan or the child-in-care review would be generated in some instances; rather than both processes being formalised and available on the children's records. This meant that for some children there was no record on file that a statutory child-in-care review had been held, as there was no minutes of the review and the statistics on the statutory child-in-care reviews that were gathered by management could not be validated by running reports from the system alone. The area manager advised that there was an alternative system in place to track child-in-care reviews and care plans manually as the NCCIS system did not accurately reflect work undertaken, and that the manually gathered statistics were the ones that were reported to national office.

Child-in-care reviews were inconsistent and of mixed quality. Inspectors found that in 23 of 42 (55%) children's records reviewed, child-in-care reviews had been completed within time frames required by regulations. However, nine of the 23 timely child-in-care reviews were not fully completed as they were not signed by a team leader or reviewing officer. Of the 20 records reviewed in the Waterford office, five (25%) were not in line with regulations. Of the 22 records reviewed in the Wexford office, 14 (64%) were not in line with regulations. Management and oversight of child-in-care reviews was different in the two offices.

Attendance of children at child-in-care reviews required improvement. In 30 of 42

children's files reviewed for care planning, children did not attend their child-in-care review; however, 20 of the 42 children met with social workers prior to their reviews or completed their review forms for their views to be included. Five reviews did not include the views or wishes of children; where this would have been appropriate, and the reasons for this were not documented. Inspectors found that parents were encouraged to attend, when appropriate. In cases where it was appropriate for children to receive feedback, this was evident in 27 of 39 (69%) cases.

As part of this inspection, children's experience of child-in-care reviews and care planning were sought through questionnaires, which were sent to all children in foster care in the service area. Of 129 children who completed the section of the questionnaire in relation to child-in care reviews, 54 (42%) said that they had either attended or been invited to attend their child-in-care review, two (2%) children were unsure and 73 (56%) said that they had not. Some children indicated that they did not like attending meetings where they are talked about. Eighty-three of 124 children (67%) said that decisions made at their reviews were explained to them, 24 (19%) said that they were not, and 17 (14%) answered 'don't know'.

In a focus group, foster carers described mixed experiences regarding the outcomes of child-in-care reviews. Foster carers said that they fill out their forms before attending the meeting and that fostering link workers were great at explaining things to them. They told inspectors that completing the forms was their way of having their voice heard. All six foster carers said that they always received the care plan but sometimes they had to contact a social worker to ask for it. Inspectors found that, in the records reviewed, there was a lack of evidence that decisions taken in reviews were communicated to children and that copies of the care plans were not distributed in a timely manner to the relevant parties to the reviews.

Care plans were of good quality when completed but not all were up to date. Data from the area stated that all children had an up-to-date care plan. However, inspectors reviewed 42 care plans and found that 35 of 42 (83%) were up to date. There were seven out-of-date care plans in the Wexford office. In four of these seven cases, child-in-care reviews had taken place in 2018 and 2019 but care plans had not been updated following those reviews. Out of the 129 children who answered the question about having a care plan, 117 (91%) said they had a care plan and 5 children said they did not have a care plan. Seven children did not know if they had a care plan.

There was good consideration of children's care needs in their care plans. In 30 (71%) of 42 care plans reviewed, children's needs such as family contact, education, health, and specific supports for children with additional needs or children with a disability were detailed. The suitability of foster care placements to meet the children's needs was also considered. Arrangements for family contact were

discussed for all children, where appropriate. All but one care plan, considered the suitability of the child's placement. Twenty-four of 42 (57%) care plans had clear decisions and time frames.

Management oversight of care planning and review processes required improvement. Twenty-three out of 42 (55%) of care plans were signed by the team leader to show that they had been completed and approved by social work management, however, a very significant number had not been (45%).

Children who had complex needs and or a disability received specialist supports as required. Inspectors reviewed records of 11 children with varying levels of disability for the purpose of examining the quality of care planning and review. Inspectors found that there was good quality care planning, co-ordination of services and review of children's needs in ten cases. Specifically, in the cases of five children who had complex needs or a disability and who were over the age of 16, inspectors found that the children were supported to develop their independent living skills and prepare for leaving care as required.

The area had not completed a review of all voluntary consent for children in care, as directed by Tusla national office in September 2019. Data provided by the area noted that there were 107 children in foster care under the voluntary consent provided by their parents. Inspectors reviewed 28 voluntary consent forms. The majority of voluntary consent forms were either incomplete or out of date and were not routinely reviewed and updated. One expired voluntary consent for a child was brought to the attention of management during inspection and a social worker met with the parent to renew their consent for their child to remain in care. Thirteen children had been in voluntary care for over five years and five children had been in voluntary care for over ten years. This was not in line with best practice and Tusla's policy guidance on voluntary consent which states 'voluntary consent should not be sought if reunification is seen not to be possible, therefore steps must be taken to seek the appropriate permanency placement for the child(ren)' and 'timely reviews of such consent should occur in line with the child-in-care reviews'.

The significant issues with voluntary consent were escalated to the area manager following the inspection. It was requested that the area review the admission to care forms of all children in voluntary care with a view to ensuring that, in each case, the forms were completed in full and that the consent provided by parents was up to date and subject to ongoing formal review. The area manager advised that a voluntary consent audit was completed following the inspection and that the voluntary consent documents were being updated across the area; due to be completed by 31 March 2020.

Data provided by the service area indicated that in the 12 months prior to the

inspection eighteen placements ended in an unplanned manner. Inspectors reviewed seven records for the management of unplanned endings and found that five of these unplanned endings were managed appropriately. Data provided by the area stated that child-in-care reviews occurred for five of the 18 placement endings in the 12 months prior to inspection. Principal social workers and social work team leaders told inspectors that this would be in cases where it may not be appropriate or in the child's best interests to bring everyone together to discuss what led to the breakdown of the placement. They were assured that individual meetings occurred with child, foster carers and parents. They advised that the recording of why these meetings did not occur required improvement. One unplanned ending involved lengthy delays in processes and the child was left with uncertainty about where they would reside in the future. For another child, issues within the placement were not managed in a timely manner which contributed to the placement ending in an unplanned way.

Placement plans were of poor quality and not completed as required under the standards. The development of placement plans is a key feature of the standard on care planning and review and a key social work task following the admission of a child to care. A placement plan 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 on a daily basis and the way in which the placement will contribute to meeting the child's needs as outlined in their care plan. The lack of placement plans for some children was discussed at team meetings and it was noted that only actions not covered by care plans should be filled in on placement plans. Data returned by the area prior to the inspection stated that all children had placement plans on file. Of 25 records reviewed for the purpose of examining placement plans, 22 had evidence of a placement plan having been created or commenced on file but only eight were completed and signed by social workers. Social workers informed inspectors that placement plans would not be on every child's file but the required details would be included in the care plan. Twenty of the 22 placement plans had limited information, eight of which referred only to access arrangements.

The area manager told inspectors that there was an electronic database which was in place for tracking all statutory requirements, excluding statutory visits, on a monthly basis. This was a separate database from children's records but updated by the NCCIS support person. This database included information about care planning and child-in-care reviews. It was accessible to social work team leaders and principal social workers. Inspectors viewed extracts from this database, which the NCCIS support person told inspectors was monitored monthly and kept up to date as an additional safeguard to ensure that children, whose reviews, care plans or visits were out of date, were identified and prioritised for intervention to address these issues. Team leaders told inspectors that the scheduling of child-in-care reviews was

discussed during supervision with allocated social workers and, in cases where children did not have an allocated social worker, they took on the responsibility to complete the required work. Social work team leaders said that some children who did not have an allocated social worker were allocated to the foster carer's link social worker. Social work team leaders spoke highly of the team work amongst various teams in the area and said that it was common practice in the area for members of the fostering or child protection teams who are familiar with a family, and or who have capacity to do so, to assist the children in care team to complete child-in-care reviews and update children's care plans, if required, where a child was awaiting allocation.

The inconsistent practice regarding the completion of care plans and statutory child-in-care reviews was escalated to the area manager following inspection. Standard 7.1 states that child and family social workers, in consultation with the children, their families, foster carers and significant others draw up comprehensive, written care plans that are kept on the case file. In addition, statutory child-in-care review were not being signed off as complete by a manager, and minutes were not being completed and circulated. Given the issues found during this inspection in relation to the lack of adherence to Tulsa policy and processes in relation to care planning and reviews, and the significant departure from practices that have been imbedded in other areas, this was brought to the attention of the area manager following the inspection. Inspectors requested an immediate review of the care planning process, with a particular focus on systems in place to ensure that the development of care plans was subject to robust governance and that managers sign off on care plans and statutory child-in-care reviews was timely.

The area manager responded that he was assured that care plans were signed off by the person who chaired the meeting. He advised that there was an issue with the NCCIS system and closing documents. The area manager said that the distribution of care plans was not as efficient as the service would like and that the area had requested additional staff to support this system. He advised that a new care planning process that had commenced in Waterford, was now being rolled out across the area since the inspection, and that this was to ensure consistent service delivery.

Management oversight of care planning and review processes required improvement. Practices varied across the area that led to inconsistencies in the care planning process for children in foster care. Child-in-care reviews were not taking place within statutory time frames for all children, were not routinely signed by the chairs of the reviews or placed on children's records. Not all care plans were up to date, approved by managers and contained in the child's care record. The timeliness of distributing updated care plans required improvement. The number of children

attending reviews was low. For children who had a placement plan, they were incomplete and had not been developed in line with requirements. The voluntary consent provided by parents when their child entered care was not routinely reviewed or updated. A significant number of children were in their placements for over a number of years with the voluntary consent of their parents, without their legal status being considered and if necessary being secured. For these reasons, the area was judged to be in moderate non-compliance with this standard.

**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 matching process in place. The social worker submitted a placement request form; which included an assessment of the child's needs, to the fostering social work team leader. Non-emergency placement requests were considered by the fostering team at placement meetings. These meetings occurred weekly in Waterford and monthly in Wexford. Placement consideration forms were used to score potential placements in relation to which foster carers were best suited to meet the children's needs.

There was a shortage of foster carers in the area. Local measures such as various media campaigns and strategies for recruiting more foster carers were active across the area. Social workers and team leaders spoke with inspectors about the limited options in terms of matching. Despite limited options, inspectors found evidence of good pre-planning and matching for children's placements. Foster carers were provided with relevant information about the child; where appropriate, prior to the placement commencing. Foster carers told inspectors that they were provided with guidance from their link social workers who knew their capacity and needs. Social workers gave a photo-book about the foster carers to children to support them in their transition to their new home. Social work team leaders advised that the matching process also involved the needs of the foster carer's children and that additional supports such as allocating a child care worker to work with the foster carer's children could be put in place.

The majority of children who met inspectors either said that they were very happy in

their foster home or they appeared to inspectors to be happy and relaxed there. Most of the children who completed questionnaires made very positive comments about their foster carers, their placements and the way in which they were looked after. Given the large number of children in care, there was also a low incidence of placement breakdowns reported in the 12 months prior to the inspection.

Data provided to inspectors prior to this inspection showed that, of 401 children in foster care, 18 children were in private foster care, 13 of these outside the area. Inspectors reviewed three records of children residing outside of the area. The three children had been appropriately matched with their foster carers, with two placements being over a number of years. The third was a relatively newly established placement with careful consideration and planning occurring with regard to the child's best interests and needs being met.

There were 10 available foster care placements at the time of this inspection. Inspectors were informed that these remained available as they did not match the needs of children who were placed out of area or in private placements.

Data provided to inspectors showed that there were 24 foster care households where the number of children exceeded the standards. Inspectors reviewed nine children's records who resided in three of the households that exceeded standards. In these cases, the placements were notified to the Foster Care Committee for their consideration.

Social workers told inspectors that, when foster placements were required for children, they considered the children's extended family in the first place to see if a relative placement was possible. In all, 92 (23%) of 401 children were placed with relative carers who had familiarity with the children and their backgrounds.

If a relative placement was not possible, child in care social workers submitted a placement request form and a profile of the child to the fostering social work team. Fostering social workers told inspectors that they maintained a list of foster carers who had the capacity to provide a placement and that they considered these potential placements in the light of the child's needs and the experience and capacity of the foster carers. If no suitable match was identified in the area, social workers considered alternative Tusla placements outside the area before contacting private providers who may be in a position to offer a suitable placement.

Social workers told inspectors that, when children were admitted to care in an emergency, social workers did their best to match them to available placements even though the children's needs may not be well known and a comprehensive assessment of their needs had not yet taken place. Inspectors reviewed the records of seven children who had been admitted in an emergency and found that their

needs were appropriately assessed and placements were found for them at short notice.

The area tried to ensure that children maintained their contacts with their local community when they were admitted to foster care. 97 out of 126 (77%) children who replied on the questionnaire indicated that they had enough contact with their family and friends while seven children said this happened sometimes and 18 children said that this did not happen.

Of 127 children who answered the question of whether or not they had to change school when they moved in to their new foster home, 40 (32%) said that they had to change school while 87 (68%) said that they remained in their school placements.

Social workers told inspectors that, when appropriate, children were given the opportunity to meet their prospective foster carers and their views were sought about the proposed placement. This was not always possible as some children were placed as very young children and others were placed in an emergency. Nevertheless, the responses received from children suggested that there was good practice in this regard. Of 123 children in care who answered the question of whether they got to meet or stay with their foster carers before they moved in, 56 (46%) children said that they had while 62 (50%) said that they had not. Another five children said they did not know or they were babies when they moved in with their foster carers. Of the 120 children who answered the question about had they had been asked how they felt about moving to their new foster home, 46 (39%) children said that they had not.

Since the capacity of foster carers to meet the needs of children was not always apparent at the beginning of a placement, the suitability of long-term matches between children in care and foster carers was considered and approved by the Foster Care Committee. The matching assessment report or foster carer review report addressed the carers' capacity to meet the child's assessed needs. The local area's guidance document on long-term matching noted that discussions should form part of the care-planning and or child-in-care review process. When being presented to the foster care committee, the child's care plan was required to be completed. While the area followed this process, the number of such approvals was small. There was a significant backlog in the number of children awaiting long-term placement approval. Data provided by the area during this inspection showed that 39 such approvals took place in the 12 months prior to this inspection and that there were 111 children awaiting approval of long-term placements.

Inspectors reviewed eight children's records to assess the quality of long-term matching where children had been residing with the foster carers for more than six months. Seven of the eight records contained evidence of good quality long-term

matching and the foster care committee had approved long term matches for those seven children.

There was a matching process in place and there was good pre-planning for placements, where possible. Children's needs, both for emergency placements and for planned placements were appropriately assessed. There was a shortage of foster care placements in the area, which had a direct impact on the area's ability to match children with carers in the area, resulting in children being placed out of the area, a significant number in private placements and being placed in households exceeding the number of children as set out in the standards.

However, the number of children awaiting approval of long-term placements was high and required improvement to provide stability for children residing in foster care placements and therefore, the area was judged to be substantially compliant with this 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**

The majority of complaints, serious concerns, and allegations against foster carers were assessed in a timely manner and in line with the interim protocol for managing concerns and allegations against foster carers (2017). Allegations against other people who were not children's foster carers were not always assessed in line with Children First (2017) and standard business process. Child protection concerns were taken seriously and immediate actions were taken to protect children when required. There was evidence that social workers put safeguarding measures in place for particular children in the form of safety plans but the use of the area's example of a safety plan template was inconsistent.

Data provided by the area indicated that there were four serious concerns made against foster carers in the 12 months prior to this inspection. Inspectors reviewed one of the serious concerns against foster carers. The concern was investigated according to the interim protocol for managing concerns and allegations of abuse or neglect against foster carers and Section 36 (relative) Foster Carers (Tusla, April 2017) and it was notified to the foster care committee. Supports were put in place to support the placement as required.

Data provided by the area indicated that there were 11 allegations made against foster carers. Inspectors reviewed eight of these allegations against foster carers. Seven allegations were appropriately categorised and investigated in line with Children First (2017). For these cases, strategy meetings took place, initial assessments took place and An Garda Síochána were notified when appropriate. The outcomes were clearly recorded, and there was evidence that the foster care committee maintained oversight of allegations. One allegation was not appropriately categorised and an initial assessment had yet to occur five months after the allegation was reported. Although an initial assessment was not carried out in line with the standard business processes, inspectors found that a safety plan was developed and services put in place to support the placement.

Data from the area indicated that five children had been removed from their placements due to allegations. Inspectors reviewed the records of three of these children and found that the concerns were thoroughly investigated.

Data provided by the area during the inspection indicated that there had been 74 child protection concerns relating to people other than the children's foster carers in the 12 months prior to the inspection. Inspectors reviewed the records of five children in relation to the management of allegations made by the children against people other than foster carers. In two cases, the correct process was followed and the allegations were assessed and investigated in line with Children First (2017). Children's records had intake records and strategy meetings on file. The concerns were deemed to be welfare concerns which did not warrant initial assessments under the standard business processes. There was evidence the social workers followed up on these concerns and provided appropriate supports to the children and their foster carers as required.

In three other cases, however, the allegations were not assessed and investigated in line with Children First (2017). This meant that there was no initial assessment of the children's allegations as required and comprehensive records of the assessment of the allegations were absent from the children's records. Strategy meetings for these children were not timely and occurred between two to five months after the reported concern. Inspectors sought assurances for these cases and were informed that the practice in this area was that the allocated social worker would follow up with the concerns, but would not undertake a formal initial assessment of the allegations as outlined in Tusla's own standard business processes. Inspectors escalated cases, to the area manager, whereby the correct process for reporting child protection concerns and subsequent processes for investigation of concerns were not followed or were not timely. The concerns related to correct processes not being followed such as no initial assessments completed and significant delays in meetings and outcomes. While managers in the area were aware of the cases and

were able to provide inspectors with assurances regarding work completed when requested, records were not available on NCCIS, and therefore key information was not on the file and accessible in the event that a manager or social worker with the case knowledge was absent for any reason.

The area had a tracker system to assist managers in their oversight of allegations and serious concerns. Inspectors reviewed the tracker which contained details such as when the allegation or concern was reported, the nature of the allegation or concern, how it was responded to and the final outcome. For when allegations were made against foster carers, it also contained the dates on which it was first reported to the foster care committee and when the outcome report was considered by the foster care committee.

In both individual meetings with inspectors and in focus groups, social work staff presented as having the appropriate knowledge and skills and demonstrated commitment to safeguarding and protecting the children for whose care they were responsible. They emphasised the importance of communicating with children about their rights, how to make a complaint if they needed to do so, and making sure that children knew who they could talk to if any issues of concern arose. They were able to clearly explain the process to be followed in the event of an allegation or serious concern against a foster carer or a child protection concern. Social workers outlined the policies that governed their practice but these were not followed for all cases, for example, when allegations were made against a third party an initial assessment did not always occur.

Complaints were managed in line with Tusla's national policy. Data provided by the area showed that there were eight complaints made by foster carers, parents, or family members in the previous 12 months. Inspectors reviewed six of these complaints. There was evidence that complaints were taken seriously and responded to in a timely manner. Appropriate measures and supports were put in place and work was carried out with the parties involved to address the issues of concern.

In questionnaires returned by children, 114 (93%) of 123 children who answered the question said they knew how to keep safe and 112 (91%) of 123 children who answered the question said that their social worker had told them who to talk to if they felt unsafe. Many children commented on the support and advice that was given to them by their foster carers and social workers on how to protect themselves. There was evidence in some children's records of social workers meeting with children to advise them of the rights, including their right to complain and giving them information and leaflets regarding an independent advocacy service that they could access. A number of children in care, whose cases were before the courts, had court-appointed guardians' ad litem.

There was evidence that social workers put safeguarding measures in place for particular children in the form of safety plans. However, the area did not consistently use their own example of a safety plan template to ensure that each safety plan included essential elements such as a description of the risks involved, the measures in place to mitigate the risks, the arrangements for monitoring and review, and the agreement and signatures of the relevant parties to the safety plan.

Inspectors reviewed safety planning in relation to five children. In three cases, there were robust, written safety plans which involved measures such as referrals to other services, care team meetings, discussions with foster carers and they outlined measures to reduce risks. On one child's file there was no evidence that all relevant parties were aware the safety plan and it was not evident that the implementation of the safety plan was monitored or reviewed. In another case, there was no safety plan in place following a child making an allegation against a foster carer but more frequent visits to the child were undertaken by the allocated social worker as a safety measure. There was a written safety plan in another file that was not dated or signed and it was unclear who was involved in formulating the plan. The lack of consistency in safety planning and the poor recording on children's records meant that managers could not maintain adequate oversight of their implementation.

Foster carers spoke with inspectors about absent management plans in place; which were reviewed annually, for children in their care. Foster carers received safeguarding training and were aware of their responsibilities as foster carers.

Data provided by the area stated that there were no deaths or serious incidents involving children in care during the previous twenty-four months. Processes were in place to review all reported incidents should they occur.

Tusla's policy and guidance was not always adhered to when allegations were made by children against people who were not the children's foster carers and this required escalation to the area manager. There were significant delays in strategy meetings occurring following allegations. The recording, monitoring and reviewing of safety plans required improvement. Overall, the governance and oversight of allegations required improvement in order to ensure that they were all dealt with in line with Children First (2017), that delays in convening strategy meetings were resolved at an early stage and that safety plans were monitored and reviewed on a regular basis.

**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**

According to data submitted by the area, there were 52 children aged between 16 and 18 years in foster care in the Waterford/Wexford service area. In addition, there were 175 young people accessing the aftercare service between the age of 18 and 22 years. The aftercare team consisted of six aftercare workers and an aftercare manager. Their work was overseen by a principal social worker.

The aftercare team was stable, with suitably experienced aftercare workers. They were aware of their accountabilities for the provision of support and the entitlements of young people leaving care. The aftercare team worked jointly with the young person's social worker in developing their assessment and aftercare plan.

All children 16-18 years old leaving care in Waterford had an allocated social worker. The aftercare team reported that four young people in the Wexford area did not have an allocated social worker. Aftercare workers were increasingly being invited to attend child in care statutory reviews. This was helping to strengthen transition planning and promoted shared awareness about what the young person could expect from the service.

Inspectors found inconsistencies in referral practices, with lengthy delays in some cases. Two out of the six referrals reviewed by inspectors that were made to the aftercare service in one area were very late and the referral for another young person was of poor quality with gaps in essential information being shared. In one case the young person was 17 years and three months old. In the other, the young person was 17 and two months old at the point of referral, with an additional delay of six months before they were allocated an aftercare worker. A new alert system had been recently introduced to prompt social workers to make timely referrals on the child's 16<sup>th</sup> birthday. It was too soon, at the time of inspection, to assess its impact on practice.

Members of the aftercare team were involved in discussions about which worker was best placed to undertake the work with the young person. This included consideration of 'best match' in relation to where the young person lived, their current caseload size and priorities. Aftercare workers reported their caseloads were manageable and that all young people had an allocated aftercare worker. A case management tool had not yet been developed to promote management oversight of

the delivery of this area of Tusla's work.

Inspectors found significant variability in the timeliness of the aftercare worker being allocated in the area. The response time from referral to allocation was relatively timely in some cases, with six young people allocated within two months. However, a delay of over seven months from referral to allocation was found in four of the 10 care records reviewed in the area. The delay was nine months in one case.

Inspectors reviewed a total of 17 care records of young people over the age of 16 years, all of whom had been referred to the aftercare team. Good joint working between the social worker and aftercare worker was seen in one case where an older child had recently been admitted to care.

Aftercare workers provided important information about the impact of young people's changing legal status, working closely with them to explore their aspirations, future needs and concerns. The level of information provided was good. Records of contact with young people indicated open and supportive conversations with them and their foster carers about their entitlements, future life choices and opportunities.

Tusla guidance sets out that assessments should be completed within four months of eligibility or no later than six months before a young person's 18<sup>th</sup> birthday. Late referral and delays in allocation in turn impacted on the capacity of the service to meet the required standards of performance in this area. Inspectors found six of the 14 completed assessments examined were completed outside this timescale. In two care records, the assessment was completed just four months, and for another young person, it was only two months before their 18<sup>th</sup> birthday.

The aftercare team recognised the uncertainty and confusion some young people were likely to experience in their transition to young adulthood. One case had an aftercare needs assessment which clearly demonstrated the appropriate recognition of the anxieties experienced by a young person in thinking about their future. The overall care planning approach and engagement with the young person sought to be supportive in recognition of this young person's vulnerability. This assessment was completed early, and at a slower pace, to enable them to understand and have more control over their future options.

Aftercare assessments were comprehensive. Inspectors found 13 out of the 14 assessments seen were of good quality. The service used a standardised template to support its practice. In almost all cases, this helped provide a detailed picture of children's strengths and needs. Young people were encouraged to sign their assessment to indicate they agreed with its contents. This was evident on records seen. Assessments provided an appropriate level of information about young people

with mental health risks or learning disabilities.

Ten aftercare records reviewed by inspectors contained completed aftercare plans. The timeliness of their completion in line with Tusla guidance was also variable. The guidance required the aftercare plan to be prepared six months prior to their 18<sup>th</sup> birthday or within four months of the child becoming eligible. Six of the ten aftercare plans completed were in line with Tusla timeliness guidance. One aftercare plan was completed and signed off just a month before the young person's 18<sup>th</sup> birthday. All had been appropriately signed off by the young person, their aftercare worker and team manager. In six cases, foster carers had also co-signed the aftercare records denoting their ongoing commitment and the importance of the family relationship to the young person.

Inspectors found aftercare plans to be holistic in their focus. They aligned well with the strengths and support needs of the young person outlined within their assessment of needs. Young person's needs were identified in line with statutory guidance and included multi-disciplinary working with other professionals and agencies.

Aftercare workers actively involved the young person and their support network. Aftercare plans provided a clear picture of what was needed to support the young person's transition to further education or training, employment or to access a home of their own. Issues in relation to developing budgeting skills, funding of future education, housing allowances and changes to foster carer payments were clearly recorded. This helped young people make informed decisions about their future, including choices to remain living in their foster care home or live more independently.

Good attention was paid to supporting young people to access sexual health advice, promoting safe use of social media, and building their relationships and interests through inclusion in a range of social and leisure activities. Inspectors found in their review of care records that concerns raised by young people were effectively responded to. Records seen indicated aftercare workers effectively advocated on behalf of the young people to help them address issues and strengthen their problem-solving capacity. In some case records reviewed, targeted support from community care workers helped promote young people's inclusion in their local community and strengthened their confidence and understanding of their responsibilities as a young adult.

Aftercare plans appropriately recognised the specific needs of young people from minority ethnic backgrounds and served to promote recognition of their attachments, culture and identity. This included work to promote ongoing contact with extended family members, including translation of correspondence, where

needed. Feedback from the aftercare team highlighted they would welcome further training to better prepare them to meet the changing profile of children in care from a diverse range of family backgrounds.

The aftercare service was appropriately involved in supporting young people with acquiring their citizenship rights. Good practice was evident in discussions with one young person. Tusla had agreed to meet their further education and living expenses while their Irish citizenship was being progressed.

Good practice was seen in joint working with local housing providers with appropriate consideration given to the use of the housing capital assistance scheme (CAS) to help prevent young people becoming homeless. The aftercare service was working closely with local councils and voluntary sector organisations to promote the expansion of supported accommodation and specialist housing schemes. This was recognised as significant gap in provision in the local area.

The quality and maintenance of aftercare records on NCCIS was weak in some key areas. Inspectors found a significant delay in one aftercare record being signed and uploaded onto NCCIS. Although the assessment was completed in March 2019, it had not been uploaded onto NCCIS until January 2020. There were also two instances where a young person's aftercare record inappropriately contained information about another young person. This was brought to the attention of the local service who agreed to immediately address this.

Both Waterford and Wexford hosted a weekly drop-in service for young people which provided ongoing advice and guidance for those leaving or who had left care. This offered dedicated time and space for young people to make contact by phone or arrange a face to face meeting with their aftercare worker. Aftercare workers reported good engagement with young people, with few dropping out of the service.

The Waterford drop-in service was well-used, and provided opportunities for contact with wider professionals and agencies, including access to counselling services. In contrast, the Wexford drop-in service was very poorly attended. The lack of take up in this area had been identified as a concern. Plans to involve young people in discussions about the suitability of the venue to promote wider access and peer support had recently commenced.

The last survey that was undertaken of young people's experiences of the aftercare service was in 2017. It indicated high satisfaction rates. However, no survey of young people's views and experiences has been undertaken since.

The area provided inspectors with data on 106 young people who availed of the aftercare service from 17 January 2019 to 17 January 2020. All young people had an

aftercare worker. Twenty four of the 106 (23%) young people aged out of foster care during that period and availed of the aftercare service.

Sixty-nine of these young people were in full-time education or training placements as follows:

- 10 (14%) were still in second level schools
- 11 (16%) were in post-leaving cert courses
- 6 (8%) were in vocational training
- 7 (9%) were in disability training
- 32 (45%) were in third level college or university and
- 6 (8%) was in vocational training.

The accommodation arrangements of the 106 young people availing of aftercare were as follows:

- 48 (45%) remained with their foster carers
- 39 (37%) were living independently
- 1 (1%) was in residential care
- 16 (15%) were living at home
- 2 (2%) were reported as homeless. Inspectors were advised that two young people were accessing homeless support services, both had allocated aftercare workers and multidisciplinary care plans in place.

The service area had a written policy on aftercare provision which outlined the aspects of support and entitlement for children and young people leaving care. The area also had good practice in relation to the aftercare provision following the receipt of a referral for a young person. However, as cited above there were delays in the referrals to the service and in the allocation of an aftercare worker to all young people. As a result not all young people had assessments outlining their leaving care needs in a timely manner nor did all young people aged 17.5 years have an aftercare plan. The area recently implemented an alert system to assist with timely referrals. However, the service was not meeting the requirements of the legislation and children received a delayed service to adequately prepare for leaving care. When they did receive a service however it was good quality, therefore the area was judged to be substantially compliant with this standard.

**Judgment: Substantially compliant**

## Appendix 1 — Standards and regulations for statutory foster care services

<b><i>National Standards for Foster Care (April 2003)</i></b>
<b>Theme 1: Child-centred Services</b>
<p><b>Standard 1: Positive sense of identity</b> Children and young people are provided with foster care services that promote a positive sense of identity for them.</p>
<p><b>Standard 2: Family and friends</b> Children and young people in foster care are encouraged and facilitated to maintain and develop family relationships and friendships.</p>
<p><b>Standard 3: Children's Rights</b> Children and young people are treated with dignity, their privacy is respected, they make choices based on information provided to them in an age-appropriate manner, and have their views, including complaints, heard when decisions are made which affect them or the care they receive.</p>
<p><b>Standard 4: Valuing diversity</b> Children and young people are provided with foster care services that take account of their age, stage of development, individual assessed needs, illness or disability, gender, family background, culture and ethnicity (including membership of the Traveller community), religion and sexual identity.</p>
<p><b><i>Child Care (Placement of Children in Foster Care) Regulations, 1995</i></b> <i>Part III Article 8 Religion</i></p>
<p><b>Standard 25: Representations and complaints</b> 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.</p>

\* 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.

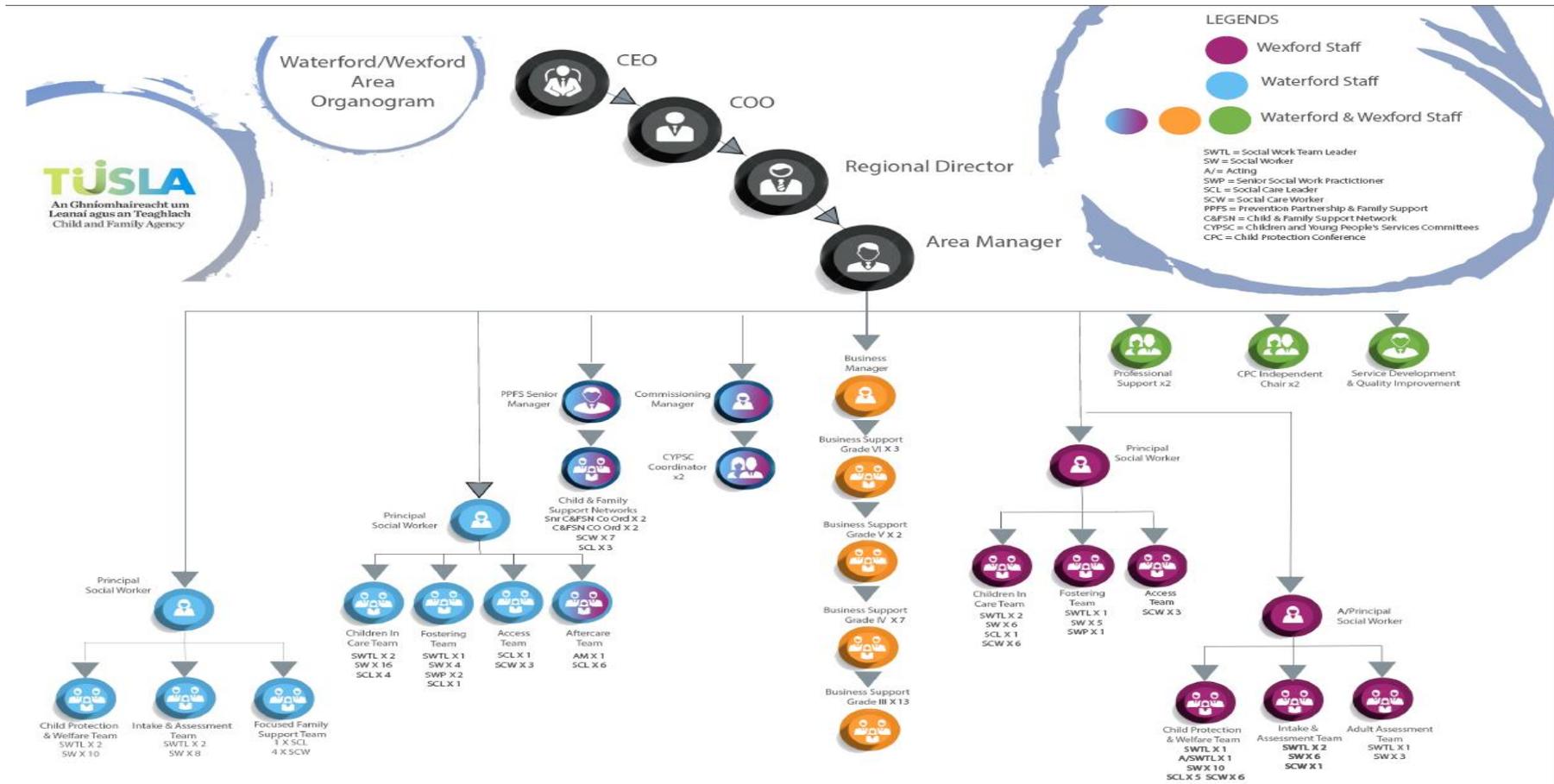
***National Standards for Foster Care ( April 2003)*****Theme 6: Workforce****Standard 20: Training and Qualifications**

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.

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\* 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 Waterford/ Wexford Service Area\*



\* Source: The Child and Family Agency

# Compliance Plan

**This Compliance Plan has been completed by the Provider and HIQA has not made any amendments to the returned Compliance Plan.**

<b>Provider's response to Report Fieldwork ID:</b>	MON 0028346
<b>Name of Service Area:</b>	Waterford Wexford
<b>Date of inspection:</b>	03 February 2020 – 06 February 2020
<b>Date of response:</b>	4 <sup>th</sup> April 2020

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

#### Non-compliant Moderate

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

- 5.1** Every child was not allocated their own social worker.
- 5.2** Children did not receive visits by social workers in line with statutory requirements.
- 5.3** The quality of statutory visits required improvement.
- 5.4** The oversight of statutory visits to children in care was poor.
- 5.5** Children's case records were not up to date and recording of statutory visits was not always evident on file.

#### 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:**

**5.1 The area has developed working relationships with various universities to assist in recruiting and retaining new social workers. All social work grade vacancies are approved for filling and recruitment services are processing these. This will assist ensure that every child is allocated a social worker.**

**5.2 Once social work vacancies are filled the area will be in a position to ensure all children in care have their own social worker and visits occur in line with statutory requirements. Interim measures include management oversight of the area statutory visit tracker. This will ensure managers have increased**

**governance to ensure these visits occur within National timeframes. Where children remain unallocated to a social worker the area standard operating procedure will be applied to ensure these children receive visits. This will in practice involve duty social workers visiting with these children.**

**5.3 The area are developing a new statutory visit template for completion by social workers. This will improve the quality of recording by outlining a checklist of key tasks to be undertaken during visits. An area audit will be planned for quarter four to review the impact this template has had on improving practice. Managers will also focus more clearly on this area during structured supervision.**

**5.4 A tracking system will be embedded across the area to log statutory visits to children in care. This will assist in improved management oversight in this area.**

**5.5 The area will continue to create more protected time for social workers to ensure that recording is up to date and that statutory visits are clearly logged. Protected time will allow social workers focus for a period on recording only and to reach on targets previously agreed with managers. Team managers will complete monthly spot checks on caseloads to ensure targets set for protected time are being achieved and that records are up to date.**

**Proposed timescale: Sept 30th 2020**

**Person responsible:  
Principal Social Worker –  
Service Development &  
Quality Improvement**

**Standard 7 – Care planning and review**

**Non-compliant Moderate**

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

**7.1** The different processes in place led to inconsistencies for children in care in relation to care planning and were not always aligned to Tusla policy and processes.

**7.2** Child-in-care reviews were not taking place within statutory timeframes for all children.

**7.3** Child-in-care reviews were not routinely signed by the chairs of the reviews and placed on children's records. There was a backlog in typing up, formalising and distributing the records which meant that children's records were not up to date.

**7.4** Reviews were not always held following an unplanned ending.

**7.5** The voluntary consent provided by parents on their children's admission to care was not reviewed and updated at child-in-care review meetings.

**7.6** Not all care plans were up to date, approved by a manager and placed on the child's file.

**7.7** Placement plans were incomplete and not developed in line with requirements.

**7.8** The number of children attending reviews was low.

**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:**

**7.1 The area will complete a review of care planning and review processes with a view to standardising the approach.**

**7.2 Tracking systems will be reviewed and improved upon to ensure child in care reviews occur within stipulated time frames**

**7.3 As part of the review noted at 7.1, admin support will be evaluated in order to create improvements designed to reduce administrative backlog. The review will also focus on ensuring that statutory review documentation is signed off by chairpersons in a timely manner. Team**

<b>PSW's will link with chairpersons on a monthly basis to ensure these tasks are complete.</b>	
<b>7.4</b>	<b>The area will strive to ensure that reviews are held following an unplanned ending by prioritising these cases and emphasising this on area operating procedures for staff.</b>
<b>7.5</b>	<b>A comprehensive audit and service improvement plan has now been completed in relation to voluntary care admissions. This will ensure that all admissions are reviewed &amp; updated annually at statutory childcare reviews.</b>
<b>7.6</b>	<b>As part of the area review noted at 7.1 &amp; 7.3 systems will be changed to ensure greater management oversight of timely care planning &amp; review.</b>
<b>7.7</b>	<b>All placement plans are in the process of being completed and placed on children's files.</b>
<b>7.8</b>	<b>Social work &amp; social care staff will continue to encourage children to attend their care planning and review meetings. The area are also exploring the use of technology to make this easier for children. One such example is a video link.</b>
<b>Proposed timescale: November 2020</b>	<b>Person responsible: Principal Social Worker – Service Development &amp; Quality Improvement</b>

## **Standard 8 – Matching carers with children and young people**

### **Substantially compliant**

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

**8.1** There was a shortage of foster carers in the area which limited the areas ability to match; which led to some children being placed outside of their own community, and in households exceeding the number of children as set out in the standards.

**8.2** There was a significant number of children awaiting approval of long-term placements.

**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:**

- 8.1** The area will continue to implement strategies to recruit and retain carers. This will include media campaigns and continued support to our current cohort of carers. Additional social work staff are required to develop the area of recruiting and assessing new carers. The area will continue to seek additional funding to ensure this occurs. The area will also continue to provide targeted training for our carers to ensure they are better equipped and supported in a very challenging role.
- 8.2** The area are developing an alert system to ensure that foster carers eligible for long term approval are brought before the fostering approvals committee in a timely manner. Additional monthly fostering approval meetings will be convened to focus specifically on this area and to clear any backlog evident.

**Proposed timescale: November 2020**

**Person responsible:  
Principal Social Worker –  
Service Development &  
Quality Improvement**

**Standard 10 – Safeguarding and Child Protection****Non-compliant Moderate**

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

- 10.1** Not all allegations made against people who were not foster carers were not managed in line with Children First (2017) and standard business processes.
- 10.2** Strategy meetings were not always convened in a timely manner.
- 10.3** The recording, monitoring and reviewing of safety plans required improvement.

**10.4** The governance and oversight of allegations and safety planning required improvement.

**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:**

**10.1** The area will continue to ensure that National business processes apply thus ensuring each case is managed safely & effectively. Managers will complete regular case file audits in this area. Learning will be discussed at team meetings and within supervision to ensure all allegations are managed safely & appropriately.

**10.2** Strategy meetings will be prioritised in line with National policy. Case file audits and practice review within supervision will examine the timelessness of such meetings and will address any blockages that are evident.

**10.3** The area have developed a comprehensive practice guide on safety planning – this will assist guide and support staff toward improved practice in this area.

**10.4** The area will continue to improve on its current tracking systems in relation to allegations & safety planning with continued emphasis on management review, governance and monitoring. The area will improve on current systems by analysing at senior & middle management team meetings and subsequently auditing tracking systems to ensure all cases have had the appropriate timely intervention.

**Proposed timescale: June 30<sup>th</sup> 2020**

**Person responsible:**

**Principal Social Worker –  
Service Development &  
Quality Improvement**

**Standard 13: Preparation for leaving care and adult life**

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

**13.1** There were delays in referrals to the aftercare service for eligible young people.

**13.2** There were delays in allocating an aftercare worker to all young people.

**13.3** Aftercare plans were not in place for all young people when they were 17.5 years old.

**Action required:**

Under **Standard 13** you are required to ensure that:

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

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

**13.1** A pilot project for notification of referrals to the aftercare service in the Waterford/Wexford area is ongoing. The learning for this project will be used to assist standardise practice across the area. Quarterly electronic notifications by the aftercare manager will be provided to social work managers. The aftercare manager will also attend Children In care team meetings on a quarterly basis to advise social workers of the referral process to aftercare and the need for submission of referrals at 16 years

**13.2** Prioritisation will be given to the allocation of an aftercare worker at 17 years in line with the National Aftercare Policy to best prepare young people to attain independence on leaving care.

**13.3** The aftercare team will strive to ensure that after care plans are in place for all young people aged 17.5 years. This will be achieved through improved linkage with social work teams & alert systems as noted above.

**Proposed timescale:  
September 30<sup>th</sup> 2020**

**Person responsible:**

**Principal Social Worker – Service  
Development & Quality Improvement**

