

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



Name of service area:	Donegal
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Fieldwork ID:	0026856

About the Health Information and Quality Authority (HIQA)

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

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

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

About monitoring of statutory foster care services

HIQA monitors services used by some of the most vulnerable children in the State. Monitoring provides assurance to the public that children are receiving a service that meets the requirements of quality standards. This process also seeks to ensure that the wellbeing, welfare and safety of children is promoted and protected. Monitoring also has an important role in driving continual improvement so that children have better, safer services.

HIQA is authorised by the Minister for Children and Youth Affairs under Section 69 of the Child Care Act, 1991 as amended by Section 26 of the Child Care (Amendment) Act 2011 to inspect foster care services provided by the Child and Family Agency (Tusla) and to report on its findings to the Minister for Children and Youth Affairs. HIQA monitors foster care services against the *National Standards for Foster Care*, published by the Department of Health and Children in 2003.

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

- **assess** if the Child and Family Agency (Tusla) — the service provider — has all the elements in place to safeguard children
- **seek assurances** from service providers that they are **safeguarding children** by reducing serious risks
- **provide** service providers with the **findings** of inspections so that service providers develop action plans to implement safety and quality improvements
- **inform** the public and **promote confidence** through the publication of HIQA's findings.

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

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

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

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

1. Inspection methodology

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

During this inspection, the inspectors evaluated:

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

The key activities of this inspection involved:

- the analysis of data submitted by the area and questionnaires completed by 24 children in care and three young people over 16 years of age
- meeting or speaking with 17 children in care and six young adults availing of the aftercare service
- interviews/meetings with the area manager, the principal social worker for the children in care, the principal social worker for fostering and two child in care reviewing officers
- home visits to six foster care households

- separate focus groups with children in care social workers, child protection social workers, fostering social workers, team leaders for the long-term children in care team, aftercare workers and foster carers
- review of the sections of 37 files of children in care that relate to the theme reported against
- observation of a child-in-care review
- phone calls/meetings with three parents of children in care.

Acknowledgements

HIQA wishes to thank the staff and managers of the service for their cooperation with this inspection, the children in care who completed questionnaires, and the children in care, parents of children in care, and foster carers who met with or spoke with 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 Donegal service area had a population of children aged 0–17 years of 42,865.*

The area is under the direction of the service director for Tusla West region, and is managed by an area manager. There were two principal social workers in the area, who had responsibility for the foster care, child in care, leaving care and aftercare services.

The long-term children in care team, and the leaving and aftercare service were based across Letterkenny, Ballyshannon, Donegal town and Bunrana. Three child protection teams, who had responsibility for the care of children in care until they were transferred to the long-term children in care team, were located in offices throughout the service area.

At the time of the inspection there were 196 children in foster care in the area. Of these, 28 children were placed with relatives and the remaining 168 children were placed with general foster carers, four of whom were placed with private foster carers.

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

*Annual Review on the Adequacy of Child Care and Family Support Services Available – 2016 (Tusla website, July 2018)

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 a 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:

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

Children who met with or spoke with inspectors said they felt safe and well cared for in their placements. The majority of children were happy with the contact they had with their families but a small number of children said they wanted more contact. Children were primarily positive about their social workers and described them as kind, helpful and nice. However, a small number of children told inspectors about the difficulties of getting to know social workers when they change a lot and other children felt that their social worker does not listen to them. Young adults spoke very positively about the aftercare service and felt they were receiving sufficient support.

Inspectors found evidence of good practice in relation to the aftercare service. This service was highly regarded by young people who spoke to inspectors about it. Children were referred to the aftercare service at 15.5 years and assessments of need and related plans were developed well in advance of reaching 17.5 years. The team was well-established and had developed relationships with other organisations to co-ordinate services needed by young adults who had left care. The aftercare team also provided young people with an opportunity to take part in exit interviews six months after they left care. The information learned from these interviews was then shared with the social work teams in the area.

The area had also established an effective matching process that ensured they were proactive in considering the assessed needs of children in order to identify suitable placements.

The service director for Tusla West had convened a group of representatives from all five service areas in the region to reflect on the outcomes of these inspections and ensure that good practice was shared and new systems were put in place to improve the foster care services. Some of these improvements, such as the introduction of safety and risk management plans were evident during this inspection.

Social workers coordinated the care of children, ensured that care plans were implemented and visited children in their homes. Nineteen files showed that children had been visited in line with required timeframes but this was not the case for three files reviewed by inspectors. The area manager told inspectors that unallocation of cases had been a difficulty for the area but at the time of inspection, all children and foster carers were allocated to a social worker.

Assessments of need were of good quality and conducted in a timely way with the exception of one file where it was not evident if the child or their family were involved in the assessment.

There were systems in place to monitor the timeliness of child in care reviews but only half of the care plans reviewed addressed the identified needs of children comprehensively. Twelve of 14 files showed that children had either participated in the care planning process or that efforts had been made to try and involve children. However, as the area had identified prior to this inspection, the number of children who attended their child in care review was low. Furthermore, 20 of 27 children who responded to HIQA's questionnaire said that they were not supported to attend their review. Staff in the area also identified that the venues available for reviews were not child-friendly. Inspectors identified four cases where they could not find evidence that the voluntary consent provided by parents on a child's initial admission to care had been updated as needed. As a result of this HIQA sought assurances with regard to the review of voluntary agreements and received written assurances from the area manager that they subsequently located updated consent on three of four of these files. In addition, at the request of HIQA the area conducted an audit of voluntary care agreements and informed inspectors that all voluntary care agreements would be reviewed by 1 September 2019.

Placement plans were in place in 15 files that were reviewed by inspectors; however, they were not always signed by both the child's and foster carer's social worker.

The area tried to ensure that children were matched with foster carers who had the capacity to meet their needs. Long-term matches had been approved for all children where it was identified in their care plan that they would remain in care long term.

There were systems in place to ensure that children were protected from all forms of abuse. There was good practice in relation to the categorisation of complaints,

concerns and allegations against foster carers. Inspectors found improved oversight of this since the last inspection. However, it was not evident in these cases that the needs of children had been assessed in line with Children First (2017). This issue was also evident in five out of six child protection and welfare concerns that were unrelated to foster carers. A further issue identified with two of six child protection and welfare concerns (not made against foster carers) that were reviewed by inspectors was a lack of clarity regarding whether they should be managed as a child protection concern that would be assessed by intake social workers or as a welfare concern that would be managed by the allocated social worker. The area manager wrote to HIQA to provide assurances that the needs of all children where there has been an open child protection or welfare concern in the last two years will be reviewed to ensure that their needs have been addressed in the context of the concerns. The area manager also outlined improved communication between the Principal Social Worker (PSW) for intake and children in care to decide how future child protection and welfare concerns will be managed.

Oversight of safety planning had improved since the last inspection, and the majority of safety plans reviewed by inspectors addressed the identified risks. Involvement of children and foster carers in the development of the safety plans was an issue in two cases reviewed by inspectors. Inspectors also sought assurances that appropriate measures were in place to manage risks in one case where an unassessed child protection and welfare concern meant there was unassessed risk. The area manager provided inspectors with assurances that appropriate actions had been taken following inspection.

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

4. Summary of judgments under each standard and or regulation

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

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

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

What children told us and what inspectors observed

Inspectors met or spoke with 17 children of whom 12 were visited in their foster care homes during the inspection. Inspectors also received 28 questionnaires from children who were living in foster care.

Children told inspectors about many of the positive aspects of living in foster care including:

- "It's the best and safest home you can grow up in".
- "I am happy being in foster care".
- "I like everything about living with [relative foster carer], she is caring and loving".
- "Everything. We love it here and we love them."
- "I feel safe here. I have my own room. I live with my brother and sister. I can bring my friends here. I am happy here and it is my home and I will always live here."
- "It's safe. I'm loved, I'm well looked after, I have people I can turn to when I need and want to, I have many happy memories, I'm not treated like a foster child, I have had so many amazing opportunities. I know they are my family for life so I don't have to worry, they understand my past and still love me, they are very understanding, and they have my best interests at heart."

Children told inspectors that they liked; their pet dogs, listening to "dad's stories", playing computer games and using their tablet. Children said they liked their bedrooms, the food, they liked their school, their friends and bedtime stories. Children also talked about some of the activities they loved doing, such as boxing, living a healthy life style, going on holidays, going to the cinema, going to the park with the dogs, soccer, football and hip hop. Children said that they liked contact with their families and spending time with their siblings.

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

- "I really wanna move home to my mum and I am worried I might not be able to because my social worker and my guardian ad litem are recommending that I stay in care permanently."
- "I miss my Dad".
- "At home I am allowed to have a say in my choices but with social workers I have no choice."

The 28 children who completed questionnaires said that they all had an allocated

social worker. Not all children commented on their social worker but 10 children had positive things to say about their social workers:

- "I like my social worker."
- "My social worker is nice and kind."
- "She helps me a lot."
- "She is lovely and caring and fun."
- "She is nice and she is good to me."
- "She is really nice. We really like her."

Seventeen children told inspectors that their social worker visits them regularly, six children stated that their social worker visits them sometimes, while three children said they are not visited regularly.

Three children also described where social workers could improve:

- "Doesn't listen to what I say or ask about."
- "They are quite controlling and manipulative. Decisions are never left to me and even when I say no to something they still push me towards doing it. They also threaten me with a court order if I don't go by what they want."
- "The care system helps children but it could be done better. I was given two weeks' notice to move to a different placement. While I am happy now in my new placement it was very hard for the first few months because I was moved away from all my friends."
- "I had that many [social workers] I forget. She doesn't consider what I feel and always is very stubborn about what she thinks and recommends things I don't want."

Seventeen of the children who had completed a questionnaire said that they had a care plan; five said they did not know if they had a care plan and one child said they did not have a care plan. Furthermore, 17 children felt listened to, one child did not know and four children did not feel listened to.

When asked if someone explained the decisions from their child in care review 20 children said that someone talks to them about the decisions, one child said they did not know and four children said no one talked to them about the decisions made.

Twenty children replied to the questionnaire that they had enough contact with their birth family while five children said they did not. One child said that the location for family access does not facilitate doing things together such as baking or having a meal together and that this is impacting on the quality of the contact between

siblings and their birth parents.

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 showed that all children in foster care had an allocated social worker. While all children were allocated at the time of inspection, more cases were due to be transferred to the children in care teams. The area manager identified that children in care teams had sufficient staff to allocate all cases but that other factors were affecting capacity such as reduced caseloads for newly allocated social workers and the level of time spent on court work. The area manager told inspectors they were scheduled to meet as a management team in the coming weeks to look at the specific issues causing delays in the court process and identify how these should be addressed. There had also been an increase in staffing resources in the last year. The area manager told inspectors that the area previously had significant issues with unallocated cases. While inspectors only identified one case where there was a high turnover in the social workers allocated to a child, foster carers and children told inspectors about the negative impact of changing social workers and exposure to multiple staff supervising access visits.

Inspectors reviewed 22 files for timeframes of statutory visits over the two years prior to inspection. Data provided by the area showed that all children had been visited in line with statutory timeframes. In all files reviewed for statutory visits, social workers visited children in their foster care homes and met them in private. However, while files reviewed by inspectors showed that all children had been visited recently, for three children statutory visits within the last two years were not in line with the timeframes prescribed by the regulations. One foster carer also told inspectors that a child in their care had not had enough visits from their social worker.

Team leaders told inspectors that the supervision template filled out by social workers in advance of supervision had prompts to help monitor the frequency of statutory visits. However, this was not apparent in the template provided to inspectors. The PSW for children in care identified difficulties in maintaining oversight of the frequency of statutory visits due to difficulties in extracting information regarding statutory visits from the electronic system. As a result, they introduced a calendar to be held on children's files on which social workers marked the dates they had carried out statutory visits. The PSW for children in care advised that this was in the early stages of being rolled out and inspectors did not come across this on any of the files selected for review under this standard. While these changes were recent and therefore had not ensured that all children in care were visited in line with timeframes in the last two years, it was positive that gaps in oversight of the frequency of statutory visits had been identified by management in the area and efforts were underway to address this.

Statutory visits were primarily recorded in case notes but more recent visits were recorded on a template that had been introduced in the area. Of the records reviewed by inspectors, 21 (of the 22) records were of good quality, though one of these was not signed by the social worker.

In the 22 files reviewed by inspectors under this standard, inspectors found that social workers maintained links with family and facilitated contact, in line with children's best interests. Inspectors reviewed four files where access was facilitated with either birth parents or siblings in the foster carer's home. This supported children in care to maintain relationships with their family members in a homely environment. However, children who spoke with inspectors raised a number of concerns relating to access. Some children described wanting more contact with their parents or siblings. Some children and parents also spoke about the poor quality of the spaces used to accommodate visits, which was also an issue identified by the team leader for the support team. However, the area manager told inspectors that work was underway to open two new facilities for family contact. One child

talked about the challenge of the distance of their placement from the rest of their family. In their questionnaire responses, 17 of 27 children said their social worker kept in contact with their family and made sure they got to see them regularly. Two respondents said that this happened sometimes, while four children said their social worker did not keep in contact with their family or make sure they got to see them regularly.

There was a children in care support team in the area since November 2018 whose role was to support contact between children in care and their families. This team was piloting a new model with two families with the hope that the model would provide guidance to staff on how to improve the quality of family contact.

Inspectors reviewed 10 files of children with varying levels and types of disabilities and found they all had an allocated social worker who was responsible for coordinating their care. Two of these children were among the children referenced above who had not had visits from social workers in line with statutory timeframes, which given that they had additional needs was not good practice. Inspectors reviewed four cases in relation to the social work role and found social workers were implementing the child's care plan, co-ordinated services and ensured the child had access to specialist services.

Inspectors reviewed eight records where significant events had taken place and found that social workers were responsive in these situations. These incidences related mainly to behaviour that challenged. The records indicated that supports were discussed with foster carers and, in a small number of situations, onward placements were identified. Inspectors saw evidence of social workers being in regular contact with foster carers and making frequent visits to children in care where additional support was needed. Foster carers also told inspectors that in their experience visits were more frequent when issues arose in the placement.

Three questionnaire respondents said they had made a complaint: one respondent was satisfied with the outcome of the complaint, one was dissatisfied with the outcome and a third said their complaint was still under investigation. Inspectors reviewed 12 files for evidence that social workers had explained the complaints process to children. Five of these files indicated that social workers gave children information about complaints, while two of these files showed that the process had not been explained for specific reasons. However, five files reviewed did not have evidence of social workers giving children information about the complaints process. Similarly, 11 questionnaire respondents said their social worker had explained the complaints process, while 13 said their social worker had not given them this information.

The records in respect of each child were maintained on an electronic system. Inspectors found isolated cases where records held on the electronic system were not up to date but this was not an issue in the majority of cases reviewed. Records such as those of statutory visits were difficult to locate. This was mainly due to the structure of the system, which housed many documents in general folders.

In summary, statutory visits had been carried out recently for all children but visits in the last two years were not in line with the regulations on three files. Records showed that children were met in private and in the foster care home by social workers. There was no evidence that five children were given information about complaints and some records were difficult to locate. For these reasons, the area was judged to be substantially compliant.

Judgment: Substantially compliant

Standard 6: Assessment of children and young people

An assessment of the child's or young person's needs is made prior to any placement or, in the case of emergencies, as soon as possible thereafter.

Summary of inspection findings under Standard 6

Social workers carried out assessments of the needs of children placed in foster care, which inspectors found were contained in a variety of documents. There was no stand-alone assessment of need document; however the area had introduced a placement forum meeting where children in need of placements were referred using a standardised form. The senior social worker who managed this system told inspectors that emergency referrals had reduced significantly as a result of the introduction of placement forum and matching meetings. Indeed, data showed that there was only one child who had an assessment of need completed within six weeks following an emergency placement in the two years prior to inspection, while 60 assessments of need were carried out before a child was placed in the same period.

In an emergency, the standards require that an initial assessment is carried out within one week of placement, and a comprehensive assessment within six weeks.

In the one relevant case, inspectors found a further assessment had been completed prior to the child's admission to care but it did not adequately consider the child's needs in terms of identity. A subsequent comprehensive assessment was completed six months after the child's admission to care.

Inspectors reviewed nine other assessments of need and found they were contained in court reports, care plans, placement request forms and social work reports. Five of these related to assessments of need completed prior to the child's first admission to care. The quality of these assessments were good. Inspectors found that assessments of need were carried out in a timely way and were comprehensive in considering the needs of children, for example, in relation to health, education and emotional and behavioural development. Four out of five assessments were conducted with the participation of the child and family.

Inspectors reviewed an assessment of need for a child whose placement was at risk of ending, in addition to three assessments of need relating to children who moved placement. Inspectors found that all of these assessments of needs were comprehensive and of good quality. Inspectors also reviewed five files where all children had an assessment of their medical needs on admission to care.

Social workers conducted good quality assessments of children's needs, in a timely way. As a result, the area was judged to be compliant.

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 plans were reviewed in a timely way but issues were identified with the quality of some care plans. The area had two reviewing officers who were responsible for scheduling and chairing child in care reviews. They operated independently of the social work teams and reported to the PSW for children in care at the time of inspection.

The reviewing officers told inspectors that it was the responsibility of the PSW for children in care and the relevant social worker to inform them of new admissions. The reviewing officer then scheduled the review and sent a set up form to the social worker. The social worker and team leader were tasked with ensuring the relevant people were on the invitee list and once the set-up form was returned to the reviewing officers the review process starts. The reviewing officers were responsible for issuing invitations to attendees such as the child, parents, foster carers, social workers and other professionals such as teachers, advocates or youth workers.

Reviewing officers told inspectors they encouraged social workers to fill in review forms with children and they felt this was increasingly happening in the last year. The reviewing officers told inspectors that time did not allow for meeting children prior to the review and identified that it was difficult to get suitable child-friendly venues for reviews. Reviewing officers also agreed that the timing of reviews was not always suitable for children but they would try to accommodate this where possible. The issue of the timing of reviews was raised by some children. One child told inspectors they would have attended their review except it was scheduled on the first day of their exams.

Inspectors reviewed 14 care plans and found that the participation of children was reflected in care planning for nine children. In the two of the remaining five cases, social workers made unsuccessful efforts to engage with children and one did not involve the child's participation because the case related to an infant. However, participation of children was poor in two cases where the child had a disability. Fourteen questionnaire respondents said their views were reflected in their care plan, while five said their views were not. In addition, 20 of the 27 children who returned their questionnaires said they were not supported to attend their child in care review, while only three said they were invited or supported to attend. Of the 14 files reviewed by inspectors, three children in the files selected were up to three years old, but none of the other 11 children had attended their child in care review. The issue of attendance by children at child in care reviews, and overall participation in care planning was identified in a review conducted in March 2019 by Tusla's monitoring team. The PSW for children in care told inspectors that they were aware of this and were working to improve participation in child in care reviews. In addition, twenty questionnaire respondents said that they felt listened to and four said they did not feel listened to.

Inspectors found that reviews had consulted relevant people in 12 cases; however, in two files, records submitted to the review had not been uploaded to the electronic system so inspectors could not see what contributions had been made by relevant

people. The participation of parents was evident in 12 files reviewed but inspectors found that, in two cases, parents had not been supported to engage in the review process. Two parents who sent in questionnaires to HIQA also said they were invited to the child in care review but felt they had not been supported to participate.

The decisions made at reviews were shared with children on seven files reviewed by inspectors, but inspectors could not find evidence that this had happened on five files. Fifteen children who sent in questionnaires said their social worker had explained the decisions to them while five said they had not. The reviewing officers told inspectors that they write up the decisions made at the review. Inspectors found that decisions from reviews had been shared with relevant people, including parents in five cases; however, inspectors could not find evidence of this in six files.

Inspectors observed one child in care review. This was not attended by the child but was attended by the foster carers, social worker, link social worker and the child's father. Inspectors observed that the review considered the wishes of the child. The review was child-centred in its focus and considered all the child's assessed needs.

The PSW for children in care told inspectors that voluntary consent given by parents at the time of children's admission to care was being discussed in child in care reviews. Inspectors reviewed 11 files and identified issues in relation to four of these where inspectors could not find evidence of updated consent. As a result, inspectors sought written assurances from the area manager that updated consent would be obtained in these cases. The area manager subsequently wrote to HIQA to advise that up-to-date consent had been located on three of these four files, while an application for a care order had been made in relation to the fourth case. In addition, at HIQA's request, the area manager completed an audit of all admission to care forms for children in care and advised that they would obtain updated consent on all children by the end of September 2019.

Data provided by the area showed that there were five unplanned endings in the 12 months prior to inspection and that reviews were held following two of these. Inspectors reviewed three cases where children had experienced an unplanned ending in the last 12 months. In two of three cases, inspectors found that a child in care review was not held prior to the unplanned ending but reviews were held after the child moved to their new placements. In one case, the placement move was initially a planned transition that ended sooner than expected. In the other two files reviewed, inspectors found that appropriate supports were offered to children and foster carers. Inspectors saw evidence of one case being discussed at the placement forum meeting and regular core group meetings being held; however, this was not evident on the second case. At the time of inspection, the disruption meeting was

scheduled for one case. One reviewing officer had collated the findings of disruption meetings held in relation to six placement breakdowns in the area. This report considered factors that related to the children, foster carers, birth family and social work department that may have played a role in the disruption.

Inspectors reviewed two files of children whose placements were at risk of ending and found social workers were making reasonable efforts to support the placement in order to prevent a disruption. In both cases, a strategy meeting had been held where supports for children and carers were discussed. Both cases had also been referred to the placement support forum for respite placements.

Data provided by the area showed that 193 of 196 children had an up-to-date care plan. By the time of the fieldwork, only one child did not have an up-to-date care plan; inspectors were advised that this related to a case that had recently transferred in from another area. Inspectors reviewed 16 care plans and found they were all up to date. Inspectors reviewed the implementation of the care plan in 12 files and found there was evidence that the care plans were being implemented.

The reviewing officer was responsible for scheduling and chairing each review. The reviewing officers differed in how they drew up the care plan in that one reviewing officer took responsibility for writing the care plan while in the other case, the administrative support person wrote up the care plan. The plan was then sent to the social worker for their input before being signed off by the reviewing officer.

Up until May 2019, the minutes of the review had been recorded in the body of the care plan. This was identified as an issue in the review of care plans carried out by Tusla's monitoring team and the practice had changed by the time of this inspection. This meant that, at the time of the inspection, reviewing officers recorded separate minutes of the child in care review meeting.

Fifteen care plans inspectors looked at had been reviewed within statutory time frames. Fourteen were reviewed for quality in terms of how they planned for the identified needs of children. All of these care plans outlined the plan in place for family contact. Inspectors found seven of these care plans were good quality and set out the arrangements in place to meet the needs of children in terms of health, education, their placement, emotional and behavioural supports and what supports were required by foster carers. Issues identified in the remaining seven care plans were similar to issues that were identified in the care plan review conducted by Tusla's monitoring office in March 2019. These issues related to the needs of children not being fully addressed in the care plan, particularly in relation to religion or identity, but also in relation to health and emotional issues. In addition some

actions did not identify appropriate timeframes for completion. For example, where it was identified that a placement plan needed to be updated, an application for a court order was to be made to the courts or individual work needed to commence, care plans referenced the timeframe for completion of these actions as “ongoing”, instead of identifying specific dates actions should be completed by.

In total, inspectors reviewed 10 files of children who had a diagnosed disability. Six of these were reviewed to see if the assessed needs of the child were addressed by the care plan. Inspectors found that the care planning process considered and planned for the current needs of children with a disability in all cases, and in five out of six cases had considered future planning for these children. Inspectors found that reviews for these children had consulted the relevant professionals and efforts were underway to source specialist supports where they were needed but not already in place.

The PSW for children in care held a tracker to monitor child in care reviews that also included a register of reviews that were cancelled, the reason for cancellation and when it was re-scheduled. The PSW for children in care told inspectors that any cancellations must be approved by them. They also told inspectors that they conducted very few file audits in 2018 and 2019. As referenced already, Tusla’s monitoring team undertook a review of children’s care plans in March 2019.

Inspectors reviewed 15 files for placement plans and found they were in place in all cases. However, placement plans had not been signed by both the child’s social worker and the link social worker for the foster carer in 10 files. Inspectors found evidence that the outcome of placement plans had been shared with relevant people in four files but did not find this in 13 cases. This meant there was a risk that placement plans could not be effectively implemented by relevant people.

Issues were identified with the quality of care planning in some files such as the participation of children not being evident, care plans not addressing the identified needs of children, the participation of parents not always being supported and decisions not being shared with children and other relevant people. In addition, the area took legal action in response to one case escalated for assurances in respect of voluntary agreements. As a result of these issues, the area was judged to be in moderate non-compliance with this standard.

Judgment: Non-compliance 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 could meet their needs and identified additional supports for placements as part of the matching process. There was a formal matching process in place in the area.

The PSW for fostering held a monthly matching panel meeting where available placements were discussed, including newly assessed foster carers. The terms of reference for these meetings was circulated regionally by the service director; however, the PSW for fostering told inspectors that they had identified that the minutes of these meetings did not reflect the full discussion that took place in these meetings. As described under Standard 6, social workers seeking placements for children submitted a placement request form that outlined the identified needs of the child. The role of the matching panel was to consider all new requests for placements made since last meeting, the available foster care placements and their ability to meet the needs of the child. In addition, the panel considered the match for any children placed in an emergency. When a potential placement was identified, the link worker then completed the matching tool which considered the child's assessed needs, along with the capacity of the identified carers to meet those needs, and how the child would be transitioned into the new placement.

The area had sufficient numbers of foster carers to place children within the area. Data provided by the area showed that, of 196 children placed in foster care, four were placed with private carers in the area. Only two children were placed outside the area and that was to facilitate placing them with relative carers. There were six available foster placements in the area. There were also six placements where the number of children exceeded the standards. Inspectors reviewed three of these cases and found that, in two of three cases, consideration had been given to the capacity of the carers to meet the needs of all children despite the placement being over the numbers. In the third case, inspectors did not find evidence that the impact of placing a third child in the placement was considered.

Social workers told inspectors that when children were admitted to care in an emergency, they did their best to match them to available placements even though the children's needs may not be well-known. Inspectors reviewed the file of the young person who had been admitted in an emergency. Inspectors found evidence

of matching in relation to this child and the placement identified met their needs in the short term.

The majority of children were placed within the service area, and children placed outside the service area were in relative placements. Twenty questionnaire respondents said they see enough of their friends, while six said they did not. Eighteen respondents said they had to change school when they moved to their foster care home and nine said they did not have to change school.

There was good practice in the area in relation to children meeting their foster carers before being placed. Inspectors found that where it was possible, children met foster carers prior to their placement. Six of ten matching records showed that children had met or knew their foster carers before being placed with them. Where children had not met with carers prior to their placement, this was because they were placements of newborn babies, an emergency placement or a placement move that was in the planning stages. Eleven children who responded to the questionnaires said they met their foster carer before being placed, 11 said they had not and two did not know. Eleven children said they were asked about how they felt about moving to their new foster home, while six said they were not asked and six did not know if they were asked.

The suitability of long-term matches between children in care and foster carers was considered and approved by the Foster Care Committee. The PSW for fostering told inspectors that long-term matching was pursued when the social work assessment indicated that the plan for the child was to remain in long term care, which was a relatively recent change to practice. Data for the area showed that 18 approvals had taken place in the 12 months prior to inspection and that no children were awaiting approval for long-term placements.

There was evidence that children were matched to foster carers on the basis of the capacity of carers to meet the identified needs of children, with supports as needed.

Judgment: 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 area ensured that complaints were appropriately classified and action had been taken to ensure the immediate safety of children where there were child protection and welfare concerns. Data provided by the area showed that there were seven child protection and welfare concerns pertaining to children in foster care in the 12 months prior to inspection, two of which were allegations against foster carers. In addition, the area reported managing one further serious welfare concern in relation to a foster carer. As part of this inspection inspectors reviewed two allegations and one serious concern reported in relation to foster carers. Inspectors also reviewed six child protection and welfare concerns unrelated to foster carers that remained open or were open within the 12 months prior to this inspection.

The area had introduced a categorisation meeting since the last HIQA inspection to improve consistency in determining whether issues fall under the category of an allegation or serious welfare concern. Inspectors reviewed two allegations made against foster carers. Two of these were classified appropriately as allegations but as no identified children were at risk at the time of the allegation, the area assessed these concerns under the Tusla policy and procedures for responding to allegations of child abuse and neglect (2014). This meant that while the allegation was assessed, there was a risk the service did not assess the needs of the child in the context of the allegations. Inspectors raised this issue with the area manager who provided assurances to inspectors that further assessments would be conducted in all instances where there were child protection and welfare concerns regarding children in care. There were delays in the management of one case due to the need to seek further information from the reporter in order to ensure that the concerns received the appropriate response. Ten months passed from when the concerns were first reported to the case being transferred to the relevant social work team, due mainly to delays in a social worker completing an assigned task. However, the second allegation was assessed in a timely way.

Inspectors also reviewed a serious welfare concern reported in relation to a foster carer and found that it was managed appropriately through strategy meetings and adequate supports were put in place to address the concerns.

A tracker was in place to help managers have oversight of allegations and serious welfare concerns reported in relation to foster carers, and inspectors found that this was effective in ensuring oversight of allegations and serious concerns against foster carers. Inspectors reviewed the tracker and found that it was reviewed by two management groups: the Quality, Risk and Service Improvement group and the area manager with the business support manager. Records showed that these groups reviewed the tracker, made changes to it based on issues arising and considered the progress of allegations, as needed.

Inspectors reviewed six files containing child protection and welfare concerns. Three of these received an independent assessment due to the concerns relating to abuse of a child. One of these had been assessed in line with Children First (2017), while the other two were being assessed under the Tusla policy and procedures for responding to allegations of child abuse and neglect (2014). Similar to the issues identified above, this meant any needs arising for the child who made the allegation were not immediately assessed in line with Children First, and Tusla's standard business processes. The area manager wrote to HIQA following the inspection to provide assurances that all assessments of child protection concerns will be conducted independently, in line with Children First (2017).

Two cases were dealt with as welfare concerns. In one case, inspectors found that the concerns were appropriately assessed and informed the child's care plan. The rationale for categorising the second case as a welfare concern was unclear, and inspectors were not assured that the child's needs were assessed in the context of the concerns.

A further case reviewed by inspectors had not been categorised as a protection or welfare concern and inspectors sought and received assurances following inspection that the concerns would be assessed and inform future planning for the child.

The variance in the management of child protection and welfare concerns relating to children in care was indicative of inadequate governance and oversight of these cases. However, the relevant PSW and area manager were proactive in responding to these issues when they were raised during the inspection. Following inspection, the area manager wrote to HIQA outlining actions taken to improve management oversight of these cases by relevant PSWs, which included the clarifying roles of intake and children in care social workers and communication between both teams. In addition, the area manager advised that an audit will be undertaken to ensure that new referrals on all open children in care cases in the last two years have been managed appropriately and are being addressed through the child's care plan.

Social workers presented as having appropriate knowledge and skills and were committed to safeguarding and protecting the children in care for whom they were responsible. Social workers referenced using the flow chart in place in the area to guide them on the management of allegations or concerns against foster carers. However, some social workers described a lack of role clarity and poor communication with intake social workers when dealing with child protection and welfare concerns relating to children in care. This resulted in allegations or concerns not being appropriately followed up or delays in follow-up where intake had not informed the children in care social worker of the outcome of the screening process. These issues were raised by staff in a team meeting, but minutes did not reflect if or how these issues were followed up. This has now been addressed in the written assurances provided by the area manager.

While inspectors identified some issues with safety planning, there was improved oversight of safety and risk management plans relating to children in care since the last inspection. The PSW for children in care held a tracker that they reviewed every six months to ensure risk management plans had been updated. In five of the cases reviewed by inspectors, child protection and welfare concerns related to people outside of the foster home, and the risk associated with this was managed appropriately. Risk management plans were required and in place in three of the remaining four cases reviewed by inspectors. Inspectors reviewed two of these plans and found that they were signed by the link social worker and child in care social worker. It was not evident from the record itself that children or foster carers were involved in developing the plans; however, in one case, supplementary records showed that the social worker discussed the contents of plan with the foster carer as part of monitoring it. This plan had also been updated due to incidents of concern. However, the other plan reviewed was not being updated as circumstances had changed making a risk management plan unnecessary. Inspectors found that action was taken to manage any immediate safety concerns in all three cases. However, inspectors sought and received assurances in relation to one case where risk-taking behaviour was not being fully addressed by the safety and risk management plan.

Inspectors reviewed two safety plans related to issues that posed a risk to the safety of children but were not related to the above cases. Instead these safety plans were in place to address other risks related to the safety and welfare of children in care. Inspectors found both of these plans addressed the identified risks, were monitored for implementation and had involved the child in their development.

A regional group, under the direction of the service director, had given instructions to the area manager to: (i) implement safe care plans at both the point of assessment and at the point of placement of each child in care, (ii) use safety and

risk management plans where there is an identified risk to the child and or the child is presenting with risky behaviour, and (iii) include discussion on the safety and risk management plans in supervision with social workers. Inspectors found evidence that both safe care plans and risk management plans were being used by social workers in the area. Inspectors did not find evidence of safety and risk management plans being discussed in social work supervision.

There were practices in place to ensure that children were protected from all forms of abuse. All foster care households had an allocated link social worker and all children in care had an allocated social worker. Social workers visited children in their foster care homes and also met children in private. Inspectors reviewed safeguarding practices on eight files and found issues on these cases had been managed appropriately. Children told inspectors that they felt safe though one child talked about how difficult they found the first number of years in care. In questionnaires received from children, 24 children said their social worker listens to them, two said their social worker sometimes listens to them and one said their social worker did not listen to them. Children spoke with three children who said their social worker did not listen to them. Twenty two questionnaire respondents also said their social worker told them who to talk to if they felt unsafe.

Foster carers told inspectors they felt clear about how to manage child protection concerns and all foster carers in the Donegal area had undertaken mandatory training in respect of Children First (2017). The PSW for fostering had also written to all foster carers to remind them of their responsibility to report concerns via the Standard Reporting Form process. However, during the inspection, inspectors reviewed two files where foster carers had contacted the social work department to report concerns but did not submit a Standard Report Form, in line with Children First (2017).

There was a system in place to manage complaints in line with the Tusla complaints policy. Data provided by the area showed that there were seven complaints made by foster carers and three complaints made by children in care. Inspectors reviewed the complaints log and found that complaints were taken seriously. In addition, where one concern that was initially reported as a complaint related to child protection and welfare concerns; this was diverted into the appropriate process. The PSW for children in care was the complaints officer for these cases. Inspectors were informed that where a complaint could not be resolved locally, it would be managed by another PSW to ensure independence.

There was one serious incident relating to children in foster care or aftercare in the 24 months prior to inspection. The area manager told inspectors there were

adequate systems in place to report deaths and serious incidents and described appropriate follow-up actions to disseminate learning related to this incident.

While allegations made by children in care were assessed and responded to, they were not always investigated in line with Children First (2017). This meant that the needs of children were not assessed in the context of the allegation. However, the area had taken action to ensure that children were safe. As a result, the area was judged to be in moderate non-compliance with the standard.

Judgment: Non-compliant Moderate

Standard 13: Preparation for leaving care and adult life

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

Summary of inspection findings under Standard 13

The aftercare service within the Donegal area was stable and well established. The service was provided by an aftercare manager along with a team of one social worker and four social care leaders and supported by a full time administrator. The aftercare service was provided in line with the Tusla national policy on aftercare. The aftercare team, which was called the '16 plus' team, offered appointments to young people two half days per week. This service provided practical support, advice and information to young people who had previously been in care through face-to-face appointments and through a telephone service. Of the 80 young people availing of the aftercare service at the time of inspection, 31 young people were over 18 years and 22 continued to live with their foster carers. The aftercare service had provided briefings and training to services in the area in relation to this policy, and invited foster carers to these briefings.

All young people referred to the aftercare service were allocated, and they did not have a waiting list for the service. Children were referred to the after care service by their social worker at the age of 15.5 years, which is earlier than required under aftercare policy. This referral was discussed at an aftercare referrals meeting which was attended by the aftercare manager, the child's social worker and the allocated

aftercare worker. Referrals which were assessed by the aftercare manager as having particularly complex needs were allocated to the social worker on the aftercare team. Following the initial referral meeting, the child's social worker and the aftercare worker met with the young person in the foster carer's home. These meetings were then moved to venues outside of the home.

The aftercare service had developed a comprehensive information pack which contained written information booklets for the young person and the foster carer on the '16 plus' service. Inspectors found that all but one file reviewed showed that children had been given sufficient information about after care planning. Involvement in the aftercare service was voluntary, and young people signed consent to have their information shared with other services. The aftercare service also held induction evenings for children and foster carers to share details of the service and supports available. Fostering link social workers spoke positively about the support provided by the aftercare workers, and were clear on their role with the young person.

Children and young people were actively involved in planning for their future. Inspectors reviewed five files and found that children were referred to the aftercare service and had an assessment of need carried out in a timely way. The purpose of the assessment of need was to establish the specific areas where young people needed support in preparing for leaving care. The young person and their aftercare worker worked together to complete these and to create the aftercare plan. The aftercare manager reviewed the assessments of need and the proposed aftercare plan. Four of the five plans reviewed by inspectors were signed off by the young person, their aftercare worker and the aftercare manager.

Three of five aftercare plans reviewed by inspectors were good quality. In addition to being developed with the participation of the young person in a timely way, inspectors found that these plans considered all the relevant needs of children, in line with aftercare legislation. These plans then also identified appropriate actions to meet these needs. The remaining two plans had not addressed all the identified needs of children as required by aftercare legislation. However, this was not a significant concern given that both young people were aged 16 years and, based on practices in the area, would have their plans reviewed before they reached 17.5 years. Aftercare workers interviewed as part of this inspection told inspectors that the young people were the architects of their own plan, and emphasised the importance of developing a relationship with the young person so as to be able to understand their needs, and explore their wishes.

Aftercare plans were reviewed every six months or earlier if the situation changed for the young person. For children under 18 years, there was an arrangement that aftercare plans were discussed as part of child in care reviews, and this was evident in three of the five cases reviewed by inspectors. The aftercare manager told inspectors that specific aftercare reviews were held for young people aged 18 years and over. This prevented young people having to request a review of their plan.

Multi-agency networks had been developed to meet the needs of young people leaving care who had complex needs or disabilities. An aftercare steering committee was established for young people who had complex needs. There were standing members of the committee from adult services for intellectual disability, mental health and social work. In addition to the young person's social worker and aftercare worker, other services were brought onto the committee depending upon the needs of the young person. These meetings were used as a means of planning for the young person in terms of onward referral to the appropriate adult services, mapping educational needs and finances required. They also allowed for future planning for when the young person no longer had an allocated aftercare worker. The aftercare service worked closely with services in the locality to address the needs of the young people. For example, they had worked with the local authority to secure an allocation of local authority housing, and they also provided supported lodgings in four locations.

According to data provided by the area, of 44 young people and adults (18 – 22 years) who were receiving an aftercare service at the time of the report (quarter 2, 2019), 72% were in education or training as follows:

- 7 (16%) were still in second level schools
- 1 (2%) was in vocational training
- 1 (2%) were in post-leaving cert courses
- 16 (36%) were in third level college or university and
- 1 (2%) was in accredited training.
- 6 (14%) Were in "other" education or training, such as an apprenticeship.

The accommodation arrangements of the 44 young people in the 18-22 years age group were as follows:

- 20 (45%) remained with their former foster carers
- 19 (43%) were living independently
- 4 (9%) were with birth family or extended family
- 1 (2%) was in supported lodgings
- None were reported as homeless

Young people were positive about their experiences of the aftercare service. The young people who took part in the focus group spoke positively about the support they received from the aftercare service in relation to developing their skills for independent living and, specifically, budgeting skills. The young people also spoke of the support which they received in relation to education, accommodation and seeking employment. Staff told inspectors that they welcomed young adults who had previously chosen not to meet with aftercare workers but now wanted advice and support. Young people told inspectors that the availability of the aftercare workers was excellent and they spoke of contacting their aftercare workers at weekends when needed. The aftercare team and manager noted that this level of support was provided through the goodwill of the staff, and, while management were aware of this support being provided, there was no formal structure in place for the provision of out-of-hours aftercare service. Where young people have remained with their foster carers on becoming 18 years, practice within the Donegal region was for the aftercare allowance to be split between the young person and the foster carers. The aftercare workers have facilitated these discussions between the young person and their foster carer.

The aftercare team provided young people with an opportunity to take part in exit interviews six months after they left care. The results were presented to the social work teams in order to share learning and reflect on the experiences of young person who had been in care in the area.

Life-skills training were provided to young people in the aftercare service. The aftercare team provided young people and foster carers with a comprehensive schedule of training events on topics such as sexual health, internet safety, independent living skills and finances/budgeting. The aftercare manager and team explained that each training session was evaluated by the young people and foster carers who attended in order to develop a plan for future training.

An annual plan was prepared for the service, and a database was maintained for the area in relation to the young people who availed of the service.

There were no formal systems in place for the referral of young people who have been discharged from care back to their birth family. However, the aftercare manager told inspectors they had contacted social workers in relation young people who were in care from age seventeen to eighteen.

The aftercare service was meeting its obligations under standards and legislation.

Judgment: Compliant

Appendix 1 — Standards and regulations for statutory foster care services

<i>National Standards for Foster Care (April 2003)</i>
Theme 1: Child-centred Services
<p>Standard 1: Positive sense of identity Children and young people are provided with foster care services that promote a positive sense of identity for them.</p>
<p>Standard 2: Family and friends Children and young people in foster care are encouraged and facilitated to maintain and develop family relationships and friendships.</p>
<p>Standard 3: Children’s Rights Children and young people are treated with dignity, their privacy is respected, they make choices based on information provided to them in an age-appropriate manner, and have their views, including complaints, heard when decisions are made which affect them or the care they receive.</p>
<p>Standard 4: Valuing diversity Children and young people are provided with foster care services that take account of their age, stage of development, individual assessed needs, illness or disability, gender, family background, culture and ethnicity (including membership of the Traveller community), religion and sexual identity.</p>
<p><i>Child Care (Placement of Children in Foster Care) Regulations, 1995</i> <i>Part III Article 8 Religion</i></p>
<p>Standard 25: Representations and complaints Health boards* have policies and procedures designed to ensure that children and young people, their families, foster carers and others with a bona fide interest in their welfare can make effective representations, including complaints, about any aspect of the fostering service, whether provided directly by a health board or by a non-statutory agency.</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

* 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)

Part III, Article 9 Contract

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

* 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)

Part III, Article 5 (2) Assessment of relatives

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

* 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).

Part IV, Article 17 Supervision and visiting of children

Standard 24: Placement of children through non-statutory agencies

Health boards placing children or young people with a foster carer through a non-statutory agency are responsible for satisfying themselves that the statutory requirements are met and that the children or young people receive a high-quality service.

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

National Standards for Foster Care (April 2003)

Theme 5: Use of Resources

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

Health boards are actively involved in recruiting and retaining an appropriate range of foster carers to meet the diverse needs of the children and young people in their care.

National Standards for Foster Care (April 2003)

Theme 6: Workforce

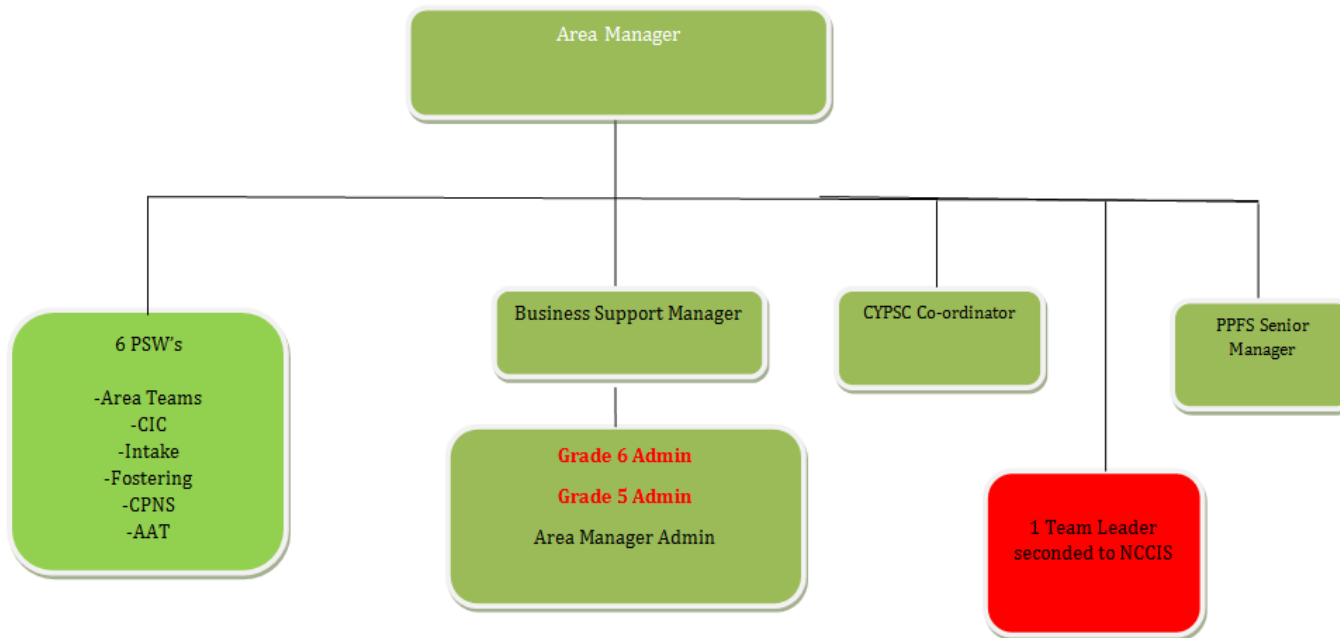
Standard 20: Training and Qualifications

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

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

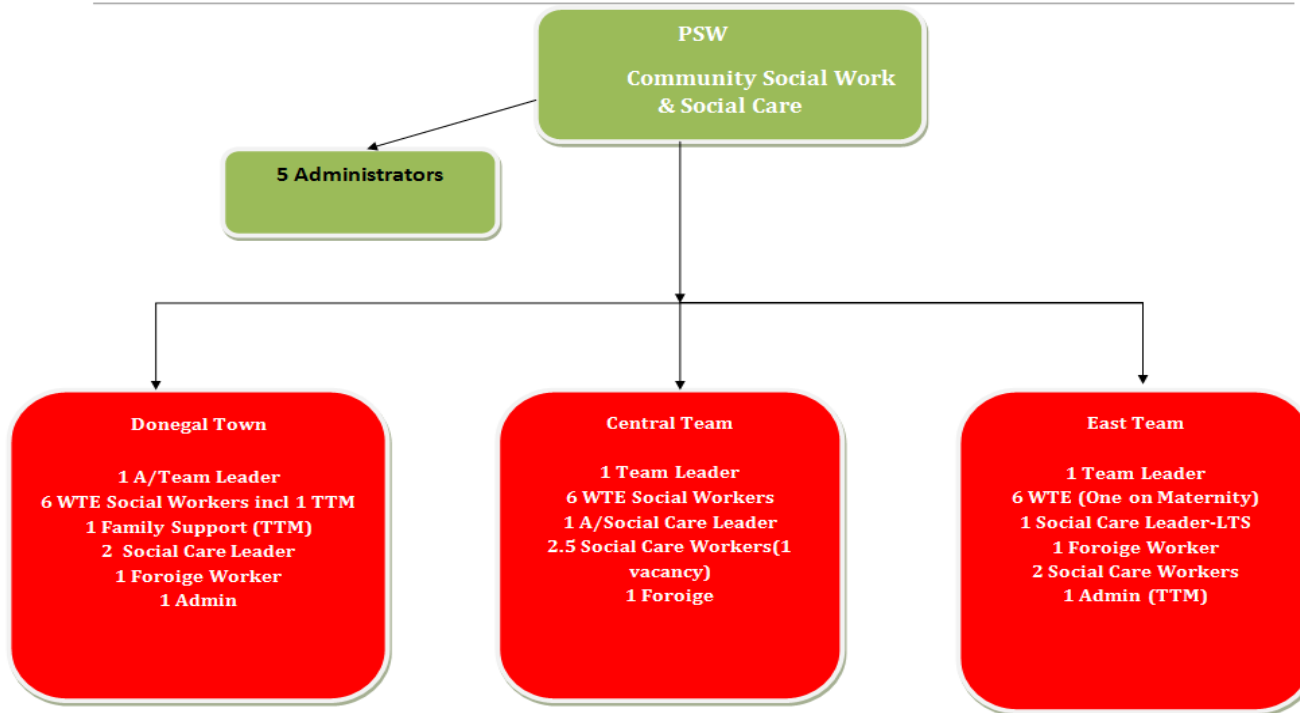
Appendix 2: Organisational structure of Statutory Alternative Care Services, in Donegal Service Area *

Area Manager & Senior Management Team Structure

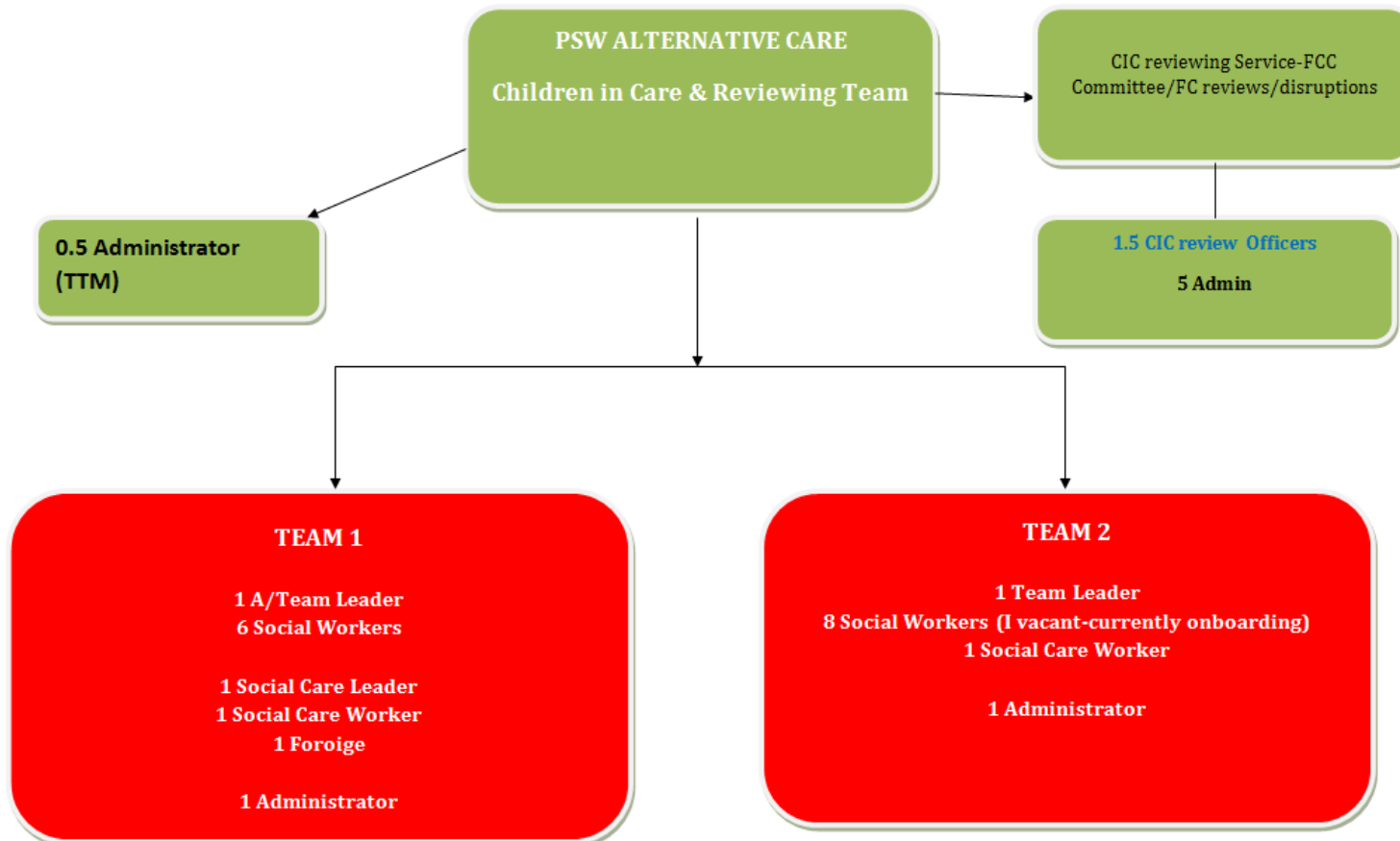


* Source: The Child and Family Agency

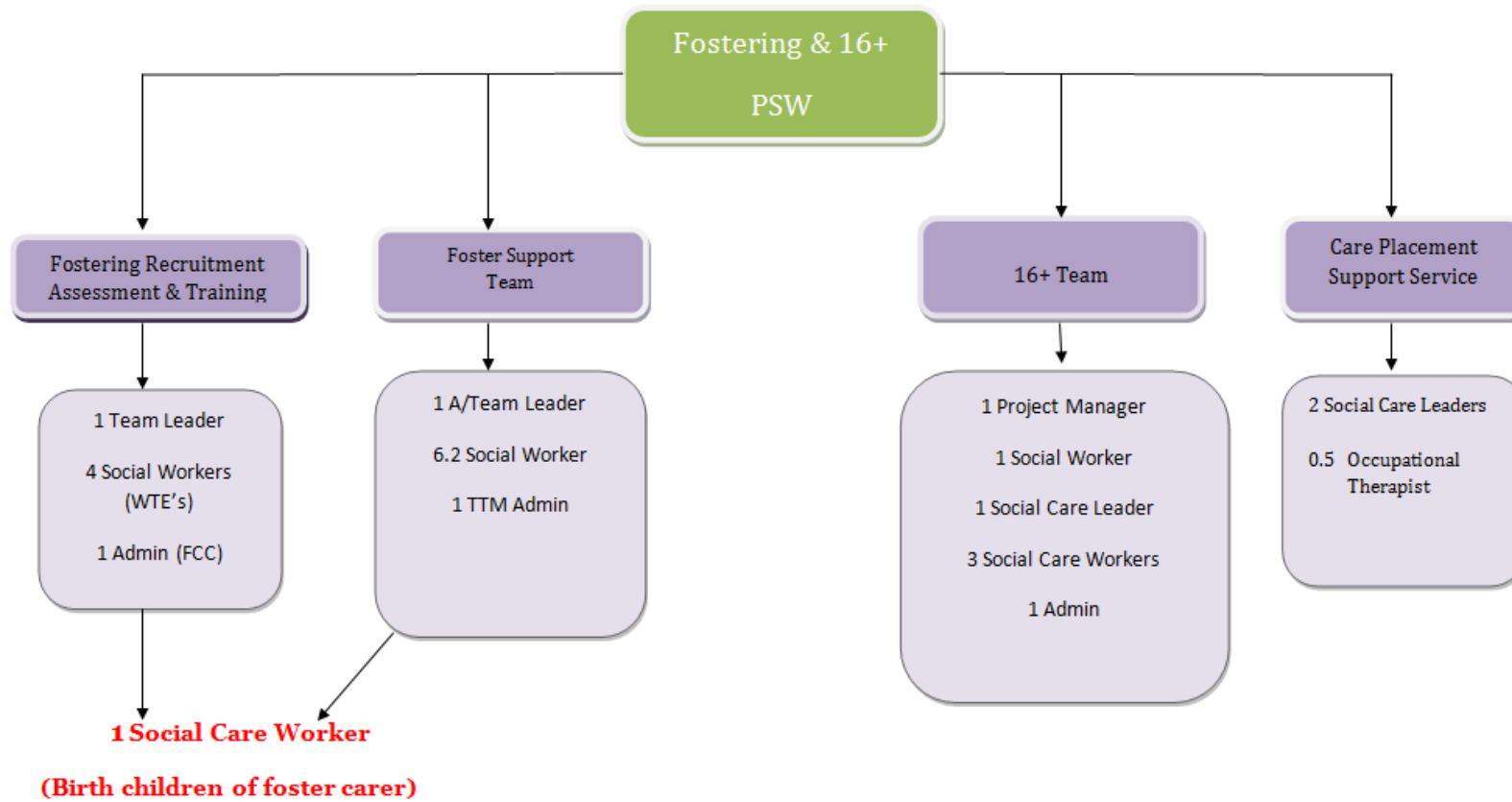
Child Protection



Children in Care & Reviewing Team



Fostering & 16+



Action Plan

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

Provider's response to Report Fieldwork ID:	MON 0026856
Name of Service Area:	Donegal
Date of inspection:	24 – 28 June 2019
Date of response:	23 rd August 2019

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

Theme 2: Safe and Effective Services

Standard 5 – The child and family social worker

Substantially compliant

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

Not all children were given information about complaints.

Systems in place at the time of inspection did not support good oversight of the frequency of statutory visits.

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:

- The National review of age appropriate complaints form is on-going, in the interim a local child friendly leaflet will be developed and implemented.
- As part of their admission to care Social workers will clarify the complaints process with the young person (as appropriate to their age and understanding) and with parents. (as appropriate)
- CIC Management team to continue to review and plan for all potential case transfers from the Child Protection Teams. This team will escalate any concerns regarding capacity to the Senior Management Team for consideration at Senior Management team Meetings.
- Statutory Visit tracker to be fully implemented by team leaders with Social workers in supervision. The tracker will be reviewed quarterly at CIC Management team meetings and at monthly QRSI meetings. This tracker will also be reviewed quarterly by the Area Manager and Business manager as part of their governance meetings.
- As per local policy the PSW CIC holds a tracker for unallocated cases. This is reviewed monthly by the Management team and at QRSI monthly meetings.
- Format for recording Statutory forms on NCCIS to be adjusted in order to facilitate easier electronic identification and tracking. Social workers to be trained in the use

of the new format.

Proposed timescale:
20th December 2019

Person responsible:
PSW CIC
Team Leaders

Standard 7 – Care planning and review

Non-compliant Moderate

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

The locations and times at which child in care reviews were held were not always child-friendly.

Participation of children in care planning was not always evident.

Parents were not supported to participate in care planning in all cases where this was appropriate.

Care plans did not always ensure:

- the long term needs of all children with a disability were considered that all of the identified needs of children were addressed
- the timeframes for the completion of actions were clearly outlined
- That decisions from care planning were shared with children, parents, foster carers and other relevant people.

Voluntary consent had not been reviewed in a timely way in all cases.

Placement plans were not signed by both the social worker for the child and the link social worker.

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:

- 2x New child friendly venues are already being developed and will be in place by December 2019.

- A third venue will be sourced to incorporate both family time and reviews in the Inishowen area, as a high number of Children in Care reside in that region.
- A participation Plan will be developed with each child in care to identify the most appropriate format, venue, time and attendance in order to maximise the child's participation in their care planning process and reviews.
- A Participation Plan will be developed with each parent (where appropriate) in order to maximise their participation in their care planning process and reviews.
- A Participation Plan template for carers and children will be developed through the review process with children in care.
- In the interim, pending completion of the above, a template will be developed for the social worker to complete with parents and children prior to the CICR to enable their full participation in the care planning process.
- As part of the child in care review actions will clearly state persons responsible and timelines. This detail will be clearly transferred into the Care plan and monitored by the Team Leader in supervision with the Social Worker.
- An Audit in respect of consent has been completed and updated on all current cases with Voluntary Care status. Where efforts to update consent from parents is not successful the matter is being brought to the attention of the court to secure the legal status of the child in care.
- Voluntary consent will be reviewed and updated prior to each child in care review by the Social Worker in consultation with the child's parents/guardians.
- A review and feedback on the child in care review process is planned with a Group of young people in care. Learning from this process will be incorporated into the care planning process.
- Each child in care review will comprehensively discuss, minute and reflect the long-term and immediate needs of children with a disability. Actions to address said needs will be clearly identified along with who is responsible and agreed timelines.
- Recommendations from the child in care review will be directly transferred to the care plan and the completion of the actions monitored and reviewed through supervision between the team leader and the social worker.
- PSW CIC monitors all children in care with a disability through the Disability tracker.

- Each child in care review will identify the person responsible for sharing the recommendations from the review, the people with whom the recommendations are to be shared and agreed timelines. The Team leader will monitor this with the child's allocated Social Worker in Supervision.
- Guidance on Actions required in respect of a child in care review to be created and added to the Induction pack for Social Workers.
- After each child in care review the social worker will ensure that the placement plan is updated within a two week timeframe in consultation with the child, their parents and their carers. The Social Worker will further ensure that the Placement Plan, once developed is signed by all relevant parties contributing to the Plan's development. This will be monitored through supervision and file audit.

Proposed timescale:
20th December 2019 – for participation
30th October 2019 – for interim documents

Person responsible:
PSW CIC
CIC Team leaders
CICR Chairs

Standard 10 – Safeguarding and Child Protection

Non-compliant Moderate

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

Child protection and welfare concerns were not always assessed in line with Children First (2017) and the categorisation of child protection and welfare concerns was not always clearly evidenced on the child's file.

Children and foster carers were not always involved in the development of safety plans.

Some safety and risk management plans did not address all identified risks.

Foster carers did not always report concerns using Standard Report Forms, as required for mandated persons.

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:

- Audit of all child welfare /child protection referrals in respect of children in care in the last 2 years to be completed to ensure all implications for the global needs of each individual child have been addressed.
- All allegations made by children in care will be assessed and investigated in line with Children First (2017) and an Initial Assessment and/or Further Assessment will be carried out in all instances where the threshold is met.
- A system will be put in place to ensure all new information and referrals received by Intake on open Children in Care cases will be forwarded to the Principal Social Workers as well as Team leaders for Children in Care. Principal Social Workers will follow up with Team leaders in supervision to ensure appropriate action has been taken including any action under Children First. This in turn will be monitored in supervision between the Area Manager and the Principal Social Workers concerned.
- A Regionally agreed template for Safety and Risk Management plans will be rolled out. This will help ensure all risks are highlighted and required actions outlined.
- Guidance in respect of safety /risk planning to be created and to include participation by the link worker, foster carer and young person.
- Refresher training to be provided to all foster carers to in respect of their duties as mandated reporters.

- The review of Safety and Risk management Plans will be a standing Agenda item in supervision between Team leaders and Social workers.
- A tracker on risk management and safety plans will be monitored and reviewed by the PSW CIC and PWS Foster Care, Quarterly by QRSI.

Proposed timescale:

20th December 2019

Person responsible:

**AREA Manager
PSW CIC /CP
PSW Fostering**