



## Health Information and Quality Authority Regulation Directorate monitoring inspection of Foster Care Services

Name of service area:	Dublin North City
Type of inspection:	Risk-based inspection
Date of inspection:	28 – 31 March 2022
Fieldwork ID:	MON_0036256
Lead Inspector:	Niamh Greevy
Support Inspector(s):	Sabine Buschmann Una Coloe Ruadhan Hogan Tom Flanagan Olivia O’Connell

## About the Health Information and Quality Authority

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 Services** — Developing person-centred standards, based on evidence and best international practice, for health and social care services in Ireland.
- **Regulating social care services** — The Office of the Chief Inspector within HIQA is responsible for registering and inspecting residential services for older people and people with a disability, and children's special care units.
- **Regulating health services** – Regulating medical exposure to ionising radiation.
- **Monitoring Services** — Monitoring the safety and quality of health services and children's social services, and investigating as necessary serious concerns about the health and welfare of people who use these services.
- **Health Technology Assessment** — Evaluating the clinical effectiveness and cost-effectiveness of health programmes, policies, medicines, medical equipment, diagnostic and surgical techniques and 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 this inspection

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, Equality, Disability, Integration and Youth 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)<sup>1</sup> and to report on its findings to the Minister for Children, Equality, Disability, Integration and Youth.

This inspection of Dublin North City was to be undertaken as part of a thematic inspection programme. The 'Guidance and assessment-judgment framework for Foster Care Services Thematic Programme' (March 2021) states:

"During the fieldwork part of the thematic programme, inspectors may form the view that there is significant risk in the service. In such circumstances, the lead inspector, in consultation with their line manager, may decide to cease the thematic inspection against the national standards and proceed to a risk-based inspection of that service area. The lead inspector will inform the area manager of the rationale for this decision."

On the basis of the risks identified during this inspection, it was decided to change the designation of the inspection from a thematic inspection to a risk-based inspection.

## How we inspect

As part of this inspection, inspectors met with the relevant managers, child care professionals and with foster carers. Inspectors observed practices and reviewed documentation such as children's files, policies and procedures and administrative records.

The key activities of this inspection involved:

- the analysis of data submitted by the area
- interviews with:
  - the regional chief officer
  - the area manager
  - the principal social workers for children in care

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<sup>1</sup> Tusla was established 1 January 2014 under the *Child and Family Agency Act 2013*.

- the principal social workers for the foster care service
- the principal social worker for quality assurance
- the chairperson of the foster care committee.
- focus groups with:
  - social work team leaders
  - frontline staff
  - four foster carers
  - external stakeholder representatives.
- the review of:
  - local policies and procedures, minutes of various meetings, staff supervision files, audits and service plans
  - staff personnel files
  - a sample of 37 children and foster carer's files.
- separate phone conversations with:
  - a sample of one parent, two children and four foster carers.

### **Acknowledgements**

HIQA wishes to thank parent, children, foster carers and external stakeholders that spoke with inspectors during the course of this inspection in addition to staff and managers of the service for their cooperation.

### **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, Equality, Disability, Integration and Youth. The Child and Family Agency Act 2013 (Number 40 of 2013) established the Child and Family Agency with effect from 1 January 2014.

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

- child welfare and protection services, including family support services
- existing Family Support Agency responsibilities
- existing National Educational Welfare Board responsibilities
- pre-school inspection services
- 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 six regions, each with a regional manager known as a regional chief officer. The chief officers report to the national director of services and integration, 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.

### **Service area**

The area is under the direction of the regional chief officer for Tusla, Dublin North East region, and is managed by an interim area manager who took up their position two weeks prior to this inspection. There is one principal social worker and one acting principal social worker who hold responsibility for children in care in the area, one principal social worker who has responsibility for the foster care service and one principal social worker who has responsibility for managing the duty system that oversees unallocated cases. There was also an aftercare manager responsible for leaving care and aftercare services.

The long-term children in care team were based in three locations which were Ballymun civic centre, Ballymun, Park House and Park View which were both located on North Circular Road, Dublin 7, and the leaving care and aftercare team were based in Park House. Two child protection teams, who had responsibility for the care of children in care until they were transferred to the long-term children in care team, were located in offices throughout the service area.

At the time of the inspection, there were 422 children in foster care in the area. Of these, 145 children were placed with relatives and the remaining 277 children were placed with general foster carers.

## Compliance classifications

HIQA will judge whether the foster care service has been found to be **compliant**, **substantially compliant** or **not compliant** with the regulations and or standards associated with them.

The compliance descriptors are defined as follows:

**Compliant:** a judgment of compliant means the service is meeting or exceeding the standard and or regulation and is delivering a high-quality service which is responsive to the needs of children.

**Substantially compliant:** a judgment of substantially compliant means that the service is mostly compliant with the standard and or regulation but some additional action is required to be fully compliant. However, the service is one that protects children.

**Not compliant:** a judgment of not compliant means the service has not complied with a regulation and or standard and that considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of children using the service will be risk-rated red (high risk), and the inspector will identify the date by which the service must comply. Where the non-compliance does not pose a significant risk to the safety, health and welfare of children using the service, it is risk-rated orange (moderate risk) and the service must take action *within a reasonable time frame* to come into compliance.

Once a judgment on compliance is made, inspectors will review the risk to children of the non-compliance. Inspectors will report on this risk as:

- Red: there is high risk associated with the non-compliance
- Orange: there is moderate risk associated with the non-compliance
- Yellow: there is low risk associated with the non-compliance
- Green: there is no risk.

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

<b>National Standards for Foster Care</b>		<b>Judgment</b>
Standard 5	The child and family social worker	Not compliant
Standard 10	Safeguarding and child protection	Not compliant
Standard 15	Supervision and support	Not compliant
Standard 19	Management and monitoring of foster care services	Not compliant
Standard 20	Training and qualifications	Substantially compliant

**This inspection was carried out during the following times:**

Date	Times of inspection	Inspector	Role
28/03/2022	9:30 – 17:00	Niamh Greevy	Lead inspector
	11:00 – 17:00	Ruadhan Hogan	Support inspector
	10:00 – 17:00	Una Coloe	Support inspector
	11:00 – 17:00	Sabine Buschmann	Support inspector
	10:00 – 17:00	Tom Flanagan	Support inspector
29/03/2022	9:00 – 17:00	Niamh Greevy	Lead inspector
	9:00 – 17:00	Ruadhan Hogan	Support inspector
	9:00 – 17:00	Una Coloe	Support inspector
	9:00 – 17:00	Sabine Buschmann	Support inspector
	9:00 – 17:00	Tom Flanagan	Support inspector
30/03/2022	9:00 – 17:00	Niamh Greevy	Lead inspector
	9:00 – 17:00	Ruadhan Hogan	Support inspector
	9:00 – 17:00	Una Coloe	Support inspector
	9:00 – 17:00	Sabine Buschmann	Support inspector
	9:00 – 17:00	Olivia O'Connell	Support inspector
31/03/2022	9:00 – 17:00	Niamh Greevy	Lead inspector
	9:00 – 14:00	Ruadhan Hogan	Support inspector
	9:00 – 17:00	Una Coloe	Support inspector
	9:00 – 15:00	Sabine Buschmann	Support inspector
	9:00 – 17:00	Olivia O'Connell	Support inspector

## Children's experience of the foster care service

Children's experiences were established through speaking with a sample of children, parents, foster carers, external advocates and professionals. The review of case files, complaints and feedback also provided evidence on the experience of children in foster care.

Inspectors spoke to two children as part of this inspection. Both children described warm relationships with their social workers. One child said that Tusla was a 'great service for children in need. I've been very lucky, I've had a really good experience'.

The other child told inspectors that they talked to their social worker about their interests.

One child described having a recent visit from their social worker who was coming to say goodbye as they were moving to a new job. The other child described their social worker as a 'lovely' person and said 'before corona I saw him regularly'. Both children said everything was going well for them at the time of speaking to the inspector.

As part of this inspection, the service provided inspectors with contact information for a sample of parents who may be willing to speak to us. Inspectors understand that this may be a difficult time in their lives and so not all parents want to speak about their experiences. Inspectors spoke to one parent as part of this inspection. The parent described good contact from their child's newly allocated social worker, but long periods of no contact from the previous social worker. The parent described that their child was doing well and they were mostly kept well informed.

Inspectors spoke to eight foster carers as part of this inspection, seven of whom were managed by this fostering service and one who was caring for a child from this service area but was managed by a private fostering service. Foster carers described mixed experiences of support from the social work department. Some foster carers described their link workers as 'outstanding' and a 'great support'. They described a supportive relationship and good communication with their link worker. Foster carers also described good support from the therapeutic hub, saying they were 'extremely helpful' and 'hugely supportive'. Foster carers reported positively about their experiences of support groups, as they found them informative, a place where they felt listened to and valued. One foster carer said they received little help from social workers. They said they would let the social worker know about the issues and seek advice, but felt they ultimately had to manage issues themselves.

Foster carers described difficulties in accessing external supports for children but, as noted above, reported positively about the support from the therapeutic hub.

While one foster carer described recent contact by their foster child's social worker, another thought it was two years since the last in-person visit and a third said that the last visit to the child was 'so long ago I can't remember'. Foster carers noted that there was a high turnover of children in care social workers which was 'jarring', though some had also experienced periods of stability through consistency in team leaders involved in cases.

Foster carers told inspectors there was a focus on the child's best interests. Carers noted the complexity of balancing the wishes of parents and views of professionals, but were clear that the best interests of the child were central to how the social work department made decisions.

Foster carers provided feedback that communication regarding staffing changes could be improved. They also acknowledged they now received a newsletter regularly from the service. One foster carer told inspectors that where there were two foster carers, the fostering social workers needed to ensure that they included both carers, rather than communicating just with female carers.

## 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 inspection was announced as a thematic (service improvement) inspection but due to risks identified regarding a lack of statutory visits to children in care and supervision and support visits to foster carers, the inspection was changed to a risk-based inspection in order to focus on these areas.

This report reflects the findings of the risk-based inspection, which looked at statutory visits to children in care, supervision and support visits to foster carers and the governance of these visits. As this inspection was initially scheduled as a service improvement inspection, information on staff files was gathered and the findings of this are outlined under Standard 20.

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

- one standard was substantially compliant
- four standards were not compliant.

Data provided by the service in advance of this inspection showed there were 422 children in foster care at the time of inspection, with 277 placed in general foster care and 145 placed in relative foster care. According to this data there were 287 foster care households managed by the service area.

Governance and management systems in place at the time of inspection had not ensured that children were visited in line with the legal requirements set out in the Child Care Regulations, 1995<sup>2</sup>. Information provided to inspectors during the inspection showed that there were at least 63 children overdue a statutory visit at the time of inspection, and there were four further cases whereby it was unclear if they had an up-to-date visit. Almost all of these cases were held in one office. Seven cases were escalated to managers during the inspection, as visits were significantly overdue at the time of inspection. Inspectors were provided with assurances during inspection that these children would be visited as a matter of priority.

While the majority of supervision and support visits to foster carers were good quality, systems to oversee visits to foster carers required improvement to ensure more frequent visits to foster carers. Inspectors reviewed a sample of 16 foster carer files for supervision and support visits to foster carers. Regular visits were evident in 9 of 16 (56%) foster carer files reviewed. In the remaining 7 cases (44%) there were insufficient supervision and support visits to foster carers. Inspectors reviewed 13 files for the quality of supervision and support visits and found that 11 files showed evidence of good quality visits.

While efforts to oversee visits to children and foster carers were evident in most staff supervision records, this had not resulted in consistent statutory visits to children in care or supervision and support visits to foster carers.

The service had a clear structure in place with overall responsibility sitting with the Interim Area Manager. The post for Area Manager became vacant in January 2022 and was filled on a temporary basis by an acting Area Manager. Two weeks before this inspection the Interim Area Manager took up their position. Four principal social workers (PSWs) reported to the Area Manager in respect of the children in care and fostering service. Three PSWs were responsible for children in care; two oversaw eight children in care teams (four each), and the third oversaw the duty system in place to manage unallocated cases. One PSW for fostering oversaw and managed four fostering team leaders.

Inspectors reviewed eight serious concerns and allegations and found that five of them were managed in line with Children First: National Guidance for the Protection and Welfare of Children (2017) and the interim protocol for managing allegations and

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<sup>2</sup> Child Care (Placement of Children in Foster Care) Regulations 1995, Part IV, Article 17 (1) and Child Care (Placement of Children with Relatives) Regulations 1995, Part IV, Article 17 (1).

serious concerns against foster carers. There were three child protection and welfare concerns reported to the social work department where staff had not followed the interim protocol to assess these concerns.

In addition, given the risks identified during this inspection, an urgent compliance plan was issued to the Area Manager after the inspection. The Area Manager provided assurances that audits would be conducted to ensure that all children in need of a visit would be identified by the service, that the 63 children overdue visits at the time of inspection would be visited by 22 April 2022 and that a system would be implemented to ensure better oversight of visits to children in care going forward. Furthermore the Area Manager provided assurances that resources were in place to better manage the tracker, a traffic light system was in place to highlight visits due and that all outstanding supervision and support visits to foster carers would be completed by 15 April 2022.

### **Standard 5: The child and family social worker**

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

Data provided by the area prior to inspection showed that there were 422 children in foster care at the time of this inspection. Managers told inspectors there were six social work and three senior social work practitioner posts vacant on children in care teams. Information provided by the area also showed high levels of staff turnover.

It became apparent through a review of files that there were significant periods where children in care were not visited in line with statutory requirements. As a result, inspectors looked at 20 children's files to review the frequency and quality of statutory visits. The frequency of statutory visits to children in their foster homes is prescribed in the regulations and varies according to the length of time a child has been in their placement. Visits to children in their homes had been restricted during COVID-19 and in lieu of this, social workers relied on phone and video calls to contact children. However, COVID-19 restrictions did not account for the gaps in statutory visits found by inspectors on the files reviewed as part of this inspection.

Systems in place at the time of inspection had not ensured that children were visited in line with required timeframes. Information provided to inspectors during the inspection showed that there were at least 63 children overdue a statutory visit at the time of inspection, and there were four further cases whereby it was unclear if they had an up-to-date visit. Almost all of these cases were held in one part of the service.

Children were visited in line with regulations in only eight (40%) of the 20 files reviewed by inspectors. In one further case, the child was visited by a social care worker, in the absence of a social worker. In the remaining 11 cases (55%), children were not visited in line with regulations. Seven of these cases were escalated to managers as visits were significantly overdue at the time of inspection. In one case, the child was seen outside of their placement nine months prior to this inspection, but inspectors found the last statutory visit to the child in their foster home took place in January 2019, three years and two months prior to this inspection. In a second case, the last video call recorded was one year and five months prior to this inspection and the last time the child was visited by a social worker pre-dated this. In a third case reviewed by inspectors, the child was visited the week before the inspection but there was a 15 month gap since the child's previous visit.

As a result of the concerns that children were not being visited in line with statutory requirements, inspectors issued an urgent compliance plan to the Area Manager after the inspection. The Area Manager provided assurances that audits would be conducted to ensure that all children in need of a visit would be identified by the service, that the 63 children overdue visits at the time of inspection would be visited by 22 April 2022 and that a system would be implemented to ensure better oversight of visits to children in care going forward.

Where statutory visits were evident in records, inspectors found they were good quality. Inspectors reviewed the quality of statutory visits on 11 files and found visits reflected the discussions with children and their carers, and were recorded using a standard template. Some records described social workers engaging with children through play or viewing their bedrooms. It was evident in four records that children were met alone. In one case, the quality of the visit was an example of good practice as it reflected the positive relationship being fostered with the child and the social worker's observations of the child's progress since their admission to care.

Inspectors found that records were not kept up to date for all children. Records for children in care were stored electronically on the National Childcare Information System (NCCIS). In four cases, inspectors requested evidence of statutory visits as there was no record of same on the system and in one case over 30 records had been uploaded to the system the week before the inspection. PSWs told inspectors they were aware that records were not kept up to date by all staff and identified the demands of the role as the main reason for this. However, this practice is unacceptable and unsafe, particularly during periods whereby social workers and managers were working from home and therefore access to up-to-date information on NCCIS pertaining to children in care was essential. In addition, the significant delay in updating children's records also runs the risk that information will be lost or not be accurately recorded, and that the care record would be incomplete, in the event that the child wished to access their records at any stage.

The area's risk register identified that there were approximately 67 children in care that were unallocated a social worker at the time of inspection. Managers told inspectors that there were no dual unallocated cases at the time of inspection, but management records showed there had been two cases whereby both the child and the foster carer had no allocated social workers in the weeks prior to inspection.

The service had recently established a new duty system to manage unallocated cases. The risk register provided to inspectors indicated that all unallocated cases were being overseen by this system but the Principal Social Worker (PSW) responsible for the cases told inspectors they were overseeing 44 cases at the time of inspection. This meant that team leaders were holding approximately 23 unallocated cases until they were transferred to the new area-wide duty system. The PSW told inspectors that they expected when all appropriate cases were transferred to this team, it would rise to around 70 cases. The policy was provided to inspectors as part of this inspection and set clear criteria for cases suitable to be managed by the duty system. PSWs told inspectors that consideration would be given to providing consistency in personnel making contact with children in care, but this was not reflected in the policy. This system was modelled on a system successfully run in another service area, but it was too early to comment on its efficacy as it was newly established in this area.

This standard has been judged not compliant due to the lack of up-to-date visits to 63 children in care at the time of inspection, in addition to the significant gaps on visits found in relation to other children. One third of unallocated cases were not being managed within the newly established duty system and there were significant gaps in records reviewed by inspectors.

Judgment: Not compliant

## Standard 10: Safeguarding and child protection

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

The lack of visits to children outlined under Standard five led to concerns regarding the safeguarding practices for children in foster care at the time of inspection. Regular statutory visits to children in care are a basic measure in place to ensure good safeguarding of children in care. Statutory visits are the minimum visits to a child in

their foster care home set out in the Child Care Regulations, 1995<sup>3</sup>. They provide an opportunity for social workers to meet with, speak to and observe the child, the relationship dynamics within their placement and the physical environment. They provide a critical opportunity for children to talk about any issues they are having in their placement or otherwise, as well as an opportunity for social workers to identify and deal with any concerns. When completed frequently and to a good standard, they provide an assurance to the social work department regarding the safety and stability of placements. In contrast, the absence of consistent statutory visits found on this inspection meant there were poor safeguards in place for a significant number of children in care.

Furthermore, the management of allegations and serious concerns by the area required improvement. Inspectors found that five of eight serious concerns and allegations reviewed were well managed, but three were not. In five cases, inspectors found that child protection and welfare concerns were managed in line with Children First (2017) and the interim protocol for managing allegations and serious concerns against foster carers. They were appropriately categorised, strategy meetings were held with appropriate personnel, initial assessments were completed and notifications to An Garda Síochána where appropriate. The outcomes were clearly recorded on these cases.

There were three child protection and welfare concerns reported to the social work department where staff had not followed the interim protocol to assess these concerns. In one case, social workers took appropriate actions in response to the concern but did not record the assessment on the standardised template. For example, they liaised with An Garda Síochána, foster carers and other relevant people to address the issues and develop a safety plan. Tusla provided appropriate supports to the foster carer and regular strategy meetings were also held, but the assessment was not recorded or conducted in line with standard business processes. In two cases, link social workers had made decisions not to assess concerns based on the specific circumstances of each case. This was not in line with the interim protocol or Children First (2017). While these children were not found to be at risk, deviation from the protocol to manage child protection and welfare concerns posed a risk to the capacity of the service to safely manage and oversee child protection concerns regarding children in foster care.

Foster carers were informed of child protection and welfare concerns reported to the social work department, with exception of one case in which inspectors found foster carers were unaware that concerns had been reported. This information had not been withheld for any justifiable reason and is contrary to the interim protocol, Children First (2017) and GDPR. The Area Manager told inspectors they would follow up on this issue.

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<sup>3</sup> Child Care (Placement of Children in Foster Care) Regulations 1995, Part IV, Article 17 (1) and Child Care (Placement of Children with Relatives) Regulations 1995, Part IV, Article 17 (1).

Inspectors found that of the three files reviewed for timeliness, none were completed within the timeframes set out. In August 2020, Tusla's Practice Assurance and Service Monitoring (PASM) team conducted an audit of the service area's management of serious concerns and allegations made against foster carers. The findings of this inspection regarding delays is consistent with the report completed by PASM, which identified there were delays in the completion of assessments of child protection and welfare concerns relating to children in care.

Five of 11 serious concerns and allegations were notified to the Foster Care Committee (FCC) in a timely way, but notifications were delayed in the remaining six. Based on a review of the tracker for serious concerns and allegations, inspectors found that out of 11 serious concerns and allegations, five were notified to the FCC within five days which is in line with the timeframes set out in the interim protocol. Of the remaining six, one was notified within nine days, three were notified after a month, one after six weeks and two after two months. This meant that the FCC was not aware of concerns or allegations in relation to some foster carers for significant periods of time.

Inspectors looked at safety plans put in place for children who required them. Of five safety plans reviewed, inspectors found that four addressed the identified concerns and were devised in a timely way. Inspectors found that one safety plan did not provide adequate supervision of the placement when considering the child protection and welfare concerns the safety plan was intended to manage.

Improvements were required to ensure that safety plans were fully implemented. In three cases, inspectors found that plans were not fully implemented, and two of these were also unallocated for periods. In one unallocated case, a social care leader was visiting on a monthly basis which mitigated the impact of the child being without an allocated social worker.

Inspectors found that one safety plan had been reviewed, while two others had been developed in the weeks before inspection and therefore did not yet require a review.

Three child protection and welfare concerns were not managed in line with policy. The lack of consistent visits to children in care led to poor safeguarding of children in care. Three safety plans were not fully implemented and one safety plan was not adequate. As a result, this standard has been judged not compliant.

Judgment: Not compliant

## Standard 15: Supervision and support

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

Data provided by the service showed there were 287 foster care households in the area and all but one post was filled in the fostering teams. One PSW and four team leaders were responsible for the fostering service. They were based across two offices.

This inspection took place in the context of what has been a challenging time nationally for fostering services, including children in care and their families, foster carers and local social work teams arising from the COVID-19 pandemic. In this context, HIQA acknowledges that services have had to adapt their service delivery in order to continue delivering the essential service to children in care. This inspection reviewed these arrangements within the overall governance of the service.

Improvements were required in the frequency of supervision and support visits to foster carers. Inspectors reviewed a sample of 16 foster carer files for supervision and support visits to foster carers. Regular visits were evident in nine of 16 (56%) foster carer files reviewed. In the remaining seven cases (44%) there were insufficient supervision and support visits to foster carers. Although link workers carried out supervision over the phone, in two cases, foster carers had not been visited in over two years. In three cases, there was a seven month gap in visits, but two of these cases required more frequent visits due to child protection and welfare concerns. In a further case there was a 13 month period between visits to the foster carer and in the last case there was a six month gap between visits, which again was insufficient to adequately supervise the placement due to concerns. Inspectors sought assurances on three of these cases. Adequate assurances were provided in relation to two cases as the service made a plan to visit carers soon after the inspection. In the third case, a provider assurance report was issued to the Area Manager following inspection and adequate assurances were received that actions were underway to adequately support and supervise the placement.

When visits were conducted, good quality visits were evident on the majority of files reviewed. Inspectors reviewed 13 files for the quality of supervision and support visits and found that 11 files showed evidence of good quality visits. For example, records showed good discussion with foster carers around issues arising and supports in place. A standard template was used to record these visits. Issues were identified by inspectors in two cases where records did not reflect details of discussions or observations. This meant that records did not provide assurances that appropriate discussions were held with carers to supervise and support them in their care of

children. Where this was of particular concern on one case as a result of inappropriate use of sanctions, the team leader provided the inspector with assurances that although records did not reflect it, the carer had been given information and guidance to address this issue.

Following inspection, inspectors issued an urgent compliance plan in respect of visits to foster carers and the Area Manager provided assurances that resources were in place to better manage the tracker, a traffic light system was in place to highlight visits due and that all outstanding supervision and support visits to foster carers would be completed by 15 April 2022.

Systems in place had not ensured sufficient supervision and support visits to foster carers, with significant gaps evident in some cases. For this reason, this standard was judged to be not compliant.

Judgment: Not compliant

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

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

The service had a clear structure in place with overall responsibility sitting with the Interim Area Manager. The post for area manager became vacant in January 2022 and was filled on a temporary basis by an acting Area Manager. Two weeks before this inspection the Interim Area Manager took up their position. Four PSWs reported to the Area Manager in respect of the children in care and the fostering service. Three PSWs were responsible for children in care; two oversaw eight children in care teams (four each), and the third oversaw the duty system in place to manage unallocated cases. One PSW for fostering oversaw and managed four fostering team leaders.

This inspection focus was changed to respond to risks regarding a lack of visits to children in care and foster carers, and so the focus under this standard is primarily in relation to the governance and management of these areas of practice.

Inspectors found that governance systems in respect of statutory visits to children in care were poor. The service area had previously held a tracker of visits to children in care which was consistent with their compliance plan submitted to HIQA following an inspection in August 2019. This tracking system had been discontinued by the time of this inspection, with a view to using the IT system to support oversight of visits to

children in care. However, structures to support the operation of the IT system in the oversight of visits to children had not been implemented by the time of this inspection, which led to insufficient oversight of visits to children. In addition, as mentioned above, case records were not being kept up to date on the IT system, therefore it was unreliable as a system of oversight. One PSW told inspectors that they had maintained their own tracker in order to retain oversight of visits to children in care. The second PSW advised that visits to children were primarily overseen through supervision. Individual teams had introduced other systems to oversee visits, such as a report that collated this information on a monthly basis. The inconsistent approach to overseeing statutory visits to children in foster care had resulted in poor oversight of visits with the result that at least 63 children were overdue a visit at the time of inspection, while others had not been visited for periods as long as 13 months to, in one case, over three years. The majority of cases overdue a visit at the time of inspection were held in one office, where there was no tracker in place to oversee visits.

Systems in place to oversee visits to foster carers had not been effective in ensuring they took place in a timely way in all cases. Visits to foster carers were mainly overseen by tracking visits on the areas foster care register. On review of this register, inspectors identified 25 cases where foster carers appeared to be overdue visits. Thirteen of these cases had a visit in the two weeks before inspection. The tracker had not yet been updated to reflect this. However this indicated that the area were not monitoring visits to foster carers routinely, or on a regular basis, and that the announcement of the inspection led the area to undertake a significant number of visits to foster carers. A further four cases had no date recorded for the last visit. In addition, inspectors found that phone calls to foster carers had been recorded as supervision and support visits. While phone calls may have been an acceptable form of contact during the strictest lockdown restrictions, this was not an acceptable supervision of placements for all other periods over the last two years.

Following inspection, inspectors sought an urgent compliance plan in respect of Standard 19, specifically regarding oversight of visits to children in care and foster carers. The Area Manager returned satisfactory assurances detailing the measures they were taking to ensure improved oversight of these issues. These included improved governance of the tracker for supervision and support visits to foster carers, audits of supervision files by the area manager's office, and oversight of statutory visits to children in care using NCCIS.

There was a tracker in place to support monitoring and oversight of the management of allegations. This tracker noted details relating to the concern, such as the information causing concern, the date the concern was reported, when it was notified to the foster care committee (FCC), if it was deemed an allegation or serious concern and information relating to the outcome. Discussion of this tracker was evident in monthly governance meetings.

Monthly governance meetings were attended by PSWs and team leaders for children in care and fostering, a quality, risk and service improvement lead and the chair of the foster care committee. These meetings were used to review the tracker for serious concerns and allegations, the tracker for unapproved relative carers and disruptions. These meetings identified actions for follow up and reviewed progress. However, they had not been effective in identifying or addressing the issues found as part of this inspection, for example, the three child protection and welfare concerns that were not managed in line with policy or the delays in notifying the FCC.

Eight strategic management meetings were held in the last 12 months. This meeting was attended by senior managers including an Area Manager, PSWs, chair for child protection conference, psychology and personnel responsible for data protection and complaints. Issues discussed related to this inspection included staffing, staff turnover, impact of the cyber-attack and COVID-19, need to knows, and the service improvement plan. The risk register was also discussed three times. Actions were recorded and tracked for follow up. However, it was apparent that issues such as staffing remained a significant challenge for the area despite recruitment efforts.

Inspectors reviewed a sample of supervision records between PSWs and the Area Manager. At the time of inspection, inspectors found gaps in supervision between PSWs and the previous Area Manager, but received assurances following inspection that supervision had taken place and records were subsequently placed on files. The incoming Interim Area Manager had conducted supervision with PSWs in the two weeks since taking up their position. These records showed that one PSW was aware that some statutory visits were out of date which was attributed as being due to them being unallocated prior to the new duty system. However, inspectors found a lack of visits to both allocated and unallocated children in care. Supervision with the fostering PSW indicated that visits to foster carers were being tracked. However, inspectors found that information on the tracker was not reliable as some visits completed had not been updated on the tracker, while other visits recorded as being complete were phone calls and not home visits. In addition, where the tracker accurately showed that visits were overdue, a clear time bound plan had not been implemented to address this by the time of inspection.

While efforts to oversee visits to children and foster carers were evident in most staff supervision records, this had not resulted in consistent statutory visits to children in care or supervision and support visits to foster carers. Inspectors reviewed supervision records between PSWs and team leaders and found reference to the different systems in place to monitor visits to children in care. Team leaders had received updates on visits to children in care in two of three staff supervision records reviewed by inspectors.

In supervision between the fostering team leader and PSW, they relied on the tracker to oversee visits to foster carers. With regard to supervision of link social workers, case management supervision was not held on these files so it was not possible to

review oversight of visits to foster carers on these records. However, case management supervision was reviewed by inspectors on casefiles and is dealt with in next paragraph. Staff reported positively to inspectors about their experience of supervision.

Case management supervision required improvement. Inspectors reviewed case management supervision on nine foster carer's files and found issues on seven of these cases. On two cases, supervision took place regularly and was good quality with clear actions identified and followed up in a timely way. On two further cases, supervision regularly occurred but had not been effective in ensuring adequate supervision and support visits. In three cases there were gaps of between four and eight months between case supervision. On one of these cases, inspectors found that actions identified in supervision had not been followed up in a timely way. The remaining two cases had no evidence of case supervision for a year and a half. This meant there was insufficient evidence of management oversight of cases to ensure that timely decisions were made and followed up to adequately supervise and support foster carers.

Case management supervision of children in care also required improvement. Of the 10 files sampled for case management supervision, there was good quality regular supervision on one file, while a second file showed good quality and regular supervision up to the end of 2021. On eight files, there were significant gaps in supervision, with two cases having periods of six months without supervision evident, three cases where there was one supervision record in 12 months and one case where supervision was not evident in over 12 months. A further case showed no evidence of supervision for a year and 10 months, while the last case had no supervision for two years and ten months. Such significant gaps in supervision undermined the capacity of managers to have good oversight of the management of cases.

Inspectors reviewed caseload management records of four social workers and found that three had consistently 'manageable' or 'busy but ok' caseloads, while a determination regarding the manageability of the fourth caseload had not been reached. Staff told inspectors that they had been trained in the caseload management system and their caseloads were consistently scored on a monthly basis. Despite this, staff reported the turnover rate had a significant impact on them, as high-priority cases had to be allocated to remaining staff, with lower priority cases then taken off their caseload. Newer social workers described challenges in managing the demands of their workload in their first year. Fostering social workers advised that they were also impacted as they picked up work on children in care files to make up for the lack of children in care social workers. While inspectors did not find a sufficient level of coordination to ensure that statutory visits and supervision and support visits took place in line with timeframes, there was evidence on supervision records of coordination between children in care and fostering to manage risks on two individual cases. This is a good use of resources to ensure minimum standards

are met in the absence of sufficient resources. However, staff reported this having an impact of them. While the small sample of caseload management records indicate that staff caseloads were within acceptable ranges, this does not account for work undertaken by staff to cover tasks outside their specific role.

Inspectors found evidence of some actions on the area's service improvement plan being implemented, but further work was required to progress the plan. The area had a service improvement plan in place which dealt with the fostering service. The plan referenced details regarding oversight of serious concerns and allegations and identified 17 actions. At the time of inspection, the plan indicated that one action was completed and 16 were overdue. However, the Area Manager told inspectors the plan had not been updated to reflect the status of actions at the time of inspection. The Area Manager told inspectors that the plan was intended for completion throughout 2022 and at the time of inspection two actions were completed, four were ongoing, one was partially completed and the remaining nine actions were not complete. Two measures identified in the service improvement plan (SIP) to improve the management of serious concerns and allegations were evident during this inspection. Regular strategy meetings were to be held with the relevant duty social worker which was evident on five files reviewed by inspectors and the tracker for serious concerns and allegations was discussed in monthly governance meetings, in line with the SIP. The SIP also identified that serious concerns and allegations should be audited and evidence of this was found on just one file. Serious concerns and allegations were to be discussed in supervision records, but this was not evident on files reviewed as part of this inspection.

Significant delays were found in assessments of relative carers despite efforts to address this. The service improvement plan identified that children placed with relative carers on an emergency basis were to be allocated immediately with an assessment commencing within four weeks. While the plan noted this was not achieved by the time of inspection, this governance meeting was tasked with reviewing this issue. The tracker for assessments of Section 36 carers showed there were 25 unapproved foster carers at the time of inspection. The dates of application for fostering dated from 2018 for one case, 2019 for two cases, 2020 for 12 cases, 2021 for 7 cases and one from 2022. The tracker clearly recorded the status of each assessment, issues causing delay and how they were being addressed. According to the tracker six assessments were due to be completed by April 2022, two by May 2022 and a further one by July 2022. One assessment had been presented to the FCC in February 2022 and the report was being amended as a result and a further case was ready to be presented but awaiting updated Garda vetting. A further case from 2020 appeared that it would not be progressing through the assessment and details showed that there was little progress in making a decision on this case since January 2021, 13 months prior to inspection. This meant that this child remained without a long-term plan for their care. In an effort to reduce the backlog of assessments, the service had outsourced 10 assessments to a private fostering service for completion.

Inspectors also found other areas whereby the level of governance and oversight was poor, for example, in relation to care planning and foster carer reviews. Inspectors reviewed 10 care plans and found that seven of them were up to date. On three of those seven, there was a three month delay in the last review and gaps of 17 months in two cases since the previous review. Care plans were out of date on the three remaining cases. Two were overdue by over two months and one was overdue by six months, in addition to previous reviews on this case not being held in line with statutory timeframes. Inspectors did not fully review systems relating to care planning due to the shift in focus to a risk-based inspection, but one PSW for children in care had identified prior to inspection that there were a significant number of care plans overdue for review. In addition, if children were not being visited regularly, then their care plans could not be monitored to ensure they were being implemented. Inspectors reviewed five files for foster carer reviews and found that one was up to date and good quality, one was due at the time of inspection but was delayed for a valid reason, one review had been compiled but had not progressed further, and two were overdue.

The service experienced staffing challenges. Data submitted by the service prior to inspection showed that the children in care teams had three vacant social work posts and three vacant senior social work practitioner grade positions, while the fostering team had one vacant post. Data also showed a high level of staff turnover at a rate of over 29% on the children in care teams and almost 12% on fostering teams in the previous 12 months. Staff absenteeism rates were 5.7% for children in care and 9.8% for fostering teams.

The busy pace of work was acknowledged by managers who expressed concern for supporting staff under such circumstances. The Area Manager told inspectors that they had identified the impact of a lack of placements as a key factor impacting on staff. This issue was reflected in what staff told inspectors. Social workers also told inspectors about the supportive relationships and strong work ethic of staff in the service. Staff described being stretched and of working long hours to try meet the demands of their workload. As noted above, this was reported as taking its toll of staff. This is a significant risk for the service. Social workers mentioned the emotional impact of the work, but also told inspectors about the positive relationships they were developing with children. They spoke about the high value they placed on this, along with the supportive relationships between colleagues. Communication across teams was noted by staff as an area that had improved in recent years.

Audits of foster care files reviewed by inspectors were of mixed quality, but did provide some assurances to managers in relation to contracts, Garda vetting and health and safety checks. Inspectors reviewed six audits of foster care files and one audit of the serious concerns and allegations process. Two audits were good quality, and one of these had identified actions that required follow up which had been acted on by the time of inspection. On three of the files audited, recent phone calls to the foster carer had been recorded as supervision and support visits, but this was not

detected by the audit, and therefore not addressed until this inspection. The last audit of files had not identified the significant recording issues that were identified by inspectors. The audit of the serious concerns and allegations process was found to be good quality. Further audits of serious concerns and allegations were required to detect the issues found by this inspection.

Inspectors reviewed three audits of files belonging to children in care and found they had identified appropriate issues but were not fully effective in addressing them. In one file, the audit had resulted in a statutory visit being undertaken to a child where it had been overdue. In a second case, it had prompted the child-in-care review to be held, but other actions remained outstanding and on the last case it was identified that a statutory visit was overdue and this remained outstanding at the time of inspection.

In August 2020, Tusla's PASM (Practice, Assurance and Service Monitoring) team conducted an audit of the service area's management of serious concerns and allegations made against foster carers. This audit did not identify any safety concerns, but did make recommendations in relation to the content of the tracker, timely notification to the monitoring officer, attaching full records of assessments to files and the timely convening of foster carer reviews after assessments are concluded. Recommendations from this audit were included in the service improvement plan and progress against same is recorded above.

The service had a risk register in place which had been updated in March 2022. The highest rated risks recorded relating to this inspection was that not all children in care had an allocated social worker, insufficient placement options were available for children coming into care and there was a high level of staff turnover. The register also included a risk of unmanageable caseloads, but had lowered the rating of this risk until the service had updated data on this issue. The high number of emergency or unapproved foster carers was also recorded as a risk to the service. The service had not included the key risks identified by this inspection on the risk register, such as a lack of statutory visits to children in care and supervision and support visits to foster carers.

A shortage of placements was identified by the Area Manager as the most significant risk for the foster care service at the time of inspection and the Area Managers told inspectors they had reviewed a draft of the national strategy being developed to address this issue. Inspectors reviewed one case where a child experienced seven placement moves in the course of eight weeks due to the area being unable to identify a suitable placement. At the time of inspection, there remained uncertainty regarding a medium-to-long-term placement. As a result, following inspection, the inspector issued a provider assurance report seeking assurances that appropriate measures were in place to support the child. Adequate assurances were provided by the area manager following inspection.

Control measures to manage risks required improvement. As a result of not identifying the risk regarding inadequate systems to ensure visits to foster carers and children in care, the service had not put appropriate control measures in place to manage these risks prior to inspection. Furthermore, the risk register identified that the team leader for the duty system had oversight of the unallocated cases, but this system was not operational for approximately one third (34%) of cases at the time of inspection. This meant that there were varying management arrangements in place for unallocated cases until all cases were transferred to the new area-wide duty system.

Of the five risks on the register noted above, there was evidence that three were reviewed in July and December 2021, a fourth was reviewed in July 2021 and the last had been previously reviewed 13 months earlier in February 2021. It was evident from the register that some of these risks had reduced at various stages, but despite efforts to address them they had persisted.

Not all risks had been identified and escalated to senior managers. Inspectors found evidence in one case that where a child required an admission to care, but a placement could not be identified the risk was escalated through the 'need to know' system, in line with the control measures on the risk register. However, with the exception of one complex case, significant gaps in visits to children in care or foster carers had not been notified to senior managers as a risk through the 'need to know' system.

This inspection also identified risks in relation to the arrangements in place to supervise placements with unapproved foster carers. The PSW told inspectors that supporting and supervising these placements was a priority for the fostering team. The PSW also acknowledged that expectations around the level of support required for such cases had not been communicated to staff, for example, in the form of a policy or guidance. On this inspection, inspectors found individual examples of good support and supervision in place for unapproved foster carers, but practice in this regard was not consistent. Inspectors found three cases where unapproved foster carers were subject to child protection concerns. On two of these cases, the serious concerns had not been assessed in line with the protocol or Children First (2017). In addition, there had been insufficient supervision of two of these placements after the concerns came to the attention of the department. This meant that the system in place to oversee the management of serious concerns and allegations, and the system in place to supervise placements with unapproved foster carers, both failed to identify and respond to the above risks.

Inspectors interviewed the Regional Chief Officer as part of this inspection. They told inspectors that the risks identified in this inspection had not been brought to their attention prior to inspection. The Regional Chief Officer provided verbal assurances regarding the systems to be implemented to address the concerns raised by this inspection. The Regional Chief Officer acknowledged that the timeframes within

which visits to children in care and foster carers would now be completed showed that the underlying cause of the deficits related to governance, as opposed to resourcing.

Two information systems were in use at the time of inspection. The children in care social workers relied on an electronic system, while fostering used paper files. Link social workers told inspectors that the paper files were cumbersome and time consuming. Children in care staff told inspectors that paperwork took up a large proportion of their time and they felt there was insufficient administrative supports available to social workers.

Inspectors found the quality of records were inconsistent. Inspectors found evidence of good quality recording regarding visits to both children and foster carers. For example, on one case there was detailed information regarding the discussion and observations by a social worker during a home visit in addition to their analysis. Inspectors found isolated examples of poor quality recording, for example, supervision visits with foster carers that omitted important information and child-in-care review minutes that did not reflect the views of participants.

Managers acknowledged that staff struggled to keep case notes up to date due to the demands of their workload and this issue was apparent on files. In one case 34 records had been uploaded in the week prior to inspection and in other cases, inspectors were provided with evidence of visits from 2021 that were still not on the system at the time of inspection. This posed a significant risk to the service, particularly in consideration of the level of staff turnover. There were three examples during inspection where staff were on medium term leave and it was unclear from records if they had visited children in care or foster carers in line with requirements. There was one example where it was unclear if the social worker had obtained an updated voluntary care agreement from parents where the most recent care agreement on file had lapsed. Social workers referenced the strain related to this where they were concerned that should they take unexpected leave, the details of actions taken on their cases would not be apparent from records. Gaps in records undermined the ability of managers to rely on the information systems to be assured regarding visits to children or foster carers. This was evident in one audit where the statutory visit was identified to be overdue by 11 months, but two statutory visits had been undertaken since that timeframe that were not reflected in case records.

Judgment: Not compliant

## Standard 20 : Training and qualification

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.

Inspectors did not review this standard in full, due to the change in methodology to a risk based-inspection. Recruitment files were held centrally and inspectors reviewed a sample of nine personnel files virtually with the assistance of an administrator. While inspectors were advised that a number of documents were not present on the files to show inspectors, evidence of qualifications were on file for all staff. Documents absent from files included references for one staff and the date of appointment for two staff. In addition, CORU registration was not evident on five staff files. Following the inspection, the area provided assurance that the service hold a copy of CORU registration on all staff and the issue that resulted in this omission on HR files was being addressed.

Judgment: Substantially compliant

## Appendix 1:

### National Standards for Foster Care (2003) and

### Child Care (Placement of Children in Foster Care) Regulations,<sup>4</sup> 1995

Standard 1	Positive sense of identity
Standard 2	Family and friends
Standard 3	Children's rights
Standard 4	Valuing diversity
Regulation Part III Article 8	Religion
Standard 5	The child and family social worker
Regulation Part IV, Article 17(1)	Supervision and visiting of children
Standard 6	Assessment of children and young people
Regulation Part III, Article 6	Assessment of circumstances of child
Standard 7	Care planning and review
Regulations Part III, Article 11 Part IV, Article 18 Part IV, Article 19	Care plans Review of cases Special review
Standard 8	Matching carers with children and young people
Regulations Part III, Article 7  Part III, Article 7 <sup>5</sup>	Capacity of foster parents to meet the needs of child  Assessment of circumstances of the child
Standard 9	A safe and positive environment
Standard 10	Safeguarding and child protection
Standard 11	Health and development

<sup>4</sup> Child Care (Placement of Children in Foster Care) Regulations, 1995

<sup>5</sup> Child Care (Placement of Children with Relatives) Regulations, 1995

Regulations Part III, Article 6 Part IV, Article 16 (2)(d)	Assessment of circumstances of child Duties of foster parents
Standard 12	Education
Standard 13	Preparation for leaving care and adult life
Standard 14(a)  Regulations Part III, Article 5 Part III, Article 9	Assessment and approval of Non-relative foster carers  Assessment of foster parents Contract
Standard 14 (b)  Regulations Part III, Article 5 Part III, Article 6 Part III, Article 9	Assessment and approval of Relative foster carers  Assessment of relatives Emergency Placements Contract
Standard 15	Supervision and support
Standard 16	Training
Standard 17	Reviews of Foster carers
Standard 18  Regulation Part III, Article 5 (1)	Effective policies  Assessment of foster carers
Standard 19  Regulations Part IV, Article 12 Part IV, Article 17	Management and monitoring of foster care services  Maintenance of register Supervision and visiting of children
Standard 20	Training and qualifications
Standard 21	Recruitment and retention of an appropriate range of foster carers
Standard 22	Special foster care
Standard 23  Regulations Part III, Article 5 (3) Part III, Article 5 (2)	The Foster Care Committee  Assessment of foster carers Assessment of relatives
Standard 24	Placement of children through non-statutory agencies

Regulation Part VI, Article 24:	Arrangements with voluntary bodies and other persons
Standard 25	Representations and complaints

### Introduction and instruction

This document sets out the standards where it has been assessed that the provider is not compliant with the National Standards for Foster Care, 2003.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which standards the provider must take action on to comply. In this section the provider must consider the overall standard when responding and not just the individual non-compliances as listed in section 2.

Section 2 is the list of all standards where it has been assessed the provider is not compliant. Each standard is risk assessed as to the impact of the non-compliance on the safety, health and welfare of children using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider has generally met the requirements of the standard but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider has not complied with a standard and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of children using the service will be risk rated red (high risk) and the inspector has identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of children using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

### Section 1

The provider is required to set out what action they have taken or intend to take to comply with the standard in order to bring the service back into compliance. The plan should be **SMART** in nature. **S**pecific to that standard, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each standard set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Standard Heading	Judgment
Standard 5: The Child and Family Social Worker	Not compliant
<p>Outline how you are going to come into compliance with Standard 5: The Child and Family social worker.</p> <p>1. Children in care were not consistently visited in line with regulations and standards.</p> <p><b>ACTION 1:</b> The trackers for statutory visits to Children in Care have been reintroduced on the shared drive and they are accessible by the Interim Area Manager's Office, Social Worker Team Leaders, Principal Social Workers, and User Liaison Team Leader. The CIC Team Leaders and Principal Social Workers will be responsible for updating these trackers. The reintroduction of trackers to monitor children in care visits is a short term and transition plan. The longer-term plan is the use of the national information system, NCCIS to record these visits.  <b>RESPONSIBLE:</b> Business Support, CIC Team Leaders and Principal Social Workers.  <b>DEADLINE:</b> Completed.</p> <p><b>ACTION 2:</b> Introduction of monthly CIC Governance meetings where updates on statutory visits will be reviewed and monitored. This is attended by Interim Area Manager, CIC Principal Social Workers and Business Support.  <b>RESPONSIBLE:</b> Interim Area Manager's Office and CIC Principal Social Workers.  <b>DEADLINE:</b> From 30<sup>th</sup> May 2022.</p> <p><b>ACTION 3:</b> Introduction of monthly emails from CIC Principal Social Workers to CIC Team Leaders outlining statutory visits that are due for completion.  <b>RESPONSIBLE:</b> CIC Principal Social Workers and CIC Social Work Team Leaders.  <b>DEADLINE:</b> Completed</p> <p><b>ACTION 4:</b> Standing items on supervision agenda between CIC Principal Social Workers and CIC Team Leaders will include review of the tracker of CIC statutory visits.  <b>RESPONSIBLE:</b> CIC Principal Social Workers and Social Work Team Leaders.  <b>DEADLINE:</b> 30/06/2022</p> <p><b>ACTION 5:</b> CIC Social Work Team Leaders to review the tracker of CIC statutory visits with each Social Worker during supervision.</p>	

**RESPONSIBLE:** CIC Social Work Team Leaders and CIC Social Workers.

**DEADLINE:** 31/08/2022

**ACTION 6:** A review of all outstanding visits took place and a plan to be put in place to ensure they were completed.

**RESPONSIBLE:** CIC Principal Social Workers and CIC Social Work Team Leaders.

**DEADLINE:** Completed

**ACTION 7:** If a visit cannot be completed within the statutory timeframe this must be escalated to the Team Leader via email and an immediate plan will be agreed and overseen by the Principal Social Worker.

**RESPONSIBLE:** CIC Social Work Team Leaders and Social Workers.

**DEADLINE:** 31/08/2022

**2. At least 63 children in care were overdue a statutory visit at the time of inspection.**

**ACTION 1:** As per Compliance Plan submitted by DNC Interim Area Manager, all the above statutory visits have been completed.

**RESPONSIBLE:** CIC and CPW Teams.

**DEADLINE:** Completed

**3. Records of visits were not kept up to date for all children.**

**ACTION 1:** The majority of CIC Teams attended training sessions on record keeping for CIC Files on NCCIS during the months of April and May 2022. Categorisation and recording of statutory Visits was a core element of this training. Additional training sessions will be provided to ensure full attendance of CIC Teams.

**RESPONSIBLE:** Principal Social Workers and Social Work Team Leaders, Social Workers, and User Liaison Team Leader.

**DEADLINE:** 31/08/2022

**ACTION 2:** Audits on records of statutory visits will be carried out on NCCIS CIC files twice a year.

The findings of all audits will be reviewed and implemented on an ongoing basis.

**RESPONSIBLE:** Quality Assurance Principal Social Worker.

**DEADLINE:** 31/10/2022.

**ACTION 3:** User Liaison Team Leader to attend Governance meetings to support with ongoing needs of the CIC Teams.

**RESPONSIBLE:** User Liaison Team Leader

**DEADLINE:** 28/07/2022.

**4. Not all children had an allocated social worker.**

**ACTION 1:** Active on Duty team (AOD) has been established and will provide oversight of all children who are not currently allocated to a Social Worker. This AOD comprises of a dedicated Team leader and two social workers. There are also two permanent vacant posts. One is for social care leader and one for social worker. We are working with Tusla Recruit to fill these posts.

AOD is overseen by a dedicated Principal social worker. AOD is a temporary measure until the area can fill vacant posts within the children in care team.

**RESPONSIBLE:** Active on Duty Principal Social Worker.

**DEADLINE:** Completed.

**ACTION 2:** The interim Area Manager has ongoing meetings with Tusla Recruit and Regional HR to progress with staffing issues.

The Area make themselves available to sit at interview panels and have a consistent strategy in place for staff retention and coordination of students to the Area each year.

**RESPONSIBLE:** DNC Management Team.

**DEADLINE:** Completed.

Standard Heading	Judgment
Standard 10: Safeguarding and child protection	Not compliant
<p>Outline how you are going to come into compliance with Standard 10: Safeguarding and child protection.</p> <p>1. The absence of consistent statutory visits meant there were insufficient safeguards in place for children in care.</p> <p><b>ACTION:</b> Governance mechanisms have been developed to ensure that all CIC are visited in line with statutory requirements. These include a tracker, governance meetings for CIC, oversight by Principal Social Workers and Social Work Team Leaders in supervisions and audits.</p> <p><b>RESPONSIBLE:</b> CIC Principal Social Workers and Team Leaders</p> <p><b>DEADLINE:</b> 31/10/2022</p>	

**2. The management of allegations and serious concerns by the area required improvement.**

**ACTION 1:** The Regional Business Support Manager will facilitate training sessions in standard business processes and safety planning of Allegations and Serious Concerns.

**RESPONSIBLE:** Regional Business Support Manager.

**DEADLINE:** 30/09/2022

**ACTION 2:** Where the threshold is met for Serious Concerns & Allegations, it will be assessed in line with the protocol.

During the initial strategy meeting, the initial notification will be completed and signed off once it meets the threshold of Serious Concerns & Allegations protocol. This initial notification will be sent to CIC Principal Social Workers and Fostering Principal Social Worker immediately. The Fostering Principal Social Worker will send this to the Foster Care Committee, within the timeframe.

**RESPONSIBLE:** Fostering Principal Social Worker and Fostering Team Leaders.

**DEADLINE:** 30/06/2022

**ACTION 3:** Serious Concerns & Allegations are a standing item on agenda in Supervisions between Fostering Social Worker and Fostering Team Leader and between Fostering Team Leader and Fostering Principal Social Worker.

**RESPONSIBLE:** Fostering Team.

**DEADLINE:** 30/06/2022

**ACTION 4:** During the final strategy meeting, the final notification will be completed and signed off by all at meeting. This final notification will be sent to CIC Principal Social Workers and Fostering Principal Social Worker immediately. The Fostering Principal Social Worker will sign off the notification and send this to the Foster Care Committee within the timeframe.

**RESPONSIBLE:** Fostering Principal Social Worker and Fostering Team Leaders.

**DEADLINE:** 30/06/2022

**ACTION 5:** The Serious Concerns & Allegations tracker will be expanded to track timelines to ensure that initial and final notifications of serious concerns and allegations are notified to Foster Care Committee within the agreed timeframes. Should there be a reason that the timeframes are not been met, the Fostering Principal Social Worker will notify the Foster Care Committee.

**RESPONSIBLE:** Fostering Principal Social Worker and Business Support.

**DEADLINE:** 01/07/2022

**ACTION 6:** The Serious Concerns & Allegations tracker will be reviewed monthly during the Fostering and CIC Governance meetings.

**RESPONSIBLE:** Interim Area Manager and Fostering Principal Social Worker

**DEADLINE:** 30/08/2022

**3. Safety planning required improvement.**

**ACTION 1:** The Regional Business Support Manager will facilitate training sessions in standard business processes and safety planning of Allegations and Serious Concerns.

**RESPONSIBLE:** Regional Business Support Manager.

**DEADLINE:** 30/09/2022

**ACTION 2:** The safety plans will be discussed during supervisions.

**RESPONSIBLE:** CIC Team Leaders and CIC Social Workers.

**DEADLINE:** Ongoing

**ACTION 3:** All children in care subject to a safety plan will have an allocated worker.

**RESPONSIBLE:** CIC Principal Social Workers

**DEADLINE:** Completed.

Standard Heading	Judgment
Standard 15: Supervision and support	Not compliant
<p>Outline how you are going to come into compliance with Standard 15: Supervision and Support.</p> <p><b>1. Not all foster carers were receiving supervision and support visits as required.</b></p> <p><b>ACTION 1:</b> The Fostering Register has been expanded to include additional columns to track quarterly home visits in person. <b>RESPONSIBLE:</b> Fostering Principal Social Worker and Business Support <b>DEADLINE:</b> Completed</p> <p><b>ACTION 2:</b> Supervision between Fostering Social Work Team Leader and Fostering Principal Social Worker will track frequency of Supervision &amp; Support Home Visits in person to ensure they are occurring within agreed timeframes. This will be tracked through the Fostering register. <b>RESPONSIBLE:</b> Fostering Social Work Team Leader and Fostering Principal Social Worker <b>DEADLINE:</b> 31/10/2022</p>	

**ACTION 3:** During the Fostering Governance meetings updates on Supervision & Support Home Visits will be discussed and monitored. This is attended by Interim Area Manager, Principal Social Worker and Business Support.

**RESPONSIBLE:** Interim Area Manager's Office and Principal Social Worker.

**DEADLINE:** From 30<sup>th</sup> May 2022.

**ACTION 4:** The outstanding Supervision & Support Home Visits to Foster Carers have been completed.

**RESPONSIBLE:** Fostering Team.

**DEADLINE:** Completed.

## 2. The quality of some supervision and support visits required improvement.

**ACTION:** Training will be provided to Fostering Social Workers to ensure consistent quality of Support and Supervision Home Visits. During this training sessions the managers will cover:

- Consultation with CIC Social Worker in advance of Support and Supervision Home Visits for update on CIC.
- Foster Family wellbeing and updates.
- Carers' views of child in placement, their progress, their development, positive identity, contact, any challenges, preparation for CIC Review, Aftercare as per age appropriate, how is foster carer meeting needs, what additional supports are required.
- Safeguarding and practice.
- Training and development for carers which will assist in meeting presenting needs of child in the placement.
- Compliments/Complaints.
- Serious concerns allegations /Safety planning where in place.
- Agreed actions and timeframes.

**RESPONSIBLE:** Fostering Social Work Team Leader & Fostering Principal Social Worker.

**DEADLINE:** 31/10/2022.

## 3. Records on some fostering files required improvement.

**ACTION:** Planned audits will be carried out on the quality and recording of supervision and support visits on a quarterly basis.

The findings of all audits will be reviewed and implemented on an ongoing basis.

**RESPONSIBLE:** Fostering Social Work Team Leaders and Principal Social Worker.

**DEADLINE:** End of Quarter 3.

Standard Heading	Judgment
Standard 19: Management and monitoring of foster care service	Not compliant
<p>Outline how you are going to come into compliance with Standard 19: Management and monitoring of foster care service.</p> <p><b>1. Governance systems in respect of statutory visits to children in care were poor.</b></p> <p><b>ACTION 1:</b> Governance mechanisms have been developed to ensure that all CIC are visited in line with statutory requirements. These include a tracker, governance meetings for CIC, oversight by Principal Social Workers and Social Work Team Leaders in supervisions and audits.  <b>RESPONSIBLE:</b> CIC Principal Social Workers and Team Leaders.  <b>DEADLINE:</b> 31/10/2022</p> <p><b>2. Systems in place to oversee visits to foster carers had not been effective in ensuring they were good quality and took place in a timely way in all cases.</b></p> <p><b>ACTION 1:</b> The Area now has standardised the trackers.  <b>RESPONSIBLE:</b> Fostering Principal Social Worker and Team Leaders.  <b>DEADLINE:</b> 31/10/2022.</p> <p><b>ACTION 2:</b> Training will be provided to Fostering Social Workers on recording of Support and supervision home visits.  <b>RESPONSIBLE:</b> Fostering Social Work Team Leaders and Fostering Principal Social Worker.  <b>DEADLINE:</b> 31/10/2022</p> <p><b>ACTION 3:</b> Planned audits will be carried out on the quality and recording of supervision and support visits on a quarterly basis.  The findings of all audits will be reviewed and implemented on an ongoing basis.  <b>RESPONSIBLE:</b> Fostering Social Work Team Leader and Principal Social Worker.  <b>DEADLINE:</b> 31/10/2022</p> <p><b>3. Supervision required improvement.</b></p> <p><b>ACTION 1:</b> In order to ensure that each child in care is discussed at the appropriate frequency, each Social Work Team Leader will keep a tracker of cases discussed during each supervision. If this is not occurring, this will be raised by Team leader with Principal Social worker.</p>	

**RESPONSIBLE:** CIC Social Work Team Leaders

**DEADLINE:** 30/09/2022

**ACTION 2:** The Interim Area Manager has sanctioned a project to review all administrative capacity.

In the interim, workers can access administration support from Area Manager's office if required.

**RESPONSIBLE:** Social Workers, Team Leaders and Admin.

**DEADLINE:** 30/09/2022

**ACTION 3:** All Foster Carers who are subject to Serious Concerns & Allegations investigations, a safety plan or are an unapproved carer, will be discussed at each supervision between Fostering Social Worker and Team Leader. This will also be a standing item in supervision between Social Work Team Leader and Principal Social Worker. It is also discussed at the Fostering Governance meetings.

**RESPONSIBLE:** Fostering Social Workers, Social Work Team Leaders, Principal Social Workers and Interim Area Manager.

**DEADLINE:** 31/07/2022

**ACTION 4:** In order to ensure that each foster family is discussed at the appropriate frequency each Social Work Team Leader will keep a tracker of cases to be discussed in each supervision. Principal Social Worker will have an oversight of these cases within supervision with fostering team leader.

**RESPONSIBLE:** Fostering Social Work Team Leaders and Principal Social Worker

**DEADLINE:** 30/09/2022

#### **4. There were significant delays in the assessments of relative carers.**

**ACTION 1:** The trackers have been expanded to further monitor timeframes for completion of relative assessments.

**RESPONSIBLE:** Business Support and Fostering Principal Social Worker.

**DEADLINE:** Completed.

**ACTION 2:** Allocation of assessments for commencement will occur within 4 weeks.

**RESPONSIBLE:** Fostering Principal Social Worker

**DEADLINE:** 31/07/2022

**ACTION 3:** Tracking of assessments will be a standing item on the supervision agenda between Fostering Social Worker and Fostering Social Work Team Leader and between Fostering Social Work Team Leader & Fostering Principal Social Worker.

**RESPONSIBLE:** Fostering Social Work Team Leader & Fostering Principal Social Worker.

**DEADLINE:** 01/07/2022

**5. The quality of audits varied.**

**ACTION 1:** A timeframe for completion of outstanding tasks identified during the audit will be included on the audit template.

**RESPONSIBLE:** Quality & Assurance Principal Social Worker.

**DEADLINE:** 31/10/2022

**ACTION 2:** Outstanding actions from audits will be reviewed during supervision with the Social Workers and Team Leaders.

**RESPONSIBLE:** Social Workers and Team Leaders.

**DEADLINE:** 31/10/2022

**6. Risk management required improvement.**

**ACTION 1:** The Area now has standardised the trackers for the management of risk and monitoring of Foster Care services. Also, the tracker for statutory visits was reintroduced for CIC teams.

**RESPONSIBLE:** Interim Area Manager, Business Support Team and Principal Social Workers.

**DEADLINE:** Completed.

**ACTION 2:** A Service Improvement Planning meeting will take place.

**RESPONSIBLE:** Interim Area Manager and Business Support Team.

**DEADLINE:** 07/07/2022.

**ACTION 3:** A consistent approach is now in place via trackers to ensure the statutory visits take place in a timely way.

**RESPONSIBLE:** Interim Area Manager and Business Support.

**DEADLINE:** Completed.

**7. Oversight of record management was poor. The quality of records was inconsistent and gaps in records undermined the ability of managers to rely on the information systems to be assured regarding visits to children or foster carers.**

**ACTION 1:** Training has been identified to be provided to Fostering social workers by Fostering Team Leaders, to enhance the quality of records management.

**RESPONSIBLE:** Fostering Team Leaders.

**DEADLINE:** 31/10/2022

**ACTION 2:** Training has been identified to be provided to CIC social workers by CIC Team Leaders, to enhance the quality of records management.

**RESPONSIBLE:** CIC Team Leaders.

**DEADLINE:** 31/10/2022

**ACTION 3:** Additional columns have been added to fostering register to track Supervision & Support Home Visits on a quarterly basis and this will be managed by the Fostering Principal Social Worker.

**RESPONSIBLE:** Business Support, Fostering Principal Social Worker and Social Work Team Leaders.

**DEADLINE:** Ongoing

8. **Governance of the children in care and fostering service in all aspects required improvement, as inspectors also found deficits in other key areas of practice, such as care planning and foster care reviews.**

**ACTION 1:** The Interim Area Manager has introduced an independent monthly CIC Governance meeting to ensure that all regulations and standards are complied with.

**RESPONSIBLE:** Interim Area Manager's Office

**DEADLINE:** Completed

**ACTION 2:** All trackers were reviewed and standardised so there is clear Governance and oversight by the Interim Area Manager's Office and Business Support team. This includes oversight of statutory visits and care planning.

**RESPONSIBLE:** Interim Area Manager, CIC Principal Social Workers and Team Leaders

**DEADLINE:** 31/10/2022

**ACTION 3:** In line with above, Governance mechanisms have been developed to ensure that there is better oversight of fostering services. These include a tracker which monitors Supervision & Support Home Visits, completion of fostering assessments, completion of foster care reviews, managements of Serious Concerns & Allegations and safety plan reviews.

This tracker is discussed and reviewed at the monthly governance meetings for Foster Care chaired by the Interim Area Manager.

**RESPONSIBLE:** Interim Area Manager, Fostering Principal Social Worker and Team Leaders.

**DEADLINE:** 31/10/2022

**ACTION 4:** A private service has been commissioned to complete a proportion of Foster Care reviews.

Should additional funding be required to ensure that Foster Care reviews are completed in a timely manner, this will be explored by the Interim Area Manager.

**RESPONSIBLE:** Fostering Principal Social Worker and Interim Area Manager.

**DEADLINE:** Complete.

**ACTION 5:** An audit plan is in place for CIC and Fostering services to review consistency and quality of visits to CIC and Foster carers.

The findings of all audits will be reviewed and implemented on an ongoing basis.

**RESPONSIBLE:** Principal Social Workers for Fostering, CIC and Quality & Assurance.

**DEADLINE:** 31/10/2022

**9. Management and oversight of unallocated cases required significant improvement to ensure that children in care without a social worker were safeguarded.**

**ACTION:** Children eligible for AOD will be transferred as per AOD protocol.

Children not eligible for transferring to AOD will be allocated to a Social Worker or where not possible will be allocated to a Social Work Team Leader or Principal Social Worker.

**RESPONSIBLE:** Interim Area Manager, CIC Principal Social Workers and AOD Principal Social Worker.

**DEADLINE:** 31/08/2022

## Section 2:

### Standards to be complied with

The provider must consider the details and risk rating of the following standards when completing the compliance plan in section 1. Where a standard has been risk rated red (high risk) the inspector has set out the date by which the provider must comply. Where a standard has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider has failed to comply with the following standard(s).

Standard	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Standard 5	The Child and Family Social worker	Not compliant	Red	22 April 2022

Standard 10	Safeguarding and Child Protection	Not compliant	Orange	31 October 2022
Standard 15	Supervision and Support	Not compliant	Red	15 April 2022
Standard 19	Management and monitoring of foster care services	Not compliant	Red	02 May 2022