

**Health Information and Quality Authority
Regulation Directorate**

**Compliance and Monitoring Inspection
Report for Foster Care Services under the
Child Care Act 1991**



Name of Service Area:	Mid West	
Service Area ID:	200-214-321	
Dates of inspection:	11/02/2014 – 20/02/2014	
No. of Fieldwork days:	6	
Lead inspector:	Sharron Austin	
Support inspector(s):	Patricia Sheehan	
Type of inspection:	<input checked="" type="checkbox"/> announced <input type="checkbox"/> unannounced	
Inspection ID:	674	

About monitoring of compliance

The purpose of monitoring is to safeguard vulnerable children of any age who are receiving foster care services. 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 lives.

The Health Information and Quality Authority (the Authority) has, among its functions under section 8(1) c of the Health Act 2007, responsibility to monitor the quality of service provided by the Child and Family Agency to protect children and to promote their welfare.

The Health Information and Quality Authority (the Authority or HIQA) is authorised by the Minister for Children and Youth Affairs under Section 69 of the Child Care Act, 1991 as amended by Section 26 of the Child Care (Amendment) Act 2011 to inspect foster care services provided by the Child and Family Agency and to report on its findings to the Minister for Children and Youth Affairs.

In order to drive quality and improve safety in the provision of child protection and welfare 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 and young people
- **Seek assurances** from service providers that they are **safeguarding children** through the mitigation of 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.

Monitoring inspections assess continuing compliance with the regulations and standards, can be announced or unannounced and take place:

- to monitor compliance with regulations and standards
- arising from a number of events including information affecting the safety or well-being of children.

Summary of compliance with the Child Care Act 1991 and the National Standards Foster Care for the Child and Family Agency

This inspection report sets out the findings of a monitoring inspection:

- ☒ to monitor ongoing regulatory compliance with National Standards
- ☐ following receipt of solicited and unsolicited information
- ☐ following notification of a significant incident or event

The table below sets out the outcomes that were inspected against on this inspection.

Theme 1: Individualised Supports and Care 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.	<input checked="" type="checkbox"/>
Theme 2: Effective Services Effective services ensure that the proper support mechanisms are in place to enable children to lead a fulfilling life. Personal planning is central to supporting children to identify their goals, needs and preferences and what supports need to be put in place by the service to ensure that each child maximises his/her personal development.	<input checked="" type="checkbox"/>
Theme 3: Safe Services Services promote the safety of children through the assessment of risk, learning from adverse events and the implementation of policies and procedures designed to protect children. Safe services protect people from abuse and neglect and follow policy and procedure in reporting any concerns of abuse and/or neglect to the relevant authorities.	<input type="checkbox"/>
Theme 4: Health and Development Services support children so that they continue to enjoy a good quality of life and live their lives in keeping with their own social, cultural and religious beliefs. The quality of life for children is important in areas including health, educational development, physical and cognitive attainment, and social and emotional development. Children have access to universal health and social care services on the same basis as others in order to maintain and improve their health status.	<input type="checkbox"/>

<p>Theme 5: Leadership, Governance and Management</p> <p>Effective governance in services for children is accomplished by directing and managing activities using good business practices, objectivity, accountability and integrity. In an effective governance structure, overall accountability for the delivery of services is clearly defined and there are clear lines of accountability at individual, team and service levels so that all people working in the service are aware of their responsibilities and who they are accountable to.</p>	<input checked="" type="checkbox"/>
<p>Theme 6: Use of resources</p> <p>The effective management and use of available financial and human resources is fundamental to delivering child-centred safe and effective services and supports that meet the needs of children.</p>	<input type="checkbox"/>
<p>Theme 7: Responsive workforce</p> <p>Each staff member has a key role to play in delivering child-centred, effective and safe services to support children. Children's services organise and manage their workforce to ensure that staff have the required skills, experience and competencies to respond to the needs of children.</p>	<input type="checkbox"/>
<p>Theme 8: Use of Information</p> <p>Quality information and effective information systems are central to improving the quality of services for children. Quality information, which is accurate, complete, legible, relevant, reliable, timely and valid, is an important resource for providers in planning, managing, delivering and monitoring children's services. An information governance framework enables services to ensure all information including personal information is handled securely, efficiently, effectively and in line with legislation. This supports the delivery of child-centred, safe and effective care to children.</p>	<input type="checkbox"/>

1. Methodology

As part of this inspection inspectors met with children, parents/guardians, other agencies and professionals. Inspectors observed practices and reviewed documentation such as child protection plans, relevant registers, policies and procedures, children's files and staff files.

The aim of on-site inspection fieldwork is to gather further evidence of compliance with the National Standards and Regulations.

During this part of the inspection, the inspectors will evaluate:

- quality of care and safe service
- foster home is well organised and well managed
- the timeliness and management of referrals
- the effectiveness of assessment and risk management processes
- assessment of foster carers
- assessment of safeguarding
- effectiveness of the Foster Care Committee
- the extent of focus on the child or young person's needs and
- the effectiveness of multi-agency.

The key activities of this inspection involved:

- the interrogation of data
- the review of local policies and procedures, minutes of various meetings, one local audit, national business plan and regional operational plan
- the review of 39 children's case files by both tracking and sampling information contained within their files
- the review of 15 foster carer's files by both tracking and sampling information contained within their files
- meeting with nine children and young people, and eight carers
- telephone interviews were conducted with four parents and two foster carers
- meeting with three foster care representatives on the Foster Care Committee
- meeting with one group of social workers, fostering link workers, family support workers, access and project workers
- meeting with one group of team leaders, five principal social workers, the regional Manager for Foster Care and Adoption and the Acting Area Manager
- interview with the Chair of the foster care committee (FCC)
- observing practice in one FCC meeting and one senior management meeting
- the review of completed questionnaires from one child, three external stakeholders and three external professionals from the HSE Child and Family Psychology services.

Acknowledgements

The Authority wishes to thank the carers, children and parents/guardians for the openness with which they embraced the inspection process and welcomed inspectors into their homes. Inspectors also wish to acknowledge the cooperation of the members of Child and Family Agency and senior managers in the Mid West Service Area (Area).

2. Profile

2.1 Child and Family Agency

Child and family services in Ireland are now the primary focus of a single dedicated State agency – the Child and Family Agency - overseen by a single dedicated government Department. The Child and Family Agency Act 2013 (No. 40 of 2013) established the Agency with effect from 1 January 2014.

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

- Child Welfare and Protection Services, including family support services;
- Existing Family Support Agency (FSA) responsibilities;
- Existing National Educational Welfare Board (NEWB) responsibilities;
- Pre-school Inspection Services;
- Domestic, sexual and gender based violence services;
- Services related to the psychological welfare of children.

Child and Family services have been merged into 17 Service Areas (SAs) and are managed under area managers.

Children's foster care services will be inspected by the Authority at SA level with governance inspected at an area manager level.

2.2 Service Area

The Mid West service area (Area) is providing services to areas in Limerick City and County Clare and North Tipperary.

Census figures (2011) show that the population of the service area is 378,410. Half the regional population live in Limerick city and county. Clare has 31% and North Tipperary has 18.5% of the total regional population. The 2011 figures also showed that the Mid West service area had an overall child population of 98,846. Of the total child population, Limerick city and county accounted for 13%, Clare had 8% and North Tipperary had 5%. Irish nationals accounted for the majority of people living in these areas. Non-Irish nationals accounted for 12.1% in Limerick city, 8.7% in Limerick County, 10.5% in Clare and 9.1% in North Tipperary. Polish nationals were the largest group in Limerick City and County and UK nationals were the largest group in Clare and North Tipperary.

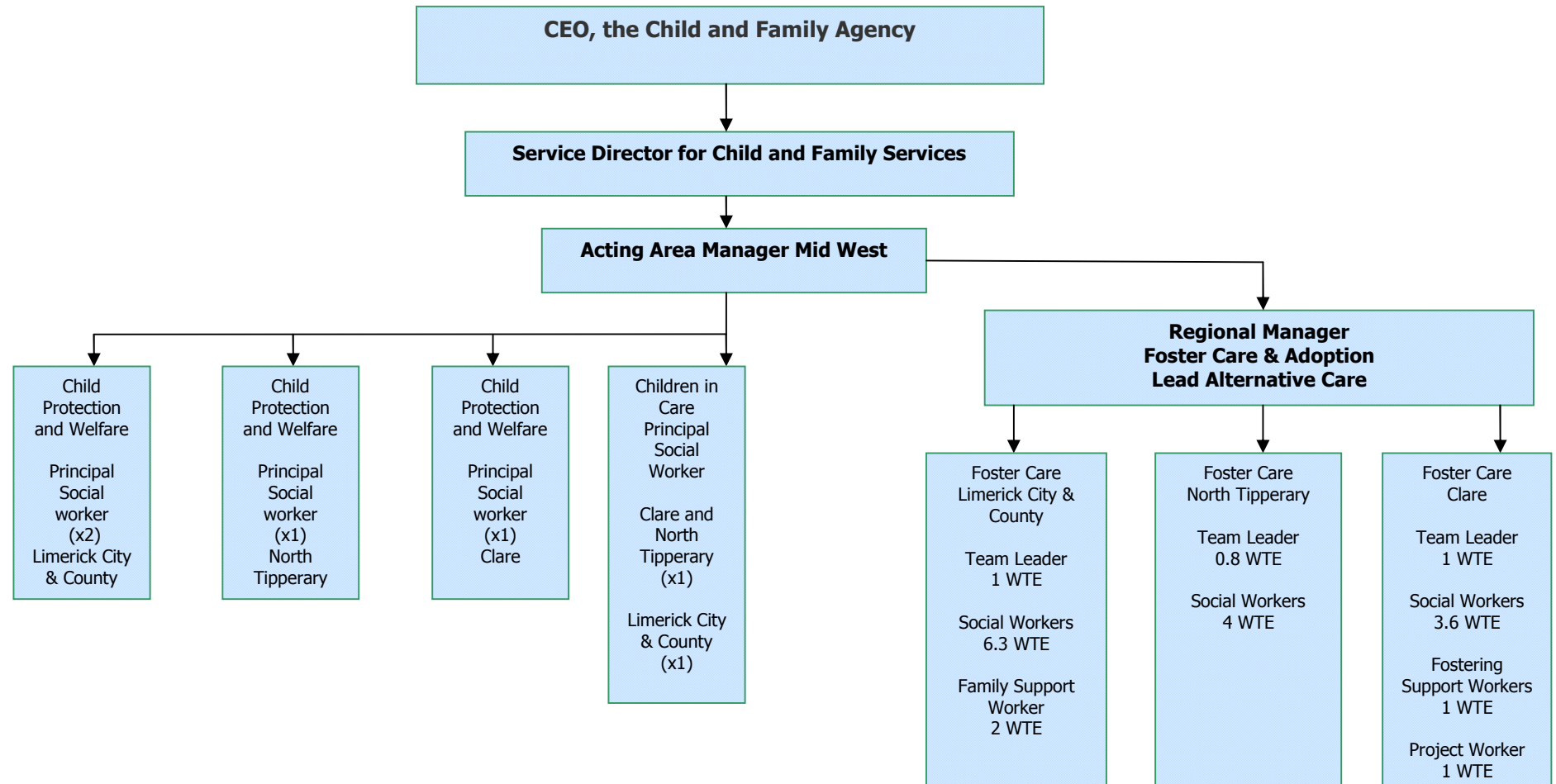
At the time of this inspection, according to the information provided by the Child and Family Agency, there were 584 children living in foster care in the Mid West SA being

cared for by 295 foster carers and 188 relative carers in 483 households. Of the 584 children in foster care, 505 (86.4%) had an allocated social worker. 429 foster carers (88%) had an allocated link worker. The service had 12 children placed in non-statutory foster care placements at the time of the inspection. 22 children had been placed outside of the service area and 19 children had been placed in special foster care placements due to complex medical or behavioural needs. There were 16 children waiting for foster care placements.

The SA provided data on waiting lists of applicants for foster care assessments and approvals, allocation of social workers to children, waiting lists for access to specialist services and children awaiting a foster care placement.

The organisational chart in Figure 1 describes the management and team structure as provided by the SA.

Figure 1: Organisational structure of the Children's Foster Care Services, Mid West SA*



* Source: the Child and Family Agency

3. Summary of Findings

The Child and Family Agency (the Agency), has statutory 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 work practice. Foster carers must be able to provide them with warm and nurturing relationships in order for children to achieve positive outcomes. Services must be well governed in order to produce these outcomes consistently.

Overall, children received a high level of care. Foster carers were committed to the children in their care and provided stable, safe and nurturing environments which promoted the welfare of children. Their rights were promoted and they were consulted about decisions that impacted upon their lives. Many of the children and young people were supported to prepare for independent living. Children's access to family and friends was promoted and facilitated by foster carers and social work staff. The area prioritised the placement of children with relatives or in their own community where appropriate.

Children and young people visited were well integrated into foster carers' families. Care planning and review processes were central to supporting children and ensuring their assessed needs were being appropriately met. Assessments of foster carers were found to be comprehensive and of good quality. However, there were a number of unassessed relative carers currently caring for children which contravened regulations. Not all foster carers had an allocated link worker but the majority of foster carers reported that social workers responded to them when needed. Some children experienced delays in accessing specialist services, therefore their needs were not being met in a consistent and timely manner.

The governance and management structure was sufficiently robust. The foster care service was managed by a team of managers and staff who provided leadership and commitment in the delivery of services to children and families. The standard of social work practice was good in the area. However, there was no evidence of a risk management process to manage the identified risks which resulted in some outcomes for children not improving. There had not been a monitoring officer in place for some time and formal monitoring and quality assurance systems were required to ensure the service was compliant with statutory requirements and standards for the delivery of a high quality foster care service.

The area did not have an effective strategy in place for the recruitment and retention of foster carers. While available resources were managed in an effective manner, the area was not sufficiently resourced to meet the needs of all children.

While this inspection was carried out under three themes, inspectors found that there was a major non-compliance in relation to Standard 11 outside of the themes inspected and this is mentioned in the context in which it arose and under the relevant theme.

4. Summary of judgements under each standard

Theme	National Standards for Foster Care	Compliant Non-compliant – minor, moderate, major
Theme 1: Individualised Supports and Care	Standard 1: Positive sense of identity	Compliant
	Standard 2: Family and Friends	Compliant
	Standard 3: Children's rights	Moderate non-compliance
	Standard 4: Valuing diversity	Compliant
Theme 2: Effective Services	Standard 5: The child and family social worker	Moderate non-compliance
	Standard 6: Assessment of Children and Young People	Compliant
	Standard 7: Care Planning and Review	Compliant
	Standard 8: Matching children with carers	Moderate non-compliance
	Standard 13: Preparation for leaving care and adult life	Moderate non-compliance
	Standard 14a: Assessment and approval of foster carers	Compliant
	Standard 14b: Assessment and approval of relative foster carers	Moderate non-compliance
	Standard 15: Supervision and support	Moderate non-compliance
	Standard 16: Training	Moderate non-compliance
Theme 5: Leadership, Governance and Management	Standard 18: Effective policies	Compliant
	Standard 19: Management and Monitoring of Foster Care Services	Moderate non-compliance
	Standard 21: Recruitment and retention of an appropriate range of Foster Carers	Moderate non-compliance
	Standard 23: The Foster Care Committee	Compliant
	Standard 24: Placement of Children through non-statutory agencies	Moderate non-compliance
	Standard 25: Representation and complaints	Compliant

5. Findings and judgments

Compliance with the Child Care Act, 1991 and National Standards for Foster Care for the Child and Family Agency

Theme 1: Individualised Supports and Care

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.

References:

National Standards for Foster Care (2003)

Standard 1: Positive Sense of Identity

Standard 2: Family and friends

Standard 3: Children's Rights

Standard 4: Valuing Diversity

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

Part II, Article 4: Welfare of child

Part III, Article 8: Religion

Part III, Article 11: Care plan

Part IV, Article 16: Duties of foster parents

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

Part II, Article 4: Welfare of child

Part III, Article 8: Religion

Part III, Article 11: Care plan

Part IV, Article 16: Duties of relatives

Inspection findings

The area provided a child-centred service which ensured that children were listened to and consulted about decisions which affected their lives. Children and families were aware of their rights and supported in exercising these rights when using the service. Children's needs were central and where external services were successfully acquired, were delivered in a manner that focused on the child and their specific needs.

Children's rights were promoted in the area with appropriate written information for children which explained their rights. However, there was limited information for children and families on how to access services available to them and information held on their case files in order to form opinions and exercise choice.

Irrespective of their cultural and ethnic backgrounds, all children were valued and respected as demonstrated in how staff spoke about children and documentation reviewed within the children's care files reviewed. Challenges were found in the provision of appropriate cultural placements for children from a growing number of new communities. The area could not provide accurate data in relation to ethnicity for the purposes of this inspection. The area's database had the facility to gather this type of information but was not utilised; therefore information on ethnicity was not systematically gathered and analysed. However, children were not always living with foster carers from their own cultural, ethnic and religious background and this had the potential to impact adversely on a child.

Social work staff communicated with children and families in a respectful and effective way. This was reflected in case files reviewed by inspectors. The case records also demonstrated the support provided to use advocacy and guardian-ad-litem services that were not necessarily court directed. Reports and other records 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.

The system to record, manage and resolve complaints was good; however, some improvement was required for the timeliness of responses and outcomes. This was evidenced in a review of the complaints register details. 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 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 and said that they would speak to a senior manager if they felt it was necessary.

Children participated in decision-making processes in relation to their lives and where appropriate, influenced decisions about their lives. There was evidence of good rights based practice whereby the area promoted the involvement of children in their reviews and planning about their care. Children and foster carers who spoke with inspectors said that in general their views and opinions were sought and valued by social workers. These views were reflected in reports and other records reviewed by inspectors particularly in decisions made at review meetings whereby a request from a child resulted in a change to the care plan such as access arrangements. Case files reflected the inclusion of children and families in decision making processes where appropriate. Children completed age appropriate reports for their care review meetings and in the majority of the cases reviewed, attended all or part of their review meeting.

In general, children with complex needs or a disability received appropriate support from their foster carers and relevant professionals. Of the 19 children placed in special

foster care placements, a significant number of these were due to complex medical and health needs. A sample of case files pertaining to a number of children in special foster care placements due to complex medical and health needs demonstrated sufficient resourcing, multi-disciplinary input, support and supervision which ensured a good level of appropriate care provided to these children.

Children and young people were provided with foster care services that promoted a positive sense of identity for them. Maintaining and developing family relationships was encouraged and facilitated where it was in the best interest of the child. One third (38%) of foster carers were relatives. Data returned by the area demonstrated that 115 sibling groups were placed together with four siblings not placed together contrary to their assessment.

In general, access arrangements for all children in foster care were found to be good. Contact with families and friends were an aspect of foster care that the SA managed well. Regular access arrangements were generally part of the care planning process and were facilitated by a variety of staff in various Child and Family Agency facilities as well as in the local community. Social workers, carers and parents were generally satisfied with access arrangements but indicated that there were insufficient accommodation options for access visits to take place. Reasons for supervised access were clearly defined in the case files. The area had undertaken a clinical audit of access commitments in the North Tipperary area at the request of the children in care team which afforded an insight into the management of access, meeting statutory requirements and costs associated with meeting the requirements.

Children's interests and leisure choices were identified within the care planning process and a review of files reflected the supports provided to develop and pursue these interests and hobbies. Children, carers and parents interviewed confirmed this.

Standard	Judgment
<p>Standard 1 Positive sense of identify</p> <p>Children and young people are provided with foster care services that promote a positive sense of identity for them.</p>	Compliant
<p>Standard 2 Family and friends</p> <p>Children and young people are encouraged and facilitated to maintain and develop family relationships and friendships.</p>	Compliant
<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>	Moderate non-compliance
<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>	Compliant

Theme 2: Effective Services

Effective services ensure that the proper support mechanisms are in place to enable children to lead a fulfilling life. Personal planning is central to supporting children to identify their goals, needs and preferences and what supports need to be put in place by the service to ensure that each child maximises his/her personal development.

References:

National Standards for Foster Care (2003)

Standard 5: The child and family social worker
Standard 6: Assessment of children and young people
Standard 7: Care planning and review
Standard 8: Matching carers with children and young people
Standard 13: Preparation for leaving care and adult life
Standard 14a. Assessment and approval of foster carers
Standard 14b. Assessment and approval of relative carers
Standard 15: Supervision and support
Standard 16: Training

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

Part III, Article 5 (2) (a): Assessment of foster parents
Part III, Article 6: Assessment of circumstances of child
Part III, Article 7: Capacity of foster parents to meet the needs of child
Part III, Article 10: Information on child
Part III, Article 11: Care plans
Part IV, Article 18: Review of cases
Part IV, Article 19: Special review
Part IV, Article 20: Frequent admissions to care

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

Part III, Article 5 (1) (a): Assessment of relatives
Part III, Article 7: Assessment of circumstances of child
Part III, Article 9 (1), (2) Contract
Part III, Article 10: Information on child
Part III, Article 11: Care plans
Part IV, Article 18: Review of cases
Part IV, Article 19: Special review
Part IV, Article 20: Frequent admissions to care

Inspection findings

Children's wellbeing and welfare was maintained by a good standard of care and support which included a comprehensive assessment of need, good quality care planning and review processes. Case files demonstrated good levels of communication between foster carers and link workers as well as visits to the foster care household. In general, children were supported in transition between services and between childhood and adulthood. Where emergency placements were required, the area had a sufficiently robust process to protect children.

Timely initial assessments were undertaken in line with business processes for children who had recently come into care as evidenced in a sample of case files reviewed. The needs assessments informed the care planning and review processes. Social workers interviewed by inspectors demonstrated a good knowledge of the children's needs and case notes demonstrated the supports and resources in place to meet those needs. Children and families were encouraged and facilitated to participate in the assessment process.

The area did not have sufficient resources to ensure that all children were placed with carers who were chosen for their capacity to meet their assessed needs. Social workers and managers told inspectors that a shortage of foster care placements impacted on the quality of matching. Every effort was made to match children with carers who had the capacity to meet the child's needs by means of sharing information and discussion between the child's social worker and the fostering social worker who could identify a suitable carer. The regional manager for foster care provided inspectors with a request for foster placement template which considers a matrix of need to enhance the matching process. This was not evident in the files reviewed by inspectors. The inability to match appropriate carers to children could lead and had led to placement disruptions or breakdowns.

The area had access to a range of services for children and families which included psychology, psychiatry, speech and language therapy, occupational therapy and other services within the community. Not all children had timely access to services based on their assessed needs. The standard¹ relating to this area was not addressed in detail as part of this inspection; however, data provided to the Authority reported that there were 68 children awaiting access to psychology services and eight children awaiting access to child and adolescent mental health services at the time of the inspection. Questionnaires completed by a number of external professionals indicated that access to services based on assessed needs was prioritised; however, these services were often not available in a timely or comprehensive way. This was due to under resourced services with waiting lists in excess of two or more years which were unsatisfactory and unsuitable. Others indicated that they had evidenced some children in care being pushed to the top of a list but that overall, accessing specialist services was becoming increasingly more difficult.

¹ Standard 11 Health and Development

Data provided to the Authority reported that 79 (13.5%) of children were without allocated social workers at the time of the inspection. This was a particular difficulty in the North Tipperary area as a result of a staff vacancy for over two and half years. In the interim period between the end of December 2013 and the time of the inspection, a staff member had returned from maternity leave and a second position had been filled. This resulted in the total number of unallocated cases being reduced to 20. The area manager told inspectors that two additional staff were due to return from maternity leave in the next two to three months which should result in all children in foster care having an allocated social worker. Safeguarding measures for the unallocated cases included allocation to family support workers and child care workers who liaised with fostering link workers. A review of case files and interviews with children and carers, found that children were generally visited within the statutory time frames and social workers met with children in private. The files also demonstrated joint visits to foster care placements by the child's social worker and the fostering link worker.

There was good care planning and review processes in place in the area. Data provided to the Authority for this inspection reported that 99% of children had a written care plan. There were good quality care plans that were reviewed on a regular basis, actions were implemented and focused on improving outcomes for children in foster care; however, some care files had addendums to initial care plans which outlined minor modifications to the plan. The quality of reviews was good and demonstrated a high level of consultation with children, parents, foster carers and other professionals by attendance at reviews or submission of reports. This participation and consultation was confirmed during interviews with the child and relevant others. 37 (6%) of children were without an up-to-date child in care review. Parents and carers reported that they received a written account of the decisions made at review meetings. It was difficult to ascertain from the care file if the outcome of the review was discussed with the child in an age appropriate manner or that they had received an up-to-date care plan which would be helpful for children in their understanding of decisions made and plans for the future.

Strategy meetings, professional meetings and child protection case conferences were held appropriately and in a timely manner. Case files reviewed demonstrated good coordination and consultation with all relevant personnel with minutes of these meetings containing clear decisions for further action and outcomes for children. Professionals interviewed confirmed their attendance or invitation to participate or contribute to these meetings.

The provision of aftercare to children in the area was inequitable with some children not receiving a dedicated aftercare service. The area had an aftercare service led by an acting principal social worker which was informed by the Child and Family Agency's *Leaving and Aftercare Services National Policy and Procedure* (2011). However, this policy had not been fully implemented in the area. There was a temporary waiting list of 20 young people for allocation of after care workers in the area. 63 (91%) had an allocated aftercare worker. A review of case files indicated that some children who had reached the age for referral and beyond had not been considered for referral to the aftercare service at the age of 16 years.

Some children were supported to continue in education and training and received supports by the service after they became 18. A review of a number of case files and interviews with social workers and foster carers with young people who had become 18 confirmed this. Data provided to the Authority reported that 161 young people over 18 years were in receipt of an aftercare service. Of these, 80 (50%) remained in their existing foster care placement. Leaving care assessments were undertaken for some children but not for all and there was little evidence of aftercare plans on the children in care files. These deficits were confirmed by social work personnel. A key principle of the national policy on *Leaving and Aftercare Services* (2011) requires services to be monitored and evaluated on a regular basis to ensure quality and inform service development. At the time of this inspection, there was no regular or formal monitoring and evaluation of the leaving and aftercare services undertaken by the area which would inform future strategic planning for service provision.

The majority of transitions between services and discharges from care were found to be well planned with continuity between key professionals maintained. Case files reviewed demonstrated good transfer and update summaries between social workers and professionals. However, inspectors found that there were a significant number of placement disruptions in the area. 110 children had moved from one foster care placement to another foster care placement in the 12 months prior to inspection. The Foster Care Committee (FCC) was notified of all placement disruptions and the chair requested a disruption report from the social worker. These reports were seen in a sample of files reviewed by inspectors. Completed disruption reports to the FCC addressed the reasons for the disruption or ending, the impact on the foster carers and the child and the necessary amendment of the care plan to account for the change in circumstances. The FCC reviewed the report and discussed the implication for the status of the foster carer. The regional manager for foster care reported that an analysis of placement breakdowns and disruptions had been undertaken. The key finding of this analysis was reported to be that the foster carer did not receive sufficient information about the child initially which resulted in difficulties arising in their capacity to safely care for the child. This resulted in the move from a general description of the child to a matrix of need which would improve the matching of carers to children based on their capacity to meet assessed needs.

Emergency placements were carried out in a safe way. Inspectors found that where an emergency placement had been made, the process was sufficiently robust to protect children and all the necessary checks were carried out. Data provided to the Authority reported that 28 relative carers were currently on a waiting list for assessment. In the twelve months prior to the inspection 17 relative carers had been assessed with 12 of these being approved in the 12 months prior to the inspection. A sample of case files reviewed demonstrated that the quality of completed relative care assessments was good. However, there were a number of unassessed relative carers currently caring for children which contravened the regulations. The length of time these children were placed with these carers varied from nine months to three years. This could mean that a child remained with carers who were unable to provide adequate care. It could result in unnecessary trauma for the child should the foster care committee recommend that the application not be approved and a decision taken subsequent to that to remove the child from the placement.

All approved non-relative foster carers underwent a comprehensive assessment by a professionally qualified social worker. In the twelve months prior to the inspection, 27 non-relative foster carers had been assessed with 23 approved by the FCC. 13 non-relative foster carers were currently on a waiting list for assessment with a further 12 currently undergoing assessments.

Assessments were found to be comprehensive and of good quality and were based on a competency model framework. Senior managers and social work staff interviewed reported that the timeframes for the completion of foster carer assessments had significantly improved. The regional manager for foster care told inspectors that this varied across the three areas dependent on staffing resources, but that on average assessments were completed within six months. A review of a sample of case files demonstrated that the length of the assessment process did vary across each area and on average ranged from six to 10 months. The required checks in relation to health and safety to ensure children lived in safe environments and vetting which included all adults over 18 years within the household were undertaken. Foster carers interviewed told inspectors that their assessment was thorough and comprehensive and overall, were satisfied with the length of time required to complete.

Assessments presented to the FCC were done in a timely manner. The assessment report was presented with an accompanying "book of evidence" to the FCC. This acted as a checklist to ensure that all the necessary checks and information were available to the FCC so as to make an informed decision and ensure efficiency. Inspectors observed a FCC meeting as part of the inspection fieldwork and viewed records of FCC meetings which evidenced timely decisions and recommendations. Inspectors evidenced correspondence to foster carers informing them of their approval status. Applicants joined the FCC meeting to have an opportunity to discuss their application.

Not all foster carers had undergone a review of their continuing capacity to provide high quality care to children in line with regulations, policies and standards. This was evidenced in the sample of case files reviewed by inspectors. Data provided to the Authority prior to the inspection reported that only 40 (8%) foster carers had a review in the 12 months prior to the inspection and 197 (40%) foster carers had not had a review in over three years. The chair of the FCC told inspectors that the committee were not notified of every foster carer review but would be notified if there was a change required to approval status. The reason for the low number presented to the FCC was due to the prioritisation of assessments and approvals. As a result, there was little or no evidence to show if the reviews assisted with the identification of gaps in the fostering service in the area. At the time of this inspection, the continuing capacity of foster carers to provide high quality care was not sufficiently addressed through the review process.

Overall, children were living with foster carers who received the support and supervision required to provide a suitable placement. However, there were 77 (15%) out of 483 foster carers who did not have an allocated link worker due to staff shortages. Interim measures were put in place to address this by the area which included writing to the foster carers outlining the situation and ensuring they had a key contact person and details should they require assistance. Unallocated carers were reviewed on a monthly

basis by the principal social workers and team leader via the national policy on *Measuring, Managing and Reporting Social Work Intake* with regard to need and priority. Foster carers interviewed had mixed views about aspects of the support to care for children, receiving adequate information and training. Those who did not have an allocated social worker understood the reasons for this and had a contact person and details if required. They told inspectors that they were aware of their role and what was expected of them by the fostering service. Foster care contracts were not always evident on the foster carer files reviewed and were often found on the child's case file. While interim measures to address unallocated foster carers, the ability of the area to satisfy itself on an ongoing basis as to the level of performance of all foster carers was limited.

Training was provided to all foster carers on an ongoing basis, however, the uptake was found to be poor. Inspectors reviewed the 2013 training schedule that was sent to every foster carer in the area. Training modules provided included: Attachment, understanding and managing behaviours, parenting programmes for teenagers and a similar one for toddlers, drug and alcohol addiction, basic life support and first aid, creating a smoke free environment, stress management and well being, promoting healthy living, internet awareness and cyber bullying, understanding sexuality and relationships and Children's First 2011. A review of case files did not clearly evidence foster carer's attendance at training. Some foster carer's interviewed had outlined a number of training modules undertaken; however, the uptake of training opportunities was low in the area. There was no audit or evaluation of the training programme for foster carers at the time of inspection. The regional manager provided inspectors with a template for a training needs analysis which would be used going forward to establish foster carer training needs and areas for future development. Once implemented, this audit should form the basis of the training programme for foster carers in the future. Prospective foster carers who attended a FCC meeting during the inspection told inspectors that the introduction to fostering and training module helped them significantly in deciding to become a foster carer.

The inter-area transfer policy was implemented and reported to be effective in this area. At the time of inspection there were two cases awaiting transfer outside of the area and no cases awaiting transfer into the area. Inspectors evidenced transfer requests from other areas as part of the case file review and management responses to the requests.

Standard	Judgment
<p>Standard 5 The child and family social worker</p> <p>There is a designated social worker for each child and young person in foster care.</p>	<p>Moderate non-compliance</p>
<p>Standard 6 Assessment of children and young people</p> <p>An assessment of the child's or young person's needs is made prior to any placement or, in the case of emergencies, as soon as possible thereafter.</p>	<p>Compliant</p>
<p>Standard 7 Care planning and review</p> <p>Each child and young person in foster care has a written care plan. The child or young person and his or her family participate in the preparation of the care plan.</p>	<p>Compliant</p>
<p>Standard 8 Matching carers with children and young people</p> <p>Children and young people are placed with carers who are chosen for their capacity to meet the assessed needs of the children and young people.</p>	<p>Moderate non-compliance</p>
<p>Standard 13 Preparation for leaving care and adult life</p> <p>Children and young people in foster care are helped to develop the skills, knowledge and competence necessary for adult living. They are given support and guidance to help them attain independence on leaving care.</p>	<p>Moderate non-compliance</p>
<p>Standard 14a Assessment and approval of non-relative foster carers</p> <p>Foster care applicants participate in a comprehensive assessment of their ability to carry out the fostering task and are</p>	<p>Compliant</p>

formally approved by the health board prior to any child or young person being placed with them.	
Standard 14b Assessment and approval of relative foster carers Relatives who apply, or are requested to apply, to care for a child or young person under Section 36(1)(d) of the Child Care Act, 1991 participate in a comprehensive assessment of their ability to care for the child or young person and are formally approved by the health board.	Moderate non-compliance
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.	Moderate non-compliance
Standard 16 Training Foster carers participate in the training necessary to equip them with the skills and knowledge required to provide high quality care.	Moderate non-compliance

Theme 5: Leadership, Governance and Management

Effective governance in services for children is accomplished by directing and managing activities using good business practices, objectivity, accountability and integrity. In an effective governance structure, overall accountability for the delivery of services is clearly defined and there are clear lines of accountability at individual, team and service levels so that all people working in the service are aware of their responsibilities and who they are accountable to.

References:

National Standards for Foster Care (2003)

Standard 18: Effective Policies

Standard 19: Management and Monitoring

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

Standard 23: Foster Care Committee

Standard 24: Non Statutory Agencies

Standard 25: Representation and Complaints

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

Part III, Article 5: Assessment of foster parents

Part IV, Article 12: Maintenance of a register

Part IV, Article 14: Fostering allowance/financial and other assistance

Part IV, Article 15 Support services for foster parents

Part IV, Article 17 Supervision and visiting of children

Part IV, Article 22 (2): Termination of placement by Health Board

Part VI, Article 24: Arrangements with voluntary bodies and other person

Part VI, Article 27: Placement of child with person in another area

Child Care (Placement of Children with relatives) regulations 1995

Part III, Article 5: Assessment of foster parents

Part IV, Article 12: Maintenance of a register

Part IV, Article 14: Fostering allowance/financial and other assistance

Part IV, Article 15 Support services for foster parents

Part IV, Article 17: Supervision and visiting of children

Part IV, Article 22 (2): Termination of placement by Health Board

Part VI, Article 24: Arrangements with voluntary bodies and other person

Inspection findings

There was an effective management system in place with clearly defined lines of authority and accountability. Senior managers were qualified, experienced and demonstrated leadership, authority and responsibility in meeting needs and improving outcomes for children within the SA.

The three local health areas had been integrated into one service area in the year prior to inspection. The management team comprised the area manager, a regional manager for foster care and adoption with lead for alternative care and six principal social workers. All social workers reported to team leaders who in turn reported to principal social workers. The fostering social work team leaders reported to the regional manager for foster care and adoption who in turn reported to the area manager as did the principal social workers on each team. The area manager reported to the regional director of services in the West region.

Communication structures in place were robust and effective. Inspectors were told by managers that communication and implementation of decisions between national, regional and local management was good. Staff told inspectors that they found their managers supportive and that they were available to them. Inspectors observed a senior management team meeting during the inspection process which reflected good communication and decision-making processes.

National and regional level management meetings took place on a regular basis. Staff confirmed that they received information and clear communication on matters pertaining to the service. Senior management team meetings were held on a monthly basis. Fostering team meetings had been held at regional level on four occasions in the previous year alongside weekly team meetings. Interviews with senior managers and focus groups with social work staff demonstrated clear roles and responsibilities. Records of the various meetings examined by inspectors showed that meetings focussed on operational issues and service delivery which included budgets, risk management and escalation processes, policies and procedures, staffing and training. A sample of supervision records reflected evidence of accountability at all levels.

All social work managers and staff interviewed demonstrated a good knowledge of risks within the foster care service such as waiting lists for allocation of social workers to carers and children, assessments of carers, particularly relative carers, and access to specialist services, insufficient placements and staffing deficits. The identification, management and escalation of service risks were carried out in line with national procedure through *Measuring, Managing and Reporting Social Work Intake* reports. Responses to risk associated with individual cases were carried out in a timely manner which was reflected in some case files reviewed, however, there were insufficient resources to fully address all risks. There was no evidence of an accompanying risk management plan in place to manage the identified risks and address the deficits which resulted in some outcomes for children not improving.

At the time of the inspection, 12 children were placed with a number of non-statutory agencies. The area manager and regional manager for foster care told inspectors that non-statutory agencies were used particularly for children with complex needs when no suitable foster carers were available locally. Inspectors reviewed service level agreements (SLAs) with two non-statutory agencies currently in use by the area. Both SLAs specified the services to be offered and the conditions under which they were offered with core expectations of the placements clearly outlined which included monitoring arrangements. Services were required to comply with relevant legislation, policies and national guidance. The area manager told inspectors that the SA satisfied itself that these agencies provided quality care and complied with regulations currently through the child in care review processes and had on occasions engaged monitoring officers from outside the area to undertake inspection for the purposes of registering the non-statutory agencies. This was confirmed during interviews with senior managers in the service.

There was no regular or formal monitoring of statutory and non-statutory foster care services in the area as the post of designated authorised person to undertake formal monitoring of services was vacant for the past two years. Inspectors were advised that the recent appointment of a designated monitoring officer in the SA would ensure monitoring and quality assurance systems were in place. A national quality assurance programme was being introduced by the CFA and the service area will operate and be guided by this programme once fully implemented. Formal monitoring and quality assurance systems were required to ensure the service was compliant with statutory requirements and standards for the delivery of a high quality foster care service.

The FCC was effective and functioned in compliance with regulations and standards. The SA operated three foster care committees (FCC) across Limerick, Clare and North Tipperary in line with the Child and Family Agency's *Foster Care Committees: Policies, Procedures and Best Practice Guidance 2012*. Each comprised of people with various expertise in child protection and welfare, medical and psychology, experience and/or training in foster care. Each committee was chaired by one independent chair that had been in place since February 2013. The FCC's functioned in line with national policy and procedures by approving foster carers, foster care placements and were notified of allegations against foster carers. The FCC was not notified of every foster carer review undertaken. This was evidenced in the care files reviewed and confirmed by the chair of the committee and social workers interviewed. They dealt primarily with foster carer reviews that required serious consideration in relation to specific findings that could require a change to approval status, recommendation for further training or removal from the panel. Inspectors observed a FCC meeting, interviewed the chair of the committee and three foster carer representatives and found the FCC to be effectively managed and organised. Decisions made by the FCC's were clearly recorded in files and meeting records examined by inspectors. The FCC were in the process of contributing to service planning through the compilation of an annual report and meetings with the regional manager for foster care and the area manager.

Serious incidents were managed appropriately. Notifications of serious incidents were made to the FCC, which were logged and outcome reports were sought. Disruption reports in relation to placement endings were also presented to the FCC to consider

implications for approval status. Overall, the procedures and guidelines for dealing with representations from children, foster carers, families and others with a bona fide interest in the child's welfare was good. Copies of these procedures were given to children in an age appropriate format, parents and foster carers. A sample of allegations at various stages of investigation was examined by inspectors and found to be managed effectively. The area manager maintained oversight of a central log of all complaints and allegations. A review of this central log demonstrated that further clarification was required on the distinction made between complaints and allegations, the recording of both and outcomes for children.

While available resources were managed in an effective manner, the area was not sufficiently resourced to meet the needs of all children requiring a service. There was no effective strategy in place for the ongoing recruitment and retention of foster carers.

Service planning was good and was informed by the levels of needs and demand within the area. The previous 12 months had seen changes to the management structure with a move to the new Child and Family Agency, introduction of Business Processes and the implementation of national guidance documents and policies. Staff reported that the area manager and senior managers provided good leadership during the transition to the new agency and the implementation of the business processes. Senior managers reported that changes to some practices were an issue for staff and some teams managed this better than others initially. The area manager told inspectors that some restructuring was still ongoing; however, the main objectives were in the provision of a safe, child-centred service which assessed outcomes for children. He reported that the local strategic plan needed to be aligned with the national delivery model to ensure that services follow the child through the pathway of care.

The area was not sufficiently resourced to meet the needs of all children requiring a service. The regional manager for foster care told inspectors that the social work team in the Limerick area were down 2.6 staff in the past 12 months; North Tipperary area had only one full-time fostering social worker and operated at 40% capacity which increased to 60% in September 2013. The Clare area had operated with a full staff complement in the previous 12 months. Staff resources were impacted by the inability to cover maternity leave. At the time of this inspection there were 1.6 whole time equivalent vacancies in the Limerick office. This resulted in 79 (13%) children without an allocated social worker and 35 (7%) of foster carers without an allocated link worker. This also impacted on the assessment and approval of foster carers which had implications for the number of placements available and the deficit in the approved foster placements.

Senior managers reported regionally and nationally on their use of resources on a regular basis. Minutes of these meetings confirmed the managerial oversight of challenges to and priorities for the service. These records and other reports reviewed by inspectors evidenced that managers were able to reallocate resources to address unexpected events and changing priorities. Additional resources to support foster carers when required were evident in case files.

The area did not have an effective strategy in place for the ongoing recruitment of

foster carers. A national fostering awareness campaign had run from 20 – 24 May 2013 and a national fostering recruitment campaign was held in tandem from May to December 2013. These campaigns had been launched in the service area with no additional resources put in place. Senior managers told inspectors that the response was poor and that it would be important to run a more focussed localised campaign so as to recruit carers that could potentially meet more specific needs of children in the area. An operational plan provided to the inspectors outlined the issues in relation to the recruitment of foster carers and the required developments to act on these issues which clearly reflected the need for a more specific recruitment drive in relation to special foster care placements, gaps in the provision of placements for children from ethnic and minority groups and concerns in relation to the overburdening of existing carers. Data provided to the Authority demonstrated that there had been 258 new enquiries to the service in the year prior to this inspection. The average time taken to respond to an enquiry was 24 hours. 36 applications had been submitted in the same time period. Inspectors were told by managers and staff that the assessment process for foster carers had improved overall but timelines varied across the three local health areas due primarily to staffing resources.

The area did not have an effective strategy in place to retain foster carers but reported that this was not problematic. 406 (84%) of foster carers had an allocated fostering link worker. Foster carers interviewed by inspectors were generally satisfied with the level of support provided by the foster care service and their respective link workers. The regional manager for foster care told inspectors that some of the key priorities for the service area were the supports given to existing foster carers and the recruitment of new foster carers. Data provided to the Authority by the area showed that 11 foster carers had left the panel voluntarily in the previous 12 months. There was no evidence of exit interviews undertaken with these carers that could inform future training, support, supervision, recruitment and retention.

Standard	Judgment
<p>Standard 18 Effective Policies</p> <p>Health boards have up-to-date effective policies and plans in place to promote the provision of high quality foster care for children and young people who require it.</p>	Compliant
<p>Standard 19 Management and monitoring of foster care services</p> <p>Health boards have effective structures in place for the management and monitoring of foster care services.</p>	Moderate non-compliance
<p>Standard 21 Recruitment and retention of an appropriate range of foster carers</p> <p>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.</p>	Moderate non-compliance
<p>Standard 23 The foster care committee</p> <p>Health boards have foster care committees to make recommendations regarding foster care applications and to approve long-term placements. The committees contribute to the development of health boards' policies, procedures and practice.</p>	Compliant
<p>Standard 24 Placement of children through non-statutory agencies</p> <p>Health boards placing children or young people with a foster carer through a non-statutory agency are responsible for satisfying themselves that the statutory requirements are met and that the children or young people receive a high quality service.</p>	Moderate non-compliance

<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>	<p>Compliant</p>
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