

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:	Galway Roscommon
Dates of inspection:	09 November – 12 November 2020
Number of fieldwork days:	Four days
Lead inspector:	Lorraine O' Reilly
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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
Fieldwork ID:	Mon 00030693

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, Equality, Disability, Integration and Youth, 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 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 compliance plans to implement safety and quality improvements
- **inform** the public and **promote confidence** through the publication of HIQA's findings.

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

As part of the HIQA 2019 and 2020 monitoring programme, HIQA is conducting focused inspections across 17 Tusla service areas focusing on **The child and family social worker, Assessment of children and young people, Care planning and review, Matching carers with children and young people, Safeguarding and child protection and Preparation for leaving care and adult life**. These focused inspections will be announced, and will cover six of the national standards.

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

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 or spoke with the relevant professionals involved in the child-in-care service, with children in care and with foster carers. Inspectors observed practices and reviewed documentation such as care files, and relevant documentation relating to the areas covered by the relevant standards.

During this inspection, the inspectors evaluated:

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

The key activities of this inspection involved:

- the analysis of data submitted by the area and questionnaires completed by 205 children in care
- telephone conversations with seven children
- interviews/meetings with the area manager, the principal social workers for the children in care, child protection and the aftercare service – some remotely conducted
- telephone interview with the independent child in care review chairperson
- telephone conversations with seven foster carers
- remotely run focus groups with children-in-care are social workers, child protection social workers, team leaders and aftercare workers
- review of the relevant sections of 54 files of children in care as they relate to the theme
- In previous foster care inspections children were visited by inspectors in their foster homes but these visits were not carried out for this inspection due to COVID-19.

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 Galway Roscommon service area had a population of children from the ages of 0-17 years of 79,912.*

The area is under the direction of the service director for Tusla, West region, and is managed by an area manager. There were five principal social workers in the area, two had responsibility for children in care, one of whom also had responsibility for aftercare. Two had responsibility for child protection and one held responsibility for

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

fostering. There were four children-in-care teams, three based in county Galway and one based in county Roscommon.

There were six child protection teams, some members of which had responsibility for children in care until they were transferred to the long-term children-in-care teams.

At the time of the inspection there were 365 children in foster care in the area. Seventy-eight children were placed with relatives, 284 children were placed with general foster carers, and three children were placed with private foster carers.

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

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:

- Three standards were compliant
- Three standards were substantially compliant

The inspection methodology was amended because of the restrictions due to the COVID-19 pandemic. Inspectors did not conduct visits to the homes of foster families to meet children. However, telephone calls were conducted with children age 12 or over and inspectors had telephone conversations with the foster carers of children under 12 years of age. Questionnaires were issued by the service area to all children in care in the area and 205 completed questionnaires were returned.

The vast majority of children spoke positively about their experience of being in foster care and the relationships they had made within the families. Children spoke about things they liked to do and people who were important to them such as, family members, friends, school, pets and hobbies. Most children were positive in their comments about their allocated social workers. The majority of children stated that they were involved in their care plans and reviews.

All children in foster care had an allocated social worker at the time of the inspection and this had been the case for a period of months prior to the inspection. Overall, feedback about social workers from children and foster carers was very positive.

The system of management oversight ensured that the majority of children had been visited in line with regulations. Assurances were sought by inspectors about gaps in some visits and senior managers advised that those children were receiving an active social work service. The recording of statutory visits on the electronic system required improvement so that it was a true reflection of the work conducted by social workers. The statutory visits that were recorded on the electronic system were of good quality. Staff were creative in how they maintained contact with

children due to COVID-19 restrictions. When home visits were required risk assessments were conducted to ensure they complied with public health advice.

Social workers helped children maintain contact with their families where this was in the best interests of the children and some children had their contact with their families in their foster carer's homes. During the period of restrictions in the initial phase of the COVID-19 pandemic children's contact with their families was maintained as appropriate. Social workers that inspectors spoke with recognised and promoted children's wellbeing and were very aware of the needs of the children they were allocated to.

Children's needs were assessed in a timely manner and the completed assessments were of good quality. Overall, children with complex needs such as children with disabilities were well supported by the service area. Children who had a disability or additional therapeutic needs received specialist supports as required in line with their care plans. The area worked well with local HSE services to provide supports to children with additional needs and private funding was arranged when public service provision meant long wait lists for children whose needs would otherwise go unmet.

Significant events were appropriately recorded and reported.

The overall recording of case management on a child's file required improvement. The use of NCCIS to maintain an up-to-date record of the child's care was not always timely and the records available on the NCCIS did not reflect the level of work reported by social workers. The quality of recording was good when records were saved onto the system.

Child in care reviews were well managed and the vast majority were up-to-date at the time of the inspection. Good quality, comprehensive care plans were in place on children's files. However, not all records were completed and signed off in a timely manner. This meant there were delays in the relevant people receiving minutes of child in care review meetings. Senior managers were assured that although the records of reviews were not on the system, this did not impact on the care plans being actively worked and implemented by the relevant professionals.

In general, children were involved in the care planning processes. Some children attended their reviews and others chose not to. However, social workers made attempts to obtain children's views prior to meetings, where appropriate. The majority of children spoke positively about their reviews and about their voice being heard. Foster carers also spoke positively about reviews and felt that social workers implemented children's care plans.

When placements were at risk of ending the area made efforts to identify the supports required to maintain the placement and prevent it ending in an unplanned

manner. In some cases these efforts were successful whilst in others the placement ended and the child had to be moved. All children had a placement plan and those reviewed by inspectors were of good quality.

Voluntary care agreements remained incomplete despite a recent review of them in the area. The area was making efforts to ensure it was compliant with Tusla guidance on practice regarding children being in care with the voluntary consent of their parents and additional oversight mechanisms were planned following the escalation of this issue to the area manager following the inspection.

The Galway Roscommon service area had a good matching process in place to ensure children were placed with foster carers who had the capacity to meet their needs. The best interests of the child were at the forefront of matching decisions and children's views were considered, as appropriate, when placements were made. A suite of documents guided staff practice in regard to matching, including locally developed documents for the Galway and Roscommon areas. The area was planning to streamline these documents and this will be driven by the newly appointed principal social worker for the service area. Long term matches were made through the consideration of decisions made at child in care reviews, reports from various professionals and a review by the Foster Care Committee (FCC). Availability of culturally appropriate placements was a priority in the area.

The area tried to ensure that children maintained contact with their local community as appropriate when they were admitted to foster care. There were a small number of children placed outside of the area and these were assessed as being the most appropriate to the children's needs. The children were placed with relatives, or in long term placements or in a specialised placement.

There was appropriate management of child protection concerns made by children in care to ensure they were managed in a timely manner. Intake records and initial assessments were completed promptly and all necessary actions were taken to prioritise children's safety and well-being.

Complaints, concerns, and allegations against foster carers and other allegations made by children in care were assessed and investigated in line with Children First (2017). The safety of children was a priority in the area. Staff were aware of the importance of having safeguarding measures in place for children in care and there were no dual unallocated cases in the area. There was a system in place to manage complaints which was reviewed on a regular basis by senior management.

The aftercare service required some improvement when preparing children to leave care. Not all eligible children had been referred to the service. Most referrals were timely when undertaken. Assessments of need and aftercare plans were of good

quality when completed but there were delays in completing them. Documents were not always signed by all relevant parties.

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

3. Summary of judgments under each standard and or regulation

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

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

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

What children told us

During the inspection, inspectors spoke with seven children living in foster care in the area and with the foster carers of a further 11 children who were under 12 years of age.

Inspectors received 205 completed questionnaires from children who expressed their views on their experiences of the foster care service: 150 questionnaires were returned from children aged 6-15 and 55 questionnaires returned by children over 16 years. Altogether, 212 children provided feedback either verbally or by completing a questionnaire.

The vast majority of children spoke positively about their experience of being in foster care and the relationships they had made within the families. Children's comments included:

- *"I like how they care for me and look out for me."*
- *"I am cared for, I have my own room, and space. I get help when I need it. I am happy here."*
- *"Everyone is kind and loving. No one is judgmental.... They're like my long lost family."*
- *"I am thankful to have wonderful and supportive people around me... the myths about foster care have been busted."*
- *"That I'm loved and cared for here and I feel that here is my real family and they're always here for me if I need anything."*
- *"I'm so much happier. I don't have to worry about things."*

Children spoke about things they liked to do and people who were important to them such as, family members, friends, school, pets and hobbies. Eighty-five (43%) of children said they had to change schools when they went to their new foster placement. They also said that they liked their house, their bedroom, going on adventures and holidays, watching movies, playing with their toys as well as spending time with their friends and having sleepovers. Some of the activities and hobbies that children enjoyed included rugby, football, camogie, swimming, gymnastics, cycling, fishing and dancing.

Altogether, 161 (76%) children said they had an allocated social worker and the majority of children were very positive in their comments about them. Children said:

- *"She is nice and easy to talk to and never gets mad or upset when she is talking to us"*

- *"She is very friendly and kind."*
- *"He is here when we need him."*
- *"My social worker keeps in contact with my family and tries to get me visits to see them..."*
- *"My social worker is very kind, nice and funny."*
- *"She is very nice. She brings us magazines and sends little cards at Christmas. She sometimes makes art projects with me."*
- *"She's the best one so far I think."*
- *"Very efficient, brilliant social worker".*
- *"She is very helpful and supportive towards me and my family".*
- *"We have had many changes of social workers and each and every one of them were and are very attentive."*

Some children did not have similar views or had experienced several changes of social worker and in some cases had either not met their new social worker yet or that it had been some time since they saw their social worker:

- *"Lots of different social workers over seven years."*
- *"Sometimes my social worker doesn't call me or reply to any of my text messages."*
- *"has been quite hands off with me"*
- *"At present I'm in the middle of changing social workers so haven't got to know my new one well enough yet."*
- *"Social worker recently changed, met her for the first time two days ago"*
- *"Due to Covid it has not been possible to meet up with our social worker."*

148 of 196 children said that their social worker did visit them regularly with 37 stating that they sometimes visited and 11 saying that they did not visit them regularly. The majority of children stated that they met their social worker on their own, and felt listened to.

A total of 183 (90%) children said they had a care plan. While the majority stated that they were helped to prepare for their care plan review and had been spoken to about it by their social worker, children had mixed views about their care plan and care plan reviews:

- *"I want to go to my next care plan."*
- *"was invited to the review but I did not attend".*
- *"I'm very happy I was included and had my say for what I wanted in my care plan."*
- *"Mam and dad go to the care plan, I don't want to."*

- *"Certain points I made were brushed off and my social worker failed to tell me of the care plan meeting information..."*
- *"Fair and clear."*
- *"Plan is good and I am well looked after where I am."*
- *"I make some decisions" and the social worker "speaks to me and tells me things I should know that effect my life now."*
- *"I don't really know what my care plan is because nobody has ever talked to me about it before."*

Of the 195 children who responded to inspectors in relation to their rights, 147 (75%) said that the social worker helps them to keep in touch with their family and friends and they were generally happy with the level of contact they had. While a few children commented that they didn't know, 18 children said they did not see enough of their family and friends. Generally, children felt their background and culture was understood and respected, however, 25 children were unsure or did not know and five children said sometimes. Some of the comments made by children included:

- *"I don't see enough of my family because they keep on cancelling their visits to see me. I don't get to go to town with my friends due to corona."*
- *"I get to make my own choices each day."*
- *"I like making a lot of choices. It makes me feel good and makes me feel confident."*

A total of 131 out of 186 (70%) children and young people said their social worker had told them how to make a complaint if they were unhappy about something. Thirty six children said they had made a complaint previously, of which 15 were not happy with how it was dealt with. Comments from children included:

- *"I recently made an official complaint and I met locally to try and resolve issues. We will have to wait and see. Promises were made."*
- *"It was just that the people I told knew I was unhappy about something and tried to fix it."*
- *"My social worker called and we had a chat... She talked to my foster mom too and we were all happy at the end. It made me happy that everything was talked over."*
- *"I asked about something important to me and felt it was not taken seriously. I need to know ye are on my side."*
- *"I was not happy to be moved without being told."*
- *"The fact that nothing was done."*

Of the 38 young people aged 16 or over who answered the question about having an aftercare worker, 15 (39%) said they had an aftercare worker who listened to

them and helped them prepare for the future. Two young people said they had not met their aftercare worker yet. A further 15 young people stated they did not have an aftercare worker and six were unsure. Eleven (39%) of 28 young people who answered the question about aftercare plans indicated that they either had an aftercare plan or were in the process of one being developed and that they had a say in it. Thirty-nine out of 40 young people said they had been provided with the necessary skills for independent living with the majority stating that they had their own bank account. In relation to knowing what their financial entitlements were, out of 41 young people who answered this question, 32 knew what they were, three were unsure and six young people did not know what their entitlements were.

5. Findings and judgments

Theme 2: Safe and Effective Services

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

Standard 5: The child and family social worker

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

Summary of inspection findings under Standard 5

Data provided by the area prior to the inspection showed that all 365 children in foster care had an allocated social worker. Children and foster carers provided mostly positive feedback about their social workers and told inspectors about how their social workers support them and listen to them. Most children were visited in line with regulations over the 24 months prior to inspection. There were some gaps

in the recording of visits but all children were receiving an active social work service at the time of the inspection. The delays in recording visits and of actions taken by social workers meant that children's records were not up to date. Management were assured that visits and work had been undertaken and the lack of recording was not a true reflection of the work being done by social workers. When statutory visits to children were recorded, the visits were of good quality.

The children in care teams across the area were responsible for providing a social work service for the majority of children in foster care. For children where there was the possibility for them returning to their parents in the near future or were in foster care short-term, those children had an allocated social worker from the child protection team. There was a policy in place that stated the timeframes for when case management should transfer to the children in care teams. There was a detailed checklist to be completed by the child protection teams prior to children transferring to the long term teams to make sure that all the information about children was passed on to their new social worker.

Foster carers described very positive experiences of social workers involvement with children in their care. They were described as 'approachable', knew the children, visited regularly and were always available when needed.

Most but not all children were visited in line with regulations. Data provided by the area noted that 11 children were not visited in line with regulations from 2018 to 2020. Principal social workers told inspectors that the gaps in visits were historical rather than more recent and they were assured that all children were actively receiving social work service.

Inspectors reviewed 24 children's files for the timeliness of statutory visits to children in line with regulations. There were gaps in the recording of statutory visits from 2018 but this improved from 2019 through to 2020. Of the 24 children's files reviewed for the timeliness of statutory visits, there was evidence on file that all 24 children had been visited in in line with requirements during 2019 and 2020.

Social workers told inspectors about how they engaged with children during Covid-19. They had outdoor visits with children as well as phone calls, video or text communication. Social workers told inspectors that they brought outdoor furniture with them on their visits, had picnics with children and went for walks with children.

The majority, 148 (76%) of 196 children who answered the question about their social worker visiting regularly, said that their social worker visited them regularly and 37 (19%) said that they sometimes visited them regularly. Many of these children had very positives things to say about their social workers. Ten (5%) of

children who answered the question said that their social worker did not visit regularly and one said they did not know.

The recording of statutory visits was of mixed quality. The more recent records of statutory visits viewed by inspectors were on standardised forms while older records, when recorded were in case notes. The principal social workers told inspectors that, as of 2019, all statutory visits were recorded on standardised forms. The records on these forms reflected good quality visits. The records were detailed and comprehensive. Social workers told inspectors that this was a very useful tool when visiting children. One of the key priorities of the principal social workers was to ensure that this improvement remained in place to ensure good quality statutory visits to children. In cases where records of visits were not uploaded on the child's file, it was necessary for inspectors to seek assurances from team leaders and social workers that visits had been undertaken. These assurances were provided and records of visits were provided after inspectors asked for them.

Inspectors found that when records were saved onto the system the quality of recording was good. However, although social workers described their contacts with children in care throughout Covid-19 and their managers were assured that contacts had been maintained with children in care in line with the regulations throughout this period, the records available on the NCCIS did not reflect the level of work reported to inspectors. Social workers and managers explained that this was due to the lack of administration support to assist with typing of the records. However, the standard requires that social workers keep up-to-date records in respect of each child.

The quality of statutory visits in the area was good. In 23 of the 24 files reviewed for this purpose, inspectors found that statutory visits involved seeing children on their own where appropriate and visiting children in their foster homes. Actions required from visits were followed through with appropriately. In one child's file, only the dates of some statutory visits were recorded and no content about the visits was on the child's file. Inspectors sought and obtained assurances from the social work team leader about this individual case.

During the inspection, the principal social workers told inspectors of good practice in relation to an initiative for children in care in the area. In the summer of 2019 a group of children in care took part in an outdoor activity event and provided positive feedback. The event was to occur again this year but could not go ahead due to Covid-19. The area also secured funding for a young person's forum. This has also been put on hold due to Covid-19.

There was evidence of social work case management in the 24 files reviewed for this purpose by inspectors. There was evidence of good social work case management in

22 of the 24 files which showed that children's needs were discussed in detail by social workers and team leaders on an ongoing basis. Case management discussions were recorded on a template. There were detailed discussions about children's needs, actions were noted and social work tasks were in line with children's care plans. Social work tasks included visits to children, funding applications, accessing interpreters for visits with family members and advocating for children with external support services. Actions were reviewed during the discussions and progress made was noted on the records.

Inspectors found social work practice was of good quality when it was recorded on children's files. Examples of good practice included social workers who worked with children about understanding their identity and culture. Some social workers used picture stories to explain Covid-19 to younger children in a child-friendly manner. There were chronologies on some children's records. There was good recording of the interactions between children and their foster carers and about social workers providing information to children about their rights. When it was not possible for parents and foster carers to attend the same meeting about a child, social workers met with parents and foster carers separately to ensure everyone was still involved, where possible.

Social workers maintained links with children's families, where appropriate. Plans for contact between children and their families were outlined in the care plans and, in many cases, contact visits were facilitated by social workers or access workers, who met the families in this context. During the period of restrictions in the initial phase of the COVID-19 pandemic children had contact with their families remotely through the use of telephone and video calls. Some visits took place where it was in the best interests of the children. These visits were risk assessed and took place outdoors where possible. Face-to-face family visits re-commenced when it was safe to do so and these visits were individually risk assessed in line with public health advice and Tusla guidance.

In their questionnaire responses, 147 (75%) of 195 children who answered the question said that their social worker kept in contact with their family and made sure that they got to see them regularly. 18 (9%) children said that this happened sometimes, 18 (9%) children said that they did not and 12 (7%) children said they did not know. Children who spoke with inspectors said that they were happy with the amount of time that they spent with family and friends and that they could talk to their social workers and foster carers about this.

Social workers responded well to significant events involving children in care, such as when children went missing from care. Data provided by the area indicated that there had been two notifications of children missing from care in the 12 months prior to the inspection. Inspectors reviewed one child's file and found that social workers

followed the missing from care policy and liaised appropriately with An Garda Síochána (police) and the foster carers. Social workers took appropriate measures to ensure the safety of the children, and absence management plans were put in place or updated. There was evidence that the needs of the children concerned were considered in how these events were managed.

There were nine children residing out of the area in five foster care households. Data provided by the area prior to the inspection showed that there were two children awaiting transfer outside of the area and these transfers occurred during the week of the inspection. There were five awaiting transfer into the area. Senior managers told inspectors that, while some children were placed outside the area, it was in their best interests to maintain social work management with their current social workers. Children living outside of the area were visited in line with regulations and their care was well-coordinated despite being placed outside the area.

Managers told inspectors that they ensured each child was informed about the complaints process and that this information was provided to children every year. Inspectors saw evidence of this on children's files. Some social workers and children signed a form stating that the complaints process, children's rights and other issues relating to their care had been discussed. Data provided by the area showed that there were seven complaints made by children during the previous 12 months. The management of these complaints is discussed further under standard 10.

In questionnaires returned by children, 131 out of 186 (70%) who responded to the question said a social worker had explained to them how to make a complaint while 54 children said their social worker had not, and one child was not sure. 36 children said they had made a complaint. In response to the question about were they happy about the outcome, out of 31 children who answered, fifteen children were happy with how their complaint was dealt with and fifteen said they were unhappy with the outcome. One young person advised that they were awaiting the outcome.

Tusla's National Child Care Information system (NCCIS) for recording children's information was implemented in the area in 2018. However, active use of the NCCIS system to ensure that children's records were kept up to date was not yet embedded in the area. Senior managers told inspectors that the area now had two NCCIS user liaison officers who could assist and support staff in using the system more often. Senior managers hoped that with the two support roles now in place, staff who required further assistance and support would be provided with additional support and guidance.

Inspectors reviewed 39 files for the quality of the child's record. Overall files were easy to navigate but records were not always complete or up-to-date. Of the 39 files reviewed 26 (66%) were judged to be good and 13 were incomplete. Good quality

files were complete and contained good recording of all social work activities. They reflected the work done by the social worker in co-ordinating the care of the child as required by the standard. The remaining files held some good records but some records were either missing or incomplete. Some files held records on completed activities that had only been uploaded to the system in the days prior to and during the inspection, indicating that the records were not being kept up to date as required by the regulations. Managers were aware that not all records were uploaded in a timely manner.

The delays in uploading work undertaken by social workers was escalated to the area manager after the inspection. He provided assurances that he was working with the area management team in a focussed manner to ensure that systems were put in place at various levels to address these delays. Measures that they indicated would be taken included; additional governance checks at supervision by social work team leaders, oversight by principal social workers, exploration of additional administrative support to assist social workers, training for staff and additional audit reports from the NCCIS system.

In summary, all children in foster care in the area had an allocated social worker. Should a child become unallocated, there was a tracking system in place to ensure Tusla's statutory obligations were fulfilled in regard to these children. Statutory visits to children had improved in recent times and all children were receiving a social work service. The quality of the statutory visits was good. Case management and oversight of social work practice was good. There were detailed discussions about children's needs and actions were implemented and reviewed by social workers and team leaders. The system of management for ensuring that children's care records were up to date required improvement, for both statutory visits as well as other social work case management tasks. The recording of case management required improvement. For these reasons the area is judged as being substantially compliant.

Judgment: Substantially compliant

Standard 6: Assessment of children and young people

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

Summary of inspection findings under Standard 6

Social workers carried out assessments of the needs of children placed in foster care. Social workers and senior managers told inspectors that children's needs were

assessed from when children were referred to the service and that this continued for children over time. Children's needs were recorded on a variety of documents, including initial assessments, placement request forms, care plans and social work reports for court. The way in which an assessment of need was recorded depended on whether the admission of the child was a planned admission, an emergency admission or a change of placement.

According to data provided by the area, 91 children were admitted to foster care in the 24 months prior to this inspection. The area completed 37 assessments of need prior to a child coming into care and 51 assessments were completed within six weeks following an emergency placement. There were three assessments of need that were ongoing at the time of the inspection. Thirty-nine children had moved to an alternative placement in the last 24 months. Changes in placement can be due to a child moving from a short term to a long term placement and there can also be situations where a placement ends in an unplanned manner.

Inspectors sampled the files of eight children for the purpose of examining the quality and timeliness of children's needs assessments. All of these children had been received into care or moved placement within the 12 months prior to the inspection. The assessments of need were of good quality and they were all completed within the six week timeframe. They were comprehensive and included the input of other disciplines when this was required. Where appropriate, the children and their families participated in the assessments. There was also evidence that social workers ensured that children had medical examinations upon admission to care. For one of the eight children their medical assessment occurred by phone due to Covid-19.

When an emergency placement was required, an initial assessment of need was contained in the placement request form. The comprehensive assessments of need were begun in a timely way after the children were received into care.

In the case of children whose admission to care or change of placement was planned, their assessments of need were completed prior to their placements and these assessments were comprehensive.

Foster carers told inspectors that they were informed of the reasons for children coming into their care and that social workers told them about children's assessed needs. Service provision was impacted on by factors such as long waitlists for external specialist services and Covid-19, particularly for children with complex medical needs. Inspectors saw examples of the service area privately funding some services for children and also purchasing equipment to meet children's medical needs.

The assessments of need were of good quality. There were systems in place to ensure that comprehensive assessments of need were undertaken in a timely manner and that children had medical examinations upon admission to care. The quality of the assessments of need was good for both planned and unplanned admissions to care and for changes in placement. The relevant people were involved in the assessment of children's needs. For these reasons, the area was judged to be compliant with this standard.

Judgment: Compliant

Standard 7: Care planning and review

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

Summary of inspection findings under Standard 7

Care planning and reviews for children in care required some improvement within the area. Inspectors found that the majority of children had an up-to-date care plan and care planning and reviews were taking place within statutory timeframes for most children. There was a significant delay in the signing off of some care plans and minutes of child in care reviews. This meant that families and professionals did not receive copies of the documents for many months after the review was held in some cases.

The oversight arrangements for child in care reviews differed between the two counties, Galway and Roscommon. This did not have an impact on the quality of the review process across the service area. An independent child in care reviewing officer chaired the reviews in Roscommon since 2017 and social work team leaders chaired the reviews in Galway. The child in care reviewing officer told inspectors that in Roscommon, reviews were planned for six months at a time and based on when they were due to take place. The reviewing officer typed up the minutes and then sent them to the social work team leader and social worker for review. Social work team leaders told inspectors that in Galway, they needed to carefully manage their time regarding scheduling reviews to give the social worker time to meet with the child. They made a note on supervision records about when the next review was due. Decisions made at the reviews were also reviewed at supervision. Social workers told inspectors that the care planning and review processes worked well, were timely and had clear outcomes for children.

The majority of child in care reviews were of good quality and held in line with statutory requirements. In all of the 27 child in care review minutes examined, it was evident that there was input from all relevant parties and good consideration of children's needs. Children's health, education and placement needs were reviewed routinely as well as supports in place and arrangements for family contact. In all cases, inspectors found that children were consulted and involved in the review process, where appropriate.

Data provided by the area indicated that only three child in care reviews were overdue. During the inspection inspectors asked senior managers about the impact of these delays on children receiving a timely service. Senior management told inspectors about the reasons why the reviews were delayed and were assured that the children were receiving an active and responsive social work service. The overdue reviews were scheduled to occur in the weeks following the inspection.

There were significant delays in typing up some of the child in care review documents. Standard 7.1 of the National Standards for Foster Care notes that a written account of the decisions of the review is given to the child, the parents, where appropriate and the foster carers and a copy is retained on the case file. Fourteen of the 27 (52%) child in care reviews sampled by inspectors were not fully completed in a timely manner as they were not signed by a team leader or reviewing officer for a number of months following the review. The delayed sign-off periods ranged from two months to 11 months. Nine (33%) of the child in care reviews that had delays in the team leader or reviewing officer signing them were completed on the week of the inspection. This meant that relevant people had yet to receive the minutes of those child in care reviews. This was not in line with the process put in place by Tusla for the management of care planning and reviews through NCCIS. Social workers, the child-in care reviewing officer and senior managers told inspectors that this was due to the lack of administrative support across the area. However, senior managers were assured that this did not impact on the social work service provided to children and that the required decisions and actions were verbally communicated with the relevant people and were completed in a timely manner.

Children were involved in the care planning process, where appropriate. Of the 27 files reviewed by inspectors, eight children attended their reviews. Thirteen children chose not to attend and the remaining six children were under the age of five or could not communicate their views or wishes. For all of the children who could express their views, all were consulted with prior to their review and their views were discussed at their meetings. For children who could not express their views, social workers observations of the children and foster carers feedback was clearly documented.

Of the 198 children who responded to the question about participating in their child in care reviews, 81 (41%) said they had attended their review, seven said they sometimes attended, 102 (52%) said they did not attend and eight children said they did not know. Three children who spoke with inspectors said they had been invited to attend their reviews but they preferred not to go. They were happy to complete the feedback forms and have their social worker discuss the decisions made with them after the reviews.

Children who completed questionnaires were asked whether or not outcomes of their child in care reviews were explained to them by their social worker. Of 194 children who answered that question, 140 (72%) said decisions were explained, 21 (11%) said that they were not, 28 (14%) answered 'don't know' and five (3%) answered 'sometimes'. Inspectors found that, in the 23 files reviewed to see if decisions made in reviews were communicated to children, there was evidence of this in 11 of the 23 files reviewed for this purpose.

Foster carers told inspectors that they were invited to and attended reviews. They told inspectors that clear decisions were made and followed up in a timely manner. One foster carer discussed how a child's medical needs were all addressed and monitored appropriately. They thought that the care plans met the needs of the children. Foster carers described the reviews as 'really good' and 'very respectful'. Parents also participated in reviews, where appropriate. Their views about their children's needs were clearly recorded in care planning records.

Data provided by the area indicated that 362 of 365 children had up-to-date care plans. The three outstanding care plans were for the three children who also had child in care reviews overdue, but all three had been scheduled. The majority of care plans were of good quality and detailed the child's needs in a clear manner. Inspectors reviewed 27 care plans and found that 26 of 27 care plans (96%) were up to date. Care plans were updated as part of the child in care review process. Of 27 care plans examined, 26 had been updated in line with statutory requirements.

In all 27 care plans reviewed, there was good consideration of children's care needs, including family contact, education, health, and other supports such as specific supports for children with additional needs or children with a disability. The suitability of foster care placements to meet the children's needs was also considered. All care plans reflected the views of children, where appropriate. This was evidenced through their attendance, completion of a form in preparation for the review meeting or through the social workers account of their discussions with and observations of the child. Decisions and the timeframes for actions were set out clearly in the majority of care plans, apart from two of the 27 care plans reviewed by inspectors.

Inspectors reviewed 27 files for evidence of appropriate management oversight of the care planning and review process. All care plans were signed off by the team leader or reviewing officer; however, there were delays in the sign off in 15 of the 27 (56%) care plans reviewed by inspectors. These delays were between two and 11 months. Three care plans that had delays in sign-off between four and eight months were signed off during the week of the inspection.

Inspectors observed a child in care review by teleconference. The meeting was attended by the child, the foster carer, the allocated social worker and team leader, the fostering social worker and team leader, a child care leader and the independent child-in care reviewing officer. The child's parents completed a feedback form that was read out at the meeting. The review covered progress with decisions from the last review, discussed the main aspects of the child's care, including long-term care needs. The inspector observed the meeting to be very inclusive of everyone, positive, and child-centred.

Children who had complex needs and or a disability received specialist supports as required. Inspectors reviewed records of six children with varying levels of disability for the purpose of examining the quality of care planning and review. Inspectors found that for five of the six children, there was good quality care planning, good co-ordination of services and review of the children's needs. In one case, the foster carers were dissatisfied with wait times for accessing disability support services and the chairperson of the child in care review meeting made a complaint on behalf of the carers. This was resolved locally and there was a positive outcome for the child.

As part of this inspection, children's views about their care plans were sought through questionnaires, which were sent to all children in foster care in the service area. Of 203 children who completed the section of the questionnaire in relation to care planning, 183 (90%) said that they had a care plan, 12 (6%) children said they did not know if they had a care plan, and eight (4%) children reported they did not have a care plan.

Data provided by the service area indicated that in the 12 months prior to the inspection eleven placements ended in an unplanned manner. Ten of these 11 placements which ended in an unplanned way had been subject to a child in care review following the unplanned ending. In addition to these, five reviews were undertaken where there was a risk of placement breakdown in the 12 months prior to inspection. Inspectors reviewed three children's records which accounted for six of the unplanned endings. All six were managed appropriately.

The area was making efforts to ensure it was compliant with Tusla guidance on practice regarding children being in care with the voluntary consent of their parents. A report was provided to inspectors indicating the current status of these voluntary

consent agreements. The report noted that there were 104 children in foster care under the voluntary consent provided by their parents and at the time of the inspection, 14 remaining voluntary care agreements required renewal. Inspectors reviewed seven voluntary consent forms that had been updated by the area. Six of the seven voluntary consent forms were incomplete, despite having been audited by the area. These were brought to the attention of senior managers during the inspection who assured inspectors that these would be updated appropriately.

The incomplete voluntary consent agreements were escalated to the area manager following the inspection, as despite an audit having been completed by the area indicating that the consents were now in line with guidance, this was found not to be the case, as six of the seven consents reviewed by inspectors were incomplete. The area manager advised that the area was setting up a tracker to monitor the status of all children in care in the area subject to a voluntary care agreement. This would include up-to-date information on the start, end and review dates for each child in voluntary care. The accuracy will be quality assured by social work team leaders and the principal social workers who would conduct a full audit by the end of 2020. He advised that this auditing would continue on a quarterly basis and be a regular agenda item on the governance group meetings chaired by the area manager.

Placement plans were of good quality and completed as required under the standards. The development of placement plans is a key feature of the standard on care planning and review and a key social work task following the admission of a child to care. Inspectors found that some placement plans were updated at child in care reviews should a child's circumstances change. Data returned by the area prior to the inspection stated that all children had placement plans on file. Inspectors reviewed eighteen children's records for placement plans and all had a good quality placement plan in place as required.

Child in care reviews were of good quality and occurred within statutory time frames for most children. The number of children involved in the care planning process was good. Placement plans were completed and had been developed in line with requirements. Management oversight of care planning and review processes required some improvement. Child in care reviews were not signed off in a timely manner and therefore not finalised on children's records. The timeliness of distributing the minutes of child in care reviews required improvement. The voluntary consent provided by parents when their child entered care was not fully reviewed and were incomplete at the time of the inspection, however, a plan was in place to address this. For these reasons, the area was judged to be substantially compliant.

Judgment: Substantially compliant

Standard 8: Matching carers with children and young people

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

Summary of inspection findings under Standard 8

The area tried to ensure that children were matched with foster carers who had the capacity to meet their needs and there was a matching process in place. The area manager placed emphasis on the area's desire to continue placing children locally within their own community. The vast majority of children told inspectors that they were very happy in their foster home. Children who completed questionnaires made very positive comments about their foster carers, their placements and the way in which they were looked after. Many of the children had lived with their foster families for a significant period of time indicating stability and reporting a positive sense of identity and belonging. Given the large number of children in care, there was also a low incidence of placement breakdowns reported in the 12 months prior to the inspection. The area reported that 11 placements had ended in an unplanned manner in the twelve months prior to the inspection. Inspectors reviewed six of these endings, all six of which were not caused by a lack of matching.

The area had a number of documents to guide staff practice in regard to matching children with carers that had the capacity to meet their needs. Senior managers told inspectors that the matching process commenced early in the area. Children's support networks were explored for potential foster carers where appropriate. Galway and Roscommon used different matching templates which covered areas such as the availability of the foster carers to the child, ability to meet the child's identified needs, ability to facilitate appointments, school and family contact, cultural needs and the specific skills/experience of foster carers and their support network. Principal social workers told inspectors that the area planned to standardise this process by using the same form across the area. This will be supported by the recent appointment of a designated principal social worker for fostering across the whole service area.

The matching process focused on getting the best match for the child with a carer that had the capacity to meet those needs. Child in care social workers told inspectors that, when foster placements were required for children, they considered the children's extended family and support network in the first place to see if a relative placement was possible. In all, 76 (21%) of the 365 children were placed with relative carers who had familiarity with the children and their backgrounds.

If a relative placement was not possible, social workers submitted a placement request form with the child's needs assessment to the fostering social work team. Social workers told inspectors that the fostering social work team were very aware and familiar with the foster carers in the area and that they considered these potential placements in the light of the child's needs and the experience and capacity of the foster carers.

One example of good practice was that the area had completed a review of foster care services for Traveller children in care in May 2020. The report noted that 61% of Traveller children in care were cared for by Traveller foster families compared with 3% in 2014. It also noted that the fostering department would continue with recruitment campaigns and proactively recruit, train and assess general foster carers from the Travelling community so that Traveller children coming into care could continue to live within their own culture even if they are separated from their families.

Placements that were planned were made through matching panel meetings, chaired by a fostering team leader. Meetings were attended by fostering social work team leaders, fostering link workers and children in care social workers. Inspectors observed a matching panel meeting. The discussion included placement requests, placement updates, long term matching reports, the use of the matching tool for placement moves and respite placement requests.

Inspectors reviewed six children's files where foster carers had been assessed as a match for each child. There was evidence of matching on all files through use of matching tools, transition plans and placement requests forms. Matches were based on children's assessments of need. Matching reflected how children's specific needs were being met by their foster carers. Senior management also told inspectors about successfully recruiting a foster carer, from a bespoke recruitment campaign, with the required skillset to meet a child's complex medical needs.

Data provided for the inspection showed that nine children were placed in foster care placements outside the area. Tusla's National Transfer Policy states that children in care should be transferred to the service area in which they are living as soon as the placement is deemed to be stable and long term. Whilst this area was not in line with the policy in regard to these children, there was no adverse effect on the children. The majority of children residing outside of the area were living with relatives. Two children moved out of the area when their foster carers moved house and another child was in a specialised placement, close to services to meet their needs. Inspectors reviewed two files of children residing outside of the area and found that these children continued to receive adequate social work support from the service area.

Data provided to inspectors showed that there were 19 foster care households where the number of children exceeded the standards. When placements were made where the number of children exceeded the numbers recommended by the standards the rationale for the placement was carefully considered and notified to the Foster Care Committee (FCC). Inspectors reviewed a sample of families where the number of children exceeded that provided for in the standards and found that planning and matching meetings had been conducted and the rationale for the placement had been recorded as being in the best interests of the child.

The area tried to ensure that children maintained their contacts with their local community when they were admitted to foster care. Of the 199 children who answered the question of whether or not they see enough of their family and friends, 155 (78%) said they did, 14 (7%) said they did not, 16 (13%) said 'sometimes' and four children said they did not know. Of 196 children who answered the question of whether or not they had to change school when they moved in to their new foster home, 85 (43%) said that they had to change school while 107 (55%) said that they remained in their school placements. One child answered 'sometimes' and two children did not know.

Social workers told inspectors that, when appropriate, children were given the opportunity to meet their prospective foster carers and their views were sought about the proposed placement. This was not always possible as some children were placed as very young children and others were placed in an emergency. Nevertheless, the responses received from children suggested that there was good practice in this regard. Of 189 children in care who answered the question of whether they got to meet or stay with their foster carers before they moved in, 114 (60%) children said that they had, 59 (31%) said that they had not, 16 (8%) were unsure. Ninety (49%) of 183 children who answered the question said that they had been asked how they felt about moving to their new foster home, 58 (32%) children said that they had not, 35 (19%) said they did not know.

Foster carers told inspectors that social workers met with them and their families to discuss proposed placements. They said that they were provided with relevant information and were involved in meetings with professionals. Some foster carers told inspectors that they met with the children's parents prior to children moving into their placements.

Under certain circumstances foster carers can be granted enhanced rights by the courts. In this service area, foster carers for 35 children in long term placements had been granted enhanced rights, 15 of which were granted in the two years prior to this inspection. Foster carers for 32 children had applications in progress. Senior managers advised that the foster carers for 161 children do not meet the criteria for enhanced rights to be granted.

Data provided by the area during this inspection showed that 41 long term matches took place in the 12 months prior to this inspection and that there were 45 children awaiting approval of long-term placements. Of the 45 children who were awaiting long term approval, seven were presented and approved during the month of the inspection. Thirty-three of the 45 awaiting approval are scheduled to occur in 2021, 24 of which will be at the same time as the foster carers review. Two of the 45 children were no longer in foster care and the date for one approval was not set as it was dependent on the outcome of a serious concern.

Parents, foster carers and the fostering team were consulted about long term matches of children with foster carers. Other considerations included the needs of other children in the placement, the experience of the foster carers, the medical needs of the child and school considerations.

Inspectors reviewed minutes of the Foster Care Committee and found that long term matches were discussed on the basis of documentation provided by social workers. Management meeting minutes noted that the process of long term matching was not the same across Galway and Roscommon. Meeting minutes noted that due to the large amount of long term matching reports in Galway, they were presented to the matching panel and then the FCC was notified of the matches made for review.

Children and young people were placed with carers who are chosen for their capacity to meet the assessed needs of the children or young people. Children, where possible, spent some time with the proposed foster care families prior to placement. Matching carers with children was based on the written assessment of the children's needs. The children's views were considered in accordance with their age, stage of development and individual needs. Matches were achieved by means of sharing information on the children and their families, where appropriate, with the proposed foster carers, their families and other children in the placements.

Judgment: Compliant

Standard 10: Safeguarding and child protection

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

Summary of inspection findings under Standard 10

There was good governance of complaints, concerns and allegations against foster carers and other allegations made by children in care. They were assessed and investigated in line with Children First (2017). Child protection concerns were taken seriously and immediate actions were taken to protect children when required. It was evident that the safety of children was a priority in the area. The area manager told inspectors that the area was well-led with experienced staff who had a strong understanding of children's needs. The area manager introduced an area implementation plan for 2018-2020 to enhance oversight and governance structures. A governance group was formed across the area that met four times per year. Senior management meetings and various tracking systems ensured good oversight of complaints, concerns and allegations across the area.

Management and oversight of safeguarding of children was maintained through a series of trackers and senior management meetings. The area manager's office kept trackers of all serious concerns, complaints and allegations made against foster carers and third parties. The children in care teams maintained trackers for areas such as Garda notifications and children missing from care. The principal social workers told inspectors that they also had oversight of these reports through supervision with social work leaders, attending meetings such as the foster care committee meetings and chairing meetings including strategy meetings.

Data provided by the area indicated that there was one allegation and five serious concerns made against foster carers in the 12 months prior to this inspection. The area had systems in place to review information received relating to serious concerns/allegations as per Interim Protocol for managing concerns and allegations of abuse or neglect against foster carers. A categorisation meeting was held to determine how to best manage serious concerns and allegations of abuse made against foster carers. The meeting was chaired by a principal social worker and attended by team leaders, social workers and link social workers. Inspectors reviewed the minutes of these meetings which were recorded on a standardised template. The outcomes of decisions were clearly recorded and actions were taken to ensure children's safety.

Inspectors reviewed the one allegation made against foster carers. The allegation was discussed at a categorisation meeting, was appropriately categorised based on the information received and investigated in line with Children First (2017).

Inspectors also reviewed all five serious concerns against foster carers relevant to the inspection. The concerns were investigated according to the Interim Protocol for managing concerns and allegations of abuse or neglect against Foster Carers and Section 36 (relative) Foster Carers (Tusla, April 2017) and notified to the foster care committee when required. Supports were put in place to support the placements when that was required.

Data provided by the area during the inspection indicated that there had been 28 child protection concerns made against people other than the children's foster carers in the 12 months prior to the inspection. Inspectors reviewed the files of four of these concerns. The concerns were reported to the duty social work team and investigated by a child protection social worker when required. This meant that the same process was followed for all children whereby a child protection report was made. Intake records were completed promptly and all necessary actions were taken to prioritise children's safety and well-being. Initial assessments were timely and completed within the 40 day timeframe. There were intake records and initial assessments on file and strategy meetings were held where appropriate. The concerns were classified appropriately with all required actions undertaken. There was evidence the social workers followed up on these concerns and provided appropriate supports to the children and their foster carers when this was required.

Social workers presented as having the appropriate knowledge and skills and demonstrated commitment to safeguarding and protecting the children for whose care they were responsible. They were able to clearly explain the process to be followed in the event of an allegation or serious concern against a foster carer or a child protection concern, and they outlined the policies that governed their practice. Senior managers were assured of social workers ability to identify safeguarding issues.

Safety and risk management plans were implemented in the area. They were used when there was concerns about a child or foster carers. Actions such as foster carers maintaining boundaries and privacy were put in place and mitigated the risks to children, the plans detailed the arrangements for monitoring and review and plans had the signatures of the relevant parties. Social workers and senior managers told inspectors that safety and risk management plans were reviewed on a regular basis by the team leader and/ or the principal social worker. Dates were scheduled at each meeting for the next review of the plan.

Seven children in five households had safety and risk management plans in place. Inspectors reviewed safety planning in relation to three children. The safety and risk management plans were developed involving the appropriate people involved in the children's lives. These were timely, written in a clear manner and the plans prioritised the safety and needs of the children. Inspectors found that the plans were

monitored and reviewed on a regular basis. Plans were updated when required to include actions such as social workers visiting children more often and making referrals to external support services.

The area manager's office ensured adequate management oversight of allegations made by children in care against other people, including family members and people in the community. Principal social workers and the area manager met every two months to categorise, monitor and review allegations, serious concerns and complaints. Principal social workers told inspectors that they examined the themes from complaints in order to identify trends and improve the service. Senior managers told inspectors that the progression of cases of children in relation to whom notifications had been made to An Garda Síochána was discussed at regular joint Garda/Tusla meetings.

In questionnaires returned by children, 179 (93%) of 193 children who answered the question said they knew how to keep safe and 184 (92%) of 201 children who answered the question said that their social worker had told them who to talk to if they felt unsafe. Many children commented on the support and advice that was given to them by their foster carers and social workers on how to protect themselves.

There was a system in place to manage complaints in line with the Tusla complaints policy. The principal social workers were the complaints officers who maintained oversight of complaints for the service area. There were meeting every two months with the area manager to review and monitor complaints. Data provided by the area showed that there were 21 complaints made by foster carers, parents, or family members in the previous 12 months and seven complaints made by children in care. At the time of the inspection, two complaints were upheld, four were still in progress and 15 were closed having been resolved. Inspectors reviewed the complaints log and found that complaints were taken seriously and responded to in a timely manner. The policy of the area was to deal with complaints at the lowest possible level and the vast majority of complaints were resolved in that way. Inspectors reviewed the seven complaints made by children and found all were appropriately managed. The complaints had been followed up and the decision recorded and notified to the complainant. Appropriate measures and supports were put in place and work was carried out with the parties involved to address the issues of concern.

Foster carers told inspectors that they had received training in mandatory reporting and Children First (2017) and were aware of their statutory obligations. They spoke with inspectors about what actions they would be required to take if they had concerns for children in their care and if children went missing from their care.

Information provided for the inspection indicated that there were no dual unallocated cases, that is, there were no families where both the child and the foster carer did not have an allocated social worker.

Data provided by the area stated that there were 19 placements where the number of unrelated children exceeded standards. Generally, no more than two children can be placed in the same foster home at any one time, except in the case of a sibling group. Placements exceeding those numbers must be brought to the foster care committee for approval. Inspectors reviewed the minutes of the foster care committee meeting and found that placements were brought to the foster care committee for approval with clear reasons for why that placement was suited to meet the children's needs. In four children's files reviewed by inspectors whose placement exceeded standards, exceeding numbers did not impact on the quality and safety of the care provided to those children.

Data provided for the inspection indicated that there had been two notifications of children missing from foster care in the 12 months prior to the inspection. Inspectors reviewed one child's file who had been missing from care. Appropriate safeguarding measures and an active social work service was in place to protect and support the young person. Absence management plans used to guide foster carers and others about what to do when children going missing from care were on children's files. When children were missing in care these incidents were notified in writing to the principal social worker for children in care. These figures were collated on a quarterly basis and sent to the area manager.

The 'need to know' reporting mechanism is Tusla's national incident management system and was used to notify Tusla's national office of serious incidents and adverse events in relation to children in care. There were three such notifications in total made to the national office in the 24 months prior to this inspection. Principal social workers told inspectors that both internal and external reviews of serious incidents were used to identify learning to improve practice. They told inspectors that the recommendations from reviews had been included in the area's implementation plan. Principal social workers told inspectors that the management of complex cases was reviewed in the area this year following an external review. An action plan had been developed and the area was making progress with this. The area manager told inspectors about the development of services in the areas in relation to reports of child sexual abuse and also spoke about the development of the complex case forum this year.

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

All of the allegations and serious concerns against foster carers, and allegations against others, reviewed by inspectors were categorised correctly and managed appropriately. The area had good governance systems in place. The regular tracking and review of allegations and serious concerns by senior management team meant that delays were avoided and issues were addressed in a timely manner. The area had formal safety planning templates that were used by social workers. The area had a number of other safeguarding measures in place also, such as all children being allocated a social worker, absence management plans, and training for foster carers regarding mandatory reporting. For these reasons, the area was judged to be compliant with this standard.

Judgment: Compliant

Standard 13: Preparation for leaving care and adult life

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

Summary of inspection findings under Standard 13

The aftercare service in the area required some improvement in preparing children to leave care. Not all children aged between 16 and 18 years old had been referred to the service. There were delays in completing assessments of need and aftercare plans. The completed assessments of need and aftercare plans reviewed by inspectors were of good quality and addressed all of the children's needs. They involved other professionals and services that were involved in meeting children's needs. Oversight to ensure all documents are signed by the relevant parties required improvement. Children were referred to the aftercare steering committee when this was appropriate. However, some assessments of need and aftercare plans reviewed had not been signed by the young person or relevant professionals.

Data provided by the area prior to the inspection noted that 60 (83%) of the 72 eligible children had been referred to the aftercare service. The policy states that once an allocated social worker has determined possible eligibility of a young person, they should refer to the aftercare manager from when the young person is 16 years old. Social workers sent referrals and the relevant documents to the aftercare manager. The aftercare service held referrals meetings, on average every three weeks, where these referrals were discussed.

Inspectors reviewed 15 children's files for the timeliness of referrals to aftercare. Inspectors found that 13 of the 15 young people had been referred by 16.5 years of age. One young person's referral was in progress having recently turned 16 years old. Another young person had not been referred until six months before his 18th birthday and therefore this had an impact on his right to avail of the aftercare service from when he assessed as eligible for the service two years ago.

The principal social worker for aftercare told inspectors that 35 of the 60 children referred to the aftercare service had an allocated worker. Local practice was that children are allocated an aftercare worker at 17 years of age. Inspectors found that of the seven files reviewed of children who were 17 years or older, four were allocated to aftercare workers, two were allocated to the aftercare manager and one child was to be allocated to an aftercare worker in the near future. The principal social worker told inspectors that three children were allocated to the aftercare manager for specific reasons to meet their needs.

Assessments of need were of good quality when completed; however, not always timely. Inspectors reviewed the files of six children aged 17.5 years or older for the quality and timeliness of assessments of need. Three of the six (50%) were completed by the time the children reached 17.5 years. Two children had their assessments of need completed three months prior to their 18th birthday and one child's was in progress five months before the child turned 18 years old. One of the delayed needs assessments was appropriate as the child's disability diagnosis had recently been assessed and the needs assessment included additional supports that the child required. The five completed assessments of need reviewed by inspectors were found to be detailed, comprehensive and clearly identified the individual needs of the child.

Aftercare plans were of good quality but improvement was required to ensure plans were developed with all eligible young people in a timely manner. Inspectors reviewed six files of children aged 17.5 years or older for the quality and timeliness of aftercare plans. One child's plan was in progress at the time of inspection five months from their 18th birthday although referred to the service when they were 16 years old. The five completed plans provided a clear picture of what was needed to support the young person's transition to further education or training, employment or to access a home of their own. Issues in relation to developing budgeting skills, funding of future education, housing allowances and changes to foster carer payments were clearly recorded. The plans helped young people make informed decisions about their future, including choices to remain living in their foster care home or live more independently. However, inspectors found that four of the five aftercare plans were not completed as required six months prior to the young

person's 18th birthday. Three were completed within two months of children turning 18 years old and one within five months.

Timeliness was an issue for the completion of assessments of need and aftercare plans. Aftercare workers told inspectors that children's views take precedence and that this may have caused delays when completing assessments and plans. The cause for the delay was documented in only one of seven children's aftercare documents reviewed.

Of the 38 young people aged 16 or over who answered the question about having an aftercare worker, 15 (39%) said they had an aftercare worker who listened to them and helped them prepare for the future. Eleven (39%) of 28 young people who answered the question about aftercare plans indicated that they either had an aftercare plan or were in the process of one being developed and that they had a say in it. Thirty-nine out of 40 young people said they had been provided with the necessary skills for independent living with the majority stating that they had their own bank account. In relation to knowing what their financial entitlements were, 32 out of 41 young people who answered this question knew what they were, three were unsure and six young people did not know what their entitlements were.

The oversight for ensuring that documents were fully completed required improvement. Signatures were missing from four referrals to the aftercare service. While staff told inspectors that plans were developed in consultation with the young person, two of the five plans reviewed by inspectors were not signed by the young people.

The area had an established aftercare steering committee in line with national policy. The aftercare steering committee met four times per year in Galway and met specifically regarding an identified young person in Roscommon. The committee meetings comprised a wide range of services, including disability services, adult mental health services and housing services. Referrals were made to the service by the young people's social workers, when appropriate. There was clear rationale for referring an individual to the committee. Inspectors found that the committees provided multidisciplinary support to young people with complex needs or disabilities. Of the fifteen files reviewed for aftercare service provision, six children had been referred to the aftercare steering committee for their needs to be considered and planned for. Good practice was demonstrated and the various additional supports were included in children's assessments of need and aftercare plans. For example, when a referral was required to adult mental health services, this was noted and acted upon.

The aftercare service had a drop-in service in Roscommon and Galway. In Roscommon, there was a designated aftercare worker for the Drop in Service. There

were two 'walk-in clinics' per week in Roscommon whereas in Galway an aftercare worker would be identified if a young person required a meeting. The area manager told inspectors that the arrangement for Galway was only a temporary arrangement due to issues with premises and Covid-19. Both counties had a designated mobile phone service during standard business hours five days per week. This was available to young people, foster carers and any other professionals or key stakeholders engaged with a person with experience of care. The aftercare drop-in service maintained a register of those who used the service, including details of the person's initials, contact details, date of birth, gender and brief reason for using service, for example signposting and assistance with forms. These records were maintained for the sole purpose of reflecting the activity of the service and also to keep a record of the dates of those who attended the service.

The aftercare management team had made progress to improve service provision for young people in the area. They had produced an annual report of the adequacy of the service in 2020/2021 in line with national policy. This described the service to date and set out priorities for 2020/2021. In addition to this, the area had an implementation strategy for the period of 2018-2020, which defined specific objectives in relation to aftercare provision. An update provided by the principal social worker for aftercare demonstrated that two of the seven objectives had been completed, with the remaining five in progress or ongoing. Another development was the establishment of the Capital Assistance Scheme (CAS) which was at an advanced stage at the time of the inspection, which would support some young people in obtaining accommodation when availing of the aftercare service.

Information was provided by the principal social worker for aftercare in relation to the 135 young people aged 18-22 years availing of the aftercare service at the end of quarter 3 2020. Of the 135 young people, 63 were in educational or training placements as follows:

- 19 were still in second level schools
- 17 were in post-leaving cert courses
- 06 were in vocational training
- 20 were in third level college or university and
- 01 was in accredited training/other placements.

The accommodation arrangements for 90 of the 135 young people in the 18-22 years age group were reported as follows:

- 30 remained with their former foster carers

- 44 were living independently
- 10 were living at home
- 03 were in residential care
- 03 were in “other” accommodation

Not all eligible children had been referred to the aftercare service. There were some delays in completing assessments of need and aftercare plans. The oversight of documents required improvement as many were incomplete and not signed by the relevant people, including young people.

Judgment: Substantially Compliant

Appendix 1 – Standards and regulations for statutory foster care services

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

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

<i>National Standards for Foster Care (April 2003)</i>
Theme 2: Safe and Effective Services
<p>Standard 5: The child and family social worker</p> <p>There is a designated social worker for each child and young person in foster care.</p> <p><i>Child Care (Placement of Children in Foster Care) Regulations, 1995</i> <i>Part IV, Article 17(1) Supervision and visiting of children</i></p>
<p>Standard 6: Assessment of children and young people</p> <p>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.</p> <p><i>Child Care (Placement of Children in Foster Care) Regulations, 1995</i> <i>Part III, Article 6: Assessment of circumstances of child</i></p>
<p>Standard 7: Care planning and review</p> <p>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.</p> <p><i>Child Care (Placement of Children in Foster Care) Regulations, 1995</i> <i>Part III, Article 11: Care plans</i> <i>Part IV, Article 18: Review of cases</i> <i>Part IV, Article 19: Special review</i></p>
<p>Standard 8: Matching carers with children and young people</p> <p>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.</p> <p><i>Child Care (Placement of Children in Foster Care) Regulations, 1995</i> <i>Part III, Article 7: Capacity of foster parents to meet the needs of child</i></p> <p><i>Child Care (Placement of Children with Relatives) Regulations, 1995</i> <i>Part III, Article 7: Assessment of circumstances of the child</i></p>
<p>Standard 9: A safe and positive environment</p> <p>Foster carers' homes provide a safe, healthy and nurturing environment for the children or young people.</p>

<i>National Standards for Foster Care (April 2003)</i>
<p>Standard 10: Safeguarding and child protection</p> <p>Children and young people in foster care are protected from abuse and neglect.</p>
<p>Standard 13: Preparation for leaving care and adult life</p> <p>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.</p>
<p>Standard 14a — Assessment and approval of non-relative foster carers</p> <p>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.</p> <p><i>Child Care (Placement of Children in Foster Care) Regulations, 1995</i> <i>Part III, Article 5 Assessment of foster parents</i> <i>Part III, Article 9 Contract</i></p>
<p>Standard 14b — Assessment and approval of relative foster carers</p> <p>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.</p> <p><i>Child Care (Placement of Children with Relatives) Regulations, 1995</i> <i>Part III, Article 5 Assessment of relatives</i> <i>Part III, Article 6 Emergency Placements</i> <i>Part III, Article 9 Contract</i></p>
<p>Standard 15: Supervision and support</p> <p>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.</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).

<i>National Standards for Foster Care (April 2003)</i>
<p>Standard 16: Training</p> <p>Foster carers participate in the training necessary to equip them with the skills and knowledge required to provide high-quality care.</p>
<p>Standard 17: Reviews of foster carers</p> <p>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.</p>
<p>Standard 22: Special Foster care</p> <p>Health boards provide for a special foster care service for children and young people with serious behavioural difficulties.</p>
<p>Standard 23: The Foster Care Committee</p> <p>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.</p> <p><i>Child Care (Placement of Children in Foster Care) Regulations, 1995</i> <i>Part III, Article 5 (3) Assessment of foster carers</i></p> <p><i>Child Care (Placement of Children with Relatives) Regulations, 1995</i> <i>Part III, Article 5 (2) Assessment of relatives</i></p>

<i>National Standard for Foster Care (April 2003)</i>
<p>Theme 3: Health and Development</p>
<p>Standard 11: Health and development</p> <p>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.</p> <p><i>Child Care (Placement of Children in Foster Care) Regulations, 1995</i> <i>Part III, Article 6 Assessment of circumstances of child</i> <i>Part IV, Article 16 (2)(d) Duties of foster parents</i></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).

<p>Standard 12: Education</p> <p>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.</p>
<p><i>National Standards for Foster Care (April 2003)</i></p>
<p>Theme 4: Leadership, Governance and Management</p>
<p>Standard 18: Effective policies</p> <p>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.</p> <p><i>Child Care (Placement of Children in Foster Care) Regulations, 1995</i> <i>Part III, Article 5 (1) Assessment of foster carers</i></p>
<p>Standard 19: Management and monitoring of foster care agency</p> <p>Health boards* have effective structures in place for the management and monitoring of foster care services.</p> <p><i>Child Care (Placement of Children in Foster Care) Regulations, 1995</i> <i>Part IV, Article 12 Maintenance of register</i> <i>Part IV, Article 17 Supervision and visiting of children</i></p>
<p>Standard 24: Placement of children through non-statutory agencies</p> <p>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.</p> <p><i>Child Care (Placement of Children in Foster Care) Regulations, 1995</i> <i>Part VI, Article 24: Arrangements with voluntary bodies and other persons</i></p>
<p><i>National Standards for Foster Care (April 2003)</i></p>
<p>Theme 5: Use of Resources</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).

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

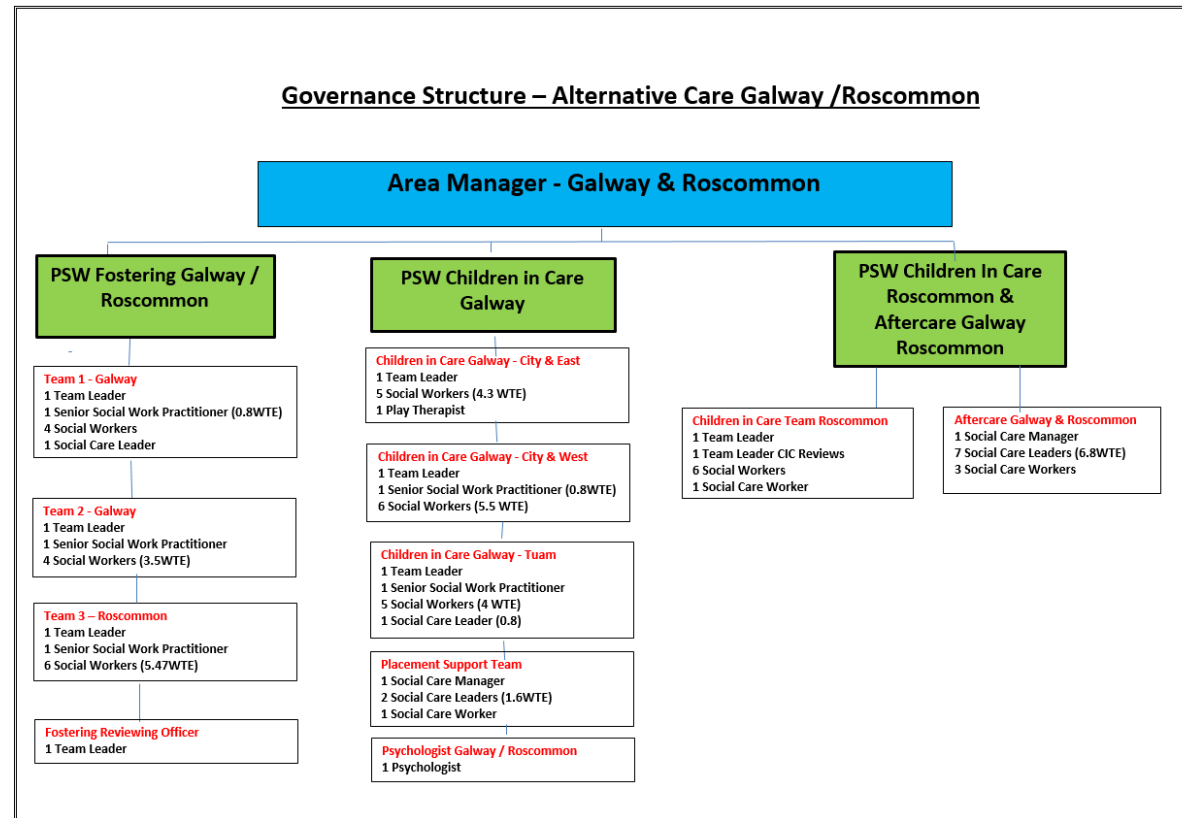
Health boards are actively involved in recruiting and retaining an appropriate range of foster carers to meet the diverse needs of the children and young people in their care.

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 Louth Meath Service Area*



* Source: The Child and Family Agency

Compliance Plan

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

Provider's response to Report Fieldwork ID:	MON 0030693
Name of Service Area:	Galway Roscommon
Date of inspection:	09 November 2020 – 12 November 2020
Date of response:	04/01/2021

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

Theme 2: Safe and Effective Services

Standard 5 – The child and family social worker

Substantially Compliant

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

1. Social workers did not ensure that complete and up-to-date electronic records of children in care were maintained.
2. The oversight and management of children's care records did not ensure that records were up to date.

Action required:

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

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

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

1. Additional governance checks at supervision by social work team leaders focusing specifically on the uploading of the child's case records onto NCCIS. These checks will be monitored on a quarterly basis by the responsible PSW's during supervision file audits.
2. Senior Business Support Managers, will work towards identifying additional administrative support to assist social worker's with the uploading of records onto the child's NCCIS file. This will be an area business priority in 2021.
3. The NCCIS User Liaison Team Leader, will provide quarterly "advanced find audit reports" to the office of the Area Manager to determine activity levels in respect of uploading of case notes and attachments by allocated Children in Care social workers. The Area Manager will use this report to address any issues arising with the responsible PSW in a timely manner. Additional training and practice guidance will be provided to staff as required.
4. The Alternative Care Management team will agree a new Standard Operating Procedure to ensure that the file records for all staff leaving the service or absent from work for extended periods are fully up to date.

<p>Proposed timescale:</p> <ol style="list-style-type: none"> 1. Supervisions every 4-6 weeks <p style="text-align: center;">Quarterly checks with Team Leaders</p> <ol style="list-style-type: none"> 2. By end of Q1, 2021 <ol style="list-style-type: none"> 3. At end of each Quarter <ol style="list-style-type: none"> 4. By end January 2021 	<p>Person responsible: Team Leaders Responsible for CIC team members across all teams</p> <p>PSW'S x 2 CIC</p> <p>Business Support Manager's x 2</p> <p>NCCIS Team Leader to provide information to Area Manager</p> <p>PSW'S x 2 CIC</p>
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Standard 7 – Care planning and review

Substantially compliant

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

1. The completion and sign-off of care planning documents was not timely.
2. The sharing of care planning documents was not timely.
3. Voluntary care agreements were not completed in full.

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:

1. Additional governance checks at supervision by social work team leaders focusing specifically on the "sign off" of care planning documents on NCCIS and the distribution of same to all appropriate attendees. These checks will be monitored on a quarterly basis by the responsible PSW's during supervision.

2. PSWs will request Quarterly reports from NCCIS Officers of any outstanding Care Plans awaiting approvals. PSW will follow up with Team Leaders on foot of these reports.
3. The local area has set up a tracker to monitor the status of all Children in Care in our area subject to a Voluntary Care agreement. This tracker will provide up to date information on the start, end and review dates for each child subject to a Voluntary Care Agreement. The accuracy of this tracker will be assured by the relevant Social Work Team Leaders. The Principal Social Workers will schedule a full audit before the end of Q1, 2021. The Principal Social Workers will subsequently audit this tracker on a quarterly basis. The status of the tracker will be listed as a regular agenda item for review at the Area Alternative Care Governance Group meeting held each quarter.

Proposed timescale:**1. Supervisions every 4-6 weeks****Quarterly checks with Team Leaders****2. Quarterly reports to PSW's for CIC****3. Tracker to be fully updated by 15th January 2021****4. PSW audit by end Q1 2021, and at end of each Quarter thereafter.****Person responsible:****Team Leaders Responsible for CIC across all teams****PSW's x 2 CIC****NCCIS officers****NCCIS Data and Reporting Officer****PSW CIC****Standard 13: Preparation for leaving care and adult life****Substantially compliant**

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

1. Not all eligible children were referred to the aftercare service.
2. Assessments of need and aftercare plans were delayed.
3. Not all documents were signed by the relevant people.

Action required:

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

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

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

1. Not all eligible children were referred to the aftercare service.

PSW's for Aftercare and CIC will receive a tracker from the NCCIS Data and Reporting Officer with the list of young people who are in the age cohort of turning 16 years. The PSW will disseminate to Team Leaders for follow up with social workers.

2. Assessments of need and aftercare plans were delayed.

PSW & Aftercare Manager's will continue to have active oversight of all cases awaiting allocation. Each young person will be prioritised and allocated according to their needs. The PSW and Aftercare managers will conduct quarterly audits to ensure that aftercare planning is conducted in a timely manner.

3. Not all documents were signed by the relevant people.

Aftercare Managers will have governance and not "sign off" on Assessment of Needs & Aftercare Plans until all relevant parties have signed the documentation. The current practice is that hard copy of signed documents are on the aftercare file, which is a paper file. PSW will liaise with the NCCIS Data and Reporting officer to ensure that the most up to date and "signed off" plan is on the child's NCCIS file.

Proposed timescale:

Q 1 2021

Person responsible:

PSW Aftercare & PSW Children in Care

