

Statutory foster care service inspection report

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



Name of service area:	Cavan Monaghan	
Dates of inspection:	30 June - 2 July 2015 6 July - 8 July 2015	
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Inspection ID:	716	

About monitoring of statutory foster care services

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

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

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

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

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

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

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

1. Inspection methodology

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

During this inspection, the inspectors evaluated the:

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

The key activities of this inspection involved:

- the analysis of data and external professional questionnaires
- reviewing local policies and procedures and minutes of various meetings
- reviewing 49 children's case files
- reviewing 28 foster carers' files
- visiting 17 children in 12 foster carer households
- meetings with two groups of child in care social workers (one of which included team leader)
- meetings with the fostering social work team
- interviews with the area manager and principal social workers
- interviews with the chairperson of the foster care committee and meeting with three foster care committee members
- meeting with the wellbeing manager and after care coordinator
- meeting with a group of children in care
- observation of area management meeting and quality and risk meeting

- observing practice in two child-in-care review meetings
- telephone interviews with 5 parents

Acknowledgements

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

2. Profile of the foster care service

2.1 The Child and Family Agency

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

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

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

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

Foster care services provided by the Child and Family Agency are inspected by the Authority in each of the 17 service areas. The Child and Family Agency also places children in privately run foster care agencies and has specific responsibility for the quality of care they receive.

2.2 Service Area

Cavan and Monaghan is one of 17 service areas in the Child and Family Agency. It is situated in the northeast of the country and covers 3227 square kilometres.

Cavan/Monaghan is ranked as a deprived area relative to the national average. The *State of the Nation's Children Report* – alongside the Central Statistics Office (CSO) Census 2011 – indicates that Cavan/Monaghan is underachieving across a range of areas including educational attainment. Data on one-parent households show the area is below the national average for this indicator. Current figures for unemployment in Cavan/Monaghan are not available.

The overall population for the area, based on the 2011 Census of Population, was 133,666 which included 36,225 children.

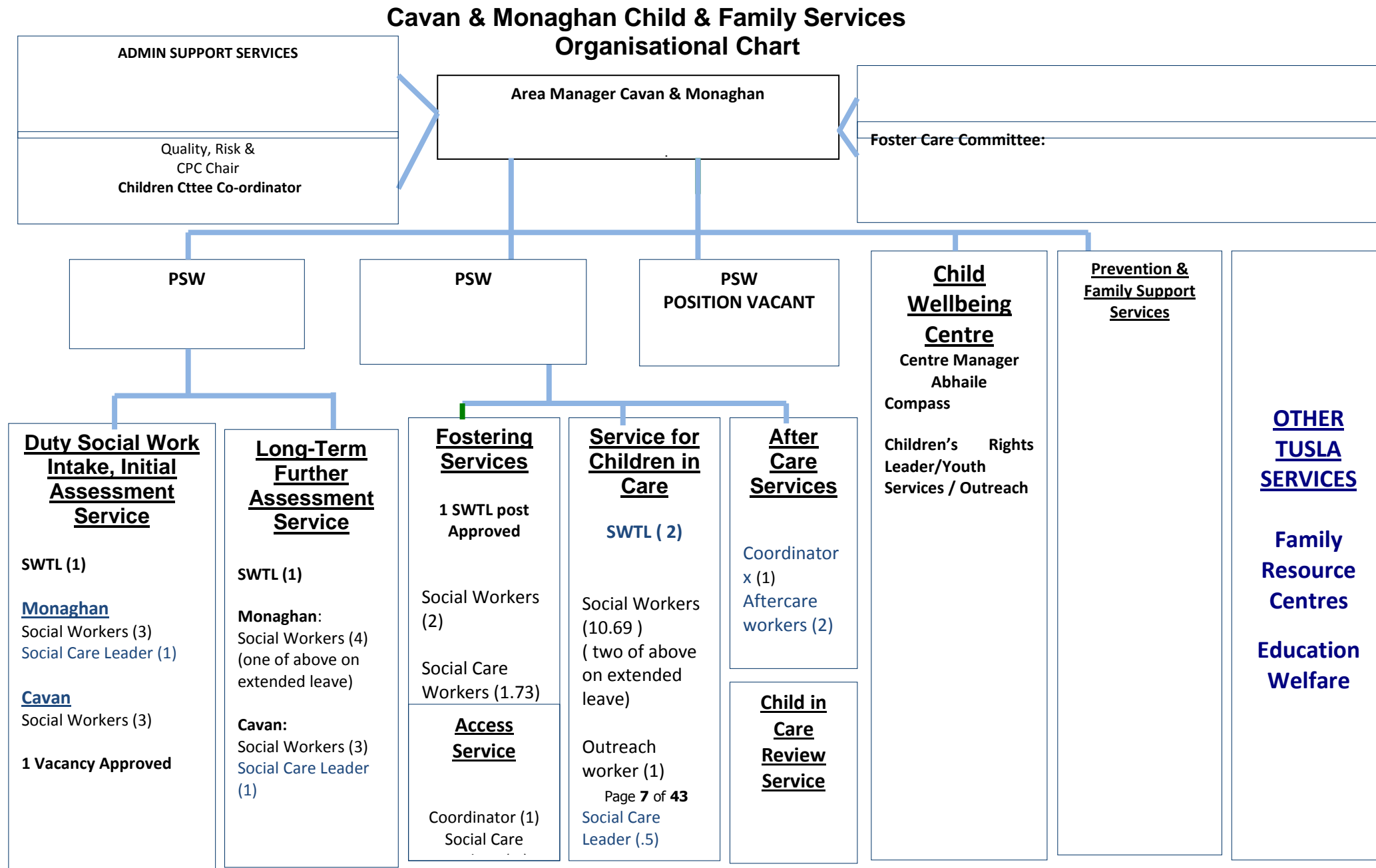
The area was under the direction of the service director for the Child and Family Agency Dublin North East Region.

The Cavan and Monaghan foster care service was part of the alternative care services which also included children in care and after care services. There was one fostering team and as the team leader post was unfilled at the time of inspection the team members were directly line-managed by the principal social worker for foster care. There was an independent chairperson of the foster care committee. The fostering team carried out assessments and were the link social workers to foster carers.

There were 161 children in foster care, 116 foster carer households, 27 relative and 89 general foster care.

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

Figure 1: Organisational structure of Cavan and Monaghan Child and Family Services



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3. Summary of inspection findings

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

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

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

- 6 standards were met
- 18 standards required improvement
- significant risks were identified in relation to 2 standards.

While the rights of children were generally respected and promoted, they were not aware of how to access their personal information and were not fully consulted about decisions affecting their lives. Complaints were not effectively managed. The service valued diversity but the needs of children with a disability were not consistently addressed through effective multi-disciplinary planning. While the percentage of relative placements was low, children were able to maintain positive relationships with their parents, siblings and significant others. Children were not always living with foster carers from their own cultural and ethnic background.

This inspection found good practice in a number of areas and that some elements of the service were delivered in an effective manner. All children in care had a social worker and care plan and in general were visited in line with regulations. Children were cared for with affection and their welfare promoted but the matching process was not robust. Foster carers were not sufficiently supported, supervised and reviewed which presented significant risks. There were delays in receiving some specialist services and difficulties planning aftercare for children with disabilities. There were also delays in assessing foster carers although the assessments themselves were of good quality. The management and investigation of specific concerns about foster carers was not sufficiently robust.

While the maintenance of health records required improvement, children's primary healthcare needs were met and their educational needs given high priority.

Despite an effective governance structure with clear lines of authority and accountability the fostering service was not delivered in a sufficiently planned and well resourced manner. There were formal systems in place to manage risk but the service presented a number of significant risks which had implications for the

delivery of a safe and effective service. A number of assurances regarding the well being of individual children had to be sought from the area manager by inspectors during the inspection. These assurances were appropriately submitted to the Authority. While there was external monitoring of the service, a robust quality assurance system was not in place. The foster care committee was not in compliance with national guidance and national standards. Specific strategies for the recruitment and retention of foster carers were not in place and there was an insufficient range of carers to meet all the diverse needs.

This inspection found that the service was provided by a skilled staff team who were well supported by regular supervision and training opportunities which were informed by a workforce learning and development plan. However, there were insufficient staff in place to deliver a safe and effective service.

4. Summary of judgments under each standard and or regulation

During this inspection, inspectors made judgments against the *National Standards for Foster Care*. They used four categories that describe how the Standards were met as follows:

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

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

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

5. Findings and judgments

Theme 1: Child-centred Services

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

Summary of inspection findings under Theme 1

While the rights of children were generally respected and promoted, they were not aware of how to access their personal information and were not fully consulted about decisions affecting their lives. Complaints were not effectively managed. The service valued diversity but the needs of children with a disability were not consistently addressed through effective multi-disciplinary planning. While the percentage of relative placements was low, children were able to maintain positive relationships with their parents, siblings and significant others. Children were not always living with foster carers from their own cultural and ethnic background.

Children's rights

This inspection found that the universal rights of children as set out in the United Nations Convention on the Rights of the Child were respected and promoted by those working in the service. A rights and advocacy officer was available across all child and family services in the area with the overall aim of empowering children to make their voice heard. Inspectors saw evidence of one child in foster care availing of this advocacy service. An action plan was in place to promote a children rights agenda and inspectors observed a management meeting where the action plan was reviewed. Specific actions included the development of a rights leaflet and a children's rights group to consult with children about their experiences in care. The latter was composed of mostly young people receiving an aftercare service and there was evidence of this group's feedback being considered in regards to service design.

Foster carers visited were aware of the rights of children and gave examples of how these were upheld. Children met with during household visits and in a focus group said that they were generally aware of their rights. Social workers gave examples of how they supported children to exercise their rights, for example, facilitating access to their personal information. However, children met with by inspectors were not aware of how to access their personal information and data submitted to the Authority showed that no children had accessed their information in the previous 12 months. Service information provided to children did not outline the child's right to

see personal information and it was not clear to inspectors if the newly developed rights leaflet as part of the area's rights agenda covered this specific right as the leaflet had not yet been widely distributed.

There was a clear understanding of a child's right to privacy, respect, dignity and confidentiality by those working in the service. Inspectors viewed written reports that were sensitive to the rights of children in this regard. An inspector observed two child in care reviews where children were referred to in a dignified manner and respectfully by those involved and consideration given to a child's right to privacy and confidentiality.

There was evidence in files reviewed that the service appropriately advocated for children and that children had access to advocacy and guardian ad litem services. In addition, as part of the rights agenda, an external advocacy service had been facilitated to consult with children in care aged 12-17 years which was continuing throughout 2015. Some children visited were part of this group and inspectors saw feedback from this external service regarding children's experience in care. Social workers and managers told inspectors that this feedback had been discussed with them in team meetings. Inspectors reviewed files that showed how the service advocated for services that were required for children and this was confirmed by external professionals. Staff sought out specialised services in order that a child's need in a specific area could be met although there were often delays in making these referrals which is addressed later in this report under safe and effective services.

Children interviewed during household visits said they were consulted about decisions affecting their lives and had a say in issues that affected them. Files reviewed demonstrated social workers seeking children's wishes on a number of issues particularly when they were part of court proceedings. Children's written views were obtained before care plan reviews. However, children spoken to in the focus group considered this to be often tokenistic. They considered the form they were asked to complete as childish and said they did not always receive a copy of their care plan or asked to attend child in care reviews. Case files did not routinely evidence that children had received a copy of their care plan and were invited to attend child in care reviews. An inspector observed a care review where a child who wanted to attend was only invited in at the end of the meeting for a limited time. The child was given an overview and a space to discuss his/her views but inspectors found there was no reason why the child could not have attended all of the review.

Diversity

While the service valued diversity and aimed to be inclusive of children and families who had specific needs as a result of their culture, gender, religion, ethnicity, sexual orientation, or disability, the needs of children with a disability were not consistently addressed through effective multi-disciplinary planning.

The area provided data that showed 23 children had a disability (14%) and 46 were members of Traveller community (28%). Diverse backgrounds were respected as

demonstrated by access to translation services and interpreters and documentation reviewed within care files. Staff working within the service had a good knowledge and understanding of the needs of children from diverse backgrounds. The regional workforce development unit had offered training to social workers in cultural diversity as part of their 2014 training schedule. However, inspectors found from reviewing case notes and care plans that while religious preference was respected, a number of care plans did not reference religion consistently and did not always outline identity needs when birth parents were from a different culture or members of the Traveller community. Observation of a child in care review showed that the professionals attending were unsure if the child was aware of their traveller background. Given the number of children who were members of the Traveller community, there was no evidence of projects or work being undertaken with Traveller networks specifically to promote fostering among the Traveller community. The area manager acknowledged that the service was not sufficiently proactive in this area.

Inspectors found examples of good practice around promoting a positive sense of identity. A review of case files and interviews with children and professionals demonstrated a range of direct work had been completed with children to assist in understanding their heritage and background. Inspectors found that some of this work could have continued for longer periods of time as one case reviewed showed life story work completed in 2013 which did not resume when the child wished to change his/her surname. One particularly complex case was reviewed and showed how the child's wishes were respected and promoted. Other examples were seen where birth parents expressed concerns that children were at risk of losing their culture/identity and appropriate actions were taken to rectify these concerns. While foster carers visited by inspectors said they were informed about the culture and ethnicity of children, they were not specifically given training about different cultural backgrounds. Children were not always living with foster carers from their own cultural and ethnic background and this had the potential to impact adversely on a child. The guidance template for social workers when placing children with carers from a different cultural or religious background was not consistently seen in either the child's file or the foster carer's file.

The needs of children with disabilities under the age of five years were met within the early intervention scheme. However, for older children with a disability consistent multi-disciplinary planning was not demonstrated. A sample of case files reviewed by inspectors found that while placements were appropriate and often involved shared care arrangements, there was little evidence of multi-disciplinary reports and assessments or routine multi-disciplinary involvement in child in care meetings and reviews. Some files did not demonstrate specific training and support provided to carers. Children with disabilities were impacted by waiting lists for specialist services and there were particular difficulties working with the disability services around planning aftercare. This impacted greatly on children with disabilities when transitions required considerable planning and is addressed later in this report under safe and effective services.

Communication

There was respectful communication with children and families but the effectiveness of communication required review. Children were provided with child-friendly information about the experience of going into care written by children who live in care now or used to live in care. There was also a child-friendly version of the National Standards for Foster Care which gave information about children's rights and what to expect in foster care. Inspectors found from observing review meetings, visiting households and speaking with children and parents and reviewing files that staff and foster carers communicated in a respectful manner. However, it was not always clear if children when visited were always spoken to in private and some children spoken with during visits did not know how to contact their social worker. Children spoken with in the focus group had mixed views on the quality of information provided to them by their social worker with some reporting it as good and other's not. Social workers told inspectors that they considered the pressures on their time did not allow for them to really build the relationships with children that they would like to.

The majority of parents spoken with thought communication with them could be more effective particularly in terms of timeliness of returning phone calls and consistently receiving written child in care review decisions.

There was evidence in files reviewed of communication supports to facilitate effective communication for children with a disability, for example, use of visual pictorial systems. However there were no Braille or loop systems available for staff to use. This meant that children or families with challenges in this area might find it difficult to communicate with those in the service.

Family and friends

Children were able to maintain positive relationships with their parents, siblings and significant others. Social workers and managers told inspectors that children were placed in relative foster care placements as a first option. However only 17% of children in care were with relatives and there was little evidence of family welfare conferencing to facilitate a relative placement. Access arrangements were evident on files reviewed with clear visiting plans in some cases and in general these met children's needs. There was a dedicated access team and good quality access facilities. Not all parents were happy with the amount of access they received. Some files reviewed showed good practice around sibling access with carers going on holidays together as a larger family unit but inspectors found there were also some difficulties in maintaining sibling access, for example, a child identified that he/she wanted more sibling access but this was not a recorded action in the care plan and there was no evidence that this request was facilitated in any way. For another child

sibling access had been left to carers to schedule and the care review noted that it had dwindled.

Files showed sibling groups were placed together as per their care plans or at least in close geographical proximity. Data submitted to the Authority showed that 23 full sibling groups were placed together (14%). 106 children were placed with some of their siblings. Inspectors reviewed some cases where children were placed outside of their community and found that the reasons for these decisions were in the best interests of the children. Birth family visits generally did not take place in the foster care home unless it was a special family occasion.

Children were aware of their family background. There was evidence of life story work undertaken with children and direct work around reasons for being in care. The majority of children met were aware of why they were in care and of their family background. While the majority of parents said they were kept informed of events in their children's lives, they felt their children were losing family connections.

Complaints

The complaints system to record, manage and resolve complaints was not sufficiently robust. Inspectors found that complaints and expressions of dissatisfaction from children were typically recorded in case notes or within the correspondence section and not filed within the complaint section of the file. It was not clearly recorded on the child's file if birth parents were informed of the complaint and, if not, the reasons why they were not informed. Inspectors found that there was no overall accessible register of complaints which clearly showed the general nature of all complaints and dates, the actions taken and status of complaints, and whether the complainants were informed of and were satisfied with the outcomes. As a result not all complaints were being picked up as in one file reviewed the birth mother was not happy with a decision made and asked to speak with the team leader. There was no evidence that this was followed up and the social worker could not confirm that it had been. In another file a child's concerns regarding access was not managed in a timely way.

The service followed a child-friendly complaints policy 'Speak Up and Speak Out!' designed to ensure that children can make effective complaints about any aspect of the fostering service. However, not all children said the complaints process was discussed with them and many were not confident that their complaints would be taken seriously. Children in the focus group said that if they had a complaint about a foster carer they would not tell their social worker but would talk to someone external. Inspectors did not find any evidence in files reviewed that children were informed of the safeguarding role of the social worker or that they were provided with contact details for the Ombudsman for Children, or what the process was if unsatisfied with management of the complaint.

Theme 2: Safe and Effective Services

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

Summary of inspection findings under Theme 2

This inspection found good practice in a number of areas and that some elements of the service were delivered in an effective manner. All children in care had a social worker and care plan and in general were visited in line with regulations. Children were cared for with affection and their welfare promoted but the matching process was not robust. Foster carers were not sufficiently supported, supervised and reviewed which presented significant risks. There were delays in receiving some specialist services and difficulties planning aftercare for children with disabilities. There were also delays in assessing foster carers although the assessments themselves were of good quality. The management and investigation of specific concerns about foster carers was not sufficiently robust.

Assessment and care planning

The service fulfilled some but not all of its statutory requirements in relation to children in foster care. Data submitted to the Authority showed that every child in care had a social worker but some children had experienced a number of changes of social worker over the previous 12-24 months as reported by children and carers and evidenced in case files. This compromised the building of trusting relationships.

With one exception at the time of inspection, children lived in approved placements. The non-approved placement had been signed off by the area manager in consultation with the principal social worker and the monitoring officer had been informed. The foster carer assessment had been completed but the foster care committee required more information before approval. Inspectors found from reviewing files and case supervision records that other children had previously been placed with carers prior to approval which was not in accordance with the standards and regulations.

Children, foster carers and social workers reported that visits to children in their foster care placements were occurring typically every six weeks in accordance with the regulations. While a review of some case files showed good record keeping in

relation to statutory visits this was not the case in all files reviewed as not all visits were documented. In some files there were no case notes reflecting visits but just a record of visits sheet. When visits were documented it was not clear if the child was met privately by the social worker to ensure a child could talk freely if they had a concern. In some cases where it was a recent placement the child was not visited within the first month and then every three months for a period of two years as required by regulations. In one case a child was not visited for a period of ten months as the allocated social worker was on leave and the child was not visited during that time.

Inspectors found that the assessment of need for each child was not always carried out prior to or immediately following a placement but was integrated into the care planning process with the supports required identified. Assessment of need varied across care plans and other documents on file and was contained within court reports, care plans, and other professional assessments which varied in quality. Many of the files reviewed were missing social reports pertaining to needs assessment and multidisciplinary input into the assessment was not evident. The needs of children in care and whether supports identified had been delivered were discussed at reviews and children and parents were facilitated to participate in this process. This was confirmed by children and parents but there was little evidence on files to indicate attendees at reviews received decisions from the meetings.

Social workers interviewed by inspectors had a good working knowledge of individual children's needs and during focus groups they said how this knowledge was the basis for discussion with the fostering team to obtain the best possible match to a foster carer. Foster carers reported that they were given sufficient information prior to a child being placed. However, inspectors found that the matching process was not robust and was primarily based on the availability of placements rather than assessed needs. This meant that not all children were placed with carers who had the capacity to meet their assessed needs which presented a risk of placement disruption. Files reviewed showed little evidence of matching with the use of checklists asking applicants the specific type of child they could provide care for. There was little evidence of pre-placement meetings. The matching process was questioned by the courts in one case of four young children. The social worker could not confirm if this was provided to the judge and there was no evidence of this being produced on the case file. Inspectors examined the foster care committee records and there were no long term matching reports listed as an activity for the committee.

There were systems in place for care planning and reviews to ensure compliance with regulations. A dedicated child in care review service operated and while placement plans were not developed, all children's files reviewed had an up-to-date care plan. Some cases reviewed by inspectors showed that care plans were not always developed within 14 days of an emergency placement and a review held within 2 months. Care plans were sometimes filed in a carer's file and not the child's. The quality of care plans varied greatly with some very good detailed plans and others where, for example, the number of placement breakdowns was not referenced or how to maintain the current placement and supports for the child were

not referenced. In some cases reports from professionals were not obtained for the child in care review. While children, parents, carers and professionals confirmed their participation in the care planning and review process, an inspector observed that at two reviews there were no external professionals present.

Timely and effective reviews were sometimes carried out following unplanned endings but not in all cases. The principal social worker told inspectors that there had been 15 placements with unplanned endings in the 12 months prior to the inspection. Some files reviewed by inspectors demonstrated good levels of support provided to both child and carer in order to maintain the placement. However, some files showed that timely strategy meetings did not always occur for placements at risk of disruption or after a disruption in placement in line with national policy. This posed a risk of continuing placement disruptions for some children and was detrimental to their welfare. Some disruption reports were reviewed by inspectors which were of good quality but these were not consistently completed. There was no response back from the Foster Care Committee regarding disruption reports and this was confirmed by social workers.

Quality of care

Children received the emotional and physical care they required but there were significant delays for children who required specialist services. During visits to foster carer homes, inspectors saw that children were encouraged to engage in activities and be part of the family. There were photographs of children evident in homes showing holidays together and activities. Carers interacted warmly and in a nurturing way with children and children's achievements and significant events were celebrated, for example, trophies and medals on display and communion photos. Children who were met had appropriate clothing and reported that they could help choose what to buy and were encouraged in their interests and hobbies. There was evidence of health and safety checks completed on households.

Social workers and foster carers advocated on behalf of children for access to specialist services and supports where required. Children had access to social care leaders and social care workers for some direct work and life story work and a number of services to provide focused support to children were available and accessed through the Cavan and Monaghan Child Wellbeing Centre. Social workers and managers valued these services and inspectors saw some instances of funds made available to purchase adequate supports privately on many occasions. However, files reviewed showed delays in making referrals to specialist services to meet children's emotional and psychological needs as agreed in their care plan. Once a referral was made there were unacceptable delays in receiving the service. For example, a number of cases reviewed by inspectors showed children waiting 17 months for psychology services through the primary care system. These delays were confirmed by social workers and external professionals and carers spoke of their frustration at these delays. Inspectors required an assurance from the area manager for two children during the inspection where there was a concern for their psychological well being. The area manager provided written assurances that their

needs would be met by sourcing this service through a privately run service instead.

Children were supported by the service after they became 18 years with 19 young people who were 18 years remaining in the foster carers home and two in supported lodging. Data provided to the Authority showed that 74 young people up to the age of 24 years were receiving aftercare service with 46 of these over 18 years and the remaining 28 between 16 and 17 years old. Inspectors examined some files for children aged 16 years old and found that while there was evidence that children were involved in planning for their future, not all had a leaving care plan at a time of extreme vulnerability in their lives. The principal social worker told inspectors that there was a delay in referring children aged 16 years in line with after care policy. As a result, only three of the 15 children aged 16 years had been referred to after care. Inspectors found that once referred to the aftercare service it was responsive despite it not being fully resourced with only a team of three social care leaders.

There were significant difficulties in planning aftercare for children with disabilities. Case files reviewed indicated that the necessary inter-agency planning for these children leaving care was not effective and this was confirmed by foster carers, social workers and managers. In one particular case, a young person's after care planning had not commenced despite the fact that he had already turned 18. The foster carer had made a complaint and explained how this was affecting herself and the young man. Inspectors asked for an assurance from the area manager that the aftercare planning would begin immediately. The area manager provided a written assurance that a multi-disciplinary after care meeting would take place at the end of July with all relevant parties including the disability service to formalise an aftercare plan.

Foster carers – assessment training and support

Foster carers were not assessed and reviewed effectively and in a timely manner in order to meet children's needs. In general the quality of the assessments were good although assessment reports were not found in all files reviewed and some files were missing information like the medical reports. There were delays in completing assessments as on average they were taking between 12-24 months which meant they were not within the timeframes outlined in the regulations and standards.

While checks were completed in line with regulations following emergency placement with relatives, there were some delays in completing the formal assessments. This meant that some children were placed with relatives where not all potential risks had been identified. In one case reviewed the assessment took two years to complete while in another case the assessment commenced and a letter of approval was sent within seven months. At the time of inspection, there were seven general fostering assessments waiting to commence. One application had been received in November 2014 and the assessment was due to commence and one application was received May 2015. Three applications were from 2013 and two from 2014 which the principal social worker said had not been prioritised due to the limited availability of the applicants to meet current demand for older children.

Assessments of potential foster carers were presented to the foster care committee in a timely manner as evidenced in files and in the interview with the chairperson of the foster care committee. However, the chairperson said that sometimes there were issues which required further information from the social worker to ensure appropriate approval which impacted on the timeliness of the approval process. Social workers confirmed that they were being asked for more information on some assessments.

In general, foster carer contracts were in place and there was evidence of An Garda Síochána vetting for adults in the foster carer household on file. While data submitted to the Authority showed that there were 50 households where the vetting was out of date, inspectors saw from letters on file that this was being addressed and this was confirmed by staff and carers.

Inspectors saw evidence that effective reviews were carried out following serious complaints with the findings communicated to the FCC. However, there was no robust system to carry out timely and effective foster care reviews to ensure the continuing capacity to provide high quality care and ensure that children were living in safe households. Data submitted showed 70 households (32%) who had not had a review for over three years. The FCC activity report indicated that only two reviews had been undertaken in the 12 months prior to the inspection. Files examined showed that reviews of foster carers were not carried out in line with regulations and standards. Some files showed no evidence of any reviews since approval which in some cases was over 10 years. Some of the carers on the panel were not being considered for placement at the time of inspection as they had been prioritised for a review but there were not enough staff resources to complete them. This delay in completing reviews depleted the number of available carers.

The process of approval of foster carers was not clear. Approval letters were not always evidenced on case files and some approvals were not specific enough as they did not specify the age range of the children that could be placed. Some files reviewed showed children were placed within the approval status but also some were not. For example, some carers approved for short/emergency/respite care had children on a long term basis. Placement of approved carers on a panel had only recently been completed.

While there was evidence of some respite arrangements in place to support children and foster carers, children with behaviour that challenges did not always receive the support and care they required. There were no special foster care placements available and some children had experienced multiple disruptions and placement moves. Inspectors asked for assurance from the area manager in relation to two young people who had 12 placements in 16 months and 10 placements in 13 months respectively regarding the supports in place for them. The area manager provided a written assurance that care plan reviews had been scheduled for both young person's by the end of July. Files reviewed showed that challenging behaviour was not always referenced in care plans and it was not clear what support carers were being provided to deal with the behaviour. Foster carers were not routinely receiving specific training on children's complex needs which was evidence based,

up-to-date and informed by best practice. Social workers and managers confirmed that training on challenging behaviour was scheduled for October 2015.

There were insufficient supports for foster carers to ensure effective delivery of care. Regular monthly support groups were held which foster carers who attended said they valued and they were confident in raising issues with link workers if they had one allocated. While foster carers visited told inspectors that they were satisfied with the level of support offered to them, the majority of foster carer households were not supported by a professionally qualified social worker to ensure carers had access to the professional support necessary to enable them to provide high quality care. Inspectors found that of the 15 unplanned endings which occurred in the previous 12 months, only five of the carers had a professionally qualified social worker allocated. Overall, 34 foster carers had no link worker, 21 had a professionally qualified social worker and 61 had a social care worker. As the latter were not professionally qualified social workers, the principal social worker said that they offered support to foster carers but not supervision and this arrangement was confirmed by staff. As a result, the majority of carers were not receiving regular formal supervision as forum for discussion regarding quality of care and this was demonstrated in files reviewed. In addition, visits to the foster carer household by link workers were not always occurring on a sufficiently regular basis. For example, inspectors reviewed a number of files where there was a maximum of four visits in 2014, some where there were no visits and only telephone support throughout the year, and inspectors found that in some cases this lack of visits was continuing in 2015. There were letters on file to foster carers in 2014 stating that the lack of resources meant a limited capacity to visit and provide link workers. There was no out-of-hours service; however this was a national issue currently under consideration.

Inspectors examined the training calendar which showed that training was provided to foster carers. Also, briefings on various topics were delivered at support groups. Records of carers who attended training were held on foster carers files and the attendance record was held in the fostering training folder. But inspectors saw that there were varying levels of attendance by foster carers at training events and individual foster carer training records were not evaluated or an appraisal of training needs completed. For example, a number of carers had not attended any training since their approval and the principal social worker did not know how many carers had received safeguarding training. Some files showed foster carers who had asked about specific training in behaviour management and managing suicidal ideation but there was no evidence that these requests had been followed up. There was no evidence of a training strategy in place for foster carers.

Safeguarding and child protection

There were measures in place to safeguard and protect children from abuse but the system to manage serious concerns about foster carers was not sufficiently robust. Inspectors reviewed some files where children had gone missing from care and found that foster carers and social workers followed policies and procedures in line

with policy. There was a protected disclosure policy in place and while not all staff interviewed were aware of it, they were all clear that they would approach the team leader or principal social worker if they had any concerns.

Data submitted to the Authority showed that there had been 44 child protection and welfare concerns or allegations about children in foster care in the previous 12 months. Inspectors reviewed a sample of files relating to child protection concerns and found that referrals were reported, managed and investigated in line with Children First (2011): National Guidance for the Protection and Welfare of Children. Children on the child protection notification system were placed there appropriately with evidence of good quality child protection case conferences.

Data submitted to the Authority showed that there had been 8 reports of serious concerns against foster carers in the previous 12 months. Inspectors reviewed the process of managing concerns about foster carers. The principal social worker since March 2015 had begun to record concerns in line with a draft national policy which guided staff on the promotion of safe care and safeguarding. It emphasized the importance that all reports received in relation to children in care should be categorised, documented and defined in order to determine the response given. The principal recorded concerns and complaints under the classifications of difficulties in placement, complaints from carers, complaints regarding other services, complaints from children and complaints from parents/relatives. In one concern, a foster carer review took place and the FCC changed the approval status to short term. For the other two concerns, timely strategy meetings were held resulting in action plans which clearly recorded what actions were to be taken, by whom and the timeframe involved. However, no dates were set for review of the outcomes of action plans and it was not clear to inspectors if the concerns had been reported to the FCC and to the monitoring officer. In addition, inspectors found reference to three other serious concerns in social worker's supervision records and while the principal social worker was aware of them and able to tell the inspectors of their current status they had not been formally recorded/documented in the new system. There were no children currently in placement with any of these carers and one was assigned for a carer review. Nevertheless, this was a failure to ensure all concerns were recorded and tracked appropriately.

Prior to March 2015, inspectors found that the investigation and management of serious concerns was not well managed. Timely strategy meetings and action plans did not always take place and not all of them were reported to the foster care committee and to the monitoring officer. While unannounced visits to foster homes ensued on foot of a concern and carers said they were informed about complaints/allegations and kept abreast of any investigation, it was not always clear if children were spoken to alone on such visits. In one case it was not clear if the children were spoken to at all. Concerns were often referred to within case notes in the child's file and not clearly recorded in the complaints section of the file. One such concern, while concluding that the placement was a good one for the child, referenced the need for a strategy meeting which did not take place. The role of the link worker during the investigation was not clear with poor case supervision notes and little evidence of support to the carer. This concern had resulted in a complaint

from the carers themselves.

All carers received initial training which covered safe practices but while more specific training in child protection in line with Children First (2011) was offered to carers which was seen by inspectors in correspondence, there was little evidence of take up on this training. There was no overall tracking to determine which carers had not received the training. 17 carers had more than two children living with them who were not siblings which was not in line with the safeguarding standard.

Theme 3: Health and Development

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

Summary of inspection findings under Theme 3

While the maintenance of health records required improvement, children's primary healthcare needs were met and their educational needs given high priority.

Healthcare needs

The health needs of children were managed through individual work by social workers and carers but improvements were required in the maintenance of health records.

There was little evidence in the files examined by inspectors that medical assessments were routinely completed for children admitted to care. Social workers and the principal social worker said that medical assessments were undertaken, unless existing information deemed it unnecessary, but that the actual medical report was not kept in the child's current file.

While some children's files had up-to-date health checks and medical records recorded, overall children's case files did not reflect comprehensive records pertaining to medical reports and information on the child. There was little written evidence on children's case files of efforts made to obtain missing information regarding medical histories and reports. Medical histories and immunisation records varied in quality across the area and written outcomes of medical examinations by the child's general practitioner (GP) were not always found on the files. Follow up on getting vaccination histories from the child's general practitioner (GP) was often not timely. Some foster carers said they were given little information pertaining to the children's healthcare needs. This poor management of information on the medical histories and records of children meant that key information about the health and wellbeing of children was not protected and maintained for the future.

Inspectors found that primary medical and health needs of children were identified at statutory care reviews and met appropriately and were seen as a priority by foster carers and social workers. Day-to-day medical needs were managed mainly by the foster carers and provided through the primary care system. There was evidence that children had timely access to GP treatment and foster carers confirmed this to inspectors. A review of case files demonstrated some GP reports and updates from other specialists such as public health nurse (PHN) and paediatricians were made available for children as part of the review process but this was not consistent in all files reviewed. Children did not have prioritised access to specialist services but

inspectors found that overall the area advocated on behalf of children to access specialist and necessary services and supports.

Appropriate medical consent was obtained and recorded in the majority of cases. The area had a procedure in place to ensure appropriate consent could be given in a timely manner in respect of elective procedures. The issue of consent to medical and dental treatment was clearly understood by all foster carers who were aware of their duty to inform the Child and Family Agency regarding any health issues or events concerning the child in their care. Interviews with social workers and foster carers confirmed that children had their own medical cards but the recording of this information on files varied across the area.

While there was no evidence of training for carers in first aid, health promotion and appropriate medication management practices, carers spoke of administering first aid when minor injuries occurred and gave examples of their knowledge in promoting health and encouraging exercise and a healthy diet.

Education needs

Children's educational needs were assessed and given high priority by the area. A review of case files demonstrated that the educational needs of each child were identified and addressed in the care planning process. School reports and attendance records were requested for each child as part of the statutory review and these were found on case files reviewed by inspectors. There was evidence of educational reports on file for care plan review meetings and the input of the educational welfare service. The role of the latter service was to offer advice and guidance to social workers and carers in relation to securing a school placement for the young person in their care. There was also evidence of teachers and/or school principals attending professional and strategy meetings particularly when children with complex needs were experiencing difficulties in school and there was a risk of suspension or expulsion.

There was good communication and engagement between carers, professionals and schools. Inspectors saw evidence that social workers in consultation with carers ensured that education concerns were brought to the attention of schools in a timely manner and effective actions were agreed. A number of case files demonstrated that the placement of a child in foster care had brought about an improved attendance at school. Some case files contained educational psychology reports where required. Recommendations arising from these reports were being addressed through the care planning process. Foster carers interviewed indicated that they attended parent/teacher meetings, and gave support in homework completion and extracurricular activities. However, a small number felt they should be included more in decisions and information pertaining to the child's educational needs.

Where a child or young person expressed a wish to go on to further education this was found to be supported by the area. In some cases it was evident that financial supports were made available for third-level education and this was confirmed by social work personnel and the after care coordinator. Inspectors found that some

foster carers paid for third-level education themselves as the children were either not in receipt of an aftercare service or there was a delay in receiving support from the Child and Family Agency to attend third-level education. A team leader in one social work department indicated that the area had a high number of children in care that progressed to third-level education. Children of a school going age spoke positively to inspectors about school and some children were very clear about what they wanted to achieve in the long term. Foster carers interviewed confirmed their responsibilities in promoting each child's educational potential and facilitating the children's participation in hobbies, interests and extracurricular activities. This was confirmed by external professionals in their questionnaires.

Theme 4: Leadership, Governance and Management

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

Summary of inspection findings under Theme 4

Despite an effective governance structure with clear lines of authority and accountability the fostering service was not delivered in a sufficiently planned and well resourced manner. There were formal systems in place to manage risk but the service presented a number of significant risks which had implications for the delivery of a safe and effective service. While there was external monitoring of the service, a robust quality assurance system was not in place. The foster care committee was not in compliance with national guidance and national standards.

Management structures and systems

Management structures identified clear lines of authority and accountability but the principal social worker for fostering had line management responsibility for three services in total and insufficient team leader resources.

Inspectors found that there was a clear line management structure. A principal social worker reported to the area manager. The latter, appointed in October 2014, had line management responsibility for three services that were part of alternative care services, namely, children in care, fostering and after care services. Social workers reported to two team leaders who in turn reported to the principal social worker. A team leader post in fostering was approved but despite active recruitment had not been filled at the time of inspection. The area manager reported to the regional service director.

Managers were qualified, experienced, demonstrated leadership and were accountable for the services delivered. Observation by an inspector of the area management meeting, which was across all child and family services, found that managers were held accountable for their lead responsibilities and collectively for implementation of strategic actions. Both the area manager and principal social worker had participated in management development programmes. Staff demonstrated in focus groups their understanding of their roles and responsibilities. They said that that they were supported by team leaders and that the appointment

of the principal social worker in the last quarter of 2014 provided leadership to a service that throughout 2014 lacked resources. Child in care social workers based in Monaghan were concerned that their team leader was based in Cavan which they felt impacted negatively on communication. The principal social worker had line management responsibility for three services and, due to the inability of the area to recruit a fostering team leader, she was carrying out that role in addition to her principal social worker role. As a result nine staff directly reported to her. Inspectors found that while one manager for all of the alternative care services provided a solid foundation for effective management, the lack of sufficient team leader resources compromised the delivery of a safe and effective service.

There were no children placed with foster carers through non-statutory agencies and the area manager stated that this was not an avenue that the area wished to prioritise. National policy on inter area transfers was in place but not fully implemented as there were 17 children awaiting transfer into the area. The service maintained a panel of approved persons who can provide foster care in the area but development of this panel as required by regulations was only recently accomplished on foot of an audit of the foster care committee by external monitors. There was evidence of the notification system to report significant events to the regional office and inspectors viewed a sample of management reports which were a tool for reporting operational matters to the regional manager. Monthly meetings took place between the area and regional manager to review staff resources, activity and financial reports among other operational matters. The area manager reported that there had been a consistent acknowledgment at the regional level that the area was under resourced.

Communication systems throughout the service were generally effective as confirmed in interviews with managers and staff. Social workers and the principal social worker told inspectors that they found their line managers supportive, able to make decisions and provide leadership. Area management meetings took place on a monthly basis with the minutes distributed to team leaders for the social workers in their teams. Social workers interviewed in focus groups, however, were not aware of decisions made at these management meetings and felt less empowered as a result. Fostering team meetings occurred although the regularity of them needed improving. Inspectors examined meeting records and found that meetings focused on operational issues and service delivery.

Planning the Service

Inspectors reviewed the strategic area plan in place. It showed short term and long term goals with specific actions outlined and inspectors observed at the management meeting that this was very much an active plan that was monitored. However, the area plan was across all child and family services and while there were elements within it relating to the fostering service, there was no evidence of an operational plan for the fostering service itself detailing key objectives and actions. Staff were unaware of service objectives and how to meet them. Inspectors found that while there was a business case proposal for more resources and plans

developed in response to recommendations by external monitors, the service was not sufficiently planned.

Risk Management

There were formal systems in place to manage risk but the service presented a number of significant risks which had implications for the delivery of a safe and effective service. All managers and staff interviewed demonstrated a good knowledge of risks within the foster care service. The area manager was clear on the system and criteria for risk escalation to the regional office. An area protocol had been agreed at the April 2015 management meeting regarding the identification and resolution of service deficits with all staff having responsibility to identify and resolve problems from an accountability perspective and not a blame culture. The identification, management and escalation of service risks were carried out in line with national procedure through *Measuring, Managing and Reporting Social Work Intake* reports and the national policy on risk escalation. There was a clear procedure for notification of child deaths and serious incidents and an area risk register in place as the main tool for addressing risks. Inspectors examined the register and saw that it recorded risks across the different departments within child and family services. The fostering service risks recorded were as follows; delayed carer assessments leading to overcrowding of placements, inappropriate placements as insufficient numbers of carers, inappropriate matching as based on availability, lack of carer reviews, high number of carers without a link social worker, and the use of two unapproved placements in the year to date. Existing controls were outlined and additional controls identified such as an increase in staff resources, improved carer training, and all carers to have support and supervision by a professionally qualified social worker. Inspectors observed a quality and risk meeting attended by the regional risk manager and saw that the register was updated and reviewed at these meetings with a staff member assigned as the local lead.

However, the register did not rate the risks in terms of impact and likelihood and the principal social worker was the named person with responsibility for actions despite, for example, increased staff resources being outside of her direct control. The risks of placement breakdowns and delayed access to specialist services were not identified and controls put in place to mitigate those risks. Inspectors required assurances from the area manager during the inspection regarding risk assessments when carers had pets that were of a controlled dog breed and a risk assessment of the arrangements in one case for the children's care while the foster carers were away. These assurances that risk assessments had been completed were provided to the Authority. Inspectors also required assurance that a risk management plan was in place for a young person at risk of serious self harm. This assurance of a care review and plan to receive necessary services to keep the young person safe was received by the Authority.

Quality Assurance

While there was external monitoring of the service, a robust quality assurance system was not in place. There was a designated authorised person to undertake formal monitoring of the area foster care service and inspectors read the September 2014 report of compliance with the regulations and standards. The external monitors found good practices but also had a number of concerns relating to supervision and review of carers and the number of children without an allocated social worker. The area had submitted a response plan which was approved by the monitors in October 2014. More recently in June 2015 external monitors examined the functioning of the foster care committee. In the course of that audit, the monitors considered it necessary to alert the area manager to shortfalls that needed to be addressed immediately. A copy of the draft report was made available to inspectors and is discussed further under the foster care committee sub heading.

While managers demonstrated in interviews that they knew the extent of service deficits, inspectors found that there was inadequate managerial oversight at the area level. Inspectors observed at management meetings that statistics were gathered on activity levels and efforts to review complaints and trends and issues arising across all services were in development. The area manager reviewed these activity reports which were broad and focused on statistics but there was no ongoing analysis of, for example, placement breakdowns or allegations against carers, in order to review patterns emerging with a view to improving services to children in care. Routine and systematic audits were not carried out, or other initiatives such as performance indicators developed, as part of a quality assurance system to ensure adequate oversight. For example, inspectors found that many files were not maintained to an acceptable standard lacking transfer summaries and a chronology with front sheets not always complete, and many documents missing. All data requested by the Authority for this inspection required a manual search through records as there was no database to support the service. The area was dependent on a national system that was not forthcoming and as a result there was a limited use of information by the service.

The Foster Care Committee

The effectiveness of the foster care committee (FCC) was undermined by its lack of compliance with national policy and the national standards. The FCC, which provided governance in the service, was comprised of people with various expertise in child welfare and was chaired by an independent chairperson. Inspectors interviewed the chair of the committee and met with some of the committee members and viewed records of FCC meetings and decisions made. Inspectors found The FCC considered assessment reports for foster care applicants as part of the approval process and received disruption reports as part of the learning opportunity to reflect on what makes placements vulnerable to disruption. However, decisions made by the FCC while timely were not always clearly recorded in records examined by inspectors and there were not individual files maintained for foster carer applicants. The FCC did not function completely in compliance with regulations

and standards and in line with the Child and Family Agency *Foster Care Committees: Policies, Procedures and Best Practice Guidance 2012*. The latter had been devised in order to standardise and streamline the operation of foster care committees in their approach to dealing with foster care applications and approving matches between approved carers and children. The FCC did not routinely receive matching reports in order to approve long-term placements and only reviewed the approval status of carers following a foster carer review when a serious concern arose as ongoing reviews did not take place. External monitors in June 2015 found that the FCC did not fully comply with standards and considerable work outstanding in relation to implementation of best practice document. 20 recommendations were made under structure and membership and 13 under business of committee.

The chairperson acknowledged the deficits in the functioning of the committee and demonstrated the steps taken to date to implement necessary changes. Inspectors saw the proposal for review of the committee's membership to ensure it will be in line with best practice guidance. Correspondence was reviewed regarding establishing files for committee members and files for all 2015 foster carer applicants. The agreement between the area manager and chairperson regarding her role and responsibility and supervision arrangements was also reviewed. A panel of approved carers was now in place and plans were being developed regarding the review of crowded placements and a system for prioritising carer reviews and increased administrative support.

The FCC contributed to the planning of foster care services as evidenced in the 2014 annual report examined by inspectors. Alongside statistics showing activity for the year, there was analysis of that activity and recommendations for improvement to ensure the continued improvement of the service

Theme 5: Use of Resources

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

Summary of inspection findings under Theme 5

Specific strategies for the recruitment and retention of foster carers were not in place and there was an insufficient range of carers to meet all the diverse needs.

Retention and recruitment of foster carers

Specific strategies for the recruitment and retention of foster carers were not in place. While a national fostering awareness and recruitment campaign had run in 2013 these campaigns had not resulted in any significant increase in the pool of foster carers. Data provided by the area to the Authority demonstrated that there had been 84 enquiries about becoming a foster carer in the previous 12 months and three information meetings held for prospective carers. It was unclear how many applications were submitted in the same time period but only three carers had been approved. Response times to enquiries were not monitored, but staff interviewed said that delays in responding had reduced as a result of social care staff joining the team and following up on initial enquires.

Strategies focusing on the barriers to finding and retaining foster carers and initiatives to overcome these barriers alongside initiatives to recruit carers from culturally diverse backgrounds were not in place. Data provided to the Authority by the area showed that 6 foster carers had left the panel voluntarily in the previous 12 months and the fostering manager stated that this was mostly due to changes in their life circumstances. There was no evidence of exit interviews being undertaken with these carers in order to inform future training, support, supervision, recruitment and retention. Two carers had been removed from the panel as a result of reviews and concerns about their capacity to meet children's needs.

There was an insufficient range of carers to meet the diverse needs and demand for services. While the area stated that there were no children awaiting foster care placements, one child was in an unapproved placement due to the lack of any alternative option. Inspectors found from reviewing files, interviewing staff and talking to carers, that a number of carer households had more than two children who were not siblings which was contrary to the national standards. Inspectors saw evidence in the response to a social worker's request to commence a recruitment drive for a particular child that indicated there were not enough resources to initiate specific recruitment drives for children.

Theme 6: Workforce

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

Summary of inspection findings under Theme 6

This inspection found that the service was provided by a skilled staff team who were well supported by regular supervision and training opportunities which were informed by a workforce learning and development plan. However, there were insufficient staff in place to deliver a safe and effective service and this deficit has been outlined in the action plan under Standard 19.

Recruitment

Systems were in place to recruit staff and the recruitment of permanent staff was managed through the national recruitment panel. Personnel files were held in a central location and files containing staff supervision and training records were held locally. National policies were in place which included staff induction and supervision, lone working, dignity at work and protected disclosure. Inspectors viewed the personnel details of a sample of permanent members of staff and found that, in general, files contained key information such as references, qualifications and records of previous employment. There was no evidence of a rolling programme of An Garda Síochána vetting in place.

Inspectors reviewed the content of the national induction process which guided team leaders and principal social workers in this regard. A project worker had been recruited in the last twelve months and the principal social worker stated that the induction process had been followed despite the pressures experienced by the service. Staff interviewed in focus groups confirmed that induction programmes were followed. The principal social worker demonstrated a strong commitment to closely supervise and support new members of staff.

Sufficient staff and skill mix

While staff were qualified and experienced there were insufficient staff in place to deliver a safe and effective service. Data submitted to the Authority showed that there were 16.78 whole time equivalent posts across the fostering and children in care services. A complete staff census report submitted to inspectors on request showed the children in care team with 10.69 whole time equivalent social workers (two of whom were on extended leave). In addition, three social care leaders, one family support worker and a project leader facilitated and supervised access for children in care. The fostering team had only two whole time equivalent social workers and 1.73 social care workers. A team leader post which has been unfilled

since May 2014 had been approved but despite active recruitment at the time of inspection the post remained unfilled. An expression of interest internally had recently been circulated in an effort to fill this post. The numbers of administrative support staff were shown across all the services and were not specifically allocated to alternative care services.

Interviews with staff at all levels and external professional questionnaires confirmed that as a result of insufficient staff numbers, social workers throughout 2014 had moved between teams leading to inconsistency in the teams. Reassignment of staff had led to changes to allocation of social workers for children and link workers for carers which did not promote continuity. This situation was continuing in 2015 and at the time of inspection one of the children in care social workers had been assigned to work part time in the fostering team. In addition, two social care workers were transferred from the wellbeing centre to the fostering team to allow social workers to complete carer assessments. Inspectors viewed the business plan proposal for additional resources which had been made to the regional service director. The area manager confirmed that two posts had been approved and he would seek to fill them through an external recruitment agency.

As stated earlier in this report under Theme 4, inspectors found managers to have the appropriate skills and sufficient line management experience for the type of service they delivered. They were participants in the area's management development programme which had resulted in a complex case review project being recently developed to commence in September. The majority of staff reported a high level of satisfaction in the way in which they were managed.

Supervision and support

Staff were supported and supervised appropriately. =Supervision practice was guided by a national supervision policy and was provided by trained supervisors. During focus groups, staff told inspectors that they valued formal supervision and they received it regularly. Inspectors viewed a sample of supervision records across the service and found that while sessions did not include professional development, good quality supervision was regularly provided. Cases allocated to social workers were regularly reviewed.

Staff at all levels who met inspectors were confident in voicing their concerns about aspects of the service and had done so at team meetings as evidenced in the minutes. These concerns related predominantly to staffing numbers. However, despite a national policy in place to facilitate staff to make protected disclosures not all staff were aware of or understood the process.

Training

Staff received sufficient training to carry out their duties and update their skills and knowledge. The service returned data to the Authority that indicated that all staff were trained in Children First (2011). Training in this area was a regular feature on the yearly training schedule co-ordinated by the regional workforce development

unit. During focus groups, staff had a very good knowledge of these guidelines and their responsibilities in relation to it.

Training opportunities were available for all staff in the service and this was informed by a workforce learning and development plan examined by inspectors. Training was offered to staff principally from the regional workforce development unit. Training records for fostering team were kept locally and these were viewed by inspectors. Supervision records evidenced a training section for each staff member with certificates of attendance at various training courses and these certificates were mirrored in the overall training file. Training attended by the fostering team in 2014 included social work assessment, foster carer assessment, putting analysis into assessment, caseload management, equality and cultural awareness, safeguarding in assessment, supervision and support of carers, gender based violence and effective people management. A number of long serving staff members told inspectors that despite the availability of continuous training and development in 2014, not all courses delivered by the regional team met their training needs. They valued the training offered locally such as working with at risk adolescents in care which the fostering team had received in 2015.

Inspectors viewed the training priorities for 2015 which included the development of the signs of safety approach in assessments and other pieces of social work. Local training for staff and carers was scheduled for October around children in care and their experience of trauma with additional sets of team training later in the year. Six new national programmes were being developed in attachment assessment, cultural diversity, analysis and assessment, reflective recording, engaging with children, and court skills. The area's lead staff member on training informed inspectors that they would be consulting with the regional team regarding when these programmes would be available in the area.

There was evidence that managers and team leaders undertook management development and training during 2014 alongside a front-line manager's course. Accredited management training was being rolled out for all managers in addition to implementation of an appraisal system. Inspectors observed the management meeting where training was discussed and the requirement for those receiving training to disseminate their knowledge amongst colleagues unable to attend.

Appendix 1 – Standards and Regulations for Statutory Foster Care Services

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

[¥] Where reference is made to Health Boards these services are now provided by the Child and Family Agency.

National Standards for Foster Care (April 2003)

Theme 2: Safe and Effective Services

Standard 5: The child and family social worker

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

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

Standard 6: Assessment of children and young people

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

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

Standard 7: Care planning and review

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

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

Standard 8: Matching carers with children and young people

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

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

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

National Standards for Foster Care (April 2003)

Standard 9: A safe and positive environment

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

Standard 10: Safeguarding and child protection

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

Standard 13: Preparation for leaving care and adult life

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

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

Foster care applicants participate in a comprehensive assessment of their ability to carry out the fostering task and are formally approved by the health board¹ prior to any child or young person being placed with them.

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

Part III, Article 5 Assessment of foster parents

Part III, Article 9 Contract

14b. Assessment and approval of relative foster carers

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

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

Part III, Article 5 Assessment of relatives

Part III, Article 9 Contract

¹ Formally known as Health Boards at time of writing Standards, now known as The Child and Family Agency.

National Standards for Foster Care (April 2003)

Standard 15: Supervision and support

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

Standard 16: Training

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

Standard 17: Reviews of foster carers

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

Standard 22: Special Foster care

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

Standard 23: The Foster Care Committee

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

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

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

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

Part III, Article 5(2) Assessment of relatives

Theme 3: Health and Development

Standard 11: Health and development

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

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

Part III, Article 6 Assessment of circumstances of child

Part IV, Article 16 (2)(d) Duties of foster parents

Standard 12: Education

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

Theme 4: Leadership, Governance and Management

Standard 18: Effective policies

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

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

Part III, Article 5(1) Assessment of foster carers

Standard 19: Management and monitoring of foster care agency

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

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

Part IV, Article 12 Maintenance of register

Part IV, Article 17 Supervision and visiting of children

Standard 24: Placement of children through non-statutory agencies

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

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

Theme 5: Use of Resources**Standard 21: Recruitment and retention of an appropriate range of foster carers**

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

Theme 6: Workforce**Standard 20: Training and Qualifications**

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