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Foster care, Child and Family Agency (Tusla), Midlands, OSV-0004423, 14 May 2019

Item Type	report
Citation	Ireland. Health Information and Quality Authority, 'Foster care, Child and Family Agency (Tusla), Midlands, OSV-0004423, 14 May 2019', [report], Health Information and Quality Authority, 2019-09-19, (Foster) Foster care service, Foster Care Service (Foster)
Publisher	Health Information and Quality Authority
Download date	2026-06-10 12:50:41
Link to Item	https://hdl.handle.net/20.500.14765/98806

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:	Midlands
Dates of inspection:	14 -17 May 2019
Number of fieldwork days:	4
Lead inspector:	Tom Flanagan
Support inspector(s):	Erin Byrne Susan Geary Niamh Greevy Sharron Austin Caroline Browne Lorraine O'Reilly Grace Lynam
Type of inspection:	<input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced <input type="checkbox"/> Full <input checked="" type="checkbox"/> Focused
Fieldwork ID:	MON-0026764

About the Health Information and Quality Authority (HIQA)

The Health Information and Quality Authority (HIQA) is an independent statutory authority established to promote safety and quality in the provision of health and social care services for the benefit of the health and welfare of the public.

HIQA's mandate to date extends across a wide range of public, private and voluntary sector services. Reporting to the Minister for Health and engaging with the Minister for Children and Youth Affairs, HIQA has responsibility for the following:

- **Setting standards for health and social care services** — Developing person-centred standards and guidance, based on evidence and international best practice, for health and social care services in Ireland.
- **Regulating social care services** — The Office of the Chief Inspector within HIQA is responsible for registering and inspecting residential services for older people and people with a disability, and children's special care units.
- **Regulating health services** — Regulating medical exposure to ionising radiation.
- **Monitoring services** — Monitoring the safety and quality of health services and children's social services, and investigating as necessary serious concerns about the health and welfare of people who use these services.
- **Health technology assessment** — Evaluating the clinical and cost-effectiveness of health programmes, policies, medicines, medical equipment, diagnostic and surgical techniques, health promotion and protection activities, and providing advice to enable the best use of resources and the best outcomes for people who use our health service.
- **Health information** — Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information on the delivery and performance of Ireland's health and social care services.
- **National Care Experience Programme** — Carrying out national service-user experience surveys across a range of health services, in conjunction with the Department of Health and the HSE.

About monitoring of statutory foster care services

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

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

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

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

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

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

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

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

1. Inspection methodology

As part of this inspection, inspectors met with the relevant professionals involved in the child in care service and with children in care, young people availing of the aftercare service and with foster carers. Inspectors observed practices and reviewed documentation such as care files, and relevant documentation relating to the areas covered by the relevant standards.

During this inspection, the inspectors evaluated:

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

The key activities of this inspection involved:

- the analysis of data submitted by the area and questionnaires completed by 58 children in care
- meeting with or speaking to 19 children
- interviews/meetings with the area manager, the principal social worker for children in care, the aftercare manager, and the independent reviewing officers
- home visits to eight foster care households
- separate focus groups with children in care social workers and social care leaders, duty and child protection social workers, team leaders for duty and child protection teams, team leaders for children in care teams, fostering social workers, aftercare workers and with foster carers.

- review of the relevant sections of 48 files of children in care as they relate to the theme
- observation of a child in care review meeting
- phone calls with two parents of children in care
- phone calls/meetings with three foster carers.

Acknowledgements

HIQA wishes to thank the staff and managers of the service for their cooperation with this inspection, the children in care who completed questionnaires, and the children in care, parents of children in care, and foster carers who met with or spoke to inspectors.

2. Profile of the foster care service

2.1 The Child and Family Agency

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

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

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

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

Foster care services provided by Tusla are inspected by HIQA in each of the 17 Tusla service areas. Tusla also places children in privately run foster care agencies and has specific responsibility for the quality of care these children in privately provided services receive.

2.2 Service Area

According to data published by Tusla in 2018, the Midlands service area had a population of children from the ages of 0-17 years of 80,193.*

The area is under the direction of the service director for Tusla, Dublin Mid-Leinster, and is managed by an area manager. There was one principal social worker who had responsibility for children in care, leaving care and aftercare services and one principal social worker who had responsibility for foster care services and managed the independent reviewing officers.

The Midlands Area comprises the counties of Laois, Offaly, Westmeath and Longford. The area is predominantly rural in nature and has five main urban areas, Portlaoise, Tullamore, Athlone, Mullingar and Longford. Each had a child in care team based there. The aftercare team, fostering team, duty social work, and child protection teams were located in offices throughout the service area.

At the time of the inspection there were 362 children in foster care in the area. Of these, 98 children were placed with relatives and the remaining 264 children were placed with general foster carers, 59 of whom was placed with private foster carers.

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

*Annual Review on the Adequacy of Child Care and Family Support Services Available – 2016 (Tusla website, July 2018)

3. Summary of inspection findings

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

This report reflects the findings of the focused inspection, which looked at the role of the social worker, the assessment of children's needs, care planning and statutory reviews, matching, safeguarding and child protection, and preparation for leaving care and adult life.

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

- Two standards were compliant
- Two standards were substantially compliant
- Two standards were non-compliant, both of which were moderate non-compliance.

Children who met with or spoke to inspectors said they felt safe in their foster homes and they were happy and well cared for in their placements. The majority of children were happy with the contact they had with their families and described positive relationships with their social worker.

There were many areas of good practice in the area. There were no dual-unallocated cases and, where children did not have an allocated social worker, social care leaders carried out safeguarding visits every three months. Children with a disability received a good service and social workers encouraged and facilitated contact between children and their families, and tried to ensure that children maintained positive family relationships. Children had their needs adequately assessed. Child in care reviews were well managed and care plans were up-to-date. The aftercare team demonstrated a commitment to young people and engaged them in participation groups and in improving the after care service.

The majority of children in care had an allocated social worker but 63 (17%) did not due to staffing shortages. Some children did not have a consistent social worker to implement their care plans during the two years prior to the inspection. Many children were visited regularly by their social workers but there were some children

who were not visited as often as required. Children with a disability had access to the services they needed.

Children were provided with written information about how they could complain. Even though some children told inspectors in questionnaires that they had made complaints, the area did not have an overall record for recording these complaints and learning from them.

An electronic recording system was established in the area in early 2018 as part of a national system. Inspectors found that some files were easily accessible and up to date with good quality records but there were some case notes and other records were absent from other files.

Social workers and social care leaders were supervised by team leaders and records of discussions of individual children's cases were recorded and uploaded on the children's files. These were generally of good quality.

Assessments of need were carried out on all children placed in foster care and the assessments were of good quality.

Child in care reviews were well managed and care plans were up to date. Some care plans had not been signed off for a considerable time after the child in care reviews and, following the inspection, inspectors escalated this issue to the area manager, who provided a satisfactory response. Children also had placement plans which were discussed at reviews.

The voluntary consent provided by some parents when their children were admitted into care was not formally discussed in reviews and some voluntary consent forms had not been updated for several years. Inspectors also escalated this issue to the area manager who provided a satisfactory assurance that all voluntary consent would be reviewed and renewed, and that the voluntary consent forms would be completed in line with best practice. She also stated that the review of voluntary consents would be incorporated into the care review process.

There was a clearly-defined matching process in place and the area had introduced improvements to placement request forms but the matching that took place was not always reflected on all children's files. There was a shortage of foster care placements in the area which meant that a large number of children were placed outside the area in private placements. There was also a back-log of approvals of long-term placements.

There were practices to ensure that children were safeguarded from all forms of abuse. All foster care households had an allocated link worker and there were increased visits from social workers and social care leaders when children required extra support. There was good oversight of allegations and concerns against foster carers, which were well managed, but child protection concerns were not always investigated by the duty social workers in the area where the children lived. When additional safety measures were required in placements, they were formalised in safety plans which were of good quality.

There was a well-developed aftercare service in the area. Assessments of need and aftercare plans were of good quality and young people were involved in their own planning. Children and young people in foster care were helped to develop the skills and competence necessary for adult living.

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

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 national standards were met as follows. We will judge a provider to be compliant, substantially compliant or non-compliant with the regulations and or national standards. These are defined as follows:

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

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

What children told us and what inspectors observed

Inspectors met with 18 children in their foster care homes during the inspection. Inspectors also received 58 questionnaires from children who are living in foster care.

Children told inspectors about many of the positive aspects of living in foster care including:

"I feel safe, happy and loved"

"I am happy, confident, taller, fitter, independent, wiser and I am more helpful and don't worry as much as I used to. "

"I love my foster family! They are very special people to me!!!"

"I have lived here since I was born. They are kind and listen to me. They are fair in their ways. They are selfless and are more than willing to help me whenever I need them."

"I like the [foster family] because they are funny and very nice"

"I feel very much part of this family and I don't have to be afraid of being hurt."

Children told inspectors that they liked their bed, their bedroom, the food, pets, and contact with their own families. Children also described the activities they like to do; football, going to clubs, badminton, Irish dancing, soccer, athletics, helping out around the house, go-carting, dancing, bog work, going to parties, basketball, cards, bingo, going to the playground, holidays, swimming and going for walks. Through these activities they explained the significance of the connections that they have made in foster care:

"This house is fun because we get to interact and socialise with each other"

"She [foster carer] lets all of us to do lots of sports to stay fit which is good... clears the mind"

"Experiencing new things that we have never experienced before"

"I love to have company because you have people to play with and you would never get bored and it's nice to have someone the same age as you living with you."

Children also told inspectors some hard things about living in foster care:

"I feel sad sometimes because I'd like to be with my Mum and sisters"

"I don't like it when they [foster carers] get cross when I make a mess in my room or playroom"

"No review because meetings are annoying, boring, frustrating and intimidating"

One child said they would like "less paperwork and having a stable social worker".

Fifty four who answered the question said that they had a social worker while two children, who were over 16 years said that they had no social worker. Not all children commented on their social worker but 18 children had positive things to say about their social workers:

"I love my social worker - I trust her and she listens to me. She's the best social worker I have ever had."

"She is understanding"

"She is easy to relate to"

"I like [social worker] because he is very fun because he plays with me when comes over and I love we played basketball together"

"Important to feel comfortable around social workers and feel as if you're talking to a friend"

"That you have a real relationship with them and feel like you can tell them anything"

"They are positive, kind, talkative, caring, reassuring, helpful and safe. There just there to listen to your thoughts and feelings and you see them when you're meant to"

"[Social worker] is friendly, polite, helpful, nice and generous. I wouldn't pick another social worker but him and he also helps you if you're struggling with anyone. He is also very funny."

Two children also described where social workers could improve:

"Other social workers try to make me see my other family when I don't want to. Social workers don't listen or care what I feel or think."

"I would like to see [social worker] more"

Thirty children said that they had a care plan, three said they did not have a care plan and two did not know if they had a care plan. When asked if someone explained the decisions from their child in care review from the, 26 said that someone does talk to them about the decisions, four children said this happens sometimes, seven said no one talked to them about their care plan. Three children replied to the questionnaire that they wanted my contact with their birth family. Twenty six children said they feel listened to, three said they sometimes feel listened to and three said they feel they are not listened to.

Five children over the age of 16 years said they had an aftercare plan that they had a say in their plan and that their aftercare worker helped them to learn the skills they need to manage on their own.

5. Findings and judgments

Theme 2: Safe and Effective Services

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

Standard 5: The child and family social worker

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

Summary of inspection findings under Standard 5

According to data provided by the area, 299 (83%) of the 362 children in care had an allocated social worker but 63 (17%) did not have an allocated social worker. However, there were no dual-unallocated cases as every foster carer had a link social worker. There were vacancies for five social workers, the area had a staff turnover rate of almost 6% and the area manager told inspectors that recruitment was a big challenge for the area. However, she told inspectors that one new social worker was due to take up their post shortly after the inspection and that the recruitment process had identified another social worker as a possible new recruit.

The area had procedures in place for the governance of cases awaiting allocation. The cases were overseen by the relevant team leader who had responsibility to write to the foster carers, the child's parents, and any agencies involved in the child's care to advise them that the case was unallocated and to provide contact numbers for the team leader and the duty child in care system should they need to contact them. Team leaders carried out monthly reviews of unallocated cases and recorded these on specific templates. Unallocated cases were also reviewed in supervision with the principal social worker, and in meetings every six to eight weeks with the fostering team leader. However, inspectors found that the guidance for prioritizing cases for allocation needed to be reviewed as child's age and potential vulnerability was not explicitly referenced. Inspectors found that one child, who was two years old, did

not have an allocated social worker and the visits to this child were not as frequent as required by the regulations.

Inspectors reviewed 32 children's files for the purpose of looking at the role of the social worker. Of the 32 cases reviewed, 22 were allocated and 10 were not. Of the unallocated cases, two had been unallocated between three and six months, two had been unallocated for 11 months, and the remainder had been unallocated for periods between 12 and 19 months.

Data provided by the area indicated that there were no children who had not been visited by a social worker in line with regulations. Of the 32 children's files reviewed for this purpose, inspectors found that all of these children had been visited recently. In order to ensure that statutory visits were carried out to children who did not have an allocated social worker, the area manager designated six social care leaders as authorised persons to carry out safeguarding visits every three months at a minimum. While, in 25 of the 32 cases, statutory visits had been carried out in line with the regulations during the previous 24 months, there were 7 cases where statutory visits were not in line with regulations during that time. Inspectors also found that, in some cases, where the child had complex needs or there were difficulties in a placement, social workers visited more often to provide support to the children and their foster carers. For example, the child's social worker and the link social worker each carried monthly visits to a foster home, thereby ensuring that the child and foster carers were visited every two weeks while a safety plan was in place.

The system for monitoring statutory visits and ensuring that were carried out in line with regulations was not robust. In several cases, inspectors could not find records of statutory visits on children's files and had to request this information from the allocated social worker or the team leader. Two social workers who were newly allocated were not able to locate records of visits to the children by the previously allocated social workers. Team leaders told inspectors that, while a new supervision record had been developed for the electronic system and that this, if completed fully, recorded the dates of the last home visit, there was no database in place for statutory visits and it was not possible to track statutory visits on the electronic record-keeping system.

When social workers or social care leaders visited children, they did so in their foster homes and generally saw the child in private unless there was a particular reason not to do so. For example, when the worker visited a baby in their foster home they observed the interactions between the foster carers and the baby. In a number of the foster homes that inspectors visited, foster carers told inspectors that the social workers, social care leaders and the link social workers had built up good

relationships with the children and the children trusted them. Similar sentiments were expressed by many children who completed questionnaires.

There was a lack of consistency in how visits to children were recorded. The safeguarding visits carried out by social care leaders were recorded on specific templates. Records of these visits reviewed by inspectors were generally of very good quality and demonstrated that the social care leaders were thorough in their exploration of issues with the foster carers. They also indicated whether the child was seen on their own during the visit. There was a lack of consistency in how visits by social workers were recorded. Children's social workers told inspectors that they recorded the visits in their case notes rather than on templates. The difficulty with this was that records of statutory visits were difficult to locate on the electronic system as there was no specific folder for statutory visits and no consistent protocol for the naming of these records. Social workers had to scroll through multiple records of activities in order to locate the relevant records. Not all records of home visits were uploaded to the electronic system. In two cases, social workers maintained records of some visits on their desktop or in their own paper files.

Because of the turnover of staff and the number of children who did not have an allocated social worker, it was difficult for the area to provide a consistent social worker for each child in care. In the cases reviewed by inspectors, one child had had four social workers in the previous two years, one had three social workers, and many children had had two social workers in that time. One team leader was not able to tell inspectors how many social workers a child had in that time. The lack of consistency was sometimes difficult for children. One foster care told inspectors that the child had built up a very good relationship with the social worker and when the social worker visited and told her the visit would be her last, the child stopped engaging with social work staff. There were two cases in which issues which were of importance to the children were not followed up in a timely way because of lack of consistent social work input.

The area was committed to ensuring that children had good contact with their parents and families, when this was appropriate. Inspectors found that this was discussed in child in care reviews and reflected in the children's care plans. Arrangements for this contact were more detailed in the children's placement plans. When appropriate, contact visits with parents or families were arranged in the foster carers' home and data provided by the area indicated that there were 19 foster carers' homes where family contact took place regularly. Inspectors visited two foster carers' homes where family contact took place.

Of the children who completed questionnaires, 46 children said their social worker kept in contact with their family and made sure they saw them while five said that they did not. Inspectors reviewed 30 children's files and there was appropriate

family contact in place for these children. If it was decided that a child should not have contact with a particular family member, this was recorded. Good practice was evident where social workers repeatedly attempted to contact or establish the whereabouts of parents, or arranged transport for parents who were abroad. They also maintained contact for children whose parents were in hospital or in secure settings. Inspectors spoke with two birth parents who told inspectors that they were facilitated to see their children regularly.

There was a joint protocol in place between Tusla and the Health Service Executive and the area manager confirmed that there were regular meetings at management level to discuss the issue of services for children with disabilities. This process, which involved shared responsibility for identified children with regard to their disabilities, was at an early stage of its development. The area manager told inspectors that two national workshops had been organised to progress this process and that a regional workshop would take place in July 2019.

Data provided by the area outlined that there were 56 children in the area with disabilities. Inspectors reviewed 10 files of children who had disabilities and found that there was good coordination of services for each of these children. Social workers told inspectors that when there a lack of services for children with additional needs, they would make application for funding to source the required services privately. The area manager confirmed that this took place and that each case was considered in relation to the needs of the child concerned.

Data provided by the area indicated that there was one occasion when a child went missing from care during the 12 months prior to the inspection. Inspectors reviewed the child's file and found that the incident had been managed in line with policy and the child returned to their foster home.

Children placed in foster care in the area were given an information pack, which contained information on their rights, including information on their right to complain if they felt dissatisfied with the service. They were given a copy of the Tusla complaints process which explained how to make a complaint and how it would be dealt with. This contained a feedback form on which children could describe their complaint and say what they wanted the service to do about it. Children were also given information and contact numbers for an independent advocacy service who could help them make a complaint. Data provided by the area indicated that no children had made complaints in the previous 12 months. However, the principal social worker told inspectors that one child had made a complaint about contact with family members. This had been taken seriously and the child was assisted by an

independent advocate. Of the children under 16 years who completed questionnaires, 7 said that they had made a complaint and all children who responded said they were happy with the way in which it was dealt. Of 11 children over the age of 16 years who said that they had made a complaint, four said that they felt it was taken seriously while five said they felt it was not. While formal complaints by children would be recorded, there was no central record for complaints that were not formal, such as expressions of dissatisfaction with any aspect of the service.

A National Child Care Information system (NCCIS) for recording children's information was implemented in the area in early 2018. While inspectors found some good evidence of record keeping and up-to-date case notes and managers told inspectors that the system allowed them to run regular reports which improved the governance of the service, it was evident from discussions with social workers and from file reviews that there had been some challenges with this system. The quality of the records was dependent on individual social workers' competence in inputting their records appropriately. Some social workers found the process time consuming. Inspectors found that not all case notes had been uploaded and it was difficult to locate some records as there was no naming convention for documents such as records of statutory visits, and no specific folders to house documents such as those relating to allegations and concerns. Of 29 files reviewed for the purpose of looking at the quality of records, inspectors found that 17 were of good quality while 12 were of poor quality. Poor quality records included those that did not have a chronology, two in which incorrect records were on file, files not uploaded to the system, and some records of home visits missing.

A significant number of children in care did not have an allocated social worker and there was a lack of consistency in the provision of the social work service to some children. Statutory visits were not always in line with the regulations. When children made complaints that were not formal, they were not recorded centrally to ensure that trends and patterns were identified. Chronologies were not completed on all files, some case records were not up to date and some information was not easily accessible on the electronic system. For these reasons, the area was judged to be in moderate non-compliance with the standard.

Judgment: Non-compliant moderate

Standard 6: Assessment of children and young people

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

Summary of inspection findings under Standard 6

There was a process in place to carry out an assessment of need for every child placed in foster care in the area. The area had developed a specific assessment of need template and this was used in some cases to clearly outline the outcome of the assessment and to record all of the child's needs. The assessment of the children's needs was recorded in various documents produced by the social workers. These included assessment of need documents for pre-birth conferences, social work reports for court, care plans and placement request forms. In the case of children placed in an emergency, the assessments of need were carried out by the duty social workers or the child protection social workers and were recorded in court reports or in the minutes of the children's first child-in-care review. The way in which an assessment of need was recorded depended on the type of admission, that is, planned admission, emergency admission or change of placement.

According to data provided by the area, 64 children were placed in foster care in the 24 months prior to this inspection and all had their needs assessed prior to their placements. 37 children had experienced a placement change during that time.

Inspector's reviewed nine children's files to assess the quality of the assessment of the children's needs and found that they were of good quality. There was evidence of very good practice in one case reviewed. The child, who had complex medical needs, was admitted to foster care from hospital. Prior to the child's admission to care, the child's needs were assessed by the local early intervention team and a care plan was developed by the social worker. The views of the multidisciplinary team were set out as were plans for the child's therapeutic interventions in the near future. In another case, an initial assessment was completed prior to the child's birth and the child's needs were then set out in full in the care plan following the first review. Inspectors reviewed the case of a child admitted to care in an emergency and found that their needs were set out in a court report for an emergency care order. Inspectors also reviewed the cases of children who changed placement and found good practice in that their needs were formally set out in an assessment prior to their move and their care plans were updated following reviews two months after they had moved placements.

Assessments of need were carried out on all children placed in foster care in a timely manner. The assessments were of good quality and for this reason, the area was judged to be compliant with this standard.

Judgment: Compliant

Standard 7: Care planning and review

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

Summary of inspection findings under Standard 7

Care planning and child in care reviews were generally well managed. Child in care reviews were managed by three reviewing officers who were independent of the children in care teams and reported to the principal social worker for fostering. They were responsible for scheduling, organizing and chairing the review meetings. Social workers or team leaders notified the reviewing officers by email that a child was placed in foster care, they completed formal invitation lists and requested reports for the reviews from other professionals such as school teachers and general practitioners. At the end of each review meeting, a date was set for the next review. The reviewing officers told inspectors that, when they planned the schedule of reviews, they left time each month for reviews of newly-admitted children and for any special reviews that may be requested. They told inspectors that reviews were held following allegations and that this provided an extra monitoring mechanism for safety plans. They also told inspectors that team leaders contacted them to arrange special reviews when these were required for issues such as placements at risk, and said that reviews were held following both planned and unplanned endings of placements.

There was good oversight of the care review process. Team leaders could request that reviews be postponed due to issues arising, such as the need for social workers and/or team leaders to appear in court but, in order to ensure oversight of the management of reviews, the principal social worker was informed if a review had to be postponed or cancelled on two occasions. The reviewing officers maintained a database of reviews which included details such as the date and duration of children's placements, dates of the previous reviews, dates that minutes were sent to families and professionals, dates for long-term matches, and the reasons that reviews may have been cancelled. The reviewing officers reported monthly on the number of reviews held and told inspectors that they met with the principal social workers from the children in care teams and fostering every three months to look at strengths and challenges, with a view to ensuring good practice. The area manager told inspectors that the principal social worker provided her with reports on the care planning and review process in their supervision sessions.

Data provided by the area indicated that there were eight child in care reviews overdue but, at the time of inspection, this number had reduced to one which, according to the reviewing officers, was in the process of being organized. In 20 out of 23 files which were reviewed for this purpose, inspectors found that the care planning and review process was in line with statutory requirements during the 24 months prior to the inspection. Social work team leaders told inspectors that reviewing officers did their own administration and that there was a backlog in the completion of minutes of reviews. This meant that there was a delay in sending minutes of the reviews to the relevant people.

Inspectors observed one child in care review, which was attended by the young person and their foster carers. The review was child-centred. The chair of the review met the young person before the review and good practice was observed in that the young person began the review by stating their own views on their care and their plans for the future. The young person's social worker, the link social worker and the foster carers all contributed to the review and there were written reports from the young person's school and community services involved with the young person. Actions from the last review were reviewed and the young person's needs were discussed, including health, education, emotional needs and plans for the future. There were clear decisions arising from the review and the date of the next review was agreed.

From the questionnaires that children completed for inspectors, it was evident that the majority of children felt included in their reviews although many of them did not attend. Of those children who answered this questions, 39 said that they had been helped prepare for their review and six said that they had not. Thirty four children said that they felt listened to and one child said that they had not. Twenty four children said that their views had been included while six said that they had not. Of those children who answered the question, 24 said that they had attended or been invited to attend their review while 22 said that they had not. Thirty two children said that the decisions arising from the review had been explained to them while nine said that they had not.

There was good practice evident involving the participation of children in efforts to make social work buildings and office spaces more child-friendly. Reviews were generally held in social work offices throughout the area. Some of these were located in new buildings which had been made child-friendly through the involvement of a children's participation group in the area. In one office, children worked with an artist and their paintings were hung in hallways and offices. An art competition for children was being held in another part of the area with a view to including the children's work in the offices and meetings rooms there. Other

initiatives were also underway. For example, one social worker, with children's input, had designed a phone application for children which would make their completion of review forms easier and more fun. The area manager also told inspectors that free wireless internet was being arranged in all five social work offices at the request of the children's participation group.

The reviewing officer told inspectors that the issue of voluntary consent given by parents at the time of the children's admission to care was not discussed at reviews but was, instead, addressed with parents outside of the review process. However, reviewing officers told inspectors that they noted in reviews when the parents were happy for their children to continue in voluntary care. Inspectors viewed the voluntary consent forms in the files of six children and found that the proposed duration of the placements were not specific with no end date for the children's placements outlined in the forms and no dates for review of this consent. In one case, the consent of parents was renewed but, in the remaining five cases, the consent of parents was not formally renewed despite the fact that three of these children had been placed in voluntary care between 10 and 16 years previously. Tusla's 'Practice Guidance on Voluntary Consent for Admission to Care', approved in July 2017, outlines a number of best practice principles in relation to voluntary consent. This states that voluntary consent forms must have a written start and end date, and the social worker should keep in mind that voluntary consent does not last indefinitely and that timely reviews of such consent should occur in line with the child in care reviews.

Following the inspection, inspectors escalated the issue of voluntary consent to the area manager requesting that she carry out an immediate audit of the admission to care forms of all children in voluntary care with a view to ensuring that, in each case, the voluntary consent form was completed in full, the probable duration of the placement was clearly outlined, the consent provided/signed by the parents was up-to-date and the voluntary consent of the parents was subject to ongoing formal review. The area manager provided satisfactory assurance that the admission to care forms of 144 children in voluntary care had been audited and that, while some were not completed in full, the omissions did not raise risks in respect of the children's care status. She told inspectors that 21 had been prioritised for renewal and that the area had begun the process of renewing all voluntary consents, with a view to having this process completed by August 2019. The area manager also told inspectors that the review of voluntary consent would now be incorporated into the care review process and that all parents would be provided with information leaflets on voluntary consent for admission to care at the time of renewal.

Data provided by the area prior to the inspection indicated that every child in care had an up-to-date care plan. Inspectors reviewed care plans for 23 children and found that they were up-to-date at the time of the inspection. The care plans were of good quality. They considered the children's needs and identified the required supports. The plans outlined the arrangements in place for family contact and the involvement of external professionals. If the child did not attend the review, there was evidence of their participation by the completion of child-friendly review forms, and there was evidence that their views were represented at the reviews. However, in seven of the cases reviewed, there was no evidence that the decisions of the review or the care plan were explained to the child.

Children received specialist supports as agreed in their care plans. A review of eight files of children who had varying levels of disability or complex needs showed that a range of professionals were consulted in relation to the children's care. Reports from specialists were requested and received prior to reviews and the minutes of one review showed that the review was attended by several external professionals and an independent advocate.

Data provided by the area showed that there were only 11 unplanned endings in the 12 months prior to the inspection and reviews had been held following nine of these. Inspectors reviewed four cases where additional reviews were held following placement breakdowns or children moving placement. Inspectors reviewed the minutes of foster care committee meetings and found that unplanned endings were discussed and reasons for the placement breakdown were recorded. The reasons for the breakdowns were specific to individual children. Children's social workers told inspectors that they completed joint work with link social workers to ensure both foster carers and the children obtained the required supports, where necessary, to prevent a placement at risk from breaking down. There was also evidence of social care leaders engaging children in direct work to address their needs.

In this area, the social work team leaders did not sign off on the care plans. This was done, instead, by the reviewing officers, who were at team leader grade and who provided independent oversight. Social workers completed two sections of the care plans and the reviewing officers included the decisions taken at the reviews. The care plans were then sent to the social workers for review. However, inspectors identified significant issues regarding the sign off of care plans during the 12 months prior to the inspection. These included two care plans which had not been signed off eight months and one year later, respectively, and eight care plans in which the sign off had been delayed for periods of several months up to a year. Inspectors escalated this issue to the area manager and requested an immediate review of the systems in place to ensure that the development of care plans is subject to robust

governance and that managers sign off on care plans in a timely manner. The area manager provided a satisfactory response by outlining that a review had taken place, she had identified the reasons for these delays, such as staff not being proficient in the use of the electronic system that had been introduced in February 2018, and that the outstanding care plans had now been signed off. She also indicated that, in order to ensure that there are clear timeframe for the completion and sign off of care plans, she had put more specific guidance in place, namely

- 10 working days for completion/sign off of care plans
- 15 working days for the completion of review minutes

and indicated that a monthly report would be generated by the principal social worker to review compliance.

The area manager also indicated that she had put arrangements in place to ensure that, if the child was not in attendance at their review, their social worker will meet with the child as soon as possible after the review to ensure they are appropriately informed of the review outcome. The social worker will also go through the written care plan with the child in a manner that is appropriate to their age and level of understanding.

Inspectors reviewed 16 cases for case management records. Case management was generally of good quality with social workers receiving regular supervision and issues such as statutory visits, reviews, and specific issues relating to the needs of the children being discussed. Social workers who were newly qualified received more frequent supervision and guidance regarding their new cases. Team leaders told inspectors that during each supervision meeting, they completed an audit of one of the social worker's files to check the quality of the records. The principal social worker told inspectors that an audit of supervision files was carried out in December 2018/January 2019 and that no major issues were identified. She also told inspectors that audit group meetings took place every quarter and that each principal social worker brought the results of audits in their department for discussion. The area manager told inspectors that an additional team leader would take up their post shortly after the inspection and that this team leader would enhance the governance within the children in care team, management of the unallocated cases and supervision of the social care leaders who were carrying out statutory visits to children who did not have an allocated social worker. After the inspection, the area manager confirmed that this team leader took up their post on 27 May 2019.

Reviewing officers told inspectors that placement plans are discussed in reviews and that these relate to the more day-to-day issues in placements. They said that placement plans used to refer only to contact arrangements for children with their families but that they are now more detailed and that, for some children, the

placement plans can be updated every six to eight weeks while, for others, they are updated yearly. Data provided by the area showed that all 362 children in care had up-to-date placement plans. Inspectors reviewed 19 files for placement plans and each had a placement plan. Only in six of these was there evidence that both the children in care social worker and link social worker were involved in drawing up the plan and, only in eight was there evidence that the relevant people were made aware of the placement plan.

While the system of care planning and review was generally well managed and there was evidence that children participated in the review process, there was a backlog in the completion of minutes of review meetings and improvements were required in ensuring that the decisions of reviews were explained to all children. There was a significant delay in the sign off of care plans.

The voluntary consent provided by parents on their children's admission to care was not subject to review at child in care reviews and was out of date in a number of cases. This issue was escalated to the area manager following the inspection for priority action. For this reason, the area was judged to be in moderate non-compliance with the standards.

Judgment: Non-compliant Moderate.

Standard 8: Matching carers with children and young people

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

Summary of inspection findings under Standard 8

The area tried to ensure that children were matched with foster carers who had the capacity to meet their needs and there was a clearly-defined matching process in place. Children who completed questionnaires had very positive things to say about their foster carers, their placements and the way in which they were looked after. Children who met inspectors in their foster homes said that they were very happy there and there was a relatively low incidence of placement breakdowns in the 12 months prior to the inspection. The area had a shortage of foster care placements and a large number of children were placed outside the area. The foster care committee had approved a large number of long-term matches in the previous year but there remained a large number of children whose long-term matches had not yet been approved.

The area had a local policy on matching which was developed in April 2019. It set out the key principles involved such as the precedence that the child's needs take over any other considerations and the need to ensure that the child is matched with foster carers who are capable of meeting the child's assessed needs.

When a decision was made that a child needed a foster care placement, the child's social worker made enquiries about the possibility of the child being placed with a relative, in the first instance. Of 362 children in foster care, 98 (27%) children were placed with relative carers. In order to ensure that these placements provided good matches for children, the children's social workers and the fostering social workers carried out joint visits to carry out an initial assessment of the proposed foster carers and the placement and to make an initial judgement that the placement was viable and in the best interests of the children.

When it was not possible to find a relative placement, the child's social worker submitted a placement request to the fostering team. Since the previous inspection, the area had developed a new placement request form, including a matching component. This included detail on issues such as the child's feelings about coming into care, the proposed arrangements for contact by the child with their family, and particular details on health, education and behaviour. Social workers were required to also submit a more detailed pen picture of the child. Inspectors viewed one such pen picture, which was of very good quality. Inspectors spoke to a group of foster

carers who had mixed experience of the matching process. Some felt that they didn't get enough information on the children placed with them while others talked about the new placement requests which are far more detailed.

There was a team leader with specific responsibility for placements and a placement officer was on duty daily to receive placement requests, consider the child's needs as outlined and liaise with both the social worker and prospective foster carers to ensure that the best possible match was made. Inspectors reviewed four files for initial matching. While there was reference to several potential foster carers having been considered in the case of one child, and reference in another case to the foster carers having been chosen some time before the placement began, there was little detail on the matching process on the children's files.

As there was a shortage of foster care placements in the area, the placement officer also liaised with a regional team and with a number of private foster care agencies regarding the availability of placements. When a suitable placement was found, the social worker generally met with the foster carers and their link worker and agreed a transition plan for the child.

With regard to the wellbeing of children placed with private agencies, and as a means of good governance, both the area manager and the principal social worker met with senior managers of the private agencies every six months and received updates on the progress of these children in their placements.

When possible and appropriate, social workers sought the views of children about the proposed placement and provided children with the opportunity to meet their prospective foster carers. Twenty three children who completed questionnaires said that they were asked how they felt about moving to their proposed foster home while two said that they were not. Twenty eight children said they had an opportunity to meet or stay with their foster carers before they moved in while 17 said that they did not. Thirty nine children said that their family also got to meet their foster family while eight said that they did not.

At the time of the previous inspection in September 2017, inspectors found that there were insufficient placement options in the area and a heavy reliance on private placements located outside the geographical area. A large number of children, 57 at the time of that inspection, were placed outside the area at that time. Data provided by the area for this inspection indicated that of 362 children in foster care, 300 children were placed in the area while 62 were placed outside the area, 59 of these in private foster care placements. There were only two available foster care placements available in the area at the time of this inspection.

When children were placed out of the area, they often had to move schools and make new friends. Of the children who completed questionnaires, 21 said they had to change school while 31 said that they were able to remain in the same school. Forty one said they were happy with the amount of contact they had with their family and friends while six said that they were not. One foster carer, who lived outside the area told inspectors that, while the child's social worker visited regularly, the arrangement of social work visits was difficult as it involved the social worker allocating a day for the visit and, if the visit had to be cancelled for any reason such as a court appearance, another visit could not be easily arranged at short notice. Reviews of children who lived outside the area could also involve a lot of time and travel for social workers and the children's parents.

According to the standards there should be no more than two children placed in the foster home, except in the case of sibling groups and these should not be placed with other children in care. Data provided by the area indicated that there were seven placements, where the number of unrelated children placed in the foster home exceeded recommendations outlined in the National Standards. A review of foster care committee minutes showed that placements that exceed standards were notified to the foster care committee. Inspectors visited two foster homes where the number of children exceeded the standards. In one, the foster carers spoke about the very good quality support that the social worker provided and the responsiveness of the social work department. In the other, foster carers told inspectors that the decision to place another child with the family was not taken lightly by the social work department. They described the assessment undertaken for this as very thorough and exceptional in some ways. The carers' capability and the potential impact on other children were assessed and the foster carers felt that they had all the supports and interventions they required.

The capacity of foster carers to meet the needs of children and the suitability of placements becomes more apparent after a period of time. The practice in the area was that, at the time of the child's second child in care review, when the child had been in placement for eight months and there was no prospect of reunification, a decision was taken to seek the approval of the foster care committee for a long-term match. In September 2017, the area developed a service improvement plan regarding long-term matching, which made provision for enhanced foster carer review reports, instead of updated assessments, to suffice for the long-term match to be approved. On this inspection, a review of foster care committee minutes showed that consideration and approval of long-term matches was a regular item on their agendas. Data provided by the area indicated that 63 long-term matches were approved in the 12 months prior to the inspection and that there were 11 proposed long-term matches currently before the foster care committee for consideration.

Data provided by the area indicated that there were 77 cases of children where the fostering team had yet to complete the long-term match, although some of these cases were pending presentation to the foster care committee. Inspectors reviewed the files of eight children whose long-term matches were approved in the previous 12 months. The quality of the reports was good as both the children's needs and the capacity of the foster carers to meet these needs were set out clearly. There was also evidence that the long-term matches were given thorough consideration by the foster care committee before approval.

There was a matching process in place in the area and social workers tried to ensure that children were matched with foster carers who had the capacity to meet their needs. There was a shortage of foster care placements in the area resulting in a large number of children being placed outside the area. There was evidence of long-term matching in the children's files but evidence of the initial matching process was limited. There remained a large backlog of long-term matches but the area had taken steps to ensure that the backlog was addressed. For these reasons, the area was judged to be substantially compliant with the standard.

Judgment: Substantially compliant

Standard 10: Safeguarding and child protection

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

Summary of inspection findings under Standard 10

Allegations and concerns against foster carers were well managed and there was a good system of safety planning. Child protection and welfare concerns were taken seriously and children were safeguarded. While children's needs were assessed in relation to child protection concerns, the process that was followed to investigate these concerns was not always in line with Children First (2017).

Data provided by the area indicated that, in the previous 12 months, there were three allegations and 12 serious concerns made against foster carers. Inspectors reviewed the three allegations and three of the serious concerns and found that they were correctly categorised. They were managed and investigated in line with Tusla's "Interim protocol for managing concerns and allegations of abuse or neglect against foster carers or relative (S36) carers" (2017). The allegations were referred to the duty social work team for assessment and investigation and initial assessments were carried out. The serious concerns were investigated by the fostering team and the child in care team and outcome reports, which were comprehensive reports on the entire investigation, were completed. Strategy meetings were held in all cases and the foster care committee was notified appropriately at the beginning and end of the process. There was evidence on the files that the foster care committee maintained oversight and considered both the outcome reports and the reports of foster carer reviews which took place following allegations and serious concerns. Inspectors also reviewed two cases, where concerns had arisen in relation to current foster carers more than 12 months prior to the inspection. In both of these cases, there was good oversight by senior managers and the foster care committee. Risks were given due consideration and well managed.

Data provided by the area indicated that there were 17 child protection and welfare concerns in relation to children in the 12 months prior to the inspection and inspectors reviewed the files of five children in relation to the management of these concerns, which did not relate to their current foster carers. An Garda Síochána had been notified and there were records of strategy meetings involving both social workers, members of An Garda Síochána, and other professionals such as Guardians ad litem, where appropriate. There was evidence that, in each case, the child was safe in their current placements and that they were receiving appropriate support,

including therapeutic intervention when this was required. Their needs were assessed or were in the process of being assessed in the context of the allegations that they made. However, in two of these cases, the referrals were made to duty social work teams outside of the area where the children resided and they conducted the investigations. This was not the correct process to be followed as the duty teams in the area in which the child resides should investigate the allegations in line with Children First: National Guidance for the Protection and Welfare of Children (Children First) (2017). In one case, in which the concern was reported in December 2018, there was a delay in that the initial assessment had not been completed at the time of this inspection, and there was a record in the case notes of the child's social worker trying to establish when the assessment would be completed in order that she could advise relevant parties of this.

There was good oversight of allegations, serious concerns and complaints against foster carers and managers ensured that these were categorised correctly and received the appropriate response and safety plans were in place when required. The principal social worker for fostering maintained a database to ensure oversight of allegations and serious concerns against foster carers by tracking the steps involved in their investigation and assessment. Inspectors viewed the database which was comprehensive. The principal social worker for fostering and the principal social worker for children in care carried out an audit of the allegations and serious concerns against foster carers that were received between December 2018 and February 2019. Inspectors viewed the summary report of this audit, which contained the findings of the audit and an action plan to ensure that any documents that had not been included the files were uploaded.

While allegations made by children in care were taken seriously and generally investigated in line with Children First (2017), there was no similar tracking system to ensure management oversight of allegations made by children in care against other people, including family members and people in the community, or of the management of child protection and welfare concerns. The principal social worker for children in care told inspectors that she had requested that she be advised of all child protection and welfare reports submitted in relation to children in care and, through the electronic record management system, she could monitor the progression of these cases. However, this did not provide sufficient detail to assure her that the correct process was being followed in each case. Team leaders provided oversight through discussions with the social worker about initial concerns, supervision of the cases and by their attendance at strategy meetings.

Inspectors held focus groups with link social workers and with children in care social workers. Social workers presented as having appropriate knowledge and skills and

were committed to safeguarding and protecting the children in care for whom they held responsibility. Inspectors also met with individual social workers regarding individual cases and it was evident that, in many cases, social workers were meeting with the children frequently and had built up good relationships with them.

When social workers put safeguarding measures in place for particular children, these were formalised in written safety plans. Inspectors reviewed four safety plans. Each of the safety plans set out the risks involved and the measures in place to mitigate the risks. In three of the four safety plans, the arrangements for the monitoring of the implementation of the safety plan, which usually included frequent visits by the social workers and link social workers were clearly outlined. The safety plans were formally reviewed, reviews were recorded, and they were signed by the social workers, link social workers and the foster carers.

There were practices in place in the area to ensure that children were safeguarded from all forms of abuse. Data provided by the area showed that there were no dual unallocated cases as all foster care households had an allocated link social worker. While not every child had an allocated social worker, social care leaders carried out statutory visits every three months to children who did not have an allocated social worker.

Children who were visited by inspectors told them that they felt safe in their foster homes and, in questionnaires returned by children, 50 (93%) of 54 children said they knew how to keep safe and 47 (92%) of 51 children said that their social worker had told them who to talk to if they felt unsafe. When children were received into care in the area, they were given information on their rights, including information on an independent national organisation providing direct 1:1 advocacy support to children and young people in care. There was evidence that, with the permission of the children concerned, independent advocates were invited to meetings regarding the care provided to these children. A number of children in care, whose cases were before the courts, had court-appointed guardians ad litem or advocates who were actively involved in advocating for the children concerned.

There was evidence that the area manager had written to all foster carers in regard to training on their responsibilities as mandated persons under the legislation and that the area provided training to foster carers on Children First (2017). This training, which was delivered in a number of venues throughout the area and on several dates in 2018 and 2019, included an introduction to Children First (2017) for foster carers and an explanation of their responsibilities as mandated persons under the Children First Act 2015.

There was a system in place to manage complaints according to the Tusla complaints policy. Data provided by the area showed that there were 9 complaints made by foster carers, parents, or family members in the previous 12 months but that there were no complaints made by children in care. Inspectors reviewed the complaints log and found that one complaint was still in progress, five had been resolved informally, one complainant did not engage with the process, one related to another agency, and one received a formal response. There was evidence that complaints were taken seriously and responded to in a timely manner. The complaints officer was a senior manager who did not have any operational responsibility for children in care. She maintained records of the complaints and ensured that complaints were investigated thoroughly and within the timeframes set out in the policy, insofar as possible. She compiled an annual report which gave an analysis of the subject matter of complaints, how they were dealt with and whether timeframes were adhered to or not. She also made recommendations for improvements in the service as a result of learning from complaints.

There was a process in place for notifying and reviewing deaths and serious incidents. From interviews with managers and reviews of relevant documents, inspectors found that this process was adhered to. All reported incidents were appropriately reported and responded to. The area manager told inspectors that there was a process of learning from reviews which involved discussion of the reports at senior management level and dissemination of the findings and recommendations to the various teams for discussion at their team meetings.

Allegations and concerns against foster carers were well managed and safety planning was adequate. Child protection and welfare concerns were taken seriously and children were protected and kept safe. While child protection concerns were investigated and the needs of children were assessed in the context of these concerns, the process that was followed to investigate these concerns was not always in line with Children First (2017). There was no overall tracking system to ensure management oversight of allegations made by children in care against other people, including family members and people in the community, or of the management of child protection and welfare concerns. For this reason, the area was judged to be in substantial compliance with this standard.

Judgment: Substantially compliant

Standard 13: Preparation for leaving care and adult life

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

Summary of inspection findings under Standard 13

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

There was a dedicated aftercare team, which comprised an interim aftercare manager and six whole time equivalent aftercare workers, two of whom job-shared and one of whom was on long-term leave at the time of inspection. The team implemented the Tusla national aftercare policy and provided a person-centred service to children and young people.

The aftercare team members told inspectors that they worked closely with the child in care teams and the fostering link social workers to identify children who were eligible for aftercare services and that they usually received referrals when children reached the age of 16 years. Children were referred by their allocated social workers or by the team leaders if they were unallocated. Referrals were also accepted from other services who were working with young people who had been in care but were discharged from care prior to the age of 18 years. Team members also told inspectors that they encouraged self-referrals from young people and inspectors saw evidence that some young people self-referred to the service. The aftercare manager told inspectors that, following referrals to the service, young people were placed on a wait list for allocation of an aftercare worker and that there were 12 young people on the wait list at the time of inspection. He told inspectors that allocation would occur to ensure that the young people had their assessments of need and aftercare plans in place within the required timeframes.

The children and their foster carers were given adequate information. The aftercare team had a user-friendly information leaflet, which was designed by some of some of the young people involved in the service. It provided young people with useful information about the service and relevant contact names and phone numbers

should they require information or assistance. The team told inspectors that some foster carers attended national aftercare briefings in late 2017 and the aftercare team conducted four briefings for foster carers in March 2018 on the new aftercare policy. The aftercare team also facilitated aftercare forums and events, and young people were invited to these. The aftercare team told inspectors that they provided young people with contact details for an independent advocate. The advocate told inspectors that they had been invited to meet with the aftercare manager and team and that they sometimes received referrals from members of the team or directly from the young people themselves. The advocate was also invited to child in care reviews when the young person requested this and gave their permission.

Children in care were involved in planning for their future. They were asked to sign their consent to be involved in the aftercare process and were made aware that their involvement in the aftercare service was voluntary. Children were involved in self-assessing their own needs and in the assessments of need and aftercare plans, which were drawn up in conjunction with them and which they co-signed with the aftercare workers. While the young person's social worker continued to be the primary worker for the young person, the aftercare workers attended child in care reviews as was the case in a child in care review for a 17 year old which inspectors observed.

Inspectors reviewed the files of eight children in care who were over 16 years of age and referred to the aftercare service. Five of the eight were referred to the aftercare service between the ages of 16 and 17 years. One child was not referred to the aftercare service until they were over the age of 17 and a half years, which meant that the assessment of need and the aftercare plan for the child were not timely. An assessment of need was carried out by an aftercare worker on each of the children and these addressed all aspects of the children's needs.

Five of the children whose files were reviewed had reached the age of 17 and a half years and all but one had a good quality aftercare plan. In the cases of three of these children, the aftercare plans had not been completed within the prescribed timeframe but this did not impact negatively on the children. Two of these children planned to remain with their foster carers and felt that they did not need or want the support of an aftercare worker. One child planned to continue in secondary school for a year beyond their 18th birthday and the aftercare plan was in draft as the aftercare worker had arranged to carry out further planning work with the child during school holidays. The aftercare team told inspectors that the aftercare plans for children were sometimes draft plans which needed to be reviewed at least once

more as the young person was unsure of their choices for future education or training.

The service had two aftercare steering committees, one in the Longford/Westmeath area and one in the Laois/Offaly area. These committees which met each quarter, on average, and minutes of their meetings showed that the committee considered the needs of children in care who had complex needs or disabilities that required a multidisciplinary response. The young people's social workers made referrals to the steering committee and also met the committee to present profiles of the children and their individual needs. The steering committees were chaired by the aftercare manager and comprised representatives from the local authorities, Health Service Executive disability and mental health services, the Department of Social Protection, an independent advocacy service, and from relevant community organisations including housing/homeless services and substance misuse services.

The aftercare team operated a duty system to ensure that young people whose allocated worker may be on leave continued to receive a service in their absence. The team also operated a weekly drop-in service in five of the urban areas throughout the service. While this service was open to former care leavers and people working with them, the aftercare team told inspectors that there were approximately 30 young people who did not require an allocated aftercare worker but who availed of the drop-in service for practical assistance or information. The aftercare team maintained records of all such contacts on a shared folder and records showed that there were 419 such contacts in the drop-in service in the first quarter of 2019.

The aftercare manager maintained records and statistics on young people who had left care but continued to be provided with an aftercare service. He submitted monthly returns to the Tusla national office on referrals, assessments undertaken, and aftercare plans completed and the timeframes involved. He told inspectors that feedback was invited from young people in a number of ways. The information leaflet for young people explained that feedback was welcome and guided young people in how to provide this. The aftercare forums also provided an opportunity for young people to give direct feedback on how the service was operating. The aftercare manager told inspectors that feedback from young people influenced changes to the duty service, the drop-in clinics and in relation to the provision of information to young people.

The aftercare manager produced an annual service plan which outlined actions which had been implemented by the team and set out their priorities for the further

development of the service in the year ahead. One of the issues highlighted in the service plan was the need for the development of housing options for young people in the aftercare service. The aftercare team told inspectors that the service did not have access to any dedicated housing units and this was an area which was in need of development. Nevertheless, the aftercare workers explored all options with the young people and encouraged them to make the best use of available services in the community.

The aftercare manager provided inspectors with data on young people availing of the aftercare service as on 31 March 2019. There were 108 young people availing of the aftercare service. Ninety six of these young people had an aftercare plan and an allocated aftercare worker. The remainder had either been recently referred or were at the stage of assessment of need. Twenty nine young people were under 18 years.

Seventy nine young people were in the 18-22 age group. Sixty one of these young people were in full-time education or training placements as follows:

- 11 (18%) were still in second level schools
- 16 (26%) were in post-leaving cert courses
- 5 (8%) were in vocational training
- 4 (7%) were in special schools
- 14 (23%) were in third level college or university and
- 11 (18%) was in accredited training.

The accommodation arrangements of the 79 young people in the 18-22 years age group were as follows:

- 41 (52%) remained with their former foster carers
- 17 (22%) were living independently
- 1 (1%) was in residential care
- 4 (5%) were in supported lodgings and
- 9 (11%) were living at home
- 7 (9%) were reported as homeless. It was beyond the scope of inspectors to review these cases as the young people concerned were no longer children in care.

There were a number of examples of good practice in relation to the aftercare service in this area, including the following:

- The provision of training to some of the young people on Youth Participation
- the involvement of young people in redesigning the information leaflet on aftercare
- the facilitation of young people to attend the aftercare steering committee meeting when their plan was being discussed.

As children and young people in foster care were helped to develop the skills, knowledge and competence necessary for adult living and the area had ensured that the requirements of the National Standards were in place, the area was judged to be in compliance with this standard.

Judgment: Compliant

Appendix 1 — Standards and regulations for statutory foster care services

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

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

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 board* 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

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.

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

Part III, Article 5 Assessment of relatives

Part III, Article 6 Emergency Placements

Part III, Article 9 Contract

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

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

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

National Standard for Foster Care (April 2003)**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.

National Standards for Foster Care (April 2003)**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

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

Standard 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

National Standards for Foster Care (April 2003)**Theme 5: Use of Resources****Standard 21: Recruitment and retention of an appropriate range of foster carers**

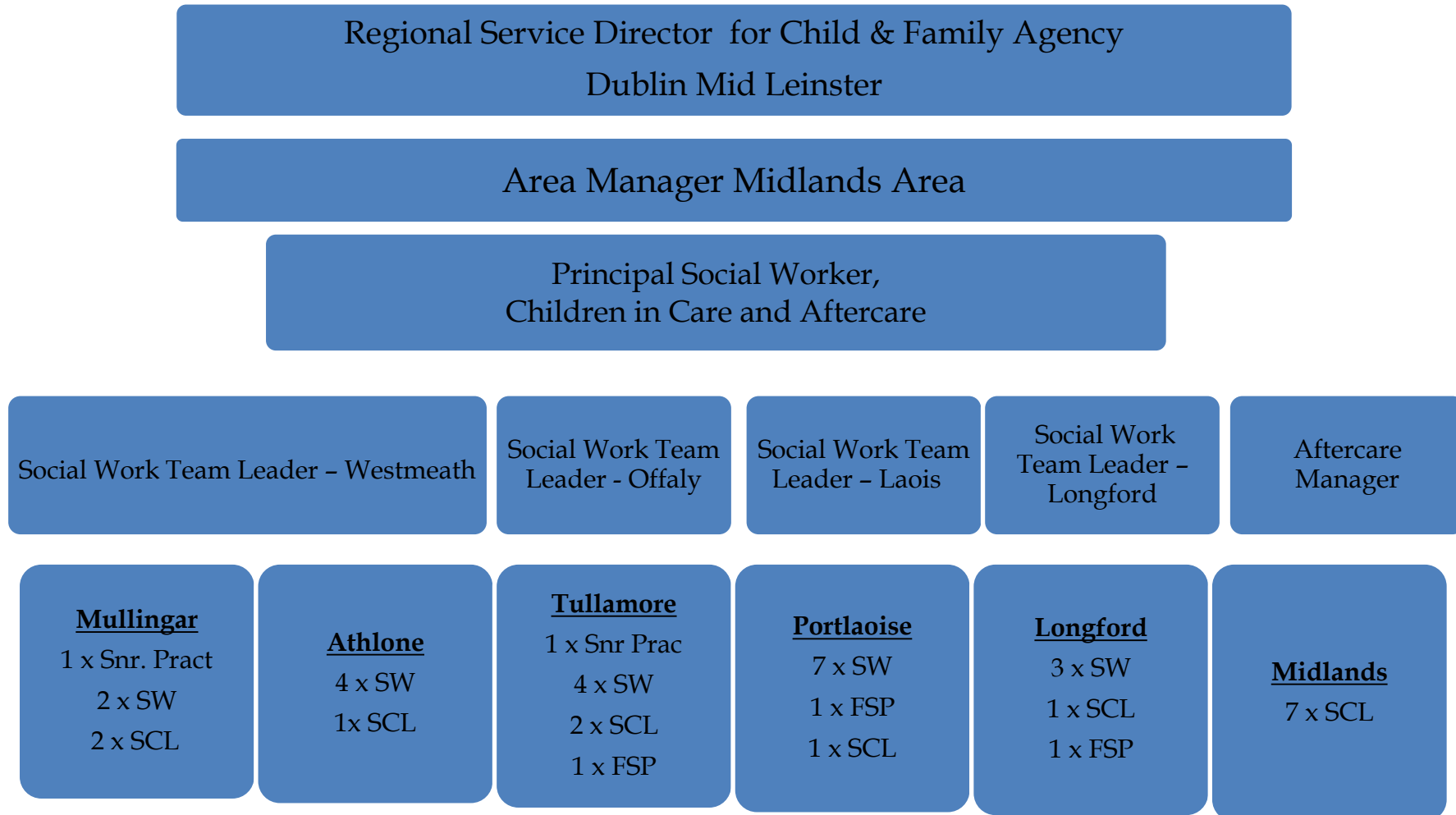
Health boards are actively involved in recruiting and retaining an appropriate range of foster carers to meet the diverse needs of the children and young people in their care.

National Standards for Foster Care (April 2003)**Theme 6: Workforce****Standard 20: Training and Qualifications**

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

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

Appendix 2: Organisational structure of Statutory Alternative Care Services, in Midlands Service Area*



* Source: The Child and Family Agency

Action Plan

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

Provider's response to Report Fieldwork ID:	MON 0026764
Name of Service Area:	Midlands
Date of inspection:	14-17 May 2019
Date of response:	12/07/2019

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

Theme 2: Safe and Effective Services

Standard 5 – The child and family social worker

Non-compliant Moderate

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

Not all children had an allocated social worker

The guidance for prioritizing cases for allocation needed to be reviewed

The system for monitoring statutory visits and ensuring that they were carried out in line with regulations was not robust

There was no overall log for recording complaints made by children.

There were different practices within the area regarding the naming and storing of specific documents such as records of statutory visits.

There were no chronologies on some of the children's files.

Some children's files were not up to date.

Action required:

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

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

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

The Midland Area will make every effort to ensure that all Children in Care have an allocated SW. All vacancies are approved for filling and are active in recruitment. When all vacancies are filled the area will have capacity to allocate all children in care.

The Principal Social Worker, with the oversight of the Area Manager, is in the process of amending the SOP for the prioritisation of cases awaiting allocation to ensure the child's age and level of vulnerability / need is explicit.

The Area Manager is linking with national team overseeing the development of the electronic recording system regarding the implementation of an "Alerting system" via tasknote (named as Statutory Visit) for Children in Care. This will ensure SW managers have appropriate oversight.

The Area Manager has issued an reminder to all SW that all complaints both formal and informal should be notified to the Area Complaint's Manager for recording on the area complaints register.

The National Team overseeing the development of the electronic recording system is in the process of developing named categories and groupings for activities which will facilitate easier location of same.

The Principal SW is in the process of amending the SOP in respect of the recording of statutory visits which will incorporate a checklist of what should be recorded specific to the visit.

The Principal SW and Team Leaders will ensure that all files have chronologies and that files are appropriately updated. This will be overseen through the supervision and file audit process.

**Proposed timescale:
30th November 2019**

**Person responsible:
Area Manager, PSW , T.
Leaders and National
NCCIS Team**

Standard 7 – Care planning and review

Non-compliant Moderate

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

There was a delay in the completion of minutes of review meetings.

The voluntary consent provided by parents on their children's admission to care was not reviewed and updated at child in care review meetings.

In some cases reviewed, there was no evidence that the decisions of the child in care review, or the care plan, were explained to the child.

The system to ensure that care plans were signed off in a timely manner was not robust.

The majority of placement plans reviewed did not contain evidence that they were drawn up by both child in care and link social workers and that all relevant people were made aware of the placement plans.

Action required:

Under **Standard 7** you are required to ensure that:

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

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

The Midland Area has amended the SOP in respect of Care Reviews to reflect the following

- **10 Working Days for completion / sign-off of Care Plans**
- **15 Working Days for completion of Review minutes.**
- **A monthly report will be run by the PSW to review compliance**
- **If the child / YP is not in attendance at their Review, the CIC Social Worker will meet with the child as soon as possible after the review to ensure they are appropriately informed of the review outcome. The CIC SW will also go through the written Care Plan with the child / YP, appropriate to their age and level of understanding. This will be evidenced in case notes.**
- **A monthly report will be generated by the PSW to oversee compliance.**

All Voluntary Consents are in the process of being renewed, using the current Voluntary to Care Admission Form. With, Social Work management oversight, the renewed consents will be completed in line with best practice and the timeframe for completion is the end of August 2019. The review of the Voluntary Consents will be incorporated into the Care Review Process. All parents will be provided with a copy of the Voluntary Consent for Admission to Care Information Leaflet at time of renewal.

The Principal SWs are amending the SOP in respect of completion of Placement Plans to include joint sign-off by CIC SW and Fostering Link SW. Case notes will evidence that relevant people were made aware of the plan.

**Proposed timescale:
30th September 2019**

**Person responsible:
Area Manager; PSWs;
T.Leaders.**

Standard 8 – Matching carers with children and young people

Substantially compliant

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

There was little evidence in the children's files of the initial matching of children with their foster carers.

There was an insufficient number of foster care placements in the area.

There was a backlog of approvals of long-term matches.

Action required:

Under **Standard 8** you are required to ensure that:

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.

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

The Principal SW is devising a template that the Fostering placement service will forward to CIC SW outlining the matching process for the carers identified.

The Midland Area is actively working closely with the Regional Fostering Team to assist in the recruitment of Foster Carers. The PSW for Fostering meets on a quarterly basis with the PSW for the Regional Team who has the lead for the recruitment of foster carers. A Regional Foster Care Recruitment Strategy is in place which incorporates working in partnership with existing Foster Carers to plan recruitment initiatives. A number of Midland Foster Carers are actively involved. National Fostering Recruitment campaigns to be run twice a year. Plans are in place to further enhance links with new and minority communities to promote the recruitment of foster carers.

The Midland Area will continue to run bespoke campaigns as the need arises

The existing Area Service Improvement Plan has been reviewed and the completion date for the clearance of the backlog of long-term matches has been agreed as the end of November 2019.

**Proposed timescale:
November 31st 2019**

**Person responsible:
Regional Fostering Team;
Area Manager,PSW and
T.Leaders.**

Standard 10 – Safeguarding and Child Protection

Substantially compliant

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

There was no overall tracking system to ensure management oversight of allegations made by children in care against other people, including family members and people in the community, or of the management of child protection and welfare concerns.

The process that was followed to investigate child protection concerns was not always in line with Children First (2017).

The arrangements for the monitoring of the implementation of the safety plans were not always clearly outlined in the safety plans.

Action required:

Under **Standard 10** you are required to ensure that:
Children and young people in foster care are protected from abuse and neglect.

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

The Principal Social Worker is notified of all allegations made by children in care against other people, including family members and people in the community. Monthly reports will be generated by the PSW to oversee the management of the allegations. The supervision process will also be utilised to ensure appropriate tracking of same.

The PSW and T. Leaders will ensure that allegations made by Children in Care will always be referred to the Duty Team within the area where the child resides.

The PSW will ensure that the arrangements for the monitoring of the plan's implementation is clearly evidenced within the Safety Plan Template.

The Area Manager will have oversight through the supervision process.

Proposed timescale:

July 31st 2019

Person responsible:

Area Manager; PSW and T.Leaders.

