

## Statutory foster care service inspection report

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



<b>Name of service area:</b>	CFA West	
<b>Dates of inspection:</b>	27, 28, 29 September 2016 5, 6 October 2016 18, 19 October 2016.	
<b>Number of fieldwork days:</b>	7	
<b>Lead inspector:</b>	Grace Lynam	
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<b>Type of inspection:</b>	<input checked="" type="checkbox"/> <b>Announced</b> <input type="checkbox"/> <b>Unannounced</b> <input checked="" type="checkbox"/> <b>Full</b> <input type="checkbox"/> <b>Themed</b>	
<b>Inspection ID:</b>	<b>0017801</b>	

## About monitoring of statutory foster care services

The Health Information and Quality Authority (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 continuous 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 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 (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.

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

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

## 1. Inspection methodology

As part of this inspection, inspectors met with children, parents and or guardians, other agencies and professionals involved in foster care services. Inspectors observed practices and reviewed documentation such as care plans, relevant registers, policies and procedures, children's files and staff files.

During this inspection, the inspectors evaluated the:

- quality of care and safety of the service
- organisation and management of the foster care service
- assessment of foster carers
- safeguarding processes
- effectiveness of the foster care committee
- effectiveness of interagency and multidisciplinary work
- oversight of children placed with non-statutory agencies
- outcomes for children.

The key activities of this inspection involved:

- the analysis of data
- reviewing local policies and procedures and minutes of various meetings
- reviewing 108 children's case files
- reviewing 81 foster carer's files
- meeting 26 children
- discussions with 15 parents and grandparents
- visiting eight foster care households
- discussions with 31 foster carers
- meeting with two young people using the aftercare service
- individual interviews with eight fostering link workers
- interviews with 10 children in care social workers
- focus group with aftercare workers
- focus group with staff on the foster care therapy team
- focus group with five children-in-care social workers
- focus group with 8 fostering link workers
- interviews with children-in-care, fostering and child protection team leaders
- interview with the area manager
- interview with principal social workers for alternative care and quality, complaints and child in care reviews
- interview with the chairperson of the foster care committee
- interview with information officer
- meeting with the aftercare team leader

- interview with child in care reviewer
- observation of three child-in-care review meetings
- conversation with five Guardians ad Litem
- observation of a senior management team meeting
- observation of an family contact visit
- observation of a child's safety planning meeting

### **Acknowledgements**

HIQA wishes to thank the children, parents, staff and managers of the service for their cooperation with this inspection, and foster carers and children who welcomed inspectors into their homes.

## 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), 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 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
- service response to 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 the Child and Family Agency (Tusla) are inspected by HIQA in each of the 17 service areas. The also places children in privately run foster care agencies and has specific responsibility for the quality of care they receive.

### 2.2 Service Area

Donegal is one of 17 service areas in the Child and Family Agency. It is situated in the northwest of the country and has four main urban areas: Letterkenny, Buncrana, Ballybofey and Donegal.

Based on the 2011 census of population, the area had a population of 161,137. The population of pre-school age (0-4 years) was 12,727, of primary school age (5-12 years) was 19,463 and of secondary school age (13-18 years) was 13,514. The Pobal HP deprivation index would classify the Donegal area as marginally below average in terms of deprivation. The unemployment rate for this area was 26.2% compared with a national average of 19%.

The foster care services comprised three teams: a foster care support team, a care placement support team and a long term children-in-care team. The foster care support team consisted of eight social work staff (four of whom were on extended leave) and this team was line managed by a team leader for foster care. The care placement support team comprised three staff (two working half

time on this team): an occupational therapist, two social care leaders and a senior social work practitioner. This team reported to the Principal Social Worker for Alternative Care. The long term children-in-care team was made up of 11 social work and social care staff and was managed by a children-in-care team leader.

There was a leaving and aftercare service provided by a team of five staff – ‘the 16+ team’ - which was managed by a project manager. Children who reached their sixteenth birthday were referred to this service for allocation of an aftercare worker whose role it was to assist with the leaving and aftercare planning for the child. All these teams were managed by a Principal Social Worker for alternative care who was, in turn, managed by the Area Manager.

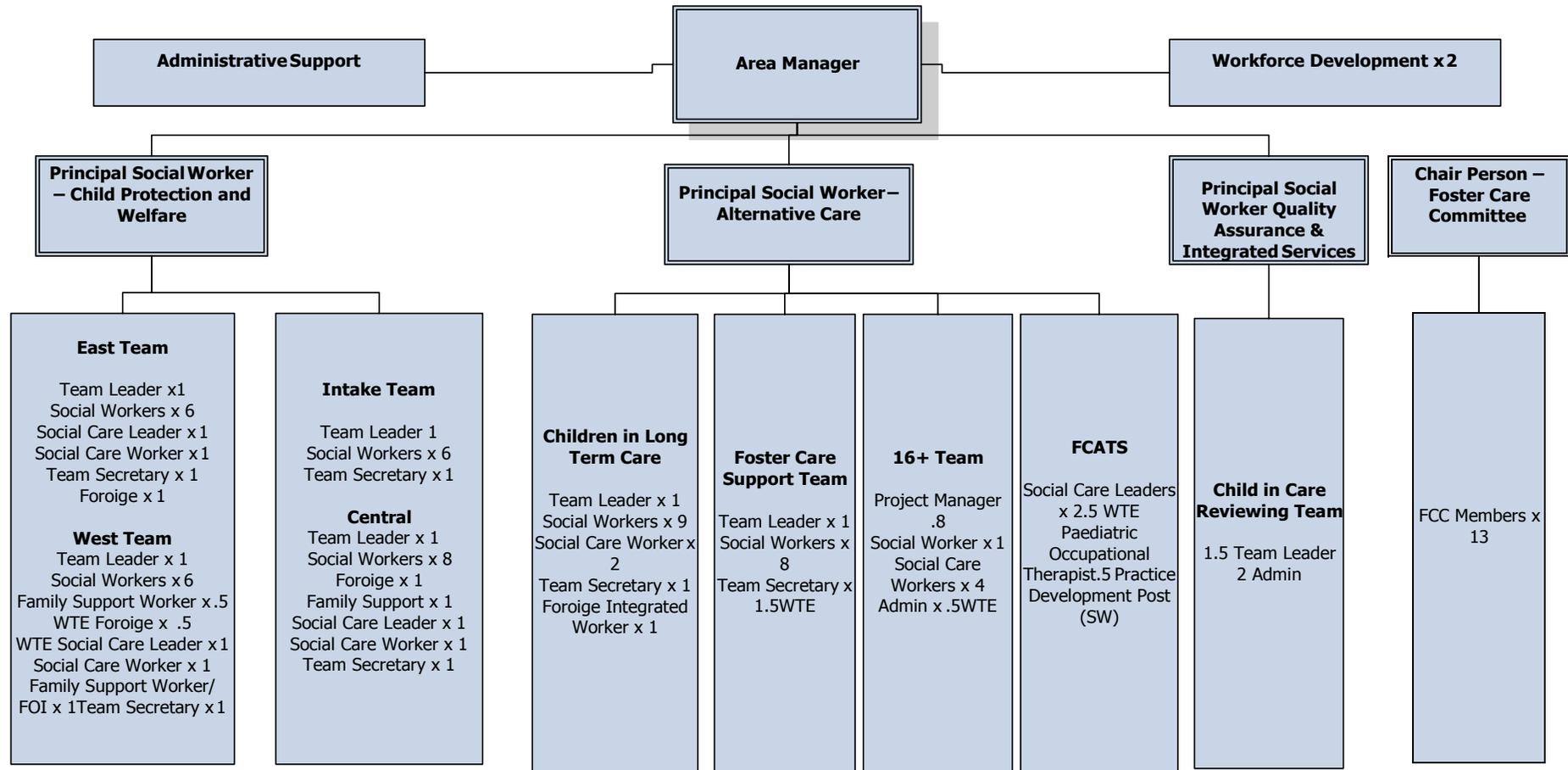
Some children in care received services from the child protection and welfare team. This team was managed by the Principal Social Worker for child protection and welfare. The social workers on this team carried mixed caseloads, that is, they were providing a social work service to children and families in the community as well as to children in foster care.

Child in care reviews were conducted by two social work team leaders managed by a Principal Social Worker who also had responsibility for managing complaints and for quality assurance.( Principal Social Worker for Quality Assurance and Integrated Services)

At the time of the inspection there were 200 children in care in the Donegal area, 34 of whom were in relative foster care. There were 141 foster care households comprised of 121 general and 20 relative foster care households. There were five relative foster families who were undergoing assessment but had not been approved at the time of the inspection.

The organisational chart in Figure 1 on the following page describes the management and team structure as provided by the Service Area.

**Figure 1: Organisational structure of Statutory Foster Care Services, in Donegal Service Area \***



\* Source: The Child and Family Agency Donegal service area

### 3. Summary of inspection findings

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

This report reflects the findings of the inspection, which are set out in Section 5. The provider is required to address a number of recommendations in an action plan which is published separately to this report.

In this inspection, HIQA found that of the 26 standards assessed:

- Two standards were exceeded
- Seven standards were met
- 16 standards required improvement
- a significant risk was identified in relation to one standard

This was a good service in which sound practice was evident in a number of areas. Children presented as secure, well cared for and content. They spoke confidently to inspectors, and were aware of their rights and the fact that they had choices. The service demonstrated a child-centred approach at every level. There were some measures in place to protect children and keep them safe but vetting of staff was not in line with Children First (2011).

Children received good quality day-to-day care from their foster carers. Their rights were promoted and they were given opportunities to express their views and preferences on decisions that affected their lives. Children's needs in relation to diversity and disability were met. Children maintained positive relationships with family and friends although some parents would have liked more contact with their children. Complaints were investigated but not all complaints were captured in the complaints recording system.

All children had an allocated social worker. This represented significant improvement in relation to this statutory requirement since quarter one of 2016. While not all children had an up-to-date care plan, the management team was working on addressing this deficit. Difficulties in placements were well managed and proactive parallel planning took place to mitigate the effects of these difficulties on the children involved.

Education was valued and promoted in the service and foster carers and staff were

ambitious for children and expressed pride in their achievements. Care leavers were well supported to continue with education and training programmes so that they had opportunities similar to their peers.

For children-in-care, leaving care can be particularly overwhelming. This service provided an excellent leaving and aftercare service. The staff team was proactive and creative in securing various supports for young people. Referrals to the team were timely, facilitating the development of strong working relationships between staff and young people. Young people were encouraged to be responsible and independent while at the same time having access to support and advice in times of crisis.

There was an insufficient number of foster carers and the area were not actively recruiting for potential applicants. Foster care resources were used to ensure the best matches were made between children's needs and the capacity of foster carers to meet them but the area did not have sufficient foster care resources to provide a wide range of choice of placement for all children. The recording of the matching process required improvement. Securing relative foster care placements for children coming into care was appropriately prioritised. Fostering assessments were comprehensive and thorough, although not always timely. All foster carers had an allocated link worker and there were various mechanisms in place to support and retain foster carers. However, reviews of foster carers were not carried out in line with the standards. The provision of training for foster carers was good.

The foster care committee worked well and carried out most of its functions under the standards. However, improvements were required in relation to presentation of reviews and disruption reports.

The service was planned and managed by confident, experienced managers. Resources were directed to prioritised service areas and the area was developing quality improvement mechanisms to ensure good quality services were delivered into the future. However, risk management required improvement as not all risks had been identified, for example, the absence of garda vetting for all staff, and an insufficient number of foster carers on the panel.

Recruitment practices were not robust. There was no system in place to ensure that all staff had been appropriately vetted. Inspectors escalated these safeguarding concerns to the Area Manager and subsequently to the Service Director of the service who responded, setting out the steps he was taking to ensure all staff were appropriately vetted and the safeguarding measures he would implement if vetting was required for any frontline staff member.

The staff team was enthusiastic and competent and was committed to ensuring

the best interests of children were served. Staff felt supported but supervision required improvement. The provision of training was good but not all staff had attended mandatory training.

## 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 Standards were met as follows:

- **Exceeds standard** – services are proactive and ambitious for children and there are examples of excellent practice supported by strong and reliable systems.
- **Meets standard** – services are safe and of good quality.
- **Requires improvement** – there are deficits in the quality of services and systems. Some risks to children may be identified.
- **Significant risk identified** – children have been harmed or there is a high possibility that they will experience harm due to poor practice or weak systems.

<i>National Standards for Foster Care</i>	Judgment
<b>Theme 1: Child-centred Services</b>	
<b>Standard 1:</b> Positive sense of identity	Meets standard
<b>Standard 2:</b> Family and friends	Requires improvement
<b>Standard 3:</b> Children’s rights	Meets standard
<b>Standard 4:</b> Valuing diversity	Meets standard
<b>Standard 25:</b> Representations and complaints	Requires improvement
<b>Theme 2: Safe and Effective Services</b>	
<b>Standard 5:</b> The child and family social worker	Meets standard
<b>Standard 6:</b> Assessment of children and young people	Meets standard
<b>Standard 7:</b> Care planning and review	Requires improvement
<b>Standard 8:</b> Matching carers with children and young people	Requires improvement
<b>Standard 9:</b> A safe and positive environment	Meets standard
<b>Standard 10:</b> Safeguarding and child protection	Requires improvement

<b><i>National Standards for Foster Care</i></b>	<b>Judgment</b>
<b>Standard 13:</b> Preparation for leaving care and adult life	Exceeds standard
<b>Standard 14a:</b> Assessment and approval of non-relative foster carers	Requires improvement
<b>Standard 14b:</b> Assessment and approval of relative foster carers	Requires improvement
<b>Standard 15:</b> Supervision and support	Requires improvement
<b>Standard 16:</b> Training	Requires improvement
<b>Standard 17:</b> Reviews of foster carers	Requires improvement
<b>Standard 22:</b> Special Foster care	Requires improvement
<b>Theme 3: Health and Development</b>	
<b>Standard 11:</b> Health and development	Meets standard
<b>Standard 12:</b> Education	Exceeds standard
<b>Theme 4: Leadership, Governance and Management</b>	
<b>Standard 18:</b> Effective policies	Requires improvement
<b>Standard 19:</b> Management and monitoring of foster care agency	Requires improvement
<b>Standard 23:</b> The Foster Care Committee	Requires improvement
<b>Standard 24:</b> Placement of children through non-statutory agencies	Requires improvement
<b>Theme 5: Use of Resources</b>	
<b>Standard 21:</b> Recruitment and retention of an appropriate range of foster carers	Requires improvement
<b>Theme 6: Use of Information</b>	
<b>Standard 20:</b> Training and Qualifications	Significant risk

## 5. Findings and judgments

### **Theme 1: Child-centred Services**

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

### **Summary of inspection findings under Theme 1**

The service took a child-centred approach by promoting children's rights and supporting children to participate in decision making. The staff valued the views of children and their families and consulted with them. Children with diverse needs were provided for and the majority of children were able to maintain positive relationships with their families and significant others. Complaints were well managed.

### **Children's rights**

Children's rights were respected and promoted. Children, inspectors spoke with, were aware of their rights and were supported in exercising them. Social workers told inspectors that children's rights were promoted on an ongoing basis through informal and ongoing conversations they had with children. Inspectors observed throughout the inspection that staff and foster carers focus was on the needs of the children. Some children had access to formal advocacy services appointed by the Courts, such as Guardians ad Litem and foster carers also advocated on behalf of children. Empowering People In Care (EPIC), a national organisation for young people in care, were also in the process of developing a specific service for children in foster care.

Children's wishes were respected and promoted in relation to religion, contact with family and other matters that were important to them. Social workers met with children and asked them about their preferences and opinions and acted on these. Children were consulted by social workers in preparation for their care plan reviews and some children completed forms for care plan reviews. Staff and foster carers told inspectors about the individual preferences of children and how these were encouraged, facilitated and promoted.

## **Diversity and Disability**

Children's needs in relation to diversity and disability were met. Inspectors found that the foster care service took account of considerations such as individual assessed needs, illness and disability, culture, ethnicity and religion when planning for children. Care plans identified ethnic backgrounds and the children's needs associated with them. Children were supported to practice their cultural and religious beliefs. Some children were placed with families from their own ethnic groups where they could continue to practice ethnic and religious observances. When children were placed with families from a different ethnic group their files reflected that foster families facilitated their preferences in regard to religion, ethnicity and culture. Training on intercultural awareness had been provided for foster carers in 2016 to assist them in this task.

When children were assessed as having a disability their needs were met. There were 17 children with a disability in foster care. Inspectors sampled a number of their files and found that children with disabilities had their needs assessed or had been referred for assessment of their needs. Services were put in place to meet identified needs and to ensure that children met their potential.

## **Communication**

Overall, the service communicated well with children and families. Staff and carers communicated with children in a respectful manner. Inspectors observed foster carers communicating appropriately with young children.

Children's were provided with good quality information in a way they understood. Children with communication difficulties were provided with services and supports such as resource hours in school to assist and develop their communication skills. Interpreters were used to facilitate communication where appropriate.

Children's views were sought and families were consulted about decisions for their children. Parents told inspectors that the interaction with their social workers was positive.

## **Family and friends**

Children maintained positive relationships with family and friends. Families were considered for relative placements when children were first received into care and this was evidenced on files reviewed by inspectors. Children told inspectors about good formal and informal contact they had with their families.

Children and families had family contact in accordance with their care plans. This family contact could be supervised or unsupervised depending on the circumstances of the child. Family contact was promoted for relatives, such as grandparents, for

special occasions, and additional contact with parents was arranged during school holidays. The majority of parents inspectors spoke with were satisfied with the quality and regularity of the contact they had with their children.

Family contact took place in the homes of six relative foster carers and this helped to normalise the care situation for the children involved. Inspectors sampled files and found that these arrangements, while informal, were provided for in the child's care plan and in foster care reviews. They took account of the child's wishes and were monitored by social workers. However, family contact did not take place in general foster carers homes.

There were 50 sibling groups in care in the area and 20 of these were placed together in the same foster home. Information provided for the inspection indicated that all sibling groups were placed together or separately in compliance with their care plans. This meant that when brothers and sisters were not placed together this decision was based on their needs. These decisions were reviewed at care plan review meetings to ensure they continued to be the best option for each child. Plans to move children were made accordingly.

Inspectors found that when sibling groups were not placed together they had regular access and contact with each other through formal and informal arrangements. Plans were made for brothers and sisters to meet together to celebrate birthdays and special events, to attend school together when they were placed separately.

The quality of facilities for supervised family contact varied. There were a number of rooms in the area used for supervising children's contact with their families. These ranged from adequate to poor. Toys, board games and books were provided and kitchen facilities were available in some of these rooms. Soft furnishings had been used to make some spaces more homely. However, the location and quality of soundproofing of some of the family contact rooms did not afford confidentiality or privacy to all families.

Children were aware of their family backgrounds as appropriate and where the information about their backgrounds was available. Inspectors found incidences where life story work had been appropriately completed with children about their background and being in foster care.

Peer relationships were promoted and children were involved in a number of activities according to their preferences. This ensured they had opportunities similar to their peers and appropriate for their age and stage of development. Children, staff and foster carers told inspectors about the activities children were involved in

including gymnastics, sporting activities, swimming, acting lessons and social outings.

Whilst there were no children placed outside the service area, children were not always placed within their own local communities and this had implications for family contact. When parents lived outside the jurisdiction children were facilitated to have contact with them and social workers made good efforts to engage parents in these plans.

## **Complaints**

There was a system in place to manage complaints. The area had a complaints manager and maintained a register of complaints. The area was working towards full implementation of Tusla's revised complaints policy: You Say, We Listen, and had a standard operating procedure to guide the investigation and management of complaints. Whilst the complaints manager or those investigating complaints had no formal training on complaints management the area had a standard operating procedure in place to guide managers through the process.

Children had been given information about how to make a complaint recently. Whilst some children told inspectors they did not know how to make a formal complaint they said they would speak to their social worker if there was something they were not happy about. Other children told inspectors they would ask their foster carer to tell their social worker if they had an issue. Three children had made complaints in 2016. Files reflected that these children had been facilitated to meet the complaints manager in person and actions identified as a result were recorded.

Complaints were screened and a decision made about whether they could be resolved locally by a team leader or if they should be managed by the Principal Social Worker who managed complaints. There had been 13 complaints in 2016. Inspectors reviewed a sample of complaints including those made by children, and found that the investigation of the complaint was comprehensive. However, not all complaints were managed within the timeframe set down in their own policy and files did not reflect whether or not the child/complainant was satisfied with the outcome of the investigation of their complaint. Whilst the complaints manager told inspectors that the satisfaction of the complainant was recorded on the register this was not seen by inspectors.

Tusla's revised policy on complaints provided for the same internal appeals process as before which was the Health Service Executive's 'Your Service Your Say', and externally, by the Ombudsman or Ombudsman for Children as appropriate.

However, because complaints could be resolved locally or managed by the complaints manager not all complaints were captured by the complaints recording system. Therefore there was no system to trend the issues that resulted in complaints. This represented a missed opportunity to identify all the issues about which complaints were made.

## **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.

### **Summary of inspection findings under Theme 2**

This inspection found that many elements of this service were delivered in an effective manner. There was good assessment and care planning for the majority of children although a small number of care plan reviews were outstanding. Overall, children received high quality care from foster carers and there was an excellent leaving and aftercare service in place. There were some good practices in relation to safeguarding.

Fostering assessments were of good quality but were not always completed within the timeframe identified in the National Standards and reviews were not being carried out. All foster carers had link workers to support and supervise them. Overall, children were matched with foster carers who were best placed to meet their needs in the absence of a sufficient panel of foster carers.

### **Assessment and care planning**

#### **Child and Family Social Worker**

The service fulfilled its statutory obligation to allocate social workers to children in care. Children told inspectors they had enough contact with their social workers and that they received sufficient support. Files reflected that social workers met with children alone and this ensured privacy and promoted the development of positive relationships with the children.

The allocation of a social worker to all children in care represented an improvement in the service as Tusla metrics provided to HIQA for the Agency for the first quarter of 2016<sup>1</sup> showed that 42 (21%) children did not have an allocated social worker. Inspectors found that when children had not, in the past, had an allocated social worker there were some issues important to them that were not followed up, for example, applications for some legal documents for children. Files read by inspectors reflected that these issues were promptly addressed when a social worker was

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<sup>1</sup> Tusla Data Metrics provided to HIQA on a quarterly basis

allocated. Inspectors sampled children's files and found that, currently, social workers' visits complied with and in some cases exceeded the requirements of the Child Care (Placement of Children in Foster Care) Regulations, 1995. However, the information system did not facilitate the ability to trace whether or not statutory visits had taken place during periods when a social worker had not been allocated.

There was evidence of good liaison between link workers and child and family social workers.

### **Assessment of need**

The needs of the majority of children were comprehensively assessed prior to and during the care planning process. These included assessment of emotional, psychological and medical needs. Where children were in voluntary care their parents consent was recorded and maintained in their files. Multi-disciplinary assessments were contained in children's files and reflected their needs in relation to education, health, religion and culture. Good initial assessments of children's needs were carried out shortly after placement in the cases of emergency placements. Information on the child was appropriately shared with foster carers to ensure they were informed about the needs of the child prior to placement and throughout.

### **Matching**

Children were matched<sup>2</sup> with foster carers who could best meet their needs. There was an insufficient panel of foster carers from which to make a placement, but the best possible matches were made from the pool of available foster carers. Social workers told inspectors they used the National Standards for Foster Care, the Alternative Care Practice Handbook and the Foster Care Committee, Policy, Procedure and Best Practice Guidance to guide its practice in relation to matching. However, the matching process was not formally recorded.

Social workers told inspectors that the child's initial assessment and care plan were used in the initial stages of matching. When placement requests were considered discussions took place between link workers, the foster care team leader and the child and family social worker to identify which foster family was best placed to meet the needs of the child. Inspectors read emails and accounts of these discussions where children's needs were discussed in conjunction with the capacities of the foster families that were available. Social workers allocated to children in care told inspectors that they were consulted as part of the matching process in order to identify the impact of further placements to the children already in placement. The principal social worker for alternative care and the team leader for foster care both

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<sup>2</sup> Matching is the process by which foster carers are chosen for their capacity to meet the assessed needs of the child requiring placement.

identified that a formal method for adequately recording the matching process was required.

Link workers provided foster carers with information on children and this was recorded on a placement record form maintained on files reviewed by inspectors.

### **Care planning and review**

Overall, there was good quality care planning in place. The majority of children in care had up-to-date, written care plans that improved outcomes for children. Care plans were detailed and comprehensive and contained good action plans based on assessments of need. Guardians ad Litem told inspectors that care plans for the children in care they represented were more than adequate and were up-to-date. Inspectors found that care plans outlined the needs of the child and how they would be met. Children received care in line with their care plans and the services identified to meet their needs were provided for them. These included psychology, attachment assessments, speech and language and other medical and therapeutic services.

Further assessments were completed by social workers in preparation for child in care reviews and inspectors found that these were of good quality and followed up on the actions of the previous care plan. In this way the actions from the previous care plan were either acted on or amended to reflect the child's current needs and circumstances.

Not all care plan reviews were timely. A small number of care plan reviews, held to update care plans, were not being conducted in line with the timeframes set out in the Regulations. Seventeen children (8.5%) were found not to have an up-to-date care plan in place but some of the care plan review meetings to update these had been scheduled.

Children were actively involved in their care planning. Inspectors observed three care planning review meetings and found that they were well attended by all professionals involved with the child, were managed well and included discussion of issues. Children were invited to attend their care planning meetings as appropriate to their age and understanding. Some children chose to attend their child in care review meeting. A small number of children told inspectors that the timing of these meetings did not suit them. When they chose not to or they were unable to attend they completed child friendly forms to ensure their views and preferences were represented at the meeting. Parents told inspectors they attended these meetings and while a small number felt their opinions were not listened to others said that social workers were approachable and their interactions mostly positive. Foster carers and parents confirmed to inspectors that they received copies of children's care plans.

Placement plans were not always up-to-date. Inspectors saw placement plans on files which outlined the aims of the placement and were reflective of care plans. This ensured that the aims of the placement were in line with children's care plans and were clearly recorded on their files. However, not all placement plans were updated following child in care review meetings so there was potential that they were not reflective of changes in the child's current needs.

Unplanned endings of placements were well managed. Fourteen children had moved placement in the last 12 months: seven placements had ended in an unplanned manner in the 24 months prior to the inspection. When difficulties in placements were identified, planning meetings took place to agree contingency plans aimed at minimising the disruption for the child should they have to move. Social workers and team leaders described these comprehensive bridging plans to inspectors which ensured a gradual transition for the child from one foster family to another. These plans included play dates, and overnight stays with another foster family. If the placement ended the child could then move to a familiar family and in this way, the impact of the unplanned ending on the child was minimised. Guardians ad Litem told inspectors that when there were difficulties in placements parallel planning was put in place and this had ensured positive outcomes for the children involved.

The area had a local policy on disruption which outlined the procedure for managing a placement disruption but it was not being fully implemented as disruption meetings did not always take place following an unplanned ending. One disruption meeting had taken place and there were six outstanding. The Principal Social worker for alternative Care told inspectors that when the service re-design was complete the reviewing team would be conducting these disruption meetings. Care plan reviews for children had not always taken place following disruptions, in accordance with the National Standards for Foster Care.

### **Quality of care**

In general, children received good quality, safe care from foster carers. Children inspectors met with were cared for with affection in safe, nurturing environments. Parents spoken with told inspectors that they were satisfied with the care their children received. Inspectors observed that foster homes were homely and comfortable and observed emotional attachments between children and their foster carers.

Children met with as part of the inspection presented as well cared for, healthy and content. Inspectors met children who confidently expressed their views and were at ease in their environment. Children told inspectors they got on well with their foster carers and were happy living with them. Some expressed a preference to stay with

their foster carers. Inspectors visited foster homes that provided children with opportunities for play and learning and where their welfare and development was promoted. Parents told inspectors their children had improved physically and emotionally while in foster care.

Children with complex needs were supported to reach their potential. Foster carers were supported to manage these complexities. Inspectors found that children with complex needs had their needs met through the provision of a range of services. Children received extra supports such as psychological services, occupational therapy and school counselling to support their development and meet their needs. Other services included specialists for mental health, forensic psychology, paediatrics and play therapy. Older children were aware of what support services were available to them. Foster carers were supported to manage children with complex needs such as behaviours that challenge. The foster support and therapy team supported foster carers by providing specialist advice and support to them and to the children in their care. These supports included ensuring that children with special medical needs and their foster carers met with their peers for support and advice. Inspectors found evidence of good communication between professionals regarding the care of children with complex needs.

### **Leaving and aftercare**

Children and young people were prepared and supported for leaving care and adult life. The area was implementing the National Leaving and Aftercare Policy and the 16+plus team was dedicated to preparing young people from the age of 16 for the process of leaving care and moving into independent living. The 16+ team were providing a service to 26 young people in foster care and 34 young people who had been in care. Referral to the team was timely and facilitated the development of strong working relationships between young people and their aftercare worker. All children who reached the age of 16 were referred to the aftercare service and were allocated an aftercare worker. Some children, where there was a concern that they may not remain engaged with social workers up to or beyond their 18<sup>th</sup> birthday were referred and allocated an aftercare worker earlier to assess their preparation for leaving care and aftercare needs and in particular to allow time to establish relationships with their allocated aftercare worker.

Children told inspectors that the aftercare service was great and had helped them. Children and young people in foster care were helped to develop the skills, knowledge and competence necessary for independent living. Inspectors met with young people receiving the aftercare service and found they were aware of the range of supports available to them through the 16+ team. These included the allocation of an aftercare worker and the availability of a training course for young people identified as being at high risk of teenage parenting, sexual health and

relationships information and advice, cooking and domestic skills and money management and budgeting.

Children lead their planning process and were actively encouraged to participate in all aspects of their preparation for leaving and aftercare plans. Young people told inspectors they were actively involved in the development of their leaving and aftercare plans and were happy with them. Aftercare workers told inspectors they met with the young people on a regular basis and completed a needs assessment with the young person as part of the planning process. Young people were supported by their social worker and aftercare workers who helped them to achieve their own identified goals.

The 16+ team, in conjunction with foster carers, provided support and guidance to young people to help them attain independence in adult life. Housing and accommodation were secured for young people and they were supported on an on-going basis to maintain their accommodation and to manage issues as they arose. For example, they were assisted to liaise with landlords and to use local and community supports. Inspectors heard members of the 16+ team interacting respectfully with care leavers in a manner which promoted their development and learning from their life experiences. In this way young people were encouraged to be responsible and independent while at the same time having access to support and advice in times of crisis.

The 16+ team was proactive and creative in accessing resources for their service. They were liaising with a local housing organisation to secure social housing for young care leavers and had sought donations of household items from local businesses for young people setting themselves up in independent living arrangements. They had put in place a drop-in service for young people on two half days per week which was used by care leavers up to the age of 26. The service was appropriately resourced to support and develop skills for independent living for children. They also used local premises to provide young people with various training programmes such as parenting and to practice independent living skills such as cooking.

Exit interviews had been completed with young people who had left care. Their responses had been compiled, and trends were identified. These included young people wanting more access with their families and suggesting that social workers should have smaller caseloads. These trends were being used to plan improvements in the preparation for leaving care and after care service.

## **Foster carers – assessment, training and support**

### **Assessment**

General foster carers were comprehensively assessed but these were not always completed within the timeframes identified in the national Standards. Inspectors found that the assessment process was thorough and included a health and safety checklist in addition to medicals, references and vetting by An Garda Síochána both of applicants and other adults in the foster care household. These assessments took up to six months to complete. The area had, at a time of staff shortages in 2015, engaged a private fostering agency to undertake nine fostering assessments. The standard of these assessments was consistent with those carried out by the foster care team.

Fostering applicants attended a specific foster care training course prepared by a national organisation for foster care prior to their assessment for fostering being conducted.

Comprehensive fostering assessment reports were presented to the foster care committee within a month of being completed. The approval process was clear and foster care contracts were on the files sampled for all children placed. Data provided for the inspection reflected that there had been two general foster carers approved in the 12 months prior to the inspection. There were no general fostering assessments being undertaken at the time of the inspection.

Relative foster assessments were comprehensive and the majorities were timely. Relative care was considered as an option for children coming into care in line with the Child Care Act 1991. Inspectors found that appropriate checks in line with regulations had been carried out by the child and family social workers prior to placements being made with relative foster carers. These included checks made with An Garda Síochána, medicals and taking up of references. Relative fostering assessments were comprehensive and of good quality.

Assessment reports were presented to the foster care committee in a timely manner. Interim reports on relative carers were appropriately presented to the foster care committee for a decision on whether to bring the assessment to completion. Inspectors sampled relative foster care assessment files and found that where they were outside the 16 week timeframe set by the standards, this was appropriate because more time was required to address all relevant issues. Inspectors found that the assessment process was thorough and included a health and safety checklist in addition to medicals, references and vetting by An Garda Síochána both of applicants and other adults in the foster care household. At the time of inspection there were six relative assessments ongoing and one completed assessment scheduled to be

presented to the foster care committee. Inspectors found that written foster care contracts were on relative foster care files for each child placed.

All foster care applicants were afforded the opportunity to attend the foster care committee meeting at which their assessment report was being considered and were notified in writing of the foster care committee's decision on their application.

However, inspectors were unable to determine from both general and relative files which adults, if any, had significant unsupervised access to foster homes and therefore required garda vetting.

Reviews of foster carers did not take place in line with the standards. Data provided for the inspection indicated that 36 foster carers had been reviewed in the last three years, three of which had been conducted in the 12 months prior to the inspection. One hundred and three (73%) foster carers had not been reviewed. The impact of this was that children were being placed with families whose ongoing capacity to meet children's needs had not been reviewed.

When reviews of foster carers took place they were of good quality. There was a national guidance document used to inform practice in this area. Inspectors found they were comprehensive and included an update of all documents such as An Garda Síochána vetting, medicals and the health and safety questionnaire. A comprehensive report was completed by the link worker who made a recommendation about whether the foster carers should continue fostering. These reports were presented to a review committee prior to being forwarded to the foster care committee for consideration. Additional reviews of foster carers were carried out when a complaint/allegation had been made about a foster carer.

There was good practice in relation to transfers of foster carers between the service area and private agencies. There was due diligence in the handover when foster carers transferred their services to Donegal from private providers or other service areas. There had been three such transfers to the area in the 12 months prior to the inspection. Inspectors reviewed the files of these foster carers and found that the handover process included a full placement history of the carers together with their assessment report and a comprehensive link worker report for presentation to the Foster Care Committee as well as the Team Leader contacting the previous agency to ensure all information was provided. This ensured that all relevant information on the foster carers was known to the area.

## **Support**

Foster carers were well supported. There were a number of support systems in place for foster carers to ensure effective delivery of care. These included the allocation of a link worker to every foster family with a placement, link worker contact and home visits, a duty system, a training programme and the provision of respite care as a support to placements. All foster carers who had a placement had an allocated link worker to support them in their role as foster carers. Foster carers told inspectors they were well supported and were happy with the service provided. Inspector found that link workers maintained written records of their contacts with foster families.

The area supported respite within the foster carer's own family networks. Respite care was provided both as an integral component of the formal planning process for children as well as a support to placements. Respite care was provided to children by members of the foster carers own family network. Eleven foster families were supported in this manner. Appropriate checks and a short assessment were carried out of the family members providing the respite care to the child to ensure these placements were suitable and safe for the children.

Foster carers were supported to apply for enhanced rights under the Child Care Amendment Act 2007 43(a) and (b). Seven foster carers had been given enhanced rights by the courts which gave them the authority to give consent in specific circumstances where parental consent from the child's parent would normally be required, for example, to consent to a child going on a school trip. Inspectors spoke with foster carers who were very clear about the circumstances in which they could give consent for a child in care.

Additional support was provided to foster carers on occasion. Despite the fact that there was no formal out-of-hours service for emergencies, foster carers reported to inspectors that link workers had been available, on occasions when there were ongoing issues with a placement, to give advice and support outside normal working hours.

When link workers were absent for long periods, such as extended leave, some tasks were not carried out. This meant that foster families were not being appropriately supported and supervised. At the time of the inspection 18 families did not have an allocated link worker. These families did not have placements.

### **Supervision**

Foster carers were supervised by link workers but recording of the process was not consistent. Some link workers recorded their supervision of the foster carers in case notes, while others used a template for formally recording supervision and support. Inspectors found from their discussions with link workers that their understanding of the difference between support and supervision was mixed. Foster carers files reflected that link workers fulfilled their role to ensure foster carers had access to information, advice and professional guidance to enable them to provide high quality care.

## **Training**

Systems were not in place to determine that foster carers received appropriate training. The area provided an annual training programme to all foster carers. Inspectors viewed the foster carers training schedule and found that sessions were scheduled on therapeutic crisis intervention and Fetal Alcohol Spectrum Disorder, as well as mindfulness for foster carers and skills to enhance communication. Carers had attended training in safe care, Children First 2011, complaints, first aid and the provision of aftercare. File reviews reflected that attendance records for foster carers were not consistently held on foster carer's files. This meant that managers had no way of knowing which foster carers had attended which training courses.

In addition, foster carers received training on the aftercare service to assist them with the process of supporting young person in their care to prepare for independent living.

The area had also recently piloted training in a particular therapeutic model of care with 22 of their foster carers. This model focused on helping foster carers create a care environment where they were emotionally available to children in care in order to help them create healthy attachments based on trust. Foster carers who had completed the course told inspectors they found it interesting and helpful in their role as foster carers. Social workers received training in the model of care during the course of the inspection and there were plans to extend this training to all foster carers.

## **Safeguarding and child protection**

There were some measures in place to protect children and keep them safe but vetting of staff was not in line with Children First (2011). A number of policies were used to guide and ensure safe practice. These included the Health Service Executive West Regional Policy on Safe Care in Fostering, Children First: National Guidance for the Protection and Welfare of Children (2011), a Policy on managing challenging behaviours, a Risk/Crisis Management Protocol and the Protected Disclosures Policy (whistle-blowing). However, inspectors found that there was not a system in place to ensure that all staff had been appropriately vetted, in line with Children First (2011).

Foster carers were trained in child protection and safe caring as part of the assessment process. Children told inspectors they felt safe. Inspectors found there were a number of appropriate plans in place on children's files including safety plans, absence management plans and risk assessment and management plans. Foster carers' files reflected that there were safe care plans in place which were detailed and outlined rules specific to the foster home. Foster carers inspectors met with were clear about how to provide safe care.

Children were seen on their own by their social workers. Children told inspectors that their social workers asked them if they needed anything. Some children said they could text or telephone their social worker. Children's files reflected that social workers visited children regularly and met with children on their own. This meant that children had opportunities to speak in private with their social worker - an important safeguarding measure.

Child protection and welfare concerns in relation to children in care were investigated in line with Children First: National Guidance for the Protection and Welfare of Children, 2011. There had been seven child protection and welfare concerns about children in care in the 12 months prior to the inspection. None of these reports were about foster carers. Responses to these concerns had been timely and appropriate. Investigations were ongoing in three of these cases. All appropriate actions had been taken in investigating these concerns including strategy meetings, safety plans, and risk assessment and management plans. Direct work was carried out with children around keeping themselves safe and, where appropriate, this included the foster carers own children. Foster carers were supported to keep children safe through the investigation process. Inspectors observed a meeting to review a safety plan for a child and found that the safety plan was comprehensively reviewed and the foster carer was being supported to safely maintain the placement.

Allegations against foster carers were well managed and appropriately investigated. The area had a local policy on assessing and managing allegations against foster carers. Data provided for the inspection indicated that there were four allegations against foster carers in the 12 months prior to the inspection. One investigation had been completed and was unfounded. Three investigations were ongoing. Inspectors reviewed the records of the investigations into the completed allegation and found it was thorough and far-reaching. A foster care review had taken place following the conclusion of the investigation.

Information provided for the inspection indicated that two children had been missing from care in the 24 months prior to the inspection. The National Policy on Children Missing from Care and Absence Management plans were used to manage these situations. Strategy meetings were held and appropriate efforts were made to engage with the young people to ensure their safety.

### **Theme 3: Health and Development**

The health and development needs of children are assessed and arrangements are in place to meet the assessed needs. Children's educational needs are given high priority to support them to achieve at school and access education or training in adult life.

#### **Summary of inspection findings under Theme 3**

Children's healthcare needs were assessed and met and they received the healthcare services they required. Children were attending school and were supported to achieve their full educational potential.

#### **Healthcare needs**

Children's healthcare needs were assessed and met. The area had a consent policy regarding parental consent for medical follow-up. Inspectors sampled files and found that appropriate parental consents were in place. Children's files contained comprehensive medical records, where available. Where these were not available records reflected the efforts made by social workers to obtain them.

Children had medicals prior to or on the date of coming into care and children received follow up services as required to ensure their health needs were met. Inspectors read multi-disciplinary assessments on children's files and found that recommendations made by specialists were followed up on by the appropriate personnel. Children had medical cards and received services such as general practitioner (GP) appointments, dental check-ups, early intervention support for special needs, occupational and speech and language therapies, and physiotherapy in a timely manner.

Foster carers told inspectors about the different needs of the children they cared for and were confident in their ability to meet these diverse needs. Training in first aid was provided for some foster carers to ensure they could assist with minor ailments. Inspectors also found that some carers received specific training in order to meet the specific health needs of a child placed with them.

Children's health was promoted. Inspectors met with foster carers who promoted good health for children and who were knowledgeable about the health needs of the children they cared for. They encouraged a healthy lifestyle including a healthy diet, participation in sports and other activities. Children told inspectors about the exercise they took which included involvement in sporting activities.

## **Education needs**

Children were encouraged and supported to reach their full educational potential. Children received appropriate education and support in order to reach their full potential. Education was valued and promoted in the service and foster carers and staff were ambitious for children and expressed pride at their achievements. Some children told inspectors they were getting on well at school. Others said that when they moved schools it was difficult to make new friends. All the children in care in the area were attending education at the time of the inspection.

Children sat state examinations and, where necessary, received extra classes to assist them to achieve their goals. Children with school attendance issues had been facilitated to return and were doing well and making good progress. Children with special needs were assessed appropriately and education plans were in place to ensure that assistive technologies and special equipment were in place as required. Children who required them had special needs assistants and resource teachers to help them at school.

There was good communication and engagement between carers, professionals and schools. Inspectors found that school personnel attended child-in-care review meetings and strategy meetings, where appropriate. This meant that consideration of the child's educational needs formed an integral part of the planning for the child. Inspectors observed child-in-care review meetings where personnel from schools were either in attendance or their views were represented through written reports. Inspectors read school reports and educational assessments on children's files.

Children were encouraged to participate in further education according to their abilities and preferences. Children told inspectors about their plans for their future education. Seventeen young people who had been in care were attending third level education. This meant that children in care were being offered educational opportunities similar to their peers.

#### **Theme 4: Leadership, Governance and Management**

Effective governance is achieved by planning and directing activities, using good business practices, accountability and integrity. In an effective governance structure, there are clear lines of accountability at individual, team and service levels and all staff working in the service are aware of their responsibilities. Risks to the service as well as to individuals are well managed and the system is subject to a rigorous quality assurance system. Services provided on behalf of the area are robustly monitored. The Foster Care Committee is a robust mechanism for approving both placements and foster care applications.

#### **Summary of inspection findings under Theme 4**

The service was effectively managed and well led by competent managers. There were clear lines of accountability in place and areas of responsibility were well defined. Management systems ensured that the service was delivered in a planned manner. Risk management required improvement as some risks had not been identified and the risk register was not an accurate reflection of current risks. Improving the quality of the service was a priority for managers. While the foster care committee carried out many of its functions in compliance with the Child Care (Placement of Children in Foster Care) Regulations, 1995, and the standards, there were some gaps.

#### **Management structures and systems**

The foster care service was generally well managed. Management structures were in place which identified clear lines of authority and accountability. Manager's and staff were clear about their roles and responsibilities. Despite there being a number of changes in management where staff were in interim positions or had changed roles, inspectors spoke with staff at all levels who were clear about roles and responsibilities at every level of the organisation.

Managers had a clear vision for the service and demonstrated good leadership. The staff team was well led by a group of competent managers. The area manager told inspectors he was confident in the capacity of managers to exercise professional judgment and provide quality services as they were skilled, experienced and competent. Inspectors met with managers who spoke about their responsibilities and presented as confident in their ability to fulfil their roles. The Area Manager was responsible for the day-to-day running of the foster care service and reported to the Service Director of the West region of the Child and Family Agency. Some of the managers had participated in in-house leadership training.

Staff were held accountable through supervision and day to day practice. Inspectors sampled supervision records and found that staff were reminded in supervision about their individual responsibility to manage their caseloads and about being clear and informed about each case allocated to them.

Management systems were mostly effective and were being constantly improved. There were a large number of national and local policies and protocols in place to guide practice. Some of these were Health Service Executive policies that had not been updated to reflect the existence of the Child and Family Agency. Meeting minutes reflected that policies and procedures were discussed at team meetings. However, not all staff were familiar with the policy on whistle-blowing. Inspectors spoke with staff who were not familiar with the provisions of the policy in relation to how they could voice concerns about colleagues.

Communication systems were good. The Area Manager told inspectors that open communication was important in the service. The Principal Social Worker for alternative care reported regularly to the Area Manager through informal day-to-day contact, supervision, management meetings and reports. Team leaders reported to the principal social worker formally and informally. Social workers spoke about their team leaders being approachable and said there was good communication between team members. Inspectors observed that managers were available to staff.

Team leaders held monthly meetings at which a variety of topics were discussed. Inspectors reviewed minutes of these meetings and found they were well attended. The staff team was informed about policies and practice issues were discussed. Changes in staffing were explained and quality improvement planning was progressed. However, whilst minutes were comprehensive clear actions were not always identified for follow-up and it was not always clear whether issues not dealt with at one meeting were brought forward to the next one.

The senior management team met monthly to discuss all issues relevant to the foster care service including the management of risks, complaints and development strategies. Inspectors observed one of these meetings and found that a range of issues were fully discussed including staffing, plans for further stakeholder involvement with service development and the need for an implementation plan for the revised complaints policy. Meeting minutes reflected that the senior management team acknowledged the progress made in relation to the provision of allocated social workers and identified the actions required and learning from a 'need to know' report.

Decisions were made at appropriate levels. Inspectors found that decisions were taken by the appropriate team member in relation to, for example additional supports to support placements.

The Child and Family Agency had policies governing the transfer of cases to other service areas. However, information provided for the inspection indicated that there were no children awaiting transfer into or out of this service area.

Various reports were presented to the senior management team for discussion and decision on actions. These included the staffing issue and how to best manage available resources when re-designing the service. The service plan was also reviewed and updated at senior management meetings and statistics for the service were discussed so that progress could be monitored against targets.

### **Planning the Service**

There were good service plans in place. There was a 2016 business plan which reflected the national business plan and identified a number of priorities for the alternative care service, with associated timeframes for achieving targets. These priorities included re-designing the service, increasing the number of foster carers, ensuring that 100% of children had an allocated social worker and preparing for the amendment of legislation on aftercare which would lead to increased referrals. At the time of inspection, the area had achieved some of its objectives for 2016 within the timeframes such as ensuring that all foster families had an allocated link worker. However, a number of actions were outstanding including the recruitment of new foster carers.

The service had carried out an assessment of need in the area to identify what services were currently required and to indicate the demand for services into the future. Consultation had taken place with staff, and other key stakeholders to elicit a wide range of views. The Area Manager told inspectors that agencies involved in providing services to families in the community had come together to plan how services could be provided in a more collaborative way in the future.

The area continued to prioritise the provision of a leaving and aftercare service due to a response to research findings that young people who leave care have poor outcomes. When the national leaving and aftercare strategy was launched a decision was taken to set up a dedicated leaving and aftercare service in the area. Resources were allocated to ensure this was a good quality service.

## **Risk Management**

Identified risks were well managed within the area but not all risks had been identified as such. There was a risk management framework in place to identify and manage risks. All identified risks were graded and had controls put in place to reduce the risk, for example staff vacancies, appropriate services being available for young people leaving care. However, risks such as, the absence of garda vetting, inappropriate placements due to foster carers not being reviewed or insufficient carers with the capacity to meet the needs of the children, while known, had not been included on the risk register.

The area maintained a risk register but it was not regularly reviewed and updated so it did not properly reflect the controls in place and the level to which the team reduced the identified risks. The register did not clearly outline the current control measures in place or the additional measures required to further reduce risks. Some risk ratings on the risk register had not been reviewed appropriately when additional controls had been implemented and the grading remained high. The Area manager was trained in risk management.

A system was in place to alert national managers of concerns arising from the management of specific cases that may come to public attention. This system was called a 'need to know' procedure. There had been one such report which, inspectors found, was appropriately recorded and escalated.

## **Monitoring and oversight**

Monitoring and oversight of the service was being rolled out across the service. The area had a Principal Social Worker for Quality Assurance and Integrated Services and there was a commitment to the quality agenda by the management team. However, the area had not had a visit from a monitor since 2011.

There were a number of quality improvement initiatives in the area. These included a full review of the child in care planning and review procedures involving feedback from all stakeholders. This review had been completed and an action plan was being developed. In addition a placement forum group was established to ensure children were placed in the most appropriate available placement and the voluntary consent to care form had been reviewed and updated to ensure it was time limited and not open ended.

As a practice development improvement the area was developing a policy and procedure on children's contact arrangements with their families. This included a comprehensive document for recording observation and analysis of interactions between parents and their children during their family contact. When implemented

this would assist social workers in ensuring that family contact arrangements were positive experiences for children and families.

The alternative care teams were piloting a national quality assurance framework. Staff at every level of the alternative care service had participated in the pilot which was at the stage where the implementation plan was being developed.

### **Placement of children through non-statutory agencies**

There were no service level agreements in place for private foster care providers and the area had no overall monitoring mechanisms in place to assess the quality of the service being provided. There were three children in private foster care placements all of whom were placed within the service area at the time of the inspection. Children's files contained written reports from the private agencies link worker about the care of the child and the foster care placement.

### **Special Foster Care**

The area did not have a special foster care service in line with the standards. The area did, however, have a number of foster families that were designated as high support families. These were families caring for children with complex needs, behavioural difficulties or where the placement was at risk of ending. These foster carers received a number of extra supports from the care placement support service including structured programmes, sharing information and guiding care, strategies for managing behaviour and play therapy for children and occupational therapy support for children with sensory or attachment issues.

### **The Foster Care Committee (FCC)**

While the foster care committee carried out many of its functions in compliance with the Child Care (Placement of Children in Foster Care) Regulations, 1995, and the standards, there were some gaps. The FCC was chaired by a chairperson who had been a social work professional and was experienced in child care issues. The committee was comprised of people with appropriate expertise and experience including a representative who had been in foster care, a medical adviser, retired Garda sergeant, acting Director of Public Health Nursing, and the area manager and all were vetted appropriately. Inspectors found that members of the committee absented themselves if any conflicts of interest arose. Training for the FCC was identified by the committee and provided on an annual basis, for example the standard operating procedure on the disruption process, and an update on new legislation.

The foster care committee made clear decisions. The FCC met eight times in the 12 months prior to the inspection. Inspectors found that the FCC reviewed

assessments of applicants in a timely manner, recommended long term placements for approval, considered reviews of foster carers, and reviewed foster carers' status following investigation of allegations about them. Inspectors also found that at times that the committee overturned the social workers recommendation. The FCC also considered termination reports, appeals of decisions, and the assessment reports of foster care applicants to private fostering agencies. The FCC sought specialist information as appropriate to assist with decision-making. Foster carers were invited to attend the FCC in person and were notified in writing of the decisions of the committee.

The foster care committee fulfilled its remit regarding long term placements. Ten long term placements had been recommended for approval in the 12 months prior to the inspection. The process for formalising long term placements was good. Inspectors found that the process included comprehensive assessment and matching reports being completed by the link worker and a report prepared by the child and family social worker. Recommendations were made by the Foster Care Committee regarding the capability of the foster family to meet the child's needs on a long term basis.

Information provided for the inspection indicated that three foster families had been removed from the panel in the 12 months prior to the inspection. Inspectors reviewed the minutes of foster care committee meetings and found that all of these families had been providing service for private foster care agencies. All had been appropriately presented to the committee.

The foster care committee contributed to planning of the service. The chairperson of the foster care committee produced an annual report in 2015 in order to contribute to the annual adequacy of child care and family support services and to inform future planning of foster care services. The report was broadly based on the sample contained in the HSE Policy, Procedure and Best Practice Guidance document for foster care committees, and it outlined attendance at its monthly meetings and the vetting status of each member. However, the annual report did not identify that foster care reviews and disruption reports were not being presented to the committee.

## **Use of information**

The information systems that operated in the area were not fit for purpose as they were stand alone systems that did not provide 'real-time' data. The management team made the best use of the systems they had while the area awaited the introduction of a national childcare information system. Information was collected and maintained on spreadsheets for reporting to the regional and national offices of Tusla and to assist with planning. Data provided by the area to HIQA in advance of the fieldwork related to the previous month as the most up-to-date figures were not available. However, this was corrected over the course of the inspection.

The area maintained a register of children in care but it was not maintained in line with the regulations. While the majority of information was available on the register it did not the names and addresses of the child's parents. However, inspectors found that the area did have a record of this information.

The area also maintained registers on foster carers, complaints and allegations and on the young people receiving services from the 16+ team.

The quality of paper records was generally good but improvements were required for computerised records and in the availability of chronologies. Inspectors found that the area held case records of every child placed in foster care. The majority of this information was held on the RAISE system with a separate hard copy file for the regulatory documents. However, inspectors found that some social workers were unable to locate some records stored on the RAISE system. There were no chronologies evident on children's files to indicate the timeline of the child's journey through the care system.

Foster carer's files were held in hard copy. Inspectors found that files of foster carers were in good condition, indexed and contained the required information. However, inspectors found that some recording systems required improvement such as the recording of the matching process and of foster carers training.

Three parents of children in care had accessed their records through the Freedom of Information Act 2003, in the 12 months prior to the inspection. No children had formally accessed their records.

## **Theme 5: Use of Resources**

Services recruit sufficient foster carers to meet the needs of children in the area. Foster carers stay with the service and continue to offer placements to children.

### **Summary of inspection findings under Theme 5**

Effective retention strategies were employed to ensure that foster carers stayed with the service and continued to offer placements to children. Foster carers were supported and reported good working relationships with their link workers. However, there were an insufficient number of foster carers on the panel to ensure an appropriate range of foster carers was available to meet the diverse needs of children.

### **Retention and recruitment of foster carers**

Retention strategies were effective. Inspectors found that there were a number of strategies in place to retain carers. These included:

- Each foster carer having a link worker
- monthly fostering support groups held in four local centres to facilitate foster carers' attendance
- a useful and informative newsletter that was distributed to all foster carers
- informal out-of-hours support when there were ongoing difficulties in placements
- a second opinion home visit carried out by the team leader for foster care during the assessment process.

In addition, although foster carers had told the team leader for foster care that the turnover of staff had a negative impact on them, none of area's foster carers had left the service in the 12 months prior to the inspection.

Recruitment strategies were insufficient. The area had seven families where the number of unrelated children in placement exceeded the standards as the panel of foster carers was not sufficient. Inspectors found that all of the foster carers that were available for a placement were being used to provide them. One Team Leader told inspectors that sourcing a placement for a child could be difficult. Resources were prioritised for relative applicants and there was currently no general carers being assessed.

There were insufficient resources to recruit new foster carers. The area was not progressing fostering enquiries from interested parties through to assessment and approval. Inspectors viewed records of fostering enquiries and found a detailed list

of 38 such enquiries. There was a process by which all interested parties received information about the fostering task and the assessment process and this had been followed in relation to these enquires. However, further steps had not been taken to engage people in the application and assessment procedure as there was not sufficient staff to undertake the process. The area manager told inspectors that the ability to recruit had been severely impacted by staff shortages over last two years but that recruitment would be a priority when the service re-design was complete.

## **Theme 6: Workforce**

Each staff member has a key role to play in delivering child-centred, effective and safe services to support children. Children's services recruit and manage their workforce to ensure that staff have the required skills, experience and competencies to respond to the needs of children.

### **Summary of inspection findings under Theme 6**

Inspectors found that the service was provided by a committed staff team who provided a good service to children and support to foster carers. They presented as competent and committed to ensuring children's needs were met. They were knowledgeable about the needs of children and demonstrated pride in their progress and achievements. However, recruitment practices were not robust as there were significant gaps in staff files including garda vetting of staff.

#### **Recruitment**

Recruitment practices were not robust, were not in keeping with Children First (2011) and were not in line with policy. Staff files did not contain all of the information required, for example job descriptions, contracts, garda vetting, and not all relevant files had professional registration certificates. One staff member was awaiting their professional registration.

The absence of a system to ensure all staff were appropriately vetted raised concerns in relation to safeguarding practices and HIQA escalated this to the Area Manager seeking assurances that vetting was in place for all staff. The Area Manager responded identifying that an audit would take place and that all staff requiring vetting would have same by end of March 2017. HIQA wrote to the Service Director in response to this letter seeking the steps by which he was assured that appropriate safeguarding measures were in place for any staff who did not have a record of their vetting on file. A satisfactory response was received from the Service Director on 24 December 2016 which set out the safeguarding measures that would be implemented should the area identify any staff that did not have appropriate garda vetting. In addition he confirmed that all necessary vetting would be completed by the end of February 2017.

New staff to the team received an induction from the relevant team leader. Inspectors reviewed the induction programme and found it was informative, relevant and useful and provided a good foundation of knowledge for new link workers. Staff new to the foster care team told inspectors they had been inducted into their roles and received good support from their manager. They also carried reduced caseloads.

## **Sufficient staff and skill mix**

The area did not have sufficient staff in place to deliver the service. Despite recruiting five new staff in the last 24 months, seven vacancies remained on the foster care team and there were three staff on extended leave. The area had one staff member recruited through an agency. Senior managers told inspectors that that staffing had been a challenge in the last 12 months.

Managers of the foster care service had the appropriate skills and experience to deliver the service and provided good leadership and direction to teams. The area was flexible in allowing staff to transfer between teams. There had recently been some movement of staff between the teams. These changes were being made in preparation for the re-design of the service. Staff were in some positions in an interim capacity and others had transferred from child and family teams to the foster care team.

There was a mix of new and experienced social workers on teams. While the child in care team had a good skill mix, the foster care team was less experienced as three staff out of five on the foster care team were newly qualified so it would take time for them to gain experience in their new roles. Foster carers told inspectors about difficulties resulting from the changes in staff and staff absences. These included cancellation of child in care review meetings. Inspectors found that one member of the team had been allocated five cases prior to the inspection these had been reallocated at the time of inspection while their professional registration was awaited.

## **Supervision and support**

Staff were well supported. There were a number of policies and procedures in the area to guide managers in regard to staff management and support. Staff told inspectors they were well supported and all spoke highly of their managers. They said that team members supported each other in their work. This meant that there was good team morale.

Supervision required improvement. The area had a supervision policy and performance management documents to guide them in their practice. Social workers told inspectors they had supervision every four to six weeks and that supervision was good. Inspectors reviewed a sample of staff supervision files and found that supervision focused on case discussion, professional development and support. However, sessions did not always occur in line with timeframes set out in the supervision policy and actions were not always completed in a timely manner and remained an ongoing action after the next supervision session. Inspectors found that

some members of the team had not had supervision for up to four months. Managers and some staff had received training in supervision practice.

Managers had recently begun using the caseload management tool. Social workers described their caseloads as busy but manageable. There were no performance management issues among the foster care staff.

## **Training**

While the area had provided a number of training programmes throughout the year not all staff had attended mandatory training. A local staff training needs analysis had been completed in September 2015 by the workforce development department of Tusla. This analysis identified a correlation between locally identified training needs and national strategic goals and pinpointed five main areas where training was required, including supervision training and training in keeping good records. Training had been provided in 2016 in all but one of the priority areas identified. Training in fostering assessments was outstanding.

Lists were maintained of staff and what training they had attended. Staff told inspectors they found the training useful. Inspectors sampled training records and found that staff had attended a number of relevant training events in the 12 months prior to the inspection. These included courtroom skills, working with ethnic minorities in alternative care, reflective recording and report writing, training on the Signs of Safety assessment model, responding to allegations of abuse, induction and caseload management. While records of training were maintained, the records did not facilitate managers to identify gaps in training.

Not all staff had attended mandatory training. Information provided for the inspection indicated that only 60% of staff had up-to-date training in child protection and welfare so there were staff members who had not received refresher training in child protection and welfare procedures.

During the course of the inspection staff attended a staff development day which focused on practice development and included a presentation on the draft policy on family access and contact, feedback on the exit interviews conducted with care leavers, a presentation by a national organisation for children in care and an update on the commissioning strategy update. Staff on the foster support team also received further instruction on the pilot programme of therapeutic care which was being extended out to all foster carers.

## Appendix 1 – Standards and Regulations for Statutory Foster Care Services

<b><i>National Standards for Foster Care (April 2003)</i></b>
<b>Theme 1: Child-centred Services</b>
<p><b>Standard 1: Positive sense of identity</b> Children and young people are provided with foster care services that promote a positive sense of identity for them.</p>
<p><b>Standard 2: Family and friends</b> Children and young people in foster care are encouraged and facilitated to maintain and develop family relationships and friendships.</p>
<p><b>Standard 3: Children’s Rights</b> Children and young people are treated with dignity, their privacy is respected, they make choices based on information provided to them in an age-appropriate manner, and have their views, including complaints, heard when decisions are made which affect them or the care they receive.</p>
<p><b>Standard 4: Valuing diversity</b> Children and young people are provided with foster care services that take account of their age, stage of development, individual assessed needs, illness or disability, gender, family background, culture and ethnicity (including membership of the Traveller community), religion and sexual identity.</p>
<p><b><i>Child Care (Placement of Children in Foster Care) Regulations, 1995</i></b> <i>Part III Article 8 Religion</i></p>
<p><b>Standard 25: Representations and complaints</b> Health boards<sup>¥</sup> 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>
<b>Theme 2: Safe and Effective Services</b>
<p><b>Standard 5: The child and family social worker</b> There is a designated social worker for each child and young person in foster care.</p>
<p><b><i>Child Care (Placement of Children in Foster Care) Regulations, 1995</i></b> <i>Part IV, Article 17(1) Supervision and visiting of children</i></p>

<sup>¥</sup> Where reference is made to Health Boards these services are now provided by Tusla.

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

### **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*

### **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.

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

### **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<sup>3</sup> 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 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.

<sup>3</sup> Formally known as Health Boards at time of writing Standards, now known as Tusla

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

### **Standard 22: Special Foster care**

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

### **Standard 23: The Foster Care Committee**

Health boards have foster care committees to make recommendations regarding foster care applications and to approve long-term placements. The committees contribute to the development of health boards' policies, procedures and practice.

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

*Part III, Article 5(3) Assessment of foster carers*

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

*Part III, Article 5(2) Assessment of relatives*

## **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.

## **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*

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

### **Standard 19: Management and monitoring of foster care agency**

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

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

*Part IV, Article 12 Maintenance of register*

*Part IV, Article 17 Supervision and visiting of children*

### **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*

## **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.

## **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.