

Statutory foster care service inspection report

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



Name of service area:	Sligo / Leitrim / West Cavan
Dates of inspection:	28 January 2019 – 31 January 2019
Number of fieldwork days:	4
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Type of inspection:	<input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced <input type="checkbox"/> Full <input checked="" type="checkbox"/> Focused
Monitoring event number:	MON-0025898

About the Health Information and Quality Authority (HIQA)

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

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

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

About monitoring of statutory foster care services

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

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

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

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

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

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

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

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

1. Inspection methodology

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

During this inspection, the inspectors evaluated:

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

The key activities of this inspection involved:

- the analysis of data submitted by the area and questionnaires completed by 32 children in care and three children in aftercare
- meeting with or speaking to 10 children, and with four young adults availing of the aftercare service
- interviews/meetings with the interim area manager, the principal social worker for alternative care, the team leader for the long-term children in care team, team leaders for duty/intake and child protection teams, the aftercare manager, and the child in care reviewing officer
- home visits to five foster care households
- separate focus groups with children in care social workers, child protection social workers, fostering social workers, aftercare workers and with foster carers

- review of the relevant sections of 33 files of children in care as they relate to the theme
- observation of a child in care review meeting
- phone calls/meetings with three parents of children in care
- Note: a focus group arranged with children in care was cancelled on health and safety grounds due to adverse weather conditions.

Acknowledgements

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

2. Profile of the foster care service

2.1 The Child and Family Agency

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

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

- child welfare and protection services, including family support services
- existing Family Support Agency responsibilities
- existing National Educational Welfare Board responsibilities
- pre-school inspection services
- domestic, sexual and gender-based violence services.

Child and family services are organised into 17 service areas and are managed by area managers. The areas are grouped into four regions each with a regional manager known as a service director. The service directors report to the chief operations officer, who is a member of the national management team.

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

2.2 Service Area

According to data published by Tusla in 2018, the Sligo/Leitrim/West Cavan area was the smallest of Tusla's 17 service areas and had a population of children from the ages of 0-17 years of 23,554.*

The area is under the direction of the service director for Tusla, West, and is managed by an interim area manager. There was one principal social worker for the alternative care service in the area, who had responsibility for the foster care, child in care, leaving care and aftercare services.

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

At the time of the inspection there were 103 children in foster care in the area. Of these, 26 children were placed with relatives and the remaining 77 children were placed with general foster carers, one of whom was placed with private foster carers.

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

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

3. Summary of inspection findings

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

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

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

- one standard was compliant
- two standards were substantially compliant
- Three standards were non-compliant, of which two were moderate non-compliance and one was major non-compliance.

Children who met with or spoke to inspectors felt safe and were happy and well cared for in their placements. They also felt happy about their contact with family members. Children described good relationships with their social workers and foster carers. Young adults spoke positively about the aftercare service and felt that they were receiving sufficient support to prepare them for adult life.

There were many examples of good practice in the area. For example, the leaving care and aftercare team provided a good quality service. The team was well-resourced and they were based in an ordinary house away from the social work offices, which meant that young people did not have to attend a formal office building which might prove off-putting for some. They went beyond the requirements of the national aftercare policy and the legislation by allocating an aftercare worker to all children leaving care, regardless of their circumstances, and by reviewing all aftercare plans each year as a matter of good practice. The team was also proactive in working with the local authority and other organisations to increase the accommodation options for young people leaving care.

Following a series of HIQA inspections of the foster care services in 2017/2018, the service director in Tusla West convened a group of representatives from all five of the service areas in the region to reflect on the outcomes of these inspections and to ensure that good practice was shared and that new systems were put in place to improve the foster care services and ensure a consistent service across the region. Some of these improvements, such as the establishment of a governance group to

oversee the management of complaints and of serious concerns or allegations against foster carers, and the introduction of safety and risk management plans for children, were evident during this inspection and others were in the process of being implemented.

There were also individual examples of good practice such as social workers demonstrating commitment to ensure that children were able to maintain regular contact with their parents and a social care worker working with parents to develop a word and picture narrative for their child on the family's story and the reasons why the child was in care.

Social workers coordinated the care of children, ensured that care plans were implemented, and visited the children in their homes. However, inspectors found that, during the two years prior to this inspection, seven children were not visited within the timeframes set out in the regulations. Social workers were responsible for maintaining records of the service provided to children but inspectors found that some case notes and records of home visits had not been completed and that the electronic system used to manage children's records was lacking in functionality and social workers found it complex to navigate.

There were no stand-alone assessment of need document. Therefore, assessments of children's needs were contained in a variety of social work reports such as court reports and reports for child in care reviews. Assessments of need for children admitted to care in an emergency were not always carried out within the timeframes set out in the standards.

There was a good system in place to manage child in care reviews. Children, their parents, foster carers and others involved in their care were invited to attend and the views of children were sought and listened to. The locations of reviews were not child-friendly and the minutes of review meetings did not reflect all that was discussed. Voluntary consent provided by parents at the time of children's admission to care was not subject to review at child in care reviews in regard to the continued appropriateness of the child's ongoing placement in care.

Children had good quality care plans but not all care plans were completed in a timely manner. The quality of case management records of social workers was not always adequate. Placement plans were not completed in the area.

The area tried to ensure that children were matched with foster carers who had the capacity to meet their needs but there was a delay in the long-term approval of placements planned for a duration of at least six months.

There were practices in place to ensure that children were protected from all forms of abuse and social workers were committed to safeguarding and protecting children in care. There was good practice in regard to the categorisation, management and oversight of complaints, concerns and allegations against foster carers but not all allegations made by children were assessed and investigated in line with Children First: National Guidance on the Protection and Welfare of Children (Children First) (2017). When specific measures were taken to ensure children's safety, these measures were not always formalised in formal, written safety plans. Given the difficulties in accessing records, such as case notes, on the electronic system, and the absence of chronologies of key events, it is critical that safety plans are clearly accessible on all files of children where risks have been identified.

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

4. Summary of judgments under each standard and or regulation

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

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

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

What children told us and what inspectors observed

During the inspection, inspectors spoke with 10 children living in foster care in the area. Inspectors also met with three young adults availing of the aftercare service who continued to live with their former foster carers, and spoke to one other young person availing of the aftercare service. Inspectors received 32 completed questionnaires from children which expressed their views of the foster care service.

Children felt safe and reported that they were happy and well cared for by their foster carers. They said they were satisfied with the rules in the house and enjoyed engaging in various activities of their choice. Children said they had choices in relation to day-to-day decisions and activities and their culture and background was respected. Children were happy with the contact they had with family members. Responses from children, when asked what they liked about their foster carers included:

- "feel very safe and very happy"
- "feels like home"
- "they're amazing"
- "they always cheer me up when I feel down"
- "they are kind, fun and love us very much".

Almost all of the children had an allocated social worker and the majority of children felt their views were heard, had access to the services they required and had their rights respected. Children said their social worker met them on their own, asked them their likes and dislikes and some described their social worker as "kind and always listens to what I say" and "nice". Eight out of 32 children who responded to questionnaires said they did not see their social worker on a regular basis.

Most children reported that they had a care plan and their views were heard in relation to this. Twenty five out of 32 children said they had a care plan and 24 out of 32 said they felt their views had been heard and included in their plan. Five out of 10 children who spoke directly with inspectors were unsure what their care plan was but were aware that they could attend their meetings if they so wished. All of the children said they felt safe where they lived. Four out of the ten children who spoke with inspectors were unsure how to make a complaint and seven children who completed the questionnaires said the complaints process had not been explained to them.

Children and young adults in receipt of the aftercare service were very positive about their experiences of the service. They said they were well supported to develop the skills they required for independent living. They reported receiving help

to apply for college courses, open bank accounts, find part-time jobs, budgeting and general support in relation to day-to-day experiences and social relationships. They all described good relationships with their aftercare workers and said the service was accessible and very beneficial.

5. Findings and judgments

Theme 2: Safe and Effective Services

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

Standard 5: The child and family social worker

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

Summary of inspection findings under Standard 5

Data provided to inspectors prior to the inspection showed that all children in care had an allocated social worker and performance data published by Tusla showed that the area had 100% allocation of social workers to children in care throughout 2018.

At the time of inspection, one social worker was due to leave the service on the week following the inspection and was on leave and would not be returning prior to the leaving date. As this social worker's cases had not yet been re-allocated, this meant that 16 children in care did not have an allocated social worker to call on or work on their behalf at the time of this inspection. Both the interim area manager and the principal social worker told inspectors that a recruitment process had been put in place to replace this social worker as a matter of priority and that attempts to recruit an agency worker had not been successful to date as there was no agency social worker available. The principal social worker told inspectors that higher risk cases would be allocated quickly within the long-term children in care team and that

the principal social worker would himself undertake statutory visits to any children who remained unallocated. He told inspectors that link social workers had been requested to increase the frequency of visits to households where children did not have an allocated social worker. He also added that each child would have an allocated social care worker or youth support worker while they were awaiting an allocated social worker. Inspectors met or spoke with some of these 16 children and they were aware that their allocated social worker had left the service. Their foster carers did not express concern that the child did not currently have an allocated social worker and told inspectors that they knew who to contact in the event of any problems emerging and that they had always received a quick response from the social work department in the past. Prior to the publication of this report, the area manager informed inspectors that each of these 16 children had been allocated a new social worker shortly after the conclusion of this inspection.

Social workers visited the children in their foster care homes and met with them in private. This was evident in each of 25 children's files that inspectors reviewed for this purpose. There was evidence that many children received frequent visits, sometimes as often as once a week when issues arose.

Inspectors reviewed 23 children's files for the purpose of reviewing the timeframes of statutory visits over the two years prior to the inspection. Data provided by the area showed that, in the cases of four of the 103 children in foster care, statutory visits had not been undertaken in line with regulations. However, inspectors found that, while all children, whose files had been reviewed for this purpose, had been visited within the month or two months prior to this inspection, statutory visits to seven of these children had not been carried out within the timeframes prescribed by the regulations during the previous two years. In one case of a child in a long-term placement, there was no record of a statutory visit for over a year. In the cases of three children placed in 2018, one child was not visited within one month of the placement and the other two children did not receive their second visits within three months of the first visit.

The team leader told inspectors that, during case supervision sessions, the social workers referred to their last statutory visit or an upcoming visit, but this system was not sufficiently robust to ensure that statutory visits took place within the prescribed timeframes. Social workers told inspectors that it was not possible to generate a list of statutory visits on the electronic system and, therefore, it was not possible to establish how many visits were carried out by a social worker without undertaking a time consuming review of the entire file. The social worker's report for the child in care review had a yes or no tick box to indicate if statutory visits had taken place in

line with regulations but did not require a list of these visits and or the dates they took place.

The recording of statutory visits was mixed. There were examples of good recording, such as a social worker describing how they explained the care plan to the child. There were also examples of poor quality recording. For example, inspectors viewed six files where the records of statutory visits were not uploaded to the children's electronic files and/or the case notes were unfinished.

Social workers maintained good links with families and they encouraged and facilitated contact between the children and their families, when this was in the best interests of the children. Records showed that social workers maintained links with the children's families while the children were in care and that they facilitated and encouraged regular contact between children and their families, when this was appropriate. There was evidence of very good practice in some cases. For example, the social worker of one family ensured that, each week, the children were taken to see their mother who was in hospital in another part of the country. In the case of another child, the location of their contact visits was changed from the social work offices to the family home in order to ensure contact went ahead as planned, as a parent had been having difficulties in attending contact visits up to then. There was also evidence in the files of children attending significant events, such as weddings, in the lives of their family members. In their responses in the questionnaires, 27 of 32 children said that their social worker kept in contact with their family and made sure that they got to see them regularly.

Social workers coordinated the care of children and the input of other professionals when this was required for care planning. Inspectors reviewed the files of eight children with varying levels of disability. Each child had an allocated social worker who coordinated their care. In this area, the care planning review service was responsible for convening child in care reviews and the social workers were responsible for drawing up the children's care plans. They requested the attendance or input from other professionals at these reviews. When children needed the input of other professionals, the social workers made referrals for these services.

Social workers responded appropriately to significant events for a child in care and ensured that families were kept informed. For example, there were three occasions during the previous 12 months when a child went missing from care. Social workers responded quickly, followed the missing from care protocol and informed the relevant parties.

Data provided by the area showed that there were no complaints made by children during the previous 12 months and the team leader told inspectors that verbal/informal complaints by children may be recorded in case notes but would not be recorded as complaints. As inspectors did not find any complaints by children recorded in the files reviewed, it was not possible to tell if the complaints process was user-friendly. In the questionnaires submitted by children, 21 said that their social worker explained how to make a complaint if they were not happy with something while seven said that their social worker had not. Of the 15 children who said they had made a complaint, nine children said that it was taken seriously while five said that it had not been taken seriously. Seventeen children did not answer either "yes" or "no" to this question. However, the area did not record verbal/informal complaints as complaints which meant that they had no way of tracking and trending issues of dissatisfaction with the service that may be arising for children in care in the area. Moreover, inspectors were unable to sample the complaints that children said were taken seriously or not as they were not recorded by social workers as complaints.

The team leader for the children in care team told inspectors that letters were sent to all children in care about the complaints process and that social workers followed up with visits to the children then to explain the process in person. However, inspectors found evidence in only seven files that the social worker had explained the complaints process to the child. There was good practice evident in the aftercare service in which each child had the complaints process explained to them and they were given a leaflet on the service which contained a section on the complaints process.

The records in respect of each child were maintained on an electronic system but the management of records was poor and it was not possible for inspectors to determine that records were up to date. Team leaders told inspectors that the electronic system was complex to navigate and it slowed down work. There were no chronologies on the files and documents were housed in general folders, which sometimes contained hundreds of documents. There were no individual folders for records such as those of statutory visits or for significant issues such as allegations. This made it difficult and time consuming to locate specific documents. An administrator told inspectors that it was not possible to tell from the system how many social workers a child may have had during the past two years and that this information would have to be retrieved from an administration database.

The interim area manager told inspectors that the system was not robust in that not all information on children in care in the area was available through the electronic system and that staff had to go through a specific process to request this

information from a neighbouring service area. This was because both areas had previously shared an electronic system and not all information pertaining to the area had been migrated from the old system. Resources needed to be deployed at a national level in order to resolve this issue. The interim area manager told inspectors that she had raised this issue at the regional managers' meeting.

There were a number of other issues with record keeping in the service. For example, information on one child was incorrectly uploaded to a different child's file; records were scanned and housed in the wrong section of a child's file; records created by others being incorrectly attributed to the allocated social worker; systems to record oversight such as signing off on care plans by team leaders were not adequate. Several dates were apparent on documents, such as date created, and date modified, which created a lack of clarity regarding the actual dates on which the documents were developed and finalised. Hard copy evidence such as the signatures of children, parents and foster carers on care plans were not always uploaded to the system. This meant that, while the care plans may have been signed by these parties, the evidence wasn't available to inspectors.

The management of children's records was poor, the children's care files were not always up to date and their information was not always easily accessible. For this reason, the area was judged to be in moderate non-compliance with the standard.

Judgment: Non-compliant Moderate

Standard 6: Assessment of children and young people

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

Summary of inspection findings under Standard 6

Social workers carried out assessments of the needs of children placed in foster care. There was no stand-alone assessment of need document, on which to clearly record the outcome of the assessment and to outline any unmet needs. Instead, these assessments were contained in a variety of documents produced by social workers. In the case of children admitted in an emergency, the assessments were not always carried out in line with the timeframes set out in the standards, namely, an initial assessment of the children within one week of placement, and a comprehensive assessment within six weeks.

In the absence of a stand-alone assessment of need document, inspectors found that the circumstances of the child and the urgency of need for placement determined where the assessment of the child's needs were recorded. For example, in the case of a child, who was already in a care placement but required a new placement, the assessment of the child's needs was contained in the child's care plan and in the referral request for a new placement. In the case of a child, who had not been in care but was being admitted in a planned way, the child's needs were set out in the placement request form. In contrast, for children who were being admitted to care for the first time in emergency circumstances, the assessment of the children's needs were set out in the social work reports for the children's first child in care reviews, which did not take place until two months following admission. When children were admitted to care in an emergency, the circumstances of their admission was found in court reports.

Data submitted by the area showed that, in the 24 months prior to this inspection, 31 children were placed in foster care. Of this number, 23 had assessments of need carried out before the children were placed in foster care and eight children had assessments of need completed within six weeks following emergency placements. The area acknowledged that they were not in full compliance with the timeframes set out in the standards in relation to the timeliness of assessments of need for children placed in care in an emergency. Managers decided that, from January 2019, any child received into care in an emergency would have a social work assessment report for their first child in care review completed within one week of placement.

Inspectors reviewed the files of four children who were admitted to care in 2018, one of whom changed placement within a short time. As there was no stand-alone document to record the information, assessments of these children's needs were contained in court reports relating to two of the children, a placement request form for one child, and a social work report for child in care review for the fourth child. Each child had an assessment of their medical needs around the time of admission. Once a child was in their new placement, the health, education, physical and emotional needs were assessed in a systematic way and set out in the social workers' reports for their child in care reviews. When there were other professionals, such as teachers, public health nurses and other professionals involved in the family lives of these children, their assessments were incorporated into the assessments of the children's needs. There was evidence that children were seen alone by the social workers and their views were sought, as appropriate.

Although assessments of need were carried out on all children placed in foster care, the timeframes according to which children who were placed in care in an emergency had their needs assessed, needed to be improved to ensure that this happened as soon as possible after admission to care. For this reason, the area was judged to be substantially compliant with this standard.

Judgment: Substantially compliant

Standard 7: Care planning and review

Each child and young person in foster care has a written care plan. The child or young person and his or her family participate in the preparation of the care plan.

Summary of inspection findings under Standard 7

Care planning and child in care reviews were well managed. The area had a fulltime reviewing officer who was responsible for scheduling and chairing child in care reviews. He was an experienced social worker who operated independently of the social work teams and reported directly to the interim area manager.

The reviewing officer described to inspectors the process of organising reviews. While the previous electronic system used in the area alerted him that a child was newly admitted to care, the current system did not do so, and he was reliant on social workers to advise him when children were admitted to care and required a review. He told inspectors that he also checked the children in care database on a regular basis in order to ensure he had accurate information, as an additional safeguard, given the new system did not alert him.

The reviewing officer scheduled the reviews and invitations were issued to key people such as the child, parents, foster carers, social workers, link workers and child in care staff, advocates and other professionals, such as teachers, mental health professionals, disability key workers and youth workers, who were involved in the child's care. Social workers met with children prior to their reviews to help prepare them and to seek their views, verbally or in writing or using visual aids. Social workers and other professionals submitted written reports for the reviews. At each review the date for the next review was set in accordance with the timeframe prescribed in the regulations.

The reviewing officer told inspectors that he met with children prior to their first review and was available to meet them prior to subsequent reviews. He also met parents before and after reviews if they wished. Reviews were generally held during office/school hours. This was not always suitable to children nor did it facilitate their participation as one child made clear when s/he said that he would not attend the review as s/he had school at the time. However, the area told inspectors that, if a child wished to attend their review and did not want to miss school then this would be facilitated. Reviews were often held in offices in the social work department buildings, which were not child-friendly, and could, instead, be daunting for a child. The majority (19) of children who completed questionnaires said that they had either attended or been invited to attend their child in care review while seven said

that they had not. Twenty four children said that they felt listened to and that their views were included in the care plans.

Inspectors observed one child in care review, which was attended by the child, the child's parents, a teacher, a youth worker, and staff from the social work department. The child was treated with respect, and the chair took time to carefully explain decisions to the child and parents. The review was very child-centred and addressed the child's needs in the areas of health, education, social support, contact with parents and siblings, the foster care placement, possible reunification, and legal status. However, the location in which the review was held was not child-friendly.

There was no evidence that the voluntary consent given by parents at the time of the children's admission to care was discussed at reviews. Moreover, inspectors viewed the voluntary consent forms in the cases of five children and found that there was no proposed duration and no end date for the children's placements outlined in the forms and no dates for review of this consent. In two of these cases, the children were in care over four years with no evidence that the parental consent had been reviewed.

According to data provided by the area, there were two unplanned endings in 2018 and child in care reviews were held when the placements were at risk of ending and following the ending of the placements. Inspectors reviewed the file of one of these children and found that the child's needs were prioritized and a range of supports were put in place for the child. Consideration was also given to the needs of the foster carers who were offered counseling and support following the placement ending. Disruption meetings, which were chaired by the reviewing officer, were also held with a view to identifying learning from these placement breakdowns. The reviewing officer compiled an annual report of disruption meetings which he sent to the principal social worker and the interim area manager for learning purposes.

Data provided by the area indicated that all children in care had an up-to-date care plan. Inspectors reviewed the care plans of 25 children and found that all but one was up to date. The care plan which was not up to date related to a child who had moved placement four months previously. The reviewing officer told inspectors that there was an expectation that the child's care plan would be completed by the child's social worker 10 working days after the review was held, and while this was evident in the majority of cases, there were delays in some instances. This meant that care plans were not consistently completed in a timely manner. For example, inspectors reviewed two care plans which had not been completed until 10 and 12 weeks, respectively, after the child in care reviews. The files of three children admitted to care in 2018 also showed that their care plans were not completed until between nine and 11 weeks after their admission.

The children's social workers were responsible for drawing up the care plans and there was evidence that decisions taken at the child in care reviews were implemented. In 23 out of 24 files reviewed regarding this issue, inspectors found that the care planning was well managed and monitored and that the care plans were being implemented.

Care plans were generally of good quality and set out the arrangements made in relation to the children's placement, their education, their health, supports required by the child and foster carers, and supports for the families of children when this was appropriate. They also outlined the arrangements for the child to have contact with their families, if appropriate. They considered the assessed needs of the children and all had clear aims and objectives.

The reviewing officer told inspectors that the child in care review meetings considered the implementation of the children's previous care plans and that issues such as enhanced rights for foster carers, whether or not adoption was a possibility for the child, and the statutory visits of social workers were discussed at reviews but these were not reflected in the minutes reviewed by inspectors. The timeframes for actions and the persons responsible for carrying out the actions were not clear in all care plans. For example, in five care plans, timeframes were listed as "ongoing" or "asap", and the persons responsible for the actions were listed in generic terms such as "social work department" or "all parties". In all but two of the 25 care plans reviewed the views of the children were captured, when the child was old enough or able to express their views.

Children received specialist supports as agreed in their care plans. A review of the files of eight children with disabilities showed evidence of the involvement of a range of multidisciplinary professionals in response to the children's needs. Social workers for two of the children identified that the children would need a high level of multidisciplinary support when they eventually left care and referred the children to a multidisciplinary steering committee in order that the children's needs for appropriate accommodation, finances, and medical, psychological and social supports could be adequately planned for.

The outcomes of the reviews were discussed with children if they attended the reviews and the majority of children (24) who completed questionnaires said that their social workers had explained to them the decisions taken at their review. Four said that they had not. The reviewing officer told inspectors that minutes of the reviews were not sent out to participants but that the care plans, which contained the decisions made at the reviews, were sent instead to the foster carers and to parents, where appropriate, but there was no evidence of this on the children's files.

The reviewing officer told inspectors that practice in the area had been to send a child-friendly care plan to the child but managers had decided that the decisions of reviews should, instead, be sent to the social workers and that they should visit and explain the decisions and the care plans to the children. As this decision had been taken in the months prior to the inspection it was not yet embedded in practice.

Case management was generally of good quality with social workers receiving regular supervision. In 17 out of 19 files reviewed for this purpose, inspectors found that the quality of case management records was adequate. However, in two cases, the quality of case management records was not adequate.

The principal social worker maintained an audit tracker for audits in the alternative care service. While there was evidence that the principal social worker and team leader carried out file audits during September 2018, audits were not being carried out on a regular basis. Both the principal social worker and the interim area manager told inspectors that a plan was in place for the team leader of the long-term children in care team to audit one file from each social worker at each monthly supervision session, and for the principal social worker to audit one file from each team on a monthly basis as well. This plan was due to be implemented in January 2019. Managers had a process in place for addressing performance issues with social workers when they were identified.

The principal social worker told inspectors that the area had invited the Tusla national quality assurance and monitoring team to undertake an audit of children's care plans in November 2018. The report of this audit had not been finalized at the time of this inspection but there was evidence that the findings of the report had been considered by the management team and that an action plan had been developed to improve the quality of care plans. According to the action plan, care plans should include the required number or frequency of visits to the child, timeframes for completion of actions where possible, the commencement and expiry dates of current care orders, and more comprehensive information of the reasons the child came into care, the child's birth family and the child's placement. Tighter timeframes for the completion of care plans and their sign off were also included in the action plan as was the requirement for social workers to discuss the outcome of reviews with the children.

The principal social worker told inspectors that placement plans had been used in the area in the past but that placement plans were no longer being completed.

Although care planning and child in care reviews were well managed, and care plans were generally of good quality, placement plans were not being developed in the area. The development of placement plans is a key feature of the standard on care

planning and review, and Tusla's Alternative Care Handbook refers to the development of a placement plan as a key social work task following the admission of a child to care. A placement plan should outline the specific needs of a child in their current placement and set out the way in which a child's needs will be met day-to-day and the way in which the placement will contribute to meeting the child's needs as outlined in their care plan. For this reason, the area was judged to be in moderate non-compliance with the standard.

Judgment: Non-compliant Moderate

Standard 8: Matching carers with children and young people

Children and young people are placed with carers who are chosen for their capacity to meet the assessed needs of the children or young people.

Summary of inspection findings under Standard 8

The area tried to ensure that children were matched with foster carers who had the capacity to meet their needs and there was a formal matching process in place. Children who met inspectors said that they were very happy in the foster homes and children who completed questionnaires spoke in very positive terms about their foster care placements and the way in which they were looked after. There was also a low incidence (two) of placement breakdowns in the 12 months prior to the inspection.

The area had a matching committee, which was chaired by the principal social worker for alternative care, and the attendees included social workers who were requesting fulltime or respite foster care placements for children. Inspectors reviewed the minutes of the matching committee meetings. The committee met monthly and the agenda included discussion of placement requests, updates on new placements and feedback regarding placements that had broken down and placements that had ended for other reasons. The committee aimed to arrange the most suitable matches for children requiring foster care with foster carers who had capacity to offer placements. There was evidence that the needs of the children were discussed in detail and that the opinions of social workers who had familiarity with the foster carers and the placements informed the decision-making. Placement requests outlined the children's needs in writing. In order to ensure that the matching process was made more robust, representatives of all areas in the region had considered the issue of the matching process in late 2018, and the service director had recently set out the requirement for all areas in the region to use a standardised matching tool.

The area had sufficient numbers of foster carers to place children within the area. Data provided to inspectors showed that, of 103 children in foster care, one child was in private foster care outside the area but this placement had occurred prior to the child's transfer to this area. Three other children were placed outside the area and there was a clear rationale for this, as these children were placed with relative carers. There were 13 available foster care placements at the time of this inspection. Data provided to inspectors showed that there were three foster care households where the number of children exceeded the standards. In these cases, the proposed placements were notified to the Foster Care Committee who considered the

proposed placements and approved them. Inspectors visited one such household and reviewed the file of one other and found that they were receiving an appropriate level of support at the time of the inspection.

In all, twenty six (25%) of the 103 children were placed with relative carers, who had familiarity with the children and their backgrounds. There was evidence that, when a new relative placement was being considered, the child's social worker and a fostering social worker carried out a joint visit to the proposed foster carers to make an initial assessment of the proposed placement, to provide information to the proposed foster carers on the needs of the children, and to discuss with them the viability of the proposed placement. Foster carers were provided with information on the children and their backgrounds prior to the placements being agreed. One foster carer couple told inspectors that they were given information and that they then led the matching process, insofar as their previous experiences gave them a good sense of whether the proposed match was likely to work or not.

The team leader and social workers told inspectors that, when children were admitted to care in an emergency, that social workers did their best to match them to available placements even though the children's needs may not be well known and a comprehensive assessment of their needs had not yet taken place. Inspectors viewed the file of a child who had been admitted in an emergency. The link social worker provided inspectors with notes in relation to the matching process for this child, which showed that options of placements for the child were limited and were dependent on the availability of foster carers. The link social worker confirmed to inspectors that a new matching tool had been introduced recently as part of the regional initiative to improve the matching process.

The area tried to ensure that children maintained their contacts with their local community when they were admitted to foster care. Of the children who answered questionnaires, 27 said that they had sufficient contact with family and friends. Eleven children said that they had to change school when they moved to their new foster home while 17 remained in their school placements. When children were matched with relatives outside of the area, they were no longer in their own community or in close proximity to friends and they needed assistance to maintain the links they had created.

Practice in the area was that, when appropriate, children were given the opportunity to meet their prospective foster carers and their views were sought about the proposed placement. The responses received from children suggested that there was good practice in this regard. Of 25 children in care who answered the question of whether they got to meet or stay with their foster carers before they moved in, 21

(approximately 84%) children said that they had while four (16%) said that they had not. Twenty one (91%) of twenty three children who answered the question said that they had been asked how they felt about moving to their new foster home while two children said that they had not.

As the capacity of foster carers to meet the needs of children is not always apparent at the beginning of a placement, the suitability of long-term matches between children in care and foster carers is considered and approved by the Foster Care Committee. While the area followed this process, there was a backlog of such approvals. Practice in the area was that the transfer of responsibility for children's care from the child protection teams to the long-term children in care team did not normally happen until after the children's second child in care review, eight months into their placement, when the child's care plan indicated that long-term care was the plan for the child. Following this, a decision was taken to seek approval of the long-term placement from the Foster Care committee. Data provided by the area showed that 27 such approvals took place in the 12 months prior to this inspection but that there were 23 children awaiting approval of long-term placements. The area had identified this as an area of non-compliance with the standards and the principal social worker told inspectors that there was a plan in place for the outstanding long-term placements to be approved by July 2019.

Although not all long-term matches were approved according to the timeframes set out in the standards, the area had already identified this and were in the process of implementing a plan to achieve compliance by July 2019. For this reason, the area was judged to be substantially compliant with the standard.

Judgment: Substantially compliant

Standard 10: Safeguarding and child protection

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

Summary of inspection findings under Standard 10

The area ensured that complaints, concerns, and allegations against foster carers were categorised correctly and received the appropriate response. However, allegations made by children in care were not always assessed in a timely manner and investigated in line with Children First (2017).

Data provided by the area showed that, in the previous 12 months, there was one allegation and three serious concerns received in relation to foster carers. Inspectors reviewed the allegation and one of the serious concerns and found that they were correctly categorised and that they were managed and investigated in line with Tusla's "Interim protocol for managing concerns and allegations of abuse or neglect against foster carers or relative (S36) carers" (2017). The allegation was referred to the child protection team for assessment and investigation and an initial assessment was carried out. The serious concern was investigated by the fostering team and the child in care team. A strategy meeting was held and the foster care committee was notified appropriately at the beginning and end of the process. The foster care committee considered the outcomes and the reports of foster carer reviews.

Inspectors found that there was good governance of the management of concerns and allegations against foster carers. In late 2018, the area established a categorisation meeting forum, the purpose of which was to review information received and make a determination as to whether the information received would be treated as a complaint, a serious concern or an allegation. A governance group was also established to review all concerns and allegations against foster carers. This group included managers of the service who met every two months to review concerns and allegations and to ensure that the correct process was followed in each case and that all relevant documentation was on file. The principal social worker for alternative care also maintained a detailed tracker of these concerns and allegations.

Inspectors reviewed the files of seven children in relation to the management of allegations made by the children. These allegations did not relate to foster carers. In three cases, the correct process was followed and the allegations were assessed and investigated in line with Children First (2017). In three other cases, however, where the allegation of abuse was deemed to have occurred in the past, the allegations were not assessed and investigated in line with Children First (2017) but according to the Tusla policy and procedures for responding to allegations of child abuse and neglect (2014). This meant that there was no initial assessment of the children's

allegations as required under Children First (2017) and the children's allegations were not assessed and investigated in a timely manner. Inspectors escalated these three cases to the interim area manager, who provided satisfactory assurances that all allegations made by children in care would be managed in line with Children First (2017).

Inspectors also reviewed the file of a child who had made an allegation a number of years previously and there was no evidence on file that the allegation had been adequately assessed and investigated at the time. This case was also escalated to the area manager who provided satisfactory assurances regarding the management of the allegation.

Social workers presented as having appropriate knowledge and skills and were committed to safeguarding and protecting the children in care for whom they held responsibility. However, in two of the cases reviewed by inspectors, while action was taken and children were not left at risk, there was a delay in the children's social workers reporting allegations to the duty/intake team. This was acknowledged by the interim area manager, who told inspectors that the principal social worker had written to all social workers, reiterating the requirement for all allegations of abuse or neglect made by children in care to be referred immediately to the duty/intake team.

The interim area manager told inspectors that the allegations made by children in care were not formally tracked and that consideration would be given to adding them to the tracker, described above, in order that they could also be reviewed by the governance group in the same way that concerns and allegations against foster carers were reviewed. This would provide better oversight of all allegations made by children in care.

While there was evidence that safeguarding measures were put in place when a child in foster care made an allegation, seven out of nine files reviewed in relation to this issue did not contain formal written safety plans to address the specific risks that had been identified. For example, there was evidence that, when children made allegations the children were seen quickly by social workers, and that, when initial assessments were carried out, the children were seen on their own, and their views were considered as part of the assessment. In three cases where a child made allegations against a specific person outside of the foster care household, the service ensured that contact between the child and the person against whom the allegation was made was ceased until the allegation was investigated. However, decisions such as these were recorded in case notes, instead of on formal, written safety plans.

Two of the files reviewed by inspectors contained 'safety and risk management plans'. These were written on formal templates and they identified the risks for the children and the measures that had been put in place to control these risks. Each was signed by the child's social worker and the link social worker and each had a date for review. The arrangements for monitoring these plans were not clear and there was no evidence that the foster carers or the children, where appropriate, were involved in their development. Inspectors escalated four cases in relation to the absence of safety plans and received satisfactory assurances from the interim area manager that formal, written safety plans had subsequently been put in place. Given the difficulties in accessing records, such as case notes, on the electronic system and the absence of chronologies of key events, it is critical that safety plans are clearly accessible on all files of children where risks have been identified.

There was evidence that the area were in the process of formalizing the recording of safeguarding measures for all children in care. A regional group, under the direction of the service director, considered the issue of safeguarding in a series of meetings in 2018 and decided that the following actions should be implemented in the region in 2019: safe care plans should be used at both the point of assessment and at point of placement of each child in care, and safety and risk management plans should be used where there is an identified risk to the child and/or the child is presenting with risky behaviour. It was also decided that supervision records of social workers needed to include a record of the discussion on the safety and risk management plans. Implementation of these measures should ensure more effective monitoring of any risks identified for children in care, and is an example of proactive management of risks and standardisation of practice across the entire service area.

There were practices in place in the area to ensure that children were protected from all forms of abuse. All foster care households had an allocated link social worker and all children in care had an allocated social worker. Social workers visited children in their foster care homes and children told inspectors that they felt safe. In questionnaires received from children, 29 of 32 children said that their social worker listened to them and 27 of the children said that their social worker had told them who to talk to if they felt unsafe. There was also evidence that the principal social worker had written to all children in care to give them a child-friendly leaflet on the UN Convention on Children's Rights and that all children in care, who were able to do so, had been asked to give their written feedback on the service provided. Inspectors spoke to an independent advocate who said that the area was proactive in promoting independent advocacy for children and that the advocate had met with social workers from the children in care team and the aftercare team on a number of occasions. Safe care plans were drawn up with foster carers to ensure that they all were clear about the boundaries around issues such as family routines, how

affection was demonstrated, use of the internet and about the way in which issues such as bullying would be dealt with.

The interim area manager told inspectors that the principal social worker for alternative care had written to all foster carers in November 2017 regarding their responsibilities as mandated persons. Furthermore, Children First (2017) training, which included a module on mandatory reporting, was provided for foster carers on four occasions during 2018, and that all foster carers, with the exception of three who did not have children placed with them, had completed the training. However, in one of the cases reviewed by inspectors, foster carers reported allegations made to them by a child immediately to the child's social worker but they did not formally submit a child protection and welfare report as they were required to do as mandated persons. The interim area manager told inspectors that, in this area, a local arrangement had been agreed, whereby foster carers did not submit a report but informed the child's social worker immediately. Following the inspection, the interim area manager told inspectors that the principal social worker for alternative care would write to all foster carers, reminding them of their obligations as mandated persons under Children First (2017), and that they should submit a report to Tusla using the required report form within three days of receiving a disclosure of harm from a child.

There was a system in place to manage complaints according to the Tusla complaints policy. Data provided by the area showed that there were 19 complaints made by foster carers, parents, or family members in the previous 12 months but that there were no complaints made by children in care. Inspectors reviewed the complaints log and reviewed three of the complaints in more detail. There was evidence that complaints were taken seriously and responded to in a timely manner. The principal social worker was the complaints officer but if a complaint was made about him or a manager he supervised, he arranged for another manager, to deal with the complaint. The management of complaints was also subject to regular review by the governance group and by the quality and risk group within the service. The principal social worker told inspectors that verbal/informal complaints made by children were not recorded on the complaints log but were dealt with informally by their social workers. This meant, however, that the management of complaints made by children were not subject to oversight by the governance group and that any trends that might be identified from complaints made by children did not inform learning in the service.

The principal social worker told inspectors that there had been no serious or adverse incidents in the service but that there was a process in place for serious and adverse incidents to be notified and appropriately managed.

As all allegations made by children in care were not assessed and investigated in line with Children First (2017), which meant that determinations as to whether the allegations were founded or not, and formal decisions as to whether more robust protective measures needed to be put in place or not, were delayed, the area was judged to be in major non-compliance with the standard.

Judgment: Non-compliant Major

Standard 13: Preparation for leaving care and adult life

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

Summary of inspection findings under Standard 13

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

There was a well-established aftercare service in the area. The service was provided by an aftercare team, comprising a manager and six aftercare workers, two of whom were on long-term leave. The team worked closely with the long-term children in care team, and was supported by a fulltime administrator. Their work was informed by the Tusla national aftercare policy and associated guidance, and the policy was implemented in full in the area. Young people and foster carers involved in the aftercare service spoke positively to inspectors about the aftercare workers and the service they provided.

The aftercare team was proactive in providing adequate information to children approaching leaving care age and their foster carers. The aftercare team told inspectors that they met with the children and their foster carers and spoke with them about the aftercare process, and provided them with relevant written information. Separate leaflets were available for both children and their foster carers. Inspectors viewed the hard copy files of six children, who were receiving a service from the aftercare team at the time of inspection, and each contained a list of the information leaflets provided to the child and each child had signed to say that they had received this information.

Children were actively involved in planning for the future, each according to their willingness and capacity to do so. Involvement in the aftercare service was voluntary for each child and the aftercare team tried to ensure that the child led the process insofar as possible. The child signed a consent form to say that their personal information could be shared with other agencies when necessary. Assessments of need and aftercare plans were drawn up in conjunction with the children and

children co-signed these documents. An independent advocate was also available to children should they require one.

There was an effective system in place for ensuring that all eligible children, including those in care and those who had returned home, were referred to the aftercare service and managers maintained good oversight of this. Bi-monthly meetings took place between the team leader of the long-term children in care team and the aftercare manager. Minutes of these meetings showed that the following issues were discussed: children in care due to reach the age of 16 years, referrals for aftercare, updates on allocations of aftercare workers, the current status of assessments of need and aftercare plans, specific issues for individual children, and other issues such as complaints and the quality of records. The aftercare manager told inspectors that children could be referred to the aftercare service before the age of 16 years and that the issue of a referral to aftercare was discussed at child in care reviews following a child's 16th birthday.

Comprehensive assessments of need were carried out on all children leaving care. Inspectors viewed the files of six children between the ages of 16 and 18 years and each contained an assessment of need carried out by an aftercare worker. The assessments were undertaken during one or more meetings between the aftercare worker, the child, their foster carers and other relevant people. They addressed all the issues outlined in the standards and regulations and were produced on national standardised templates, which, the aftercare manager told inspectors, were due to be updated.

A review of these files showed that children in care were provided with good quality support to develop skills for independent living. Once children reached the age of 16 years, their skills for independent living were formally assessed by the aftercare team and specific supports were put in place to ensure that children began to further develop skills in managing their own money, using public transport, shopping for cooking and taking more responsibility for self-care. Specific pieces of support that foster carers could provide were also agreed.

At the time of inspection, there was only one child who had reached the age of seventeen and a half years and this child had a good quality aftercare plan. While the aftercare plan had not been completed within the prescribed timeframe, the reasons for this were clear and evidence from the child's file showed that the late completion of the plan did not impact negatively on the child as the child's social worker had already completed a significant amount of work in relation meeting the child's assessed needs.

The service identified children in care who had complex needs or disabilities that required a multidisciplinary response. For each of these children in the 16-18 year age group, the service had established a steering committee, which included statutory and voluntary agencies relevant to the child's needs, with a view to ensuring that the specialist services required by the child in the future could be identified and planned for. Two such steering committees had met in 2018 and further meetings were planned for early 2019. Minutes of these meetings showed that the steering committees had a key role in planning for the child's future and that different agencies took responsibility for different aspects of the child's care.

Young people who left care continued to be provided with adequate support in line with their need for support and their willingness to engage with the aftercare service. Of the 49 children and young people currently receiving an aftercare service, 37 young people were over 18 years and 12 were under 18 years. The aftercare team provided a drop-in service on one afternoon per week for young adults with a care history, their family members and professionals involved in their care. This service included the provision of practical support, advice or signposting to other agencies. The aftercare team, in conjunction with other state and voluntary agencies had developed a small number of supported living arrangements for young people who left care. This included rented accommodation, and supported lodgings. The aftercare team had plans to further expand the range of supported accommodation available.

The aftercare manager maintained records and statistics on young people who had left care and remained in the aftercare service. She also submitted monthly returns to the Tusla national office on referrals, assessments undertaken, and aftercare plans completed and the timeframes involved. She provided inspectors with information on the outcomes for these young people under the headings of education, finance, and accommodation:

- 16 (43%) of the 37 young people were living independently
 - 11 (30%) remained with their former foster carers
 - 6 (16%) were in some type of supported accommodation
 - 4 (11%) were either at home or with family members
 - None were reported as homeless.
-
- 16 (43%) of the 37 young people were either on post-leaving cert or college courses
 - 2 (5%) were still in school
 - 11 (30%) were in apprenticeships or in structured placements,
 - 5 (14%) were working fulltime
 - 3 (8%) were neither in employment nor in educational/vocational placements.

The aftercare manager completed an annual review report on the aftercare service. Inspectors were provided with a copy of the report for 2017 as the report for 2018 had not yet been completed. The aftercare manager and team also produced a service plan for 2019.

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

- All eligible children were allocated an aftercare worker regardless of their circumstances and there was no wait list for allocation.
- Siblings in aftercare were allocated different aftercare workers.
- The aftercare team was proactive in ensuring that annual reviews of aftercare plans took place which meant that a young person did not have to request a review.
- Exit interviews were offered to all young people for whom formal aftercare provision was coming to an end.
- The aftercare team was based in a standard house in the community, which provided a welcoming place for children and young people to meet their aftercare workers in a relaxed setting, without having to attend a formal office building which might prove off-putting for some.

As the service was meeting the requirements of the legislation and implementing the national policy in full, it was judged to be in compliance with the standards.

Judgment: Compliant

Appendix 1 – Standards and regulations for statutory foster care services

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

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

National Standards for Foster Care (April 2003)**Theme 2: Safe and Effective Services****Standard 5: The child and family social worker**

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

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

Standard 6: Assessment of children and young people

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

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

Standard 7: Care planning and review

Each child and young person in foster care has a written care plan. The child or young person and his or her family participate in the preparation of the care plan.

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

Standard 8: Matching carers with children and young people

Children and young people are placed with carers who are chosen for their capacity to meet the assessed needs of the children or young people.

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

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

National Standards for Foster Care (April 2003)

Standard 9: A safe and positive environment

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

Standard 10: Safeguarding and child protection

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

Standard 13: Preparation for leaving care and adult life

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

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

Foster care applicants participate in a comprehensive assessment of their ability to carry out the fostering task and are formally approved by the health board* prior to any child or young person being placed with them.

Child Care (Placement of Children in Foster Care) Regulations, 1995
Part III, Article 5 Assessment of foster parents
Part III, Article 9 Contract

Standard 14b — Assessment and approval of relative foster carers

Relatives who apply, or are requested to apply, to care for a child or young person under Section 36(1) (d) of the Child Care Act, 1991 participate in a comprehensive assessment of their ability to care for the child or young person and are formally approved by the health board.

Child Care (Placement of Children with Relatives) Regulations, 1995
Part III, Article 5 Assessment of relatives
Part III, Article 6 Emergency Placements
Part III, Article 9 Contract

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

National Standards for Foster Care (April 2003)**Standard 15: Supervision and support**

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

Standard 16: Training

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

Standard 17: Reviews of foster carers

Foster carers participate in regular reviews of their continuing capacity to provide high-quality care and to assist with the identification of gaps in the fostering service.

Standard 22: Special Foster care

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

Standard 23: The Foster Care Committee

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

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

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

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

National Standard for Foster Care (April 2003)**Theme 3: Health and Development****Standard 11: Health and development**

The health and developmental needs of children and young people in foster care are assessed and met. They are given information, guidance and support to make appropriate choices in relation to their health and development.

Child Care (Placement of Children in Foster Care) Regulations, 1995
 Part III, Article 6 Assessment of circumstances of child
 Part IV, Article 16 (2)(d) Duties of foster parents

Standard 12: Education

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

National Standards for Foster Care (April 2003)**Theme 4: Leadership, Governance and Management****Standard 18: Effective policies**

Health boards have up-to-date effective policies and plans in place to promote the provision of high quality foster care for children and young people who require it.

Child Care (Placement of Children in Foster Care) Regulations, 1995
 Part III, Article 5 (1) Assessment of foster carers

Standard 19: Management and monitoring of foster care agency

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

Child Care (Placement of Children in Foster Care) Regulations, 1995
 Part IV, Article 12 Maintenance of register
 Part IV, Article 17 Supervision and visiting of children

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

Standard 24: Placement of children through non-statutory agencies

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

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

National Standards for Foster Care (April 2003)**Theme 5: Use of Resources****Standard 21: Recruitment and retention of an appropriate range of foster carers**

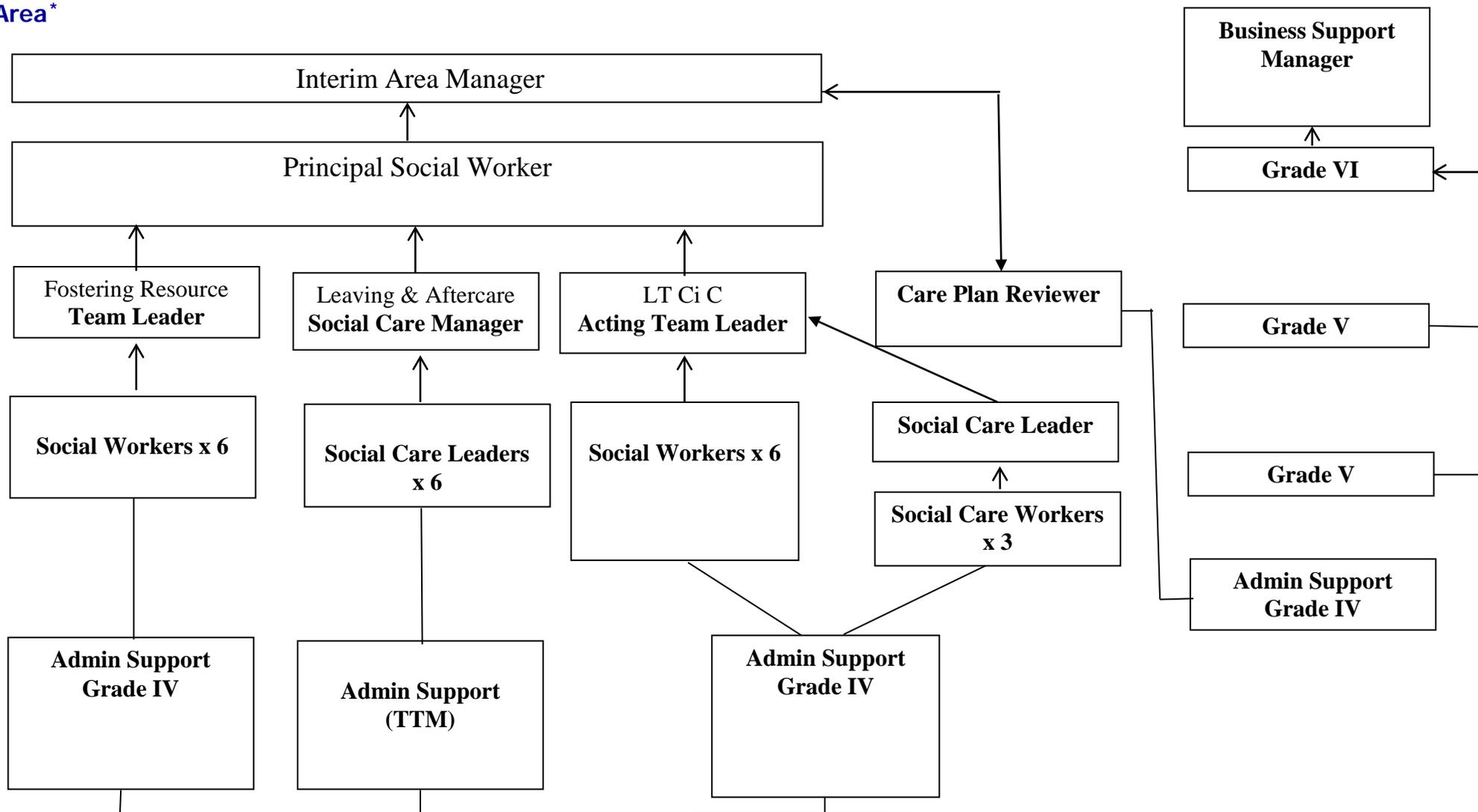
Health boards are actively involved in recruiting and retaining an appropriate range of foster carers to meet the diverse needs of the children and young people in their care.

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

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

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

Appendix 2: Organisational structure of Statutory Alternative Care Services, in Sligo/Leitrim/West Cavan Service Area*



* Source: The Child and Family Agency

Action Plan

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

Provider's response to Monitoring Report No:	MON 0025898
Name of Service Area:	Sligo/ Leitrim/ West Cavan
Date of inspection:	28 – 31 January 2019
Date of response:	2 May 2019

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

Theme 2: Safe and Effective Services

Standard 5 – The child and family social worker

Non-compliant Moderate

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

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

Some case records were of poor quality.

Social workers did not record verbal/informal complaints made by children. The area had no mechanism in place to collate complaints made by children for the purposes of analysing them to drive improvement.

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

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

Action required:

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

Action:

- 5.1 As of 31.03.19 Social Work Team Leaders are using a spread sheet for all Statutory visits per Social Worker which is updated after every Supervision.
- 5.2 From end of Q2 2019 the Child in Care Reviewer will add a question to the Form 8(Social Work Assessment) to check date of statutory review and that this has taken place within statutory timeframes and if not to detail why not.
- 5.3 In advance of the CIC Review the Social Worker will be asked for dates of the statutory visits and same will be checked at every CIC review
- 5.4 As from 07.01.2019 there will be one file Audit per Social Worker in supervision with SWTL per month and these audits will review the quality of casenotes.
- 5.5 All 'difficulties in placement' and 'complaints' made by children in care will be managed according to the Alternative Care Handbook.
- 5.6 All complaints from children in care are investigated using 'Tell Us You Say We Listen' the National Complaints policy and all complaints are tracked on the complaints tracker to ensure they are being responded to and managed

appropriately

- 5.7 All 'difficulties in placement' and resolution plans will be recorded on child's file and foster carers file.
- 5.8 All 'difficulties in placement' will be added as a separate category to the complaints tracker so that trends and patterns can be elicited and any patterns addressed.
- 5.9 Statutory Visits will be named as such in the subject bar when recording in NCCIS.
- 5.10 Local arrangement will be explored to name and store specific documents in certain locations in NCCIS to facilitate timely access
- 5.11 There is a chronology template to be used going forward for all children received into care which will be a requirement prior to a case transfer to the Long Term Children in Care Team. The chronology will be updated by the allocated SW following every significant event in the Child's life. Completion of the chronology will be checked during staff supervision and as part of file audits.
- 5.12 Form 8 will be amended to add a section to provide a chronology of significant events. This chronology will be kept updated by Social Workers and will be formally updated in the Form 8 in advance of each child in care review.
- 5.13 Completion of chronology via use of Form 8 for children currently in care to be audited as part of ongoing file audit system.
- 5.14 Area is quantifying the work required to ensure key information about children is accessible to local social work staff on NCCIS and this will be addressed by Chief Social Worker in the NCCIS national implementation Plan

Proposed timescale:
End Q 2 2019

Person responsible:
Principal Social Worker,
Alternative Care
Area Manager

Standard 6 – Assessment of children and young people**Substantially Compliant****The provider is failing to meet the National Standards in the following respect:**

Assessments of need were not always carried out in line with the timeframes set out in the standards.

Action required:

Under **Standard 6** you are required to ensure that:

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.

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

- 6.1 The Child Protection and Welfare (CP&W) Social Worker will complete an Initial Assessment on all children who don't already have one completed within one week of their Reception into Care.
- 6.2 Form 8 (SW Assessment) on all children received into care will be completed within one week of them being received into care. The Form 8 along with the Child's Care Plan will constitute an Assessment of Need.
- 6.3 Completion of Form 8 and the Child Care Plan as the Assessment of Need for children will be audited as part of ongoing file audit system.

Proposed timescale:

31/03/2019

Person responsible:

CP&W Team Leaders

Standard 7 – Care planning and review**Non-compliant Moderate****The provider is failing to meet the National Standards in the following respect:**

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

Minutes of child in care reviews did not fully reflect all of the issues discussed at the review meetings.

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

Voluntary consent provided by parents at the time of children's admission to care did not always contain the proposed duration of the children's placements or dates for review, and was not subject to review at child in care reviews.

Not all care plans were completed in a timely manner.

The quality of case management records of social workers was not always adequate.

Audits of children's case files were not carried out on a regular basis.

Placement plans were not being completed in the area.

There was no evidence on files that care plans were sent out to parents, foster carers and other relevant people.

Action required:

Under **Standard 7** you are required to ensure that:

Each child and young person in foster care has a written care plan. The child or young person and his or her family participate in the preparation of the care plan.

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

- 7.1 By end Q4 2019 child friendly locations to hold Child in Care Reviews will be sourced locally. This is the responsibility of the Area Manager.
- 7.2 From beginning of Q2 2019 the Review minutes will comprehensively reflect the issues discussed at the Review particularly to evidence discussion when appropriate, about re-unification, adoption and review of consent for voluntary care. The Child in Care Planning and Reviewing Officer has responsibility to implement this action.
- 7.3 From beginning of Q2 2019 in the minutes actions arising and people assigned will be named and timeframes clearly set for completion of tasks. The Child in Care Planning and Reviewing Officer has responsibility to implement this action.
- 7.4 By end of Q2 2019 Voluntary Reception into Care forms to be amended to include a Review date of Voluntary care Status and this will reviewed in advance of each Child in

<p>Care Review. It will also be a question on the Form 8. It will be discussed in the Child in Care Review.</p> <p>7.5 By end of Q2 2019 an Audit will be carried out of all current cases where the care status is Voluntary consent, and where absent a review date for voluntary consent arranged.</p> <p>7.6 Local policy already in place clearly stipulates Care Plan should be complete in 15 working days. The Child In Care Reviewer Admin will send emails monthly to the PSW's and Team Leaders with a list of any outstanding Care Plans. The monthly audits of files will also identify out of time Care Plans</p> <p>7.7 Following line management supervision Social Workers will attach individual case management records to NCCIS. This will be checked during file Audits.</p> <p>7.8 From Jan 2019 the Team Leader will Audit one file per Social Worker per month during supervision. The Principal Social Worker will Audit one file per Team Leader per month and the Area Manager to audit one file per PSW per Quarter.</p> <p>7.9 From end of Quarter 2 2019 Placement Plans will be completed for all newly received Children in Care going forward.</p> <p>7.10 For all current Children in Care placement plans to be completed following the next Child in Care Review and to be updated at each subsequent Review. All placement plans will be completed by end of Quarter 2 2020.</p> <p>7.11 By end of Q3 2019 Child friendly Care Plans will go to all children where in the review it is decided they are old enough and mature enough to receive this.</p> <p>7.12 End of Quarter 3 a system will be in place where Birth Parents and Foster parents will be sent Care Plans for signatures via post from CIC Review office and then asked to return within 2 weeks. If not returned within 2 weeks then to record on tracker that they are not not signed. Tracker will be kept by CIC review office and maintained by CIC Review office and monitored by both PSW's and relevant Team Leaders and Child in Care Reviewer.</p>	
<p>Proposed timescale: All Action completed by end Q2 2020</p>	<p>Persons responsible: CIC Planning & Review Officer PSWs Area Manager</p>

Standard 8 – Matching carers with children and young people**Substantially Compliant****The provider is failing to meet the National Standards in the following respect:**

Practice in the area meant that there was a delay in the approval of placements planned for a duration of at least six months.

Action required:

Under **Standard 8** you are required to ensure that:
Children and young people are placed with carers who are chosen for their capacity to meet the assessed needs of the children or young people.

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

- 8.1 There are 21 Long Term Assessments presently outstanding. There is a schedule in place to complete same by end of July 2019.
- 8.2 From beginning Q1 2019 there is a process in place for deciding when a Long Term Match is appropriate via the Child in Care Review Meeting. Once decided that a placement will be ongoing for a duration of 6 months the Long Term Assessment is added to the Schedule in 8.1.
- 8.3 SWTL Fostering and PSW to review schedule in supervision and escalate any delay if required.

Proposed timescale:
End of Quarter 2 2019.

Person responsible:
PSW Alternative Care

Standard 10 – Safeguarding and Child Protection

Non-compliant Major

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

Not all allegations made by children were assessed and investigated in line with Children First (2017).

Allegations made by children were not formally tracked and subject to oversight by the governance committee.

Not all allegations were reported to the duty/intake team without delay and in line with mandatory reporting legislation.

Safety plans were not always in place when specific risks to children were identified and the safety plans in place were not adequate.

Action required:

Under **Standard 10** you are required to ensure that:

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

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

Action:

- 10.1 End of January 2019 all allegations made by children in care will be assessed and investigated in line with Children First (2017) and an Initial Assessment will be carried out for all.
- 10.2 End of Quarter 1 2019 the existing Complaints and Allegations Tracker will be amended to include all allegations made by children in care.
- 10.3 The Complaints and Allegations Governance meeting agenda has been changed to incorporate oversight of these allegations.
- 10.3 All allegations made by children in care will be reported to the CP&W Intake/Duty Team without delay.
- 10.4 From end Jan 2019 Staff and Foster Carers have been reminded of their obligations as mandated persons in line with Children's First 2017.
- 10.4 From Start of Quarter 1 2019 a Safe Care Guide is completed with all foster carers at the assessment stage.
- 10.5 From Start of Quarter 1 2019 Safe Care Plans are to be completed at the point of every new placement and are specific to any safe care issues for the carers to consider for the child being placed.
- 10.6 For children already in Care, Safe Care Plans are completed in advance of the next child in care review and are to be reviewed at every child in care review and updated based on any issues arising. The Link Worker leads out on these, but they are completed jointly by the Child's Social Worker and the Link Worker.
- 10.7 From January 2019 Safety and Risk Management Plan are to be completed **for any**

child or young person in care who is engaging in risk taking behaviour, or where there has been an identified risk to the child.

10.8 Safety and Risk Management Plans will be discussed in supervision between SW and SWTL and use of same to be audited as part of ongoing file audit system.

Proposed timescale:

All Actions implemented - End of Quarter 2, 2019.

Person responsible:

**PSW Alternative Care &
PSW CFSW**