

Statutory foster care service inspection report

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



Name of service area:	Galway/Roscommon	
Dates of inspection:	16-25 June 2015	
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Lead inspector:	Orla Murphy	
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Inspection ID:	717	

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
- reviewing local policies and procedures, minutes of various meetings and three local and regional audits
- reviewing 81 children's case files
- reviewing 33 foster carers' files
- meeting with 20 children and nine foster carers
- meeting with four parents
- telephone contact with four parents
- meetings with two groups of social workers, one group of child care workers, one group of aftercare workers, members of the fostering team,
- interview with the chairperson of the foster care committees
- interview with the area manager
- interviews with three principal social workers
- interview with an occupational therapist

- interviews with two team leaders
- observing staff in their day-to-day work
- observing practice in two child-in-care review meetings, one strategy meeting, one aftercare planning meeting, one special foster care planning meeting, one Irish Foster Care Association (IFCA) meeting, one foster care review and one foster care matching panel meeting
- visiting foster care homes.

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

Galway/Roscommon is one of 17 service areas in the Child and Family Agency. It is situated in the west/northwest of the country. It is the fourth largest area in the State covering 8696 square kilometers. Joined with the Mayo area, this region constitutes The West region. The West is ranked one of the most deprived areas in the country. The *State of the Nation's Children Report* – alongside the Central Statistics Office (CSO) Census 2011 indicate that the Galway/Roscommon area is underachieving across a range of areas. Data on levels of unemployment and one-parent households show the area is above the national average for these indicators. In addition, the area has high numbers of children who are foreign nationals and children from the Traveler community. Poor parental education is also above

average for the area. The overall population for the area, based on the 2011 Census of Population, was 239,189 which included 65,523 children.

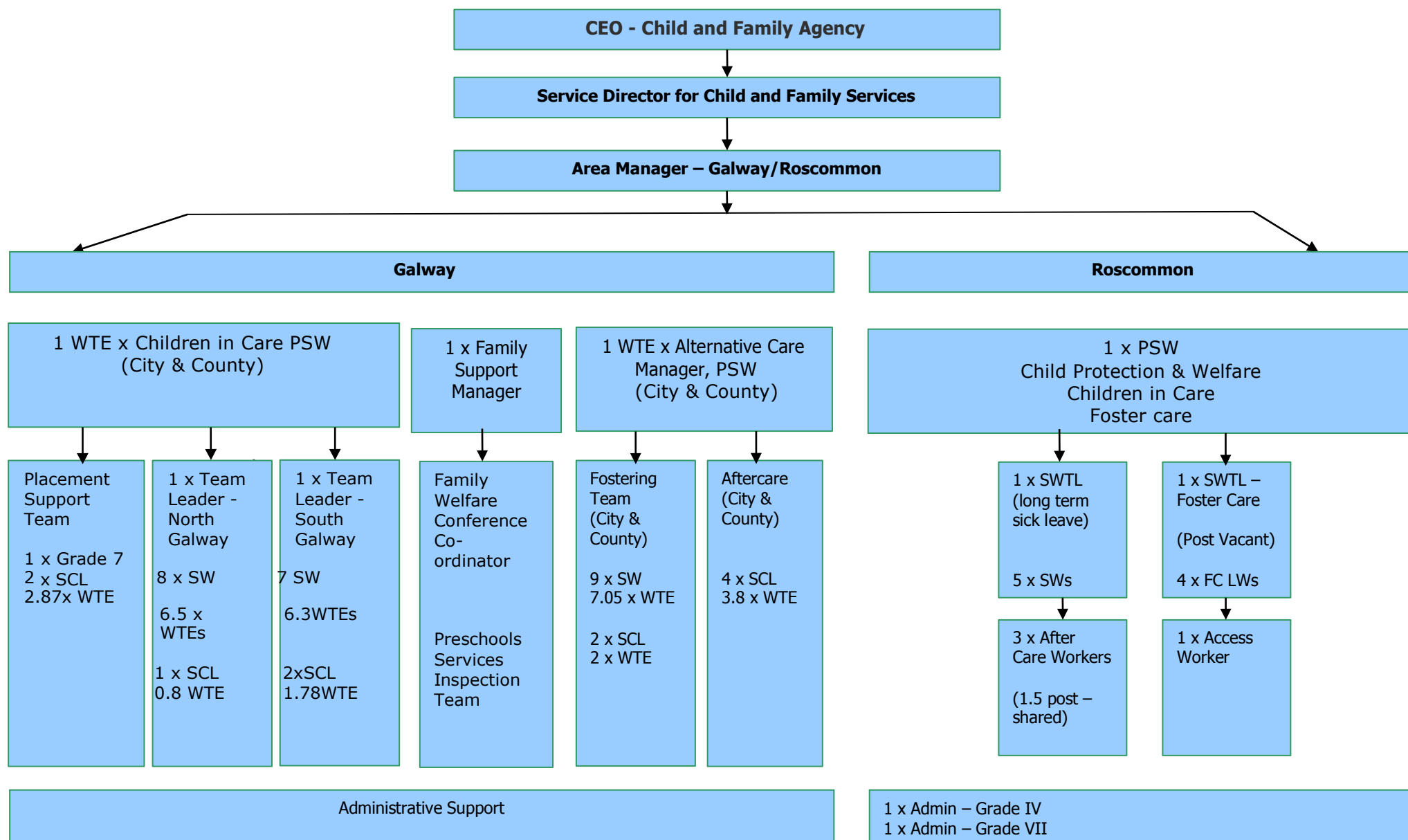
The area was under the direction of the service director for the Child and Family Agency West Region with the area manager reporting to the service director. The foster care services was made up of five social work teams who were directly line-managed by team leaders who reported to the principal social workers for children in care/foster care. The principal social workers reported to the area manager. The area ran two foster care committees, one in each county. The area manager was chairperson of both foster care committees. All foster care social workers carried out assessments and were link social workers working with foster carers.

There were 439 children in foster care in Galway/Roscommon at the time of the inspection. Data provided by the area reflected that 339 of these lived with non-relative foster carers and 100 children lived with relatives at the time of the inspection. Of the 439 children in foster care, 412 (93.8%) had an allocated social worker. Data also reflected that 291 foster carers (100%) had an allocated link worker. There were 30 available placements at the time of the inspection, a number of which were for respite care. The service had no children placed in non-statutory foster care placements at the time. Ten children lived outside of the service area and there were no special foster care placements in operation in the area. There were no children waiting for foster care placements.

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

Figure 1: Organisational structure of Statutory Foster Care Services, in Galway/Roscommon Service Area^{*}

^{*} Source: The Child and Family Agency



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 five. 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:

- 2 standards were exceeded
- 4 standards were met
- 20 standards required improvement

Inspectors found that overall, children were provided with a safe foster care service. Foster carers were committed to the children in their care and provided stable, safe and nurturing environments which promoted the welfare of children. Outcomes for children were good, particularly in the stability of placements, education and aftercare. Because of this, many long term outcomes were also positive.

Children received a good level of care. Children's wishes were respected and there was evidence that they were consulted about decisions that impacted upon their lives. Education was valued and promoted by the service and children were supported to achieve academically. Many of the children and young people were supported to prepare for independent living and the aftercare provided to them was excellent. Children's access to family and friends was promoted and facilitated by the service. However, access arrangements were not explicitly set out for some children, and it was mostly facilitated by staff and not carers. Significant efforts were made to access culturally appropriate placements for children and this was an area being developed as part of service planning and responding to children's needs.

The area prioritised the placement of children with relatives or in their own community, where appropriate. The area carried out checks and visits prior to placing children with carers. However, the assessment of the health and safety of the external environment of foster carers' homes was not sufficiently robust and given the profile of the area, this was in need of improvement.

Care plans were of a mixed quality and plans and records did not always reflect the work undertaken with children and families. Care plans for children with complex needs were comprehensive and children received the supports and therapies they needed in a timely way. However, there were deficits in the way direct work and visits to children were recorded and reflected for some children. Some children did not have an allocated social worker and while there were efforts to ensure named staff were in touch with children the service did not meet the Regulations.

There were not sufficient carers for the number of placements. Inspectors found that there were a significant number of large sibling groups received into care and efforts had been made to place these children together. However, in the absence of suitable placements to meet the needs of the area, not all sibling groups, where their care plan had identified they should be placed together, were placed together. In other placements more than two unrelated children were placed together which was not in line with the regulations.

Reviews of most but not all foster carers were up to date and foster care assessments and approvals were processed in a timely way in line with Regulations. Foster carers felt supported and accountable in their roles but the supervision of carers and attendance of foster carers at ongoing training was not at an optimum.

Overall, the service was well managed. The management structure had changed in 2014 in Galway and in 2011 in Roscommon, and the teams had been restructured. The foster care service was run as a separate service in each county though the service was funded overall as a service area. Management systems were being developed and implemented including risk management and quality assurance mechanisms. The oversight and management of allegations and complaints was not sufficiently robust to ensure all were captured and analysed. The area had experienced deficits in staffing and this had impacted on the service to some children. The standard of social work practice was good and staff felt well supervised and supported.

There was a Foster Care Committee (FCC's) for each county which were generally well operated. However, notifications to the FCC's were not adequate and meant that the FCC may not have full information to provide the required oversight.

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	Requires improvement
Standard 2: Family and friends	Requires improvement
Standard 3: Children's rights	Requires improvement
Standard 4: Valuing diversity	Meets standard
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	Requires improvement
Standard 10: Safeguarding and child protection	Requires improvement
Standard 13: Preparation for leaving care and adult life	Exceeds the standard

<i>National Standards for Foster Care</i>	Judgment
Standard 14a: Assessment and approval of non-relative foster carers	Meets standard
Standard 14b: Assessment and approval of relative foster carers	Meets standard
Standard 15: Supervision and support	Requires improvement
Standard 16: Training	Requires improvement
Standard 17: Reviews of foster carers	Requires improvement
Standard 22: Special Foster care	Requires improvement
Theme 3: Health and Development	
Standard 11: Health and development	Requires improvement
Standard 12: Education	Exceeds the standard
Theme 4: Leadership, Governance and Management	
Standard 18: Effective policies	Requires improvement
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: Use of Information	
Standard 20: Training and Qualifications	Requires improvement

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

In general, the rights of children were upheld in their daily lives and in their interactions with the fostering service. Children participated in decision-making and the service valued their views and responded to their individual needs effectively. Matching processes were in place and diversity and complex needs were supported well. The promotion of rights needed to be more clearly represented in records and some practices. Deficits were also identified in the oversight of complaints and in the placement of siblings together.

Children's rights

Children's rights were recognised and promoted in many respects by the service. Individual children's views were valued and listened to. Some systems were in place to support children and families to be aware of and exercise their rights. However, this was an area that was in need of further promotion and development.

The service promoted children's rights in some ways, particularly in terms of maintaining family relationships, accessing services, receiving an education and being safe. Children and carers told inspectors they had received literature recently on rights and advocacy services from their social workers. Case records seen by inspectors reflected this and the use of guardian-ad-litem services for complex issues, that were not necessarily court directed. Some case notes examined by inspectors reflected that social workers and child care staff were rights focussed in their work with children. However, this was not reflected in all cases which meant that the service could not be assured that all children were fully supported to exercise their rights.

Inspectors found from a review of case files that the attendance of children and young people at their care plan reviews was inconsistent. However, this had improved in recent care plan review records seen and social workers and team

leaders confirmed that this was an area they were developing. While the voice of the child was apparent in social work reports and in some review reports, it was not evident in all those examined. Two young people who attended care plan review meetings told inspectors that this was important to them and their attendance was a very positive experience, as they felt consulted with and listened to by adults. However, some children had not attended a review of their care plan over a seven year period.

There was a concerted effort to support many birth families whilst their children were in care, with a view to reunification in the future. Positive examples of structured and supported reunification practices were seen by inspectors. However, in other cases it was not pursued and reasons for this were not clearly recorded.

Diversity

All children were valued and respected by the service irrespective of their ethnicity, culture or ability. Significant efforts and resources were provided to ensure children's diverse needs were met and that each child had equal opportunities to maximise their potential. Good practice in valuing diversity was found in interviews with managers, staff, carers and in children's case files reviewed.

The needs of children with disabilities were well assessed, supported and cared for by co-ordinated multi-disciplinary teams. There were 26 children in the service who were assessed as having a disability. These ranged from intellectual disabilities, to complex physical, sensory and associated health needs. Inspectors examined the cases of 10 children with a disability as part of this inspection. Records seen and interviews with managers and staff reflected that there were comprehensive care and placement plans which identified their needs and outlined robust actions to meet these. Inspectors found that additional resources were provided or sourced by the Agency in order to support children's health and care needs. Children had received adapted equipment, respite breaks and specialist therapies to meet their needs, and this had supported their foster carers to provide high quality care to the children.

Case notes also reflected that social workers were cognisant of the additional vulnerabilities experienced by these children, and they noted their observations of children's wellbeing when they visited them. Records reflected that very good quality direct work was also carried out with older children with disabilities that considered their additional vulnerabilities, such as programmes around staying safe, relationships and developing independent living skills, which were undertaken by child care workers. Children with communication and literacy needs were given additional support, for example specialist equipment, additional tuition, special needs

assistants, and this was monitored through individual care planning, school reports and visits to children.

Inspectors found evidence of good quality social work practice in relation to maintaining children's cultural heritage and ensuring they were educated about their family background and country of origin. Case records showed that efforts were made to place children with carers of similar cultural backgrounds, but this was not always possible due to the majority of foster carers being of Irish origin. The team had established links and networks within the Chinese and Polish communities to facilitate children knowing more about their culture and to encourage recruitment of foster carers from within these communities. Inspectors found examples of cases where children who were from Nigeria being placed with Nigerian carers and being provided with information, DVD's and reading material on their culture and language. For the children that were placed with Irish carers, inspectors found that some work had been undertaken with child care staff and carers around culture and identity but this required further development across the area.

Social work records did not always clearly state the ethnicity of a child and or their birth family. There were examples of records stating this was either unknown or it was not recorded. In other cases, there was a clear record of their ethnicity and detailed accounts of why children's names may be recorded differently within the case file, due to different cultural approaches to naming children. Inspectors found that children's identity needed to be consistently recorded to ensure all children's cultural needs were valued and attended to.

Inspectors examined toolkits and programmes which were in place to support staff in the service to work with children in areas such as life story work and staying safe. There were books, art and literature to help children understand their heritage and build on their knowledge, self esteem and sense of identity. Inspectors reviewed completed work with children, and found it was of a good quality and helped to support children in their placements. Children's files reflected their views and experiences in relation to this direct work undertaken with them.

The culture of children from the Traveller community was respected and promoted by the service. The population of Galway had the highest number of people from the Traveller community in Ireland and this was proportionately reflected in the profile of children in the foster care service, as just under one third of children in foster care in Galway were from this community. Inspectors visited six children from the Traveller community in their placement and found that these children were placed with relative carers and had very rewarding placements. Inspectors found that where children were placed with carers who were not from this community, their identity and culture was promoted by social workers and carers through direct work

around their heritage, religion and involvement of extended families in significant events such as religious celebrations.

Communication

Overall, social work staff communicated with children and families in a respectful and effective way. This was reflected in case files reviewed by inspectors and was observed in care plan review meetings. Older children told inspectors that the staff were kind and respectful to them and that they were communicated well with in relation to decisions about their lives and their future. They felt informed about any progressions/options and possibilities.

The quality of correspondence and telephone contact with families and carers varied. In some cases, significant efforts were made to contact families where contact details had changed but the service had not been informed. Families were invited to relevant meetings, and additional efforts, such as a provision of transport ensured that families were facilitated to be involved in key meetings. Some families that spoke to inspectors felt that they received adequate information and updates regarding their children. Interpreters were provided to parents who did not have English as their first language to ensure their views were represented and inspectors saw good evidence of translated reports and correspondence for these families on children's files. However, other families did not feel adequately informed about their children's progress, and felt that communication from the service was inadequate. Inspectors raised these concerns with managers during the inspection.

A number of social work and assessments reports reviewed by inspectors considered the individual child within a sibling group context. This was to ensure each child was assessed appropriately with due consideration given to the necessary resources or supports required for the individual child. However, for many children documents such as case notes and review minutes were copied or interchanged between siblings, and this did not lend itself to individual child centredness and had data protection implications should children access their records in the future.

Family and friends

Overall, the service promoted a positive sense of identity for children. Contact with families and friends was an aspect of foster care that the service managed well for many children.

Access arrangements for some children in foster care were found to be effective, but for other children, improvements were needed. Inspectors found that some children visited extended family regularly, and were supported to meet friends inside and outside their home. Some children had good contact with parents abroad. Parents

experiencing financial difficulties were provided with access to transport to see their children.

Inspectors found that while the reasons for supervised access were clearly recorded in some case files, others did not. This meant there was a risk access arrangements would not be reviewed appropriately as the risks were not adequately monitored.

Regular access arrangements were generally recorded as part of the care planning process and were facilitated by staff in Child and Family Agency facilities in Roscommon and by a dedicated access service and some staff in Galway. Social workers, carers, children and most parents that spoke to inspectors were generally satisfied with access arrangements. However, inspectors found that while a number of children visited their siblings in other placements, only nine foster carers across the services facilitated family access in their homes, which was not in line with standards.

In a small number of cases children did not wish to have contact with their family. These children told inspectors that this was respected and supported sensitively by social work staff. However, for the families concerned it was a difficult experience, and these families told inspectors they did not feel enough was done to repair these relationships. These concerns were raised with managers of the service for attention.

Inspectors found that a number of children had monthly, supervised access for short periods and it was unclear if this was led by children's needs or just routine. The lack of a recorded rationale for these arrangements meant that children's needs were not adequately reflected in the decision making around access and this was not child centred.

Siblings were not always placed together in line with their care plan. Data returned by the area demonstrated that 69 sibling groups were placed together with 41 siblings not contrary to their assessment. Inspectors found from interviews and a review of case files that many of the siblings not placed together were where there were large family groups, such as families with five to ten children. However, the data provided to the Authority in relation to Roscommon was not reliable as it reflected all siblings were placed together but inspectors found that this was not the case and three of the sibling groups examined by inspectors in the area were not placed together. While inspectors found that efforts were made for some larger sibling groups to be placed together in reduced numbers, for example a family of five children with two siblings in one placement and three in another, there were other children who were not placed together due to unavailable space in placements. This was contrary to the children's care plan and meant these children were prevented from growing up with their siblings and experienced an additional loss following their receipt into care.

There were very good initiatives undertaken by the team to support children and parents to remain together in a care arrangement. For example, a number of children lived at home and received regular respite care with foster carers on a shared care arrangement. In addition, it was deemed in the best interest of four individual children to be placed with their parent in foster care placements. These arrangements were found to be very effective in maintaining and supporting family contact while keeping children safe.

Children's interests and leisure choices were identified within the care planning process by their carer's and social workers, and children told inspectors they were satisfied with this aspect of their lives. A review of files reflected that supports were provided to develop and pursue these interests and hobbies. Children were facilitated to be involved in sports clubs, drama groups, guides and scouts, and a range of events and gatherings in their communities by their foster carers.

Complaints

The system to record, manage and resolve complaints required improvement to ensure that all complaints were captured and managed and there was good oversight of all complaints to facilitate service improvement.

Age appropriate written information regarding complaints was provided to children. Children who spoke with inspectors said they knew how to make a complaint and who they could talk to. For some children, this was their parent, teacher, carer or social workers. Parents interviewed by inspectors were also aware of how to make a complaint. However, they did not always feel listened to by the service. Inspectors raised two of these concerns for managers to address.

There was no overall complaints log for the area. Inspectors reviewed the separate registers of complaints for Galway and Roscommon which were held by the area manager. However, inspectors found other complaints that were not on the register. When they raised these with the principal social workers a local log was also identified. In total there were 22 complaints recorded in logs, four of which remained open but some complaints which were identified by inspectors in Roscommon were not accounted for in any of the recording systems. This meant that there was no oversight of all complaints whether resolved locally or at area manager level.

<i>National Standards for Foster Care</i>	Judgment
Theme 1: Child-centred Services	
Standard 1: Positive sense of identity	Requires improvement
Standard 2: Family and friends	Requires improvement
Standard 3: Children's rights	Requires improvement
Standard 4: Valuing diversity	Meets standard
Standard 25: Representations and complaints	Requires improvement

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

The inspection found that many aspects of the service were effective and had delivered improved outcomes for children. Children received good quality care from foster carers and there were high aspirations and excellent outcomes for most children leaving care. Foster carer assessments were timely and of good quality. Matching was structured and informed by staff who knew the children and carers well, but limited placements impacted on matching for some children. Not all children had an allocated social worker and while there were some systems were in place to mitigate risks, not all statutory obligations were met. Some foster carers did not receive adequate support and supervision at times. The quality of care planning was mixed, and while children's needs were mostly met, some care plans did not adequately reflect their needs or the required actions to address these.

Assessment and care planning

The service did not fulfil all of its statutory requirements in relation to children in foster care as some children did not have an allocated social worker, and visits to some children were not in line with regulations. The quality of care plans varied from poor to excellent and while the majority of children's needs appeared to be met there was a risk that needs would be overlooked or that care would not be consistent. The number of unrelated children in placements was exceeded in several cases.

The majority of children had a social worker. Inspectors identified that 23 children did not have an allocated social worker. Some efforts had been made to ensure a member of the team had contact with these children, such as the involvement of child care workers and the link social worker for carers with the children. However, while this addressed periodic assurances regarding children's wellbeing, it was not adequate to ensure children's needs were fully monitored and met at all times.

Where children had an allocated social worker, the frequency of visits was not always in line with regulations which meant that the service could not be consistently assured of their wellbeing. The majority of children and foster carers that spoke to inspectors reported that their social workers visited them and spent time alone with them. However, some children reported they only saw their social worker in advance of key meetings or events.

Children's needs were assessed in a timely manner. However, the area did not use a standardised format for the assessment of these needs, and this had the potential to lead to inconsistent assessments that may not be comprehensive for all children. Inspectors found that their needs were assessed in a range of ways, such as by initial and further assessments of child protection concerns, social work reports, and medical assessments. Comprehensive social work reports and/or court reports outlined the child's background, circumstances and needs in addition to the potential for reunification in the future. Case notes reflected that older children were advised of the outcome of assessments and reports prior to meetings and hearings. Younger children were given age appropriate reasons for social work interventions. Managers and social workers confirmed that there was no standardised assessment in use. Inspectors found that the forms of assessments described above had informed care plans. However, for some children, their care plans did not adequately describe the needs identified.

Care plan and review meetings were not always held in line with regulations. Inspectors examined care plan review meeting minutes and found that these did not occur as frequently as they should but they were well attended by foster carers, parents, social workers and other professionals involved with the child.

The quality of plans and their management was mixed. Inspectors found that for children recently brought into care their care plan was comprehensive and clearly identified their needs and the required actions with timeframes and person responsible. There was good multi disciplinary involvement in developing the plan. For children who were in the service for longer, some of the plans reviewed did not adequately identify what actions were needed to meet children's needs, and as a result there was a strong possibility that not all of their needs would be identified and met. For children with complex needs the quality of care plan varied with children who had significant medical conditions having very good actions identified and access to a wide range of specialist services. For children with other complex needs plans were not as detailed and did not adequately describe their needs or progress which meant that the outcomes for these children could not be effectively monitored or managed.

The effectiveness of matching children to carers varied. There was a system in place to match carers with children whose needs they could meet, and the majority of matching¹ occurred in a timely way. Matching occurred at panel meeting. Inspectors observed the Galway panel meeting and found that the particular skills, competencies and availability of foster carers were discussed by the link social worker in relation to each child referred. As foster carers were all approved for generic placements the decision was based on the knowledge of the link worker. Fostering social workers had an opportunity to ask questions directly of the referring social worker and this was robust and seemed to work well. The majority of children were placed with carers that the service determined would meet their needs.

Matching was less robust in Roscommon due to a limited number of available placements. Panel meeting minutes reflected that children in need of placements were presented to the panel but were frequently matched to carers that had a placement available. These records reflected that for some cases the primary consideration was not the carer's ability to meet the children's needs. This meant that children may be inappropriately matched and not have their needs met in their placements.

The number and type of placements available at any given time varied and this had an impact for some children. Children were sometimes placed with carers who had exceeded the number of children they should care for. There were 37 households where the number of children placed there exceeded the regulations. Some staff told inspectors that in some cases this had an impact on foster carers' 'emotional availability', due to the demands of multiple placements. Inspectors found that support such as increased visits and respite care was provided for many foster carers where three or more children were placed with them. However, there was a risk that high numbers of children in placements would impact on all placements, making them more prone to breakdown.

Not all placements had a placement plan but for those that did they were of a good quality. The plans in place were developed from children's care plans, clearly outlined the aims of the child's placement and were effective in improving outcomes for children. However, these were not in place for all children and were not available in formats accessible to children.

¹ Matching is a process that ensures a placement is suitable to meet the assessed needs of a child. This usually occurs in general foster care placements, after the child has spent a minimum of 6 months in the placement. Relative care placements differ in that, the match has been identified at the time of placement and the child usually knows the carer with whom they are placed. The matching process involves an assessment of the match and the presentation of a report to the Foster care Committee (FCC) recommending (or not) the placement is confirmed as a long term placement

Quality of care

The majority of children had timely access to specialist services based on assessed need. Data provided to the Authority reflected that there were a low number of children awaiting specialist services or support such as specific child care work and therapeutic support. These children were prioritised by senior staff according to urgency of need. In cases where access to a service was not timely and it was a priority, private services were purchased and these were applied for and agreed by the area manager. Inspectors found that significant efforts were made by managers and social work staff to ensure that children's access to services were prioritised.

An occupational therapist (OT) had joined the team in the last 12 months to assess and identify appropriate interventions to meet the needs of some children in care. Inspectors found that the occupational therapists work impacted positively on children's wellbeing and outcomes by improving accessibility in carer's homes, expanding children's use of therapies, and supporting better play and independence skills in children. Inspectors reviewed the OT plans for a number of children and found that these were of a very good quality, and were measurable and kept under review.

The Roscommon service had a well developed *Marte Meo* programme in place, delivered by a staff team who had trained as therapists in this model. The programme was undertaken with parents and carers to promote communication and key learning strategies for children, and taught parents and carers to support children's development and improve attachments with the children in their care. Inspectors found this had been effective for a number of children and adults in the service.

Children were valued and treated as part of their foster families. All of the children seen by inspectors during home visits presented as well cared for, content and integrated into family life. Inspectors observed that children were respected and held in affection by foster carers. These children lived in comfortable homes, and had sufficient, good quality toys, books, belongings and clothes. Inspectors also observed the children having fun with their carer's and other children in the home and generally being at ease in their placements. Photographs of children and their awards and achievements were on display and several children told inspectors they were due to go on holiday with their carer's. Children's bedrooms were decorated well with a range of fittings and furnishings. Carers told inspectors that they encouraged healthy eating and children were observed by inspectors accessing healthy snacks during visits. Older children told inspectors that they received pocket money and phone credit from their carer's, and were supported to be part of the family and the local community through sporting and leisure activities. The children were encouraged and supported to succeed in school and in leisure and some were competing at a national level in their chosen sport.

The overall outcomes for children leaving care in the area were excellent. Adults and children were supported and prepared by the service to move into young adulthood. The area followed the Agency's Leaving and Aftercare Services National policy and procedure (2011). The area was supporting 124 young adults in aftercare and these young people remained in foster care and/or supported lodging placements.

There were insufficient aftercare workers in one county. Galway had a team dedicated to aftercare for children in care, who accepted referrals and supported young people to prepare to transition to adulthood from the age of 16. Roscommon had 1.4 WTE allocated workers and this meant planning did not commence until after the children's 17th birthday in some cases, which was not in line with national policy.

Aftercare plans were clear, comprehensive and of a good quality. Data submitted to the Authority showed that 100% of children in aftercare had aftercare plans and an aftercare worker. All staff that spoke to inspectors recognised the impact of poor aftercare on the wellbeing of young people and their statistical over representation in deaths and serious incidents. Inspectors found good evidence of assessment, planning and preparation for the young people when moving towards adulthood and two young people who spoke to inspectors were clear about their plan. Plans detailed areas that young people required support in such as budgeting, self care, household management to support them to live independently and actions were agreed to address these areas.

Young people were actively encouraged and facilitated to engage in further education, and almost all of the young people in aftercare were attending third level education or training of some type. Young people who had left care had attained significant educational achievements, such as technical and professional qualifications, diplomas, primary degrees, master's degrees and in one case, a PhD. For young people who were experiencing difficulty transitioning into adulthood, the service responded by providing good interventions and supports to ensure they were safe.

Foster carers – assessment training and support

Foster carers were assessed in a timely manner to ensure that children were placed with approved carers. Assessments were detailed and reviews for many carers were undertaken in line with regulations. Vetting and safety assessment procedures required improvement.

Inspectors reviewed assessments of both general and relative foster carers and a number of additional emergency assessments. A number of appropriate checks on relatives were undertaken as part of an emergency assessment to ensure children were being placed safely.

In general, assessments were of a good quality but improvements were required in vetting of adults and environmental safety assessments. Data provided to the Authority showed that 36 foster carers were assessed in the year prior to the inspection. Nineteen foster carers were undergoing an assessment at the time of this inspection and four were awaiting their assessment to commence. Inspectors examined 14 completed assessments of foster carers and found that the area carried out good quality assessments. The vast majority of assessments were completed within the required timeframes and where there were delays these were accounted for, due to individual carer's circumstances. The assessment reports and supporting documentation were submitted to the Foster Care Committee (FCC) and approval was timely, which meant that placements were available to children when they needed them. However, inspectors found that not all adults living in foster care households had been vetted, which meant that the service could not be assured of the safety of all adults in contact with children. In addition, health and safety audits were not evident on all foster carers files. These checks were carried out in foster carer's homes to ensure the environment was safe for children to be placed there.

Effective assessments of carers where there were medical or lifestyle concerns had taken place. A medical sub-committee of the FCC examined and reviewed applications of these carers. In a number of cases approval was recommended for fixed time periods to ensure the carers applications returned to the committee for review.

The process of approval of foster carers was timely. However, it was unclear what placements carers were approved for. Carers were approved (or refused) by the FCC following submission of an assessment and supporting checks and references. For those that were approved, the correspondence issued from the Chair confirmed their approval but did not specify what type of placement they were approved for such as respite/short term, long term, younger or older children. While managers said the type of placement was discussed informally between carers and link social workers this was not documented in the file or on the register. Inspectors found that this led to a lack of clarity and in practice carers provided a range of short and long term placements alongside each other which may impact on placement stability for some children.

Contracts were in place for all foster carers. A number of foster carers that spoke to inspectors confirmed they had received a range of guidance and forms to complete once they were approved. Inspectors found that all foster carers had attended foundation training and guidance about the expectations of carers and the Agency's policies and procedures was also provided through that forum. In the year prior to inspection there had been two foundation courses held for new foster carers in addition to a course on a model of behaviour management. The course content for

the foundation programmes were examined by inspectors and addressed issues such as consent, appropriate and inappropriate sanctions managing complex behaviours and notifying the Agency of events in children's lives.

Foster carers did not attend all required training. Inspectors found that attendance at training outside of the foundation training provided to new foster carers was not sufficient despite a comprehensive training programme being in place. For example, not all foster carers had attended Children First (2011) training despite these being scheduled regularly. Inspectors found that training was an agenda item for all reviews and specific training was often identified as a need by social workers but there was no consequence if carers did not attend. Quality assurance meeting minutes reflected that managers discussed the lack of attendance and fostering team leaders were identified to co-ordinate improved attendance.

Reviews of all foster carers had taken place in line with the standards and the Agency's national policy in Galway. However, some reviews were not up to date in Roscommon and the principal social worker told inspectors that this was due to vacancies on the fostering team. To date, there had been 144 reviews of foster carers, and 40 of these had occurred in the year prior to the inspection. Foster carers recruited in the last three years did not require a review in line with policy. Inspectors examined reviews which had been presented to the FCC and found that the reviews were undertaken in foster carer's homes and were led by a member of the senior management team. Many reviews were of a good quality, sought the views of the carers, their link social worker, the children's social worker and older children. Reviews outlined recommendations regarding matching, training required and support to be provided to carers.

Inspectors found that additional reviews of foster carers were also carried out following serious incidents or allegations and actions identified in these reviews were implemented. Inspectors found through observation of the matching panel that issues identified at reviews were considered when discussing placements for children. However, inspectors found that some records of review meetings did not adequately detail issues and actions discussed. This meant that there was insufficient evidence in all cases of how the service made foster carers accountable, and how they effected change to improve the service for children.

Foster carers received mixed quality support and supervision and visits to carers were not in line with Regulations. Records did not always adequately reflect the detail of support and supervision provided. Data provided to the Authority for this inspection showed that 100% of foster care households had an allocated link social worker. However, a number of carers in Roscommon had no allocated worker in the year prior to inspection. Inspectors found that the majority of link workers were monitoring placements effectively, providing support and guidance to foster carers.

For a smaller number of carers they received very few visits in line with the standards which require that link social workers meet foster carers on a regular basis. These carers primarily had telephone contact with link social workers. Inspectors found that where carers did not have an allocated link worker, this further reduced the supervision and support provided. Some social workers were unclear about the differentiation between support and supervision. In two cases that clearly required appropriate supervision and increased support this was not provided to the carers in a timely way. This meant that the service could not be fully assured of the supervision provided to carers and the risks of placement breakdowns and children's needs not being met was increased.

In the months prior to the inspection, the area had written to and provided all foster carers with literature and guidance packs regarding national standards, supervision, consent, use of fostering allowances and aspects of the care of children. Foster carers were clear about their role and what was expected of them. Foster carers said they could contact fostering link social workers for advice and guidance and felt they responded in a timely way. In terms of organised peer support, inspectors found there was no support group system set up for foster carers to come together and share their experiences.

Enhanced rights were facilitated and promoted by the service. 14 foster care households had applied for and received enhanced rights under section 43 (a) of the Child Care (Amendment) Act 2007. They were supported to do this via court proceedings by the Agency, and inspectors found evidence in carer's files of these rights being raised with foster carers by link workers on a routine basis. This gave foster carers with children who were placed with them on a long term basis enhanced rights regarding issues such as applying for passports and providing parental permission to schools without seeking approval from the Agency. This meant that children's and carer's day to day lives were less bureaucratic and more aligned to the lives of peers who were not in care.

There were no special care placements in the service for children whose behaviour challenged the adults caring for them, and this had led to placement breakdowns for some children. Inspectors found that considerable efforts were made to match these children to appropriately skilled carers. For those children, specific mail shots were issued to all foster carers, encouraging them to consider offering a placement to children with specific needs. These were successful and additional supports such as increased social work visits, respite care and training in a model of behaviour management was provided to the carers.

Inspectors found that no restrictive practices were used and this was clearly prohibited in safe care procedures issued by the service to carers. However, some children's complex needs had led to placement breakdowns, as despite receiving

additional support, carer's skills were not effective enough to meet these needs. This highlighted the need in the area for special foster care placements. The area manager confirmed that there was a regional need for special foster care placements. For all children with complex needs, inspectors found that respite care was provided to support children and carers to have a break.

Safeguarding and child protection

There were some measures in place to safeguard and protect children from abuse and allegations were investigated in line with a regional procedure which complied with *Children First: National Guidelines for the Protection and Welfare of Children (2011)*. However a number of improvements were needed in the oversight of all allegations, training and in ensuring all households were safe for children.

The service followed a safe care procedure called *Tusla West Regional policy on safe care in fostering (2013)*. This procedure was provided to all foster carers once they were approved. It provided extensive guidance regarding issues such as the vulnerability of children in care, discipline (including prohibited sanctions), safety in the home, privacy, disclosures of abuse, bullying, what events should be notified to the Agency, and the procedure to be followed in the event of an allegation of abuse against a foster carer. This procedure also reflected what to do if a child was missing from care. Foster carers confirmed they had received this guidance and that safe care was addressed with them as part of their Foundation training. A review of training content and attendance reflected that not all foster carers had up to date training in Children First (2011).

The safe care procedure outlined that all allegations were screened by the duty intake team for child protection and welfare, and then allocated for assessment to social workers not allocated to the child or foster carer, which allowed for unbiased investigation of the concern.

Management of allegations against foster carers were well managed. Data and information provided showed there were 21 child protection concerns relating to children in foster care, 14 of which related to allegations regarding a carer or placement. However, inspectors found three additional concerns. Inspectors examined a number of allegations, and found that all concerns had been assessed and the appropriate action had been taken in line with Children First (2011). In most cases, inspectors found that support and increased supervision was evident for both children and foster carers during and following any child protection concerns. Some children moved from their placements. Two foster carers that spoke to inspectors felt that allegations were difficult to deal with, but felt as well supported as they could be by the service during that time. However, where allegations were fully or

partly founded, or inappropriate action was identified, foster carers were not always required to undergo relevant training.

The area could not be assured that all home environments were adequately risk assessed and safe. All foster care households should have received a health and safety audit of their home as part of their assessment process but this was not carried out for all households. In a number of cases inspectors found that the assessments were either not carried out or were inadequate, and there was little reference to or consideration of safety issues regarding issues such as animals or dangers on the surrounds of properties. A DVD addressing home safety, including farm safety had been issued to some carers but it was unclear whether link workers had followed up with the carers. The Authority was notified of a serious accident that had occurred on a placement ten months previous. A local review was underway but no changes in practice had occurred in the interim regarding safety assessments of households where children were placed.

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	Requires improvement
Standard 10: Safeguarding and child protection	Requires improvement
Standard 13: Preparation for leaving care and adult life	Exceeds the standard
Standard 14a: Assessment and approval of non-relative foster carers	Meets standard
Standard 14b: Assessment and approval of relative foster carers	Meets standard
Standard 15: Supervision and support	Requires improvement
Standard 16: Training	Requires improvement
Standard 17: Reviews of foster carers	Requires improvement
Standard 22: Special Foster care	Requires improvement

Theme 3: Health and Development

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

Summary of inspection findings under Theme 3

Children received the healthcare services they required and their healthcare needs including complex medical needs were met. Not all children's records were up to date. Children attended schools and further education, and educational outcomes were very good.

Healthcare needs

The service identified children's healthcare needs and provided children with a good standard of primary care. However, some records required improvement as they were not up to date. Inspectors found that children received timely access to health services such as paediatric care, speech and language services, physiotherapy, orthopaedic and mobility services and therapeutic interventions. Multi disciplinary teams were involved in planning for children with significant health needs and inspectors found good written and verbal communication between social workers and healthcare professionals. Foster carers told inspectors that they were supported to access health services by social workers who made and followed up referrals to services such as hydrotherapy and play sessions for children with disabilities. Specialist services were provided to these children in a timely way and managers told inspectors that individual training on interventions such as feeding equipment or medication administration were sourced and provided to carers, as appropriate. This was reflected on the files examined by inspectors.

Foster carers were invited to attend training on first aid, cardiopulmonary resuscitation, but there was no health promotion training made available. Not all foster carers had attended these programmes. Managers told inspectors that attendance was encouraged, but it was not compulsory.

Children's health issues and lifestyle issues such as concerns around eating and exercise were recorded in case notes and care plan review records, and these reflected children's progress in this area. The children that spoke to inspectors said that they were well cared for and had everything they needed to be healthy. Inspectors found that the children they visited had nutritious food and snacks available and were observed being encouraged to eat healthily.

All children in foster care had medical cards and were registered with a general practitioner. Inspectors found that the service arranged for medicals to be carried out for children being received into care. Inspectors found that medical assessments on admission were facilitated by the social worker or by foster carers. However, records of these medicals were not on all children's files, and some files just contained references to the medical in case notes. Records seen by inspectors also showed that proof of health and immunisations received varied, and not all of the files examined by inspectors held records of children's immunisations which was not in line with Regulations. Case files reviewed showed that medical consent forms were signed by the children's parents (where appropriate).

Education needs

Overall, children's educational needs were very well met and children received a range of supports and interventions to maximise their educational potential.

Children's education was valued and promoted by the service and all children were in school or training. Children were actively supported to maximise their educational achievements to third and fourth level and as a result had excellent educative outcomes. Case files reviewed by inspectors held records of school attendance, details of educational achievements and school reports for children in foster care. Care plans and records of child in care reviews showed that the educational needs of children were addressed on an individual basis and where necessary, additional supports were put in place. There was good communication between carers, schools and social workers reflected in files. Children's files held educational needs assessments and psychology reports which were followed up by social workers. All of the children that met inspectors attended school or a training placement and told inspectors they liked school and all reported doing well in many subjects.

For some young people who had been periodically out of school inspectors found that significant and successful efforts were made by social workers to re-engage them with education or training in a timely way. Foster carers who had experienced children being out of school for a period told inspectors that social workers were proactive in securing education for these children.

There were 36 young people being supported and encouraged to attend third and fourth level education. The service had developed links with a regional university and an access course was available to young people who did not achieve sufficient points for degree courses. These young people were actively supported by social workers, aftercare workers and university staff to use a range of routes from exam results to access courses to move onto third level education. An additional 14 young people were attending training or employment support courses.

Theme 3: Health and Development	
Standard 11: Health and development	Requires improvement
Standard 12: Education	Exceeds the standard

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

There was a clear reporting structure with lines of accountability and effective two way reporting systems that responded to children's needs in a timely way. Outcomes for children were monitored for individual and specific groups of children. However, there were deficits in the monitoring of the quality of the service and the Foster Care Committees did not have sufficient oversight in relation to all incidents and events. A national service plan was implemented and the local service plan required further development. There was a risk management framework in place which was understood by all staff and addressed organisational risk. However, not all risks were managed effectively in the service and improvements were required.

Management structures and systems

Although Galway/Roscommon was one of 17 service areas for the Agency, the area operated two separate foster care services, one in Galway and one in Roscommon. This was different to the structures of the other 16 areas who had amalgamated their services. The area manager told inspectors that the geographical spread of the area was too vast to be covered by one service and following a review of the existing services in 2014, a decision was taken to operate the services separately, overseen by the area manager. While inspectors found there was some cross county working such as staff being consulted regarding specific cases, area staff events and meetings, and the provision of some training across teams, the services did operate separately. There were resource implications because of this, for example, each county needed to operate their own FCC, aftercare services, and social work teams.

The foster care service had been reconfigured in the months prior to the inspection and this led to dedicated children in care teams, where previously social workers had held mixed caseloads of both children at risk in the community and children in care.

Inspectors found that the impact of the reconfiguration was that social workers were now exclusively working with children in care and prioritised their needs. Staff and managers described the previous system as weighted toward responding to the most immediate risks, which usually related to children in the community and not children in care. Managers and staff told inspectors that the reconfigured system aimed to provide a better quality service to children in care and inspectors found that some care plans, reviews and the voice of the child in case files had improved in this period.

There was an effective management structure in place. Staff told inspectors that managers responded to concerns and risks and provided good support and advice. The staff team had felt well supported during the recent change in structure and said that managers listened to them. However, special leave and promotions had led to vacancies for a number of months and this had impacted on the service in meeting their regulatory obligations.

The management team were knowledgeable about the area and the strengths and needs of the service. Managers were aware of individual cases raised by inspectors and it was clear that they had a good knowledge of children and carers in the foster care service. They were aware of the strengths and deficits in the service and had acted to address these. Staff interviewed were clear about their roles and responsibilities, and their manager's expectations of them to ensure a safe and quality service.

Communication in the service was effective. Staff meeting and staff supervision records demonstrated that information was shared with staff by their managers. Managers ensured that legislation, policies, standards and operating procedures were accessible and available to all staff through the intranet. Staff interviewed demonstrated a good knowledge of legislation, policy and procedures and inspectors observed open communication between staff and managers throughout the inspection.

Inspectors reviewed minutes of regional and local senior management team meetings and found that they were held regularly and used effectively. Items on the agendas included operational and practice issues, resources, staffing, need to know notifications, risk management, schedules of reviews, service planning, performance figures and audits. In all meeting minutes reviewed there was good accountability that reflected actions, the person responsible and timeframes for completion. Actions were clearly recorded and followed up at subsequent meetings.

Senior managers reported regionally and nationally on their use of resources on a regular basis. Minutes of these meetings and reports seen by inspectors confirmed there was managerial oversight of deficits and priorities for the service. Inspectors

found that managers reallocated resources to address deficits and changing priorities. Additional resources were provided to support foster carers as required.

The inter-area transfer policy was not fully implemented. At the time of inspection there were 20 cases awaiting transfer outside of the area and no cases awaiting transfer into the area. The area had accepted 16 transfers. Managers told inspectors that children were only eligible for transfer to another area once a full care order was in place and this meant there were delays in some cases being transferred.

The register of children was up to date. The area maintained registers of all children in foster care in each county which was examined by inspectors and met the requirements of the Regulations. The register was maintained by principal social workers and was informed by notifications from social workers where children were received or brought into care or were discharged. The FCC also maintained a panel of foster carers in each county which was up to date and in line with standards.

The area did not have any children in private foster care placements.

Planning the Service

The service was implementing a national service plan and reported nationally on the targets of the plan. There was a regional service plan and the local service plan was being developed with consideration of the national and regional plan.

Inspectors found that some aspects of service planning took place in forums such as local and regional management meetings and in local quality assurance meetings. Service priorities such as recruitment, culturally appropriate placements and foster care reviews were identified in these forums. The regional service plan identified regional priorities and actions to address these within specified time frames by named responsible persons. A number of actions had been completed locally at the time of inspection including shared rearing.

The local operation plan was being developed by the FCC. This plan identified key activity and development in 2015 such as the development of a shared rearing service and special foster care, to build on and maintain timely assessment and approval rates for new applicants and to develop and implement training plans in the area for staff and foster carers. Inspectors found that managers were realistic about the areas in the regional and local plans they needed to progress and prioritise. However, the plans examined by inspectors did not highlight existing barriers to achieving targets, such as the limited numbers of foster carers in place. For example, in Roscommon there were staff vacancies which the principal social worker told inspectors was a barrier to the team's capacity to increase the numbers of

assessments, and subsequently to the number of carers recruited. This meant that there may continue to be limited placements available for children.

Staff and managers felt that the reconfigured service was still in its infancy and inspectors found that some of the local team priorities highlighted by staff interviews included improving direct work with children through training and audit, monitoring the conformity of records and improved recording and care planning.

Risk Management

There was a risk management framework for the identification and management of risks. This included an incident reporting system, risk assessments and a risk register. However, not all risks were identified and managed effectively, such as risks associated with the health and safety of placements.

Inspectors examined a range of records and procedures relating to risk management and found that the service had implemented the national standardised operating procedures for risk alerts (2014). This procedure outlined the reporting requirements and actions in relation to areas such as child deaths and defined serious incidents, and children missing from care, "need to know" alerts, risk and other serious incident escalation.

There was a notification system in place. However, this was not always effective. Inspectors found from a review of a number of records and systems that several notifications such as "need to know" reports, risk assessments and missing from care reports were notified in a timely way to the regional service director and onto national directors of quality and risk and the Authority. However, in one case there was a delay in reporting the incident through the notification system. Staff were required to notify team leaders and principal social workers immediately of significant events such as accidents, incidents, serious health difficulties, allegations, absconding and child protection concerns concerning children. Inspectors found that a number of incidents, events and allegations had been notified appropriately through the agreed structure and that all managers that spoke to inspectors were aware of significant events in individual cases.

An effective system was in place in the area to alert national managers of concerns arising from the management of specific cases that may come to public attention. This system was called the "need to know" procedure. There were seven "need to know" reports submitted by the area in the previous 24 months. These reports were made appropriately in line with the procedure and follow up actions were recorded to identify outcomes in each event. Inspectors found that "need to know" reports had been reviewed and updated by the area manager once conclusions had been reached.

There was no overall risk register for the area and the registers were not up to date. The area manager held both registers and had oversight of these. The register was examined and updated at senior management meetings. Controls for risks that were recorded on the register were identified and actioned by named staff. Individual high risk cases were also considered by managers at these meetings. However, the absence of health and safety risk assessments for foster carers was not identified on the register though there had been a serious incident reported.

A regional quality and risk manager monitored risk and attended alternate local and regional meetings to discuss policy, national trends, organisational and local risks. A review of the minutes of these meetings found that risk management was a standing agenda item at each meeting. However, inspectors found that there was no overarching analysis of risks and notifications in the area to inform planning and practice.

Quality Assurance

Quality assurance mechanisms were evolving and in the early stages of development. Learning from some inspections, assessment against standards and file audit processes had been undertaken but actions to address deficits had not been fully implemented. While some formal consultation had been carried out with children, children and families were not routinely consulted about their level of satisfaction with the service. The area manager and principal social workers told inspectors that they had begun to develop processes to monitor and analyse outcomes for children, including trending of complaints and a self assessment against the standards and the regulations.

"Measuring the Pressure"² reports were compiled by the area manager on a monthly basis and findings were shared with managers and staff. These showed that some of the issues identified through measuring the data had resulted in improvements. For example, the number of unallocated cases was subsequently risk assessed and additional staffing was approved.

Inspectors found that the quality and risk manager shared learning from inspections, incident reviews, national and regional audits and external reports with staff and managers. Staff told inspectors that this was beneficial in their role and cited a report on HIQA findings across inspections, and an external audit on neglect as two reports they felt informed their practice.

A quality assurance forum had been set up in late 2014 chaired by the principal social worker. Inspectors found that participants identified areas for improvement through audits and assessments against standards and developed a fostering action plan. This plan was also discussed at the senior management team. Some practice

² Child and Family Agency National Policy: Framework for measuring, managing and reporting social work intake, assessment and allocation activity

improvements had been made, for example, recording direct work with children and ensuring that children's report for care planning were consistently completed for care plan reviews. However, for other identified deficits no actions had been implemented.

The service had utilised learning and data to improve the service. Interviews with managers and staff, and records showed that progressing a shared rearing service and other culturally appropriate placements, and placements for children with complex needs had been prioritised and progressed by the service from the analysis of data and assessment against standards undertaken in the quality forums. Some staff had completed research and analysis on areas such as national standards and outcomes for young people leaving care and had presented the findings to the service. Inspectors found that this research had influenced improved practice with older children around their education needs and preparation for leaving care.

The service gathered and utilised data to report within the Agency and to inform service planning. Reports were submitted to the regional director regarding resources such as staffing and the areas capacity to meet statutory and regulatory requirements. The gathering of this data and its impact on children supported the reconfiguration of the service and recruitment for vacant posts in the area. Managers told inspectors that key data gathered had influenced the decision to develop a shared rearing service, and the appointment of an occupational therapist for children in care.

The Foster Care Committee

The FCC was effective and functioned mostly in compliance with regulations and standards. Notifications to the committee about allegations and serious concerns regarding foster carers, and placement breakdowns were not fully in line with national procedures. Assessments of foster carers were processed in a timely way. The area operated two FCC's, one in Galway and one in Roscommon in line with the Child and Family Agency's *Foster Care Committees: Policies, Procedures and Best Practice Guidance 2013*. The composition of each committee was appropriate. Both FCC's were chaired by the area manager. Up to date garda vetting was not in place but had been sought. However, this was not in line with the Agency's policy.

Inspectors found the FCC were not provided with all information in order to be effective and make appropriate decision. Inspectors found that notifications of serious incidents and allegations were not made until they were confirmed and an investigation had been held. In addition, the FCC was not informed about placement breakdowns in line with national policy. As a result, there was a risk that the FCC's would not identify patterns of concerns about foster carers in a timely way, which may impact on children's wellbeing in placements.

Inspectors found that foster care reviews were provided to the FCC's for examination and the Committee had appropriate oversight regarding these. Reviews were scheduled to occur every three years or when a serious incident or founded allegations occurred. Inspectors examined some cases of founded allegations and incidents and found that these reviews had been sent to the FCC for consideration and the committee considered whether additional supports, training or removal from the panel was appropriate.

Other functions of the committee included processing applications for foster carers of private foster care services and contributing to service planning through the compilation of an annual report. Outcomes from the Committee were discussed and addressed in senior management team meetings.

Theme 4: Leadership, Governance and Management	
Standard 18: Effective policies	Requires improvement
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	Not applicable

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

There were not sufficient carers in the service to provide placements in line with standards. Placements were provided for all children, but this led to the numbers of children in placements being exceeded which meant that the potential for placement breakdown increased. Recruitment of foster carers was steady and good use was made of integration into local communities via churches, newsletters and community groups to access potential carers from a range of backgrounds.

Retention and recruitment of foster carers

The management of resources including the recruitment of foster carers was successful in some respects, and several well planned initiatives had been deployed to source placements for specific children. There had been nine campaigns in the two years prior to the inspection which included campaigns for specific children.

Data showed there had been 168 new enquiries to the service in the year prior to inspection, and the time taken to respond to an enquiry varied, often as a result of social work resource. Forty six applications had been submitted in the previous 12 months and these were progressed in a timely way which led to a steady stream of recruitment. Forty carer's were undergoing assessment at the time of this inspection. The area manager and principal social worker's told inspectors that national and regional recruitment campaigns had yielded positive ongoing results in terms of numbers of people expressing an interest in fostering, and specific staff were allocated to progress the local enquiries from national campaigns. Social workers and managers told inspectors that utilising community groups, church gatherings and newsletters and word of mouth in the locality was an additional source of new enquiries and recruitment. While Galway were well positioned to manage enquiries and assessments the principal social worker in Roscommon identified that if demand increased the lack of resources would impact on the length of time to respond.

There were not sufficient placements available for children. Inspectors found that no private foster care placements were in use and there were a small number of vacant placements available. However, inspectors found that while all children were placed,

there were still insufficient numbers of carers in the area as the numbers of children in 37 placements exceeded the maximum number outlined in the standards.

There was no formal strategy in place to retain foster carers. Data showed that 19 foster carers had left the panel voluntarily in the year prior to this inspection and three foster carers had been removed from the panel. Exit interviews were not routinely undertaken with carers who had left which meant that the service missed an opportunity to hear the views of carers and improve the service.

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

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

Overall, there were insufficient staff to deliver a service to all children, but staff were experienced, skilled and qualified in their roles. Systems were in place to promote safe recruitment, but records were fragmented and difficult to access. Staff were supported through personal development, induction, training and supervision and managers were experienced in social work practice. The quality of supervision was mixed and not adequately accountable in some cases, but staff felt well guided and supported and training needs were assessed and planned for in the service.

Recruitment

Recruitment was undertaken nationally through the Health Service Executive national recruitment office. Managers identified that there had been improvements in the timeliness of appointments and recruitment procedures. Inspectors examined a selection of staff files of various grades and found that the majority held all of the required information with one file not having a copy of an up-to-date professional registration. However, aspects of staff files were held in three separate locations which meant there was no one composite record for each staff member, and the Agency could not be assured that all information for each staff member was accessible and subject to oversight. Some records were held by managers locally including vetting and professional registration, others were held in a regional office and others were held in Dublin.

There was comprehensive induction and orientation programme in place. New social workers received protective caseloads and received more frequent supervision. A six month probation period was also in place.

Sufficient staff and skill mix

All staff were appropriately skilled and qualified for their roles. Numbers of staff attached to the service had improved, but a small number of social work vacancies remained, which impacted on the service to some children. In addition, administrative staff vacancies had an impact on the service. The long term leave of

some staff also presented periodic challenges and impacted on the continuity for children. Inspectors found that the current service was more appropriately resourced to meet the needs of most children requiring a service since late 2014. There were 45.1 WTE posts attached to the Galway area and 14.5 to Roscommon. Staff were appropriately skilled and qualified for their roles with varying levels of experience in fostering, child protection and in working with children in care.

However, the service was impacted by two vacancies on children in care teams and two vacancies on fostering teams. In addition, there were two unfilled posts of staff on long term leave in Roscommon which were equivalent to one WTE post. Inspectors found that across Galway and Roscommon there were 23 children without an allocated child in care social worker reported to be due to vacancies and long term leave. The area manager told inspectors that a national panel of social work staff was available to cover long term leave. However, the availability of these staff was dependant on their geographical preference. Inspectors found that some children had a number of different social workers assigned to them and experienced periods of unallocation due to staff leave, and this impacted on a consistent service for children.

There were four unfilled administrative posts in the service. These posts had been approved, but had not been filled and inspectors found there was an impact on service delivery. Managers and social workers told inspectors that the lack of administrative support in the service had an impact on direct work with children. There was limited administrative support to undertake tasks such as minute taking for strategy meetings and reviews, providing reception for offices, maintenance of files, photocopying, producing reports and correspondence. Social workers told inspectors that a significant portion of their time was spent carrying out these tasks which in turn affected their time available to visit children and carers. Inspectors observed that the impact was reflected in children's files, visits to children and delays in minutes and reports in some cases, and team leaders told inspectors that basic administrative tasks were impacting on social work time.

All managers were significantly experienced in social work and most, but not all had undergone management training. Those newly appointed from non management roles had not attended management training at the time of the inspection. Inspectors found from a review of the workforce development plan for the area and the training plan for teams that this training had been scheduled for quarter four of 2015. All staff had personal development plans which outlined their needs in relation to their own development. Inspectors found that from the sample reviewed they were of a good quality with actions identified to meet development needs.

Supervision and support

Staff were supported and supervised by experienced managers. However, the quality of supervision was mixed. The area followed the Agency's procedure on supervision. All social workers and staff in the service received formal supervision. All managers (except one recently appointed team leader) had been trained in carrying out supervision. Workforce plans and needs analysis for the service reflected that this training was scheduled. Inspectors found that a number of supervision records were detailed and reflected work undertaken, support given and actions to be addressed. The new caseload management tool was in operation and used at supervision sessions. Children's cases and priority tasks were discussed, as was the training and personal development of the worker. Progress in cases was also evident in some supervision records. However, not all supervision records seen were adequately accountable, and some supervision records did not reflect good quality supervision. Social workers and team leaders told inspectors their supervision was of a good quality and well balanced between accountability and support. Informal supervision was also in place where staff sought advice or direction from managers on a daily basis. Inspectors observed this happening throughout the inspection and staff told inspectors they valued this facility and felt supported by it. The frequency of supervision was not always in line with the Agency's policy.

Training

Staff were provided with good opportunities to attend mandatory training and continuous professional development based on children's needs and the needs of the service. A training needs analysis for the fostering service in each county had been undertaken in quarter four of 2014. Managers and staff told inspectors that children's presenting needs, the profile of the area, personal development plans and gaps in staff knowledge had informed this analysis. Staff had attended training in areas such as Children First (2011), domestic violence, attachment theory, data protection, conflict resolution, life story work, diversity and cultural sensitivity, and Agency procedures. However, staff and managers identified training they felt would enhance their practice in areas such as further training in culture and ethnicity, communicating children's rights, direct work with children, and foetal alcohol syndrome. Inspectors found that staff were working with children who had specific needs in these range of areas, and the findings from this inspection concurred that these were areas that would support and enhance staff practice and direct work with children. The occupational therapist attached to the service told inspectors that she and a social worker who was undertaking play therapy training had planned specific training for teams in play and direct work with children.

Theme 6: Use of Information	
Standard 20: Training and Qualifications	Requires improvement

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</p> <p>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</p> <p>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</p> <p>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</p> <p>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</p> <p>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 board³ 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

³ 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.