

# eDeposit Ireland

## Foster care, Child and Family Agency (Tusla), Louth/Meath, OSV-0004411, 19 August 2020

Item Type	report
Citation	Ireland. Health Information and Quality Authority, 'Foster care, Child and Family Agency (Tusla), Louth/Meath, OSV-0004411, 19 August 2020', [report], Health Information and Quality Authority, 2020-11-24, (Foster) Foster care service, Foster Care Service (Foster)
Publisher	Health Information and Quality Authority
Download date	2026-03-11 04:22:50
Link to Item	<a href="https://hdl.handle.net/20.500.14765/98797">https://hdl.handle.net/20.500.14765/98797</a>

## 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



<b>Name of service area:</b>	Louth Meath
<b>Dates of inspection:</b>	19, 20, 24-26 August 2020
<b>Number of fieldwork days:</b>	4 days x 3 inspectors plus 1 day x 1 inspector
<b>Lead inspector:</b>	Grace Lynam
<b>Support inspector(s):</b>	Tom Flanagan Una Coloe Susan Talbot/Lorraine O Reilly – remote inspectors
<b>Type of inspection:</b>	<input checked="" type="checkbox"/> <b>Announced</b> <input type="checkbox"/> <b>Unannounced</b> <input type="checkbox"/> <b>Full</b> <input checked="" type="checkbox"/> <b>Focused</b>
<b>Fieldwork ID:</b>	<b>Mon 00029972</b>

## 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 compliance 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:

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

## 1. Inspection methodology

As part of this inspection, inspectors met or spoke with the relevant professionals involved in the child in care service and with children in care, and spoke with 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 and 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 93 children in care
- telephone conversations with five children, and with two young adults availing of the aftercare service
- interviews/meetings with the area manager, the principal social workers for the children in care and child protection and the co-ordinator of the aftercare service – some remotely conducted
- telephone conversations with 10 foster carers
- remotely run focus groups with children in care social workers, child protection social workers, team leaders and aftercare workers
- review of the relevant sections of 66 files of children in care as they relate to the theme
- returned questionnaire and a telephone call with one parent of a child in care.
- In previous foster care inspections children were visited by inspectors in their foster homes but these visits were not carried out for this inspection due to COVID-19.

## 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 Louth Meath service area had a population of children from the ages of 0-17 years of 93,093.\*

The area is under the direction of the service director for Tusla, Dublin North East region, and is managed by an area manager. There were seven principal social workers in the area, one had responsibility for children in care and one held responsibility for fostering and aftercare. There were four children in care teams,

---

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

one based in Navan to cover county Meath and three based in offices across Louth. There was also a co-ordinator for the aftercare service.

There were seven child protection teams, some members of which had responsibility for children in care until they were transferred to the long-term children in care team, and these were located in offices throughout the service area.

At the time of the inspection there were 379 children in foster care in the area. Eighty four children were placed with relatives, 279 children were placed with general foster carers, and 16 children were placed with private foster carers. There were five children in care in supported lodgings.

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

## 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:

- Three standards were compliant
- Three standards were substantially compliant.

The inspection methodology was amended because of the restrictions due to the COVID-19 pandemic. Inspectors did not conduct visits to the homes of foster families to meet children. However, telephone calls were conducted with children age 12 or over and inspectors had telephone conversations with the foster carers of children under 12 years of age. Questionnaires were issued by the service area to all children in care in the area and 93 completed questionnaires were returned.

The vast majority of children who returned questionnaires reported positively about the quality of care provided by their foster carers. Most children who had an allocated social worker were positive about them. Most children saw their families and friends and were satisfied with the level of contact they had with their families. Social workers had spoken to children about how to keep safe and children said they knew how to keep themselves safe. Social workers talked to children about the decisions made at child in care review meetings. Only about a third of children, that is, one in three children, reported that they attended their child in care review meetings where their care plans are discussed. Most children knew they had a care plan and more than half said their views were heard and included in their care plans and that their social worker spoke to them about the decisions made at the meetings to review care plans. Almost all the children involved with the aftercare service said they were helped to develop independent living skills and manage on their own.

Children who spoke with inspectors during the inspection were positive overall but had mixed views on their experience of child in care review meetings. They said

their social workers offered them the opportunity to participate in child in care review meetings both by completing forms and by attending in person.

Ninety nine per cent of children had an allocated social worker at the time of the inspection and there were no cases where both the foster carer and the child in placement with them did not have an allocated social worker. Overall, feedback about social workers from children and foster carers was positive. There was good management oversight of children who did not have an allocated social worker.

The system of management oversight did not ensure that all children were visited in line with regulations. Recording of statutory visits in the electronic system required improvement so that it was a true reflection of the work conducted by social workers. The statutory visits that were recorded on the electronic system were of good quality. Staff were creative in how they maintained contact with children as the restrictions due to COVID-19 continued and when home visits were required risk assessments were conducted to ensure they complied with public health advice.

Social workers helped children maintain contact with their families where this was in the best interests of the children and some children had their contact with their families in their foster carers homes. During the period of restrictions in the initial phase of the COVID-19 pandemic children's contact with their families was maintained as appropriate. Social workers that inspectors spoke with recognised and promoted children's wellbeing and were well-versed in the needs of the children they were allocated to.

Children's needs were assessed in a timely manner and the completed assessments were of good quality. Overall, children with complex needs such as children with disabilities were well supported by the service area. Children who had a disability or additional therapeutic needs received specialist supports as required in line with their care plans. The area worked well with local HSE services to provide supports to children with additional needs but their risk register identified the lack of appropriate support from disability and mental health services as a risk in the area.

Significant events were appropriately reported.

The use of NCCIS to maintain an up-to-date record of the child's care required improvement as the records available on the NCCIS did not reflect the level of work reported by social workers. The quality of recording was good when records were saved onto the system. The recording of case management on a child's file required improvement.

Child in care reviews were well managed and the vast majority were up-to-date at the time of the inspection. The schedule of reviews of child care plans was maintained throughout the period of restrictions due to COVID-19. Good quality, comprehensive care plans were in place on children's files.

In general, children did not attend their child in care review meetings but management wanted to support the inclusion of children under the age of 16 years. Foster carers were positive about the care planning and review process. Staff were working towards helping children better understand what a care plan is using child-friendly materials. Social workers demonstrated their commitment to hearing the voice of children in their discussions with inspectors and spoke with children about the decisions made at care plan reviews.

Improvements were required to ensure the register of children in care was always kept up-to-date as required by the regulations.

When placements were at risk of ending the area made efforts to identify the supports required to maintain the placement and prevent it ending in an unplanned manner. In some cases these efforts were successful whilst in others the placement ended and the child had to be moved. Practice in relation to placement plans required improvement.

The area was making efforts to ensure it was compliant with Tusla guidance on practice regarding children being in care with the voluntary consent of their parents and an additional oversight mechanism was planned.

Supported lodgings were only used for a small number of children (5) over 16 years of age that were in care and where it was the appropriate alternative care arrangement for their circumstances. Foster families were supported to obtain enhanced rights.

The Louth Meath service area had a good matching process in place to ensure children were placed with foster carers who had the capacity to meet their needs. The best interests of the child were at the forefront of matching decisions and children's views were considered, as appropriate, when placements were made. A suite of documents guided staff practice in regard to matching, including one local document which facilitated the matching process using nine matching criteria. Long term matches were supported by a process based on the decision of a child care review coupled with reports from relevant stakeholders and review by the Foster Care Committee (FCC). Availability of culturally appropriate placements was a

priority in the area and three in four children, who responded to that question in the questionnaire, felt their culture was respected.

The area did not have sufficient numbers of foster carers to place children within the area, but this was included on their risk register and the area planned to continue working to recruit more foster carers. The area tried to ensure that children maintained contact with their local community as appropriate when they were admitted to foster care.

Management oversight and tracking of child protection concerns made by children in care required improvement to ensure they were completed in a timely manner. The area manager told inspectors that a piece of work was underway to centralize oversight of child protection referrals from children in care. This would further strengthen management oversight of these concerns and potentially address delays in completing initial assessments on these allegations.

Complaints, concerns, and allegations against foster carers and other allegations made by children in care were assessed and investigated in line with Children First (2017) but there were some delays in processing these. The safety of children was a priority in the area. Staff were aware of the importance of having safeguarding measures in place for children in care and there were no dual unallocated cases in the area. There was a system in place to manage complaints but the recording of responses to complaints required some improvement.

The aftercare service was well managed and efficiently run. Children and young people in foster care were helped to develop the skills, knowledge and competence necessary for adult living. They were also given the support and guidance to help them attain independence on leaving care. Young people in care were involved in the planning for their future and assessments of need were carried out on all young people leaving care. There were a number of examples of good practice in relation to the aftercare service in this area outlined in the report. No child left care without an allocated aftercare worker.

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

### 3. 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
<b>Theme 2: Safe and Effective Services</b>	
<b>Standard 5:</b> The child and family social worker	Substantially Compliant
<b>Standard 6:</b> Assessment of children and young people	Compliant
<b>Standard 7:</b> Care planning and review	Substantially Compliant
<b>Standard 8:</b> Matching carers with children and young people	Compliant
<b>Standard 10:</b> Safeguarding and child protection	Substantially Compliant
<b>Standard 13:</b> Preparation for leaving care and adult life	Compliant

## What children told us

During the inspection, inspectors spoke with six children living in foster care in the area and with the foster carers of a further seven children who were under twelve years of age. Inspectors also spoke with two young adults availing of the aftercare service. Inspectors received 93 completed questionnaires from children who expressed their views on their experiences of the foster care service: 76 questionnaires were returned from children aged 6-15 and 17 questionnaires returned by children over 16 years.

The vast majority of children reported positively about the quality of care provided by their foster carers. Their comments included:

- *My foster carers care for me. They help me if I have problems. We go on nice holidays. I'm involved in all my sports and hobbies.*
- *I like my foster family because they are very friendly and this is the kind of family that every child would want. And despite their being my foster family, I really feel like they are my real family.*
- *I love the fact that I know them - that they are always doing what is best for me. They give me personal space and help with things when I need it. They support me in all my decisions and listen to what I have to say.*
- *I like my room, I like the family I am living with. It's a safe and welcoming home. They encourage me to attend school.*
- *I could not imagine my life without the x family. I love them so much, words cannot describe. They really are such wonderful people and I honestly feel so lucky to have them.*

The majority of children who had an allocated social worker were positive about them. Children said:

- "She is very nice"
- "She is kind. Helps me understand."
- "Met him for the first time and he is very nice"
- "she's great"
- Their social worker was "cool"
- "I like my social worker. I hope this doesn't change and I have to get a new one."
- "he is very nice and helpful"

Only two returned questionnaires contained negative comments.

Most children saw their families and friends and many were satisfied with the level of contact they had with their families. Of the 90 children who responded to the

question about family contact, 78 children said they did have contact with their families, six children said they sometimes did, four children said they did not know and two children said they did not. Sixty eight children said they saw enough of their family and friends, while 12 said they did not, six said they did sometimes and four did not know.

In questionnaires returned by children, 70 out of 76 who answered the question on safety said that a social worker had told them who to talk to if they felt unsafe. Seventy four children said they knew how to keep safe. The other two children responded "sometimes" and "no" to this question even though they both said their social worker had told them who to talk to if they felt unsafe.

Altogether out of 91 children who responded to the question about participating in their child in care reviews, 33 said they had attended their review, two said they sometimes attended, 53 said they did not attend and three children said they did not know.

In relation to care plans, 75 children and young people said in questionnaires that they had a care plan, 16 children said they did not know if they had a care plan, and two children reported they did not have a care plan.

When asked if their social worker explained to them the decisions from their child in care review, 90 children answered this question. Fifty eight children said their social worker had talked to them about the decisions made, two children said they sometimes did, three children said they did not know, and 17 children said their social worker had not spoken to them about the decisions made.

A total of 50 children said their wishes and points of view were heard and included in their care plan, seven said they were sometimes included, 21 said they did not know, and 11 said their views were not included.

Questionnaire responses included 17 young people over the age of 16 years. Five young people said they had an after care worker who listened to them and helped them prepare for the future. They reported they had an aftercare plan, and indicated that they had been involved in developing the plan. Eight young people said they were aware of what money they were entitled to, one young person said they were sometimes aware, three said they were not aware, and one young person said they did not know. Fourteen out of 15 respondents said they had been helped to develop independent living skills and manage on their own.

The Louth Meath service area was keen to get the views of young people during the COVID-19 restrictions and had consulted with 13 children about their experiences during the COVID-19 pandemic. A service funded by Tusla conducted

the consultation which included five children in care. Children were asked what they were finding positive and what was challenging about the situation. They were also asked what supports would help them and other children in general. A report on this consultation was provided for the inspection. The children in care that participated in the consultation identified the challenges as missing family and friends, not being able to go outside and having to receive support services over the telephone. The positives included being able to connect with people through video calls, having time to reflect and being in contact with services they needed. The supports identified included keeping busy, having face-to-face contact and video calls and wanting new clothes.

## 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**

The vast majority of children in care in Louth Meath had an allocated social worker. Data provided for the inspection indicated that of the 379 children in care in the area, only five (1%) did not have an allocated social worker. There were no dual unallocated cases, that is, there were no cases where both the foster carer and the child in placement with them did not have an allocated social worker.

There was good management oversight of children who did not have an allocated social worker. Data returned for the inspection indicated that there were five children who did not have an allocated social worker. When children did not have an allocated social worker the principal social worker followed the guidance for management of unallocated cases. This involved a risk assessment of the case for prioritisation for allocation and actions identified by the principal social worker for follow up by a duty social worker on the child in care team. Inspectors reviewed the files of three children in care who did not have an allocated social worker and found that one child had been unallocated for three months and the other two for six months. The principal social worker had reviewed the files of these three children and had identified the actions requiring follow up. Two of the children had recently been allocated to a social worker and they had up-to-date care plans in place. In the third case the child was in a stable long term placement and had an allocated aftercare worker who was addressing all the issues raised at the child's recent care

plan review meeting. Team leaders and the principal social worker maintained oversight of unallocated cases through the collation of monthly activity data and the quarterly returns for Tusla's national office as well as through regular reviews of the register of children in care.

Altogether, 89 out of the 93 children who responded to the questionnaire said they had an allocated social worker. Overall, feedback about social workers from children and foster carers was positive. In the main, foster carers were positive about the supports they received from social workers to assist them in meeting children's needs. They said that children's social workers visited children regularly and were approachable and ensured children's needs were met. However, two foster carers who spoke with inspectors were not satisfied with the service they received.

Information provided to inspectors showed that there was one senior social work practitioner post vacant. The area manager told the inspector that the area planned to re-structure the teams to optimise use of the resources available. There was also concern amongst team leaders that some posts due to be vacated temporarily would result in caseloads not being covered. The principal social worker told inspectors that the caseloads would be reviewed, prioritised and reallocated across the service area to ensure that children received a service. The area manager explained that the aim would be to fill vacated posts, but that in the meantime, there was a duty system in place whereby a social worker would fulfil the statutory obligations to any child that did not have an allocated social worker.

On 12 May 2020, the Children in Foster Care (Emergency measures in the public interest - COVID-19) (Amendment) Regulations 2020 were signed into law. The new measures stated that Regulations 17 (1), (2) and (3) of the Child Care (Placement of children in Foster Care) Regulations, 1995 shall not apply for the duration of the emergency period. The emergency period was for three months initially and has since been extended for another three months. Regulation 17 outlines the requirements for supervision and visiting of children in care by an authorised person and the amendment therefore meant that this requirement was suspended. In effect the change in the regulations meant that instead of an authorised person visiting children in care, they had to be contacted at specified intervals determined by the date they were received into care.

Management told inspectors that they maintained oversight of statutory visits through supervision with each social worker, file audits, registers that were maintained on children in care and through the collection of data required for returns to Tusla's national office. However, these systems of management oversight did not always ensure that all children were visited in line with regulations. Data

provided for the inspection indicated that all children in care had been visited by a social worker with the regularity outlined by the regulations. However, inspectors found that, in a sample of files reviewed for this purpose, not all children had received a statutory visit from a social worker in line with the regulations over the previous two years. Children should be visited by a social worker within a month of being placed in care and then at three-monthly and six-monthly intervals determined by how long there are in care.

In questionnaires, 57 children reported that their social worker visited them regularly, 26 stated they sometimes visited, 14 said they did not know, and five said their social worker did not regularly visit them. A total of 84 children said their social worker listened to them, four said they sometimes listened, two said they did not know, while two children reported their social worker did not listen to them.

Inspectors reviewed 28 files for visits by a social worker in the last two years and found evidence that 19 children had received visits in line with the regulations and nine had not. This was somewhat mitigated by the fact that in all but one of the files sampled the children had recent contact with their social worker. Of the nine children who had not received visits in line with the regulations, the interval between visits ranged from six weeks to one year in the previous two years. In three files reviewed it was not clear from the records whether or not some visits had taken place. Inspectors found references to visits having taken place in documents such as a court report or a supervision record but there was no social work record of the details of the visit, as required by the regulations, held on the child's file.

Inspectors found that when children were visited and a record of the visit was maintained on the system that these records of statutory visits were of good quality. Inspectors reviewed 16 files for the quality of the statutory visit and found that 15 were of good quality. Visits included children being met with on their own and observed. Visits were recorded on a standardised template which prompted a social worker to record whether the child was seen alone, aspects of their care including health, education and identity, and whether the child knew how to make a complaint. A good quality statutory visit is one which is conducted with the frequency required by the regulations, where the child is seen in private, visited in their foster home and where a record of the visit is held on the child's file. The records of statutory visits reflected that a wide range of issues were being discussed and included good observations of children especially those of a younger age or those with complex needs due to a disability. For example, a social worker had noted that a child had made particular progress with their speech since their last visit. The records showed that social workers spent time developing relationships

with children. There was also evidence on files reviewed by inspectors that the issues that were discussed at statutory visits were followed up by social workers.

Social workers and managers told inspectors that contact was maintained with children in care throughout the period of restrictions due to COVID-19, and while staff were working from home. They described making regular telephone and video calls and sending texts to children in care and their foster carers. Foster carers told inspectors that social workers were in regular contact throughout the period of lockdown. Managers told inspectors they maintained oversight of social work contact with children through weekly reports submitted by each social worker. Team leaders told inspectors that quality assurance was a feature of their oversight of virtual working and this was supplemented by additional management checks and weekly reports from social workers to the principal social worker on their contacts with children and foster families.

The weekly report recorded contact, access and child in care reviews that had been completed in the week and was used to record whether the contact was direct, indirect and in what medium the contact was made. Contacts were made by telephone and teleconferences were used for meetings that were held remotely. Inspectors reviewed files that contained records of telephone calls and texts to foster carers about children's care. This included calls about arrangements for family contacts, follow up regarding medical needs and general enquiries about how children were coping with lockdown. Information provided by social workers was summarised on a document provided by the principal social worker for children in care during the inspection fieldwork. There was a weekly record of admissions to care, discharges from care, placement breakdowns, access visits (direct and indirect), home visits and child in care reviews. For example, this document reflected that in the week of 18-24 May six home visits had taken place and there had been 12 indirect and 143 direct access visits arranged. Of 37 files reviewed specifically for evidence of contact since the restrictions due to COVID-19 commenced, 25 contained evidence of social work contact with children. In seven cases the social worker told inspectors they had been in contact with the child but the records were not yet on NCCIS and in five cases (two of which were unallocated) there was no record of contact made during the period from March 2020.

As the restrictions due to COVID-19 continued staff became more creative in how they maintained contact with children. A "COVID-19 Communication folder" was provided to inspectors during the inspection. This folder contained some very child-friendly and creative communication initiatives used by social workers to maintain contact with children in care and to give the children ideas on interesting activities to keep them occupied. The folder included a cartoon type explanation of COVID-19

using words and pictures and another using a popular cartoon character to explain the importance of staying at home during COVID-19. There were ideas for what to include in a 2020 COVID-19 capsule if children wanted to create one, information about a Bake Off that children could participate in and information to help children transition from primary to secondary school. The folder included Stay Safe Superheroes and a Stay Safe Coronavirus Survival kit. Inspectors reviewed a file in which a social worker had recently sent a handwritten letter to a child which contained a colourful drawing of one of the superheroes. Foster carers told inspectors that children had received activity packs from social workers to occupy them whilst they were staying at home from school. One foster carer acknowledged the thoughtfulness of a social worker who also sent an activity pack to the foster carers child. The area had a Youth Participation Forum which continued remotely throughout the COVID-19 restrictions and was resuming their face-to-face meetings around the time of the inspection, with conditions in place to allow for physical distancing.

Inspectors noted from file reviews that where a home visit was required - such as when a placement was ending in an unplanned manner, or when children were being taken into care - it was undertaken in line with public health advice and Tusla guidelines on visits. Risk assessments were completed prior to the visit and they were conducted outdoors when possible. Team leaders told inspectors that at the time of the inspection every child in care had received a face-to-face visit from a social worker.

Social workers helped children maintain contact with their families where this was in the best interests of the children. This was clear in 17 out of 19 files reviewed for this purpose. Arrangements for children's contact with their families was outlined in their care plans and contact visits were facilitated by social workers and access workers. Inspectors reviewed files which contained records of the work conducted by social workers in ensuring that children in care maintained contact with their families. In questionnaires 90 children who responded to the question of whether their social worker made sure they kept in contact with and saw their family, 78 children said they did, six children said they sometimes did, three children said they did not know and three children said they did not. Some children had their contact with their families in their foster carers homes. Information provided for the inspection identified that 59 children had such arrangements in place – this number had been 158 before the restrictions for COVID-19 were in place.

During the period of restrictions in the initial phase of the COVID-19 pandemic children had contact with their families remotely through the use of telephone and video calls. Some visits took place where it was in the best interests of the children.

These visits were risk assessed and took place outdoors where possible. As restrictions were eased, face-to-face family contact re-commenced and these were individually risk assessed in line with public health advice and Tusla guidance.

Overall, children with complex needs such as children with disabilities were well supported by the service area. The area manager told the inspector that Tusla and the Health Service Executive (HSE) held monthly joint protocol meetings at which children with complex needs were discussed. She said there were a lot of good joint plans with the HSE for children in care but that if children in care were awaiting a HSE service for a significant period of time then Tusla would fund private services for the child. Overall foster carers were positive about the supports that were provided for children with additional and complex needs. One foster carer reported a high level of satisfaction with how the social worker linked with a range of therapists to meet the child's ongoing specialist support needs, including timely access to a range of specialist equipment. Another foster carer reported a lapse in time from referrals being made to receiving specialist supports, but that the child gets it eventually. One foster carer told the inspector that it was "a fight" to get the supports required for the child. Social workers that inspectors spoke with recognised and promoted children's wellbeing and were well-versed in the needs of the children they were allocated to. Inspectors reviewed the files of seven children with a diagnosed disability or illness and in all cases found that social workers ensured access to specialist services and there was good co-ordination of services for children with complex needs.

The area had identified the lack of appropriate support from disability and mental health services as a risk in the area. The risk register did not distinguish between children in care and children in the community and to what extent this was an issue specific to children in care. This risk was one of the highest rated risks in the service area for March 2020 and it remained on the risk register in July 2020. The risk register noted that Tusla was providing funding for services in the absence of the Health Service Executive (HSE) providing the funding, but that this was no longer sustainable. The area manager explained to the inspector that this was more relevant to some young people in aftercare, who did not meet the criteria for disability service and therefore they were receiving the services only because Tusla was providing them. Whilst Tusla worked well with local HSE services the area manager stated that this issue would remain on the risk register as action was required on a national basis.

Under standard 5 social workers have responsibility for explaining the complaints procedure to children, providing a written copy of that procedure and assisting children where necessary to complain about any aspect of their care. Managers told

the inspector that they ensured each child was informed about the complaints process. There was a leaflet to explain the complaints process that was provided to children in care. In questionnaires returned by children, 56 out of 87 who responded to the question said a social worker had explained to them how to make a complaint while 31 children said their social worker had not, and one child was not sure. Sixteen children said they had made a complaint. One child reported in their questionnaire that "*My social worker listened to what I had to say and changed things for me.*" Thirteen children were happy with how their complaint was dealt with, while three said they were unhappy with the outcome. Two of these children commented that they had not been listened to when they complained. Complaints are further discussed in this report under standard 10.

Significant events were appropriately reported. Significant events included children going missing from care, placements at risk of ending in an unplanned manner and any other event that was significant for a child such as their sibling being moved from a placement. Data provided for the inspection indicated that there were 24 unplanned endings in the 12 months prior to the inspection and seven notifications of children missing from care in the past 12 months. There had been 24 'need to know' reports in relation to the foster care service in the 24 months prior to the inspection and two deaths or serious incidents regarding children in care or young people in aftercare in the past 24 months. The principal social worker told the inspector they did not maintain a tracker of children missing from care but kept a record and that the information was collated on a quarterly basis for the area manager. Some incidents of children being missing from care were notified through the national 'need to know' reporting process. The inspector reviewed the need to know reports from the 12 months prior to the inspection and found that significant events were notified as appropriate.

Tusla's National Child Care Information System (NCCIS) is a digital recording system that was implemented throughout all service areas in 2018. Records of children in care were maintained within this recording system. Only certain legal documents were held in hard copy. Inspectors found that the quality of recording was good when records were saved onto the system. Care plans and reviews of care plans were well recorded as were statutory visits. However, although social workers described their contacts with children in care throughout the period from March to June (when restrictions were somewhat eased) and their managers were assured that contacts had been maintained with children in care in line with the regulations throughout this period, the records available on the NCCIS did not reflect the level of work reported to inspectors.

The use of NCCIS to maintain an up-to-date record of the child's care required improvement. Inspectors reviewed 38 files for the quality of the record. Overall files were easy to navigate but records were not always complete or up-to-date. Of the 38 files reviewed 23 (60%) were judged to be good, eight were mixed and seven were of poor quality. Good quality files were complete and contained good recording of all social work activities. They reflected the work done by the social worker in co-ordinating the care of the child as required by the standard. The files that were of mixed quality held some good records but others were missing or incomplete. Some files held records on completed activities that had only been uploaded to the system in the days prior to the inspection, indicating that the records were not being kept up to date as required by the regulations. The files that were poor were neither complete nor up-to-date. The area submitted two documents prior to the inspection entitled "Practice matters" which provided guidance on how social work case notes should be recorded and on the importance and purpose of the social work case file chronology. A chronology is a document used to record critical moments in a child's life and should be relevant and succinct. Inspectors found two good examples of detailed chronologies in the sample of case files reviewed.

Recording of case management required improvement. Inspectors found little evidence of case management on children's files. Of 19 files reviewed for this purpose only six contained records of regular case management.

Ninety nine per cent of children in care in the area had an allocated social worker and for those that were unallocated there was a system in place to ensure Tusla's statutory obligations were fulfilled in regard to these children. The system of management oversight of statutory visits required improvement to ensure that all children were visited in line with regulations. Despite reports that there was good contact with children during the restrictions for COVID-19 the records did not always reflect the work outlined by social workers. There was room for improvement in the quality of some case records maintained on the electronic system and recording of case management required improvement. For these reasons the area is judged as being substantially compliant.

**Judgment: Substantially compliant**

**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**

Social workers conducted assessments of need for children placed in foster care. Children's needs were recorded in a variety of documents as there was no one standard template for recording of the assessment of a child's needs. The area reported that 92 assessments of need were completed prior to a child coming into care in the 24 months prior to the inspection. Fifty three of these assessments were completed within six weeks following an emergency placement. There were no assessments of need that were ongoing at the time of the inspection.

According to the data provided for the inspection, 122 children were admitted into care in the 24 months prior to this inspection. Twenty nine of these children were no longer in care at the time of the inspection. Sixty three children had moved to an alternative placement in the last 24 months. Changes in placement can be due to a child moving from a short term to a long term placement and there can also be situations where a placement ends in an unplanned manner. The area reported that there were 25 unplanned endings in the 12 months prior to the inspection.

Inspectors reviewed nine files for the purpose of examining the quality of the assessment of a child's needs. The assessment of a child's needs was found in court reports, placement request forms, initial assessments and in children's care plans. Eight of these assessments were found to be of good quality. These assessments were comprehensive and multi-disciplinary where required and children and their families were involved and consulted as appropriate. The ninth assessment of need was contained in a placement request that was brief and did not include any personal detail regarding the child's needs.

Inspectors reviewed twelve files for the purpose of examining the timeliness of the assessment. In all cases the assessment was timely. Children that had only recently come into care or were taken into care in an emergency had their needs assessed within six weeks or in one case within three weeks of coming into an emergency placement. The area had a guidance document on children entering care which outlined the requirements of the regulations. The document stated that the decision to take a child into care was a critical one and therefore required careful planning and support both before and after the child came into care. The document was clear

that the assessment of a child's needs was required prior to the child being placed with a foster carer or as soon as practicable in the case of an emergency admission. Where specific or specialist assessments were required these should be carried out in order to assist in developing a responsive care plan. The document was clear on the timelines for assessments to be completed. The care plan was deemed to be where the comprehensive assessment would be contained as it contains the statement of the child's needs. A planned refresher training event on care planning and care plan reviews which had been postponed due to COVID-19 was due to be re-scheduled. This training was a regional event to support standardisation of practice in the Dublin North East region. It contained a segment for social workers on completing a comprehensive assessment of children's needs to ensure that the key people in the child's life were consulted about the needs of the child in every area of their life including their education, health, emotional and behavioural identity and their family and social relationships.

Inspectors spoke with social workers who were familiar with the needs of the children they were allocated to and were supporting their foster carers to meet those needs. Foster carers told inspectors about the additional supports they received to assist them in meeting the assessed needs of children.

Children's needs were assessed in a timely manner and the completed assessments were of good quality. For this reason the area is judged to be compliant with the 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**

Child in care reviews were well managed and, all except two care plans, were up-to-date at the time of the inspection. Child in care reviews were conducted by team leaders who told inspectors that the local model whereby managers chaired these meetings enhanced the knowledge of the individual needs of children gained through their supervision sessions with social workers, and afforded them the opportunity to meet foster carers.

Good quality care plans were in place for children. Inspectors reviewed 25 care plans for the purpose of assessing their quality and found that 23 (92%) were of good quality. These care plans considered all the needs of the child in line with statutory requirements. The child's educational and health needs were discussed and relevant people including external professionals were consulted in the process. These reviews considered whether all supports were in place as appropriate to each child's needs and the plans for the child's contact with their family were included. The continuing suitability of the placement was discussed and actions were identified with associated timeframes for their completion. Good care plans comprehensively addressed all areas of the child's care and identified the supports necessary to meet the child's individual needs. Inspectors noted that one care plan in particular was very family orientated in promoting family contact, and another gave a lovely description of a child which clearly demonstrated the social worker's knowledge of the child and their interests. Several care plans reflected the views of children whether through their attendance, completion of a form in preparation for the care plan review meeting or through the social workers account of their discussions with the child. In completed questionnaires returned by children, 54 children said their wishes and points of view were heard and included in their care plan, three said they were sometimes included, 22 said they did not know, and 11 said their views were not included.

Team leaders told inspectors they had been working to help children better understand what a care plan is and used a child friendly bubbles care plan to share information with children about the plans for their care. Staff were also using a suite of Tusla documents called a "Tactic" pack to elicit the views of children. The pack contained various guides to foster care and child-friendly care plans review forms for children to complete in preparation for their child in care review. Social workers demonstrated their commitment to hearing the voice of children in their discussions with inspectors and file reviews reflected the use of the Tactic pack with children. Inspectors saw an example of the bubbles care plan in children's files – it was colourful and outlined the child's care plan in simple, child-friendly language.

Care plans sampled by inspectors were up to date. Inspectors reviewed a sample of 29 care plans for this purpose and found that for almost all, 28 (96%), of the files reviewed the child's care plan was up to date. The other care plan was out of date by one month as the review was overdue. Altogether, 75 children and young people said they had a care plan, 16 children said they did not know if they had a care plan, and two children reported they did not have a care plan.

Inspectors reviewed 21 files for evidence of appropriate management oversight of the care planning and review process and found that there was good management

oversight in 17 (80%) of the cases sampled. Four care plans were either incomplete or not signed off by the team leader.

Foster carers that inspectors spoke with were positive about the care planning and review process. One foster carer told inspectors that they were kept up to date with the care plan and that all actions were addressed. Another said they received minutes of child in care reviews and updated care plans. Another foster carer said that care plan reviews were regular and that care plans for the children in their care were kept up to date. Another foster carer told the inspector that the care planning meeting focused on promotion of children's rights and cultural heritage. An inspector remotely observed a child in care review meeting that was attended by the child's social worker and foster carers. The child had declined the invitation to attend this review. The inspector heard all aspects of the child's care being considered and discussed, including their day-to-day needs and longer term plans.

Team leaders told inspectors that the schedule of reviews of children's care plans was maintained throughout the period of restrictions due to COVID-19, albeit that the majority took place through teleconference facilities. They said they sought assurances from social workers that child in care reviews were informed by a statutory visit to the child prior to the meeting to ensure that children's needs were appropriately recognised and addressed through the care plan review process.

In general, children did not attend their child in care review meetings. As part of the inspection, children's experience of child in care reviews and care planning were sought through questionnaires, which were sent to all children in foster care in the service area. Altogether out of 91 children who responded to the question about participating in their child in care reviews, 33 (36%) said they had attended their review, two said they sometimes attended, 53 (58%) said they did not attend and three children said they did not know. One child who spoke with inspectors said they had been invited to attend the review of their care plan but they preferred not to go. Another child said they found attending their care plan review a positive experience where they were listened to and had a say in decisions that affected their life. Of the 21 files reviewed by inspectors - in the main children were involved in the care planning process and this was evident in 17 of the cases reviewed. This was achieved through the completion of forms by the child's social worker with the child in preparation for the review and by their views being represented at the meeting by the social workers. In the other three cases the children were under five years of age and social work observations of the child were included in the care plan review meeting.

Social workers communicated the decisions of child in care review meetings to children as appropriate. Social workers told the inspector that decisions of child in care review meetings were explained to children and foster carers. In questionnaires returned a total of 58 children said their social worker had talked to them about the decisions made at child in care review meetings, two children said they sometimes did, three children said they did not know, and 17 children said their social worker had not spoken to them about the decisions made. Inspectors reviewed 16 files for evidence that the decisions of the care plan review were communicated to the child and found that there was evidence in twelve cases, it was not applicable in three cases as the children were two years or under and there was no evidence in one case.

Overall, child in care review minutes were of good quality. Inspectors reviewed 21 child in care review minutes to identify if the child's needs were considered in line with statutory requirements. Twenty of the sample of files reviewed included discussions about the child's education and health needs and relevant people that were involved with the child were consulted. The supports the child required were outlined including specialist therapeutic services and medical assessments and, where appropriate, supports for the foster carers were also outlined. The arrangements for family contact were included in discussions and decisions and timeframes for actions to be completed were included. In one file sampled the child in care review record was not on the electronic recording system and in another the record was only partially completed.

Improvements were required to ensure the register of children in care was updated as required by the regulations. Data submitted prior to the inspection indicated that there were 22 children who did not have up-to-date care plans in place. This was not correct as the area had included the names of children who did not in fact require a review of their care plan. The area had carried out 14 child in care reviews between the date the data was submitted and the first day of the inspection, leaving only two that were overdue and both of these were scheduled.

Team leaders told inspectors that there was a need for further evaluation to ensure child in care reviews were undertaken in a consistent manner and that standards of practice were fully maintained. They said they tried to support children to attend child in care reviews by having them attend part of the meeting and by scheduling them to accommodate the wishes of children and the availability of foster carers. They said that when children do not attend priority is given to providing detailed feedback to children about the decisions taken at the meeting and the reasons for them. They recognised the area would benefit from further work in capturing the

experience of children in the care plan review process as they particularly wanted to support the inclusion of children under the age of 16 years.

When placements were at risk of ending the area made efforts to identify the supports required to maintain the placement and prevent it ending in an unplanned manner. Information provided prior to the inspection showed that 86 placement-at-risk meetings had been held in an effort to prevent unplanned endings of placements. The principal social worker told the inspector that these meetings related to 38 children. In some cases more than one meeting was held in order to identify the supports required to prevent the placement ending in an unplanned manner. In some cases these efforts were successful whilst in others the placement ended and the child had to be moved. Inspectors reviewed the files of nine children whose placements were at risk of ending in an unplanned manner and found that three of these placements were supported sufficiently to prevent the unplanned ending. Strategy meetings took place to identify the issues in the placement and supports and services were provided. In the other cases the child's placement broke down and the child had to move to another placement. Data provided by the service area for the inspection indicated that there had been 25 unplanned endings in the 12 months prior to the inspection. In 24 cases an additional review of the child's care plan had been conducted in line with the regulations. Inspectors reviewed the files of four children that had experienced an unplanned ending to their placement and found that whilst only one contained evidence of disruption meetings having taken place, reviews of their care plans had been conducted and there were up-to-date care plans in place that reflected the child's current situation.

The area was making efforts to ensure it was compliant with Tusla guidance on practice regarding children being in care with the voluntary consent of their parents. In information provided for the inspection 76 children were listed as being in voluntary care. There was a Tusla Practice Guidance document dated from 2017 that guided practice in regard to the definition of voluntary care and its appropriate use. The guidance stated that voluntary care should not be used indefinitely if it is not in line with the best interests of the child and voluntary consent should not be sought where the child's reunification with their family was not a realistic option. In such cases, following robust assessment of the child's circumstances, the appropriate care order should be sought so that the child's care status had a legal foundation. The guidance outlined that parents' voluntary consent should have a start and end date and be reviewed in line with the child in care review. The area had completed an audit of voluntary consents in August 2019 and had identified nine cases where action was required to bring the written consent into line with Tusla guidance. A report was provided for the inspection indicating the current status of these voluntary consents. Care orders had been obtained on five of the children, an

application for a care order on one child was listed for hearing soon after the inspection, and in two cases voluntary consent had been updated as it was deemed to be in the best interests of the children in question. A further audit of voluntary consents was conducted in August 2020 which identified seven outstanding cases. Two of these were out of date by under four weeks and were being followed up, three were in court proceedings for the appropriate care orders and two were followed up with parents during the period of the inspection, in order to update their voluntary consent. While a review of voluntary consents in March 2020 had found full compliance, a further review had identified that there were two cases in this service area where voluntary consents had no end dates. The principal social worker told the inspector that an additional oversight mechanism was planned to ensure the area complied with the guidance on voluntary consent.

Sixteen of the files reviewed by inspectors related to children whose parents had given their written voluntary consent for the child to be in care. Inspectors found that all these voluntary consents were up-to-date and all but three of them noted either an end date for the placement or a date by which the consent should be reviewed. However, three of the voluntary consents did not have a specified end date as required by Tusla's guidance.

Practice in relation to placement plans required improvement. Information on placement plans was provided for the inspection but was unreliable. Information provided by the area indicated that there were 366 placement plans in place stating that all children in care had a placement plan but 15 were out of date and required updating. The dataset showed that there were 379 children in care. Inspectors reviewed 18 files for placement plans and in all cases the placement plan was on file. In eight of these cases it was clear that the social worker for the child in care and fostering link worker had visited the foster home to draw up the placement plan and in ten the placement plan was signed by both these practitioners. In four cases there was no evidence that the fostering link worker had been involved in drawing up the placement plan. Inspectors found that three of these placement plans were particularly comprehensive and included detailed and wide-ranging actions. The area had provided a template for a placement plan with documents submitted for the inspection. This template included guidance for social workers on what to include when completing the form.

Children who had a disability or additional therapeutic needs received specialist supports as required in line with their care plans. Inspectors reviewed 10 files of children with varying levels of disability or with additional therapeutic needs and found that their care plans outlined the arrangements to address their long term needs.

In addition, some children received additional supportive interventions from services funded by Tusla when required. An audit for the month of April 2020 on services funded by Tusla identified that 26 children in foster care were receiving a supportive intervention from these services. These included supports to children in relative care, supports to children being reunified home following their time in care and support to children recently taken into foster care.

At the time of the inspection, there were five children in care placed in supported lodgings in the area. The principal social worker told the inspector that all children in supported lodgings were 16 years or over. Inspectors reviewed the file of one child and found that there was a rationale for the child's placement in supported lodgings that was appropriate to their circumstances. The child's care plan was up-to-date and they had an allocated social worker who had maintained contact with the child during COVID-19 restrictions and had conducted two visits since the easing of restrictions.

Under certain circumstances foster carers can be granted enhanced rights by the courts. In this service area, 40 families had requested support from Tusla in applying for these enhanced rights from the courts. Six families had obtained enhanced rights in the two years prior to the inspection.

In summary, care plans and care plan reviews were well managed and the majority of care plans were up-to-date. Good quality care plans were in place. The decisions of care plan reviews were communicated to children and foster carers. Children did not routinely attend their child in care reviews but management recognised that work needed to be done to improve child participation. Improvements were required to ensure the register of children in care was updated as required by the regulations. There was a plan to improve the oversight mechanism for ensuring that voluntary consents were compliant with guidance and practice in regard to placement plans required improvement. For these reasons the area is judged to be substantially compliant with this standard.

**Judgment: Substantially compliant**

**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 Louth Meath service area tried to place children with foster carers who had the capacity to meet their needs. There was a process in place to ensure that children were placed with foster carers who were chosen for their capacity to meet their assessed needs. The majority of comments from children in the questionnaires were positive and indicated that children were well cared for, happy in their placements and were being supported to lead fulfilling lives. Many of the children had lived with their foster families for a significant period of time indicating stability and reporting a positive sense of identity and belonging. The area reported that 24 placements had ended in an unplanned manner in the twelve months prior to the inspection. The area supported placements at risk of ending by providing additional supports to foster carers and to children when placements became challenging.

The area had a number of documents to guide staff practice in regard to matching children with carers that had the capacity to meet their needs. The area manager told inspectors that the area was constantly improving practice in regard to compliance with the regulations and meeting the standards. The need to improve practice had been identified in relation to matching procedures and an additional guidance document was issued in March 2020 entitled *Practice Matter, making for consistent work practices and systems*. This document outlined how practice in the area would meet Standard 8 in regard both to emergency matching and long-term matching of children with foster carers who could meet their needs. Staff told inspectors that all matching was conducted jointly with the area's fostering team. Children's needs were assessed and the matching process focused on getting the best match for the child with a carer that had the capacity to meet those needs. All relevant stakeholders were involved in the process. In addition, the area manager wanted to ensure greater diversity of available placements so that culturally appropriate placements could be provided for children. To support this she said the area was working towards increasing the number of available foster families and retaining the current panel of foster carers. The area manager told inspectors that the area was constantly improving all aspects of the service. For example, inspectors noted that a cultural plan template had been devised for use by social workers in the placement process. Fifty three out of sixty nine children who responded to this question in the questionnaire felt their background was understood and respected.

When children required alternative care they would be placed with relatives if a suitable placement was available. Information provided for the inspection reflected that of 379 children in foster care in the area 84 (22%) were placed with relatives. Where a suitable placement with a relative was not available, the child was placed, in consultation with the duty fostering social worker, with a foster carer from the available panel who was deemed to have the capacity to meet the child's assessed needs. Placement planning meetings followed emergency placements to inform the decision on whether the match was viable in the short term.

Placements that were planned were also made through planning and matching meetings, chaired by a fostering team leader. At these meetings requests for new placements and matching were discussed using the written assessment of the child's needs and/or their care plan and a discussion took place on the potential of a number of foster carers to meet the child's needs. Inspectors reviewed files where foster carers had been assessed according to nine criteria as a potential match for a specific child. These preliminary matching criteria were outlined on a local template used in the matching process. They were:

- the foster carers experience matches the child's identified need
- their capacity to meet religious and cultural needs
- their capacity to facilitate access
- their location and accommodation
- their composition and availability
- their suitability to be matched with foster children already in placement and their capacity to facilitate sibling placement if required
- proximity to school or crèche and social activities

A decision was made on the best match for the child and the information was advised to the child's social worker. The possible match was discussed with the foster carer and, where relevant, for example when a child was moving from a short to a long term placement, a transition plan was put in place. Inspectors reviewed one file where four possible foster carers had been identified as a good match for a child. The decision on the placement was then made following consultation with the foster carers and a final decision made on where to place the child with the rationale for the decision clearly recorded. Children were asked in the questionnaires if they were asked their views about a placement. Forty children said they were asked their views about the placement, two children said they were unsure about being asked, and 20 children said they were not asked for their views. A total of 42 children said they got to meet their foster carers before they moved to live with them, 33 said they had not met them prior to moving, and six children said that they did not know.

Inspectors observed a matching meeting and reviewed the minutes of a sample of matching meetings and found that children's needs were at the forefront of the

discussions and the matching process as described was followed. The rationale for the match was discussed in all cases. Foster carers that inspectors spoke with confirmed that the child's needs and ensuring the placement was right for all children was at the heart of pre-placement discussions. Inspectors found evidence of the matching process on many of the files reviewed or it was provided separately. Inspectors reviewed the files of children which reflected how their specific needs were being met by their foster carers.

When placements were made where the number of children exceeded the numbers allowed in the standards the rationale for the placement was carefully considered and notified to the Foster Care Committee (FCC). There were 23 such families in the service area at the time of the inspection. Four of these foster families had children from three different families placed with them. Inspectors reviewed a sample of two families where the number of children exceeded that provided for in the standards and found that planning and matching meetings had been conducted and the rationale for the placement had been recorded as being in the best interests of the child.

Placements that are planned for a duration of at least six months should be approved by the Foster Care Committee. Information provided for the inspection reflected that there had been 38 long term matches approved in the 12 months prior to the inspection. There were 12 long term matches awaiting approval from the FCC. There were 44 placements where the long term matching was at various stages of the long term matching process or a decision had been made not to proceed with the long term match. The decision to recommend a long term placement was made at a child's care plan review meeting and consideration of long term matching commenced at subsequent reviews as appropriate. The formal process included a review of the child's care plan, a review of the foster carers, reports from the various stakeholders and matching reports which were forwarded to the FCC for consideration. Parents, foster carers and the fostering team were also consulted about long term matches of children with foster carers. Social workers told inspectors that there was a clear focus on providing the link social worker with all relevant information to support the matching process and all documentation was in place to support decision making for long term placements. Other considerations included the needs of other children in the placement, the experience of the foster carers, the medical needs of child and school considerations.

Inspectors reviewed minutes of the Foster Care Committee and found that long term matches were discussed on the basis of documentation provided by social workers and approved in line with the process. One foster carer told inspectors they did not know the reason the child was placed with them or whether they were being considered as the long term match for the child nor did they feel they had been

given enough information about the child prior to placement with them. Another felt they were a perfect match for the child placed with them.

When long term matching did not always take place within the six-month timeframe there were a number of reasons for this. These included reunification with their family still being a possibility for the child, delay in the foster carers review taking place, delays due to court proceedings and the shortage of foster carers in the area.

Inspectors reviewed the quality of the matching process on eight files and found that the matching process was followed in line with guidance. The records of the process were provided by the fostering team as only some of the documentation relating to the matches of children with foster carers were available on the individual child's file maintained on the National Child Care Information System (NCCIS).

The area did not have sufficient numbers of foster carers to place children within the area. Data provided for the inspection showed that 29 children were placed in foster care placements outside the area, nine of which were with private foster care providers. Tusla's National Transfer Policy states that children in care should be transferred to the service area in which they are living as soon as the placement is deemed to be stable and long term. Whilst this area was not in line with the policy in regard to these children there was no adverse effect on the children. Inspectors reviewed one file of siblings waiting to be transferred and found that these children continued to receive social work services from the service area. There were 15 foster carers available at the time of the inspection and nine children were waiting for placements. These children were in short term placements with foster families that could not commit to providing a long term placement for the child placed. The lack of appropriate foster care placements was included on the area's risk register. The area aimed to have on-going availability of appropriately assessed, approved and reviewed foster carers. The risk register identified that social workers would maintain children in their own homes, would place children in the care of relatives as much as possible and would use private placements to ensure children were placed appropriately. The area planned to continue working to recruit more foster carers and to promote the use of Tusla's national approach to practice as a tool to find families for children.

The area tried to ensure that children maintained contact with their local community as appropriate when they were admitted to foster care. Fifty nine out of 70 children who answered this question on the questionnaire said that social workers helped them keep in touch with family and made sure they saw their families. Fifty three children responded that they did not have to change schools when they went into care. When children were placed in placements that were at a distance from the area they used to live in they needed assistance to maintain links with their families and friends.

Children should be given the opportunity, when appropriate, to meet their prospective foster carers. This is not always possible in emergency situations or where children are placed at a very young age. Thirty seven children out of 76 who answered the question on the questionnaire said they had been given the opportunity to meet with or visit their foster carers prior to moving in with them.

In summary, there were good practices and procedures in place to ensure children were matched with foster carers who could meet their assessed needs. The best interests of the child were at the forefront of matching decisions and children's views were considered, as appropriate, when placements were made.

### **Judgment: 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**

Complaints, concerns, and allegations against foster carers and other allegations made by children in care were assessed and investigated in line with Children First (2017) but there were some delays in processing these.

The safety of children was a priority in the area. The area manager told inspectors that the quality improvement framework for the service had focused on being a well-led, child-centred, safe and effective service. One action for the service to children in care for 2020 was to build on improving the child-centred and safe elements of the service. To that end management had reviewed the information provided to children on coming into care and had also noted a low number of complaints were received from children. The area manager wrote to children both about the complaints process, as described below, and also informed them about a website for children in care and invited them to the children in care forum.

Staff described to inspectors the processes in place for the management of allegations against foster carers and third parties and were clear on the distinct actions to be taken in investigating these. The area was aware of the importance of having safeguarding measures in place for children in care. For example, team leaders told inspectors that they were vigilant to new and increased risks to children from access to social media. They said that social workers had assisted foster carers to put parental controls in place and to better understand the potential risks of

online relationships. Managers were assured of social workers ability to identify safeguarding issues. There was a template for a safety plan in foster care placements. This template was based on Tusla's national approach to practice and identified safety goals, worries, what was working well, what needed to happen and details of how and when the safety plan would be monitored. The template was agreed and signed by all the relevant parties to the safety plan including the foster carers, the child, social workers, team leaders and principal social workers. There was also a template document for the review of the safety plan to assess whether or not it was still working.

Information provided for the inspection indicated that there were no dual unallocated cases, that is, there were no families where both the child and the foster carer did not have an allocated social worker.

In questionnaires returned by children, 70 out of 76 who answered the question on safety said that a social worker had told them who to talk to if they felt unsafe. Seventy four children said they knew how to keep safe. There was evidence in some children's files that social workers had provided them with a pack of information which included information on their rights and how to make a complaint.

Data provided for the inspection showed that there were nine allegations made against foster carers in the 12 months prior to the inspection. Eight of these were concluded and one was ongoing. There were four serious concerns about foster carers, one of which was under appeal at the time of the inspection. Three of these concerns had been upheld. Four children had been removed from their foster placements as a result of child protection and/or welfare concerns. In addition there had been 10 child protection and welfare reports made by children against a third party (not their foster carers or previous foster carers), five of which were still open at the time of the inspection.

Inspectors reviewed two allegations against foster carers. These allegations were managed in line with Children First (2017) and Tusla's Interim Protocol for managing concerns and allegations of abuse and neglect against Foster Carers and Section 36 (relative) Foster Carers (Tusla, 2017) but they were not timely. Strategy meetings were held for both allegations and Intake Records were on NCCIS. In one case an initial assessment was completed but it was not in line with the timeframe of 40 days as outlined in Tusla's standard business processes. This was impacted by COVID-19 restrictions and other complicating factors that were recorded in the child's file. There was no record of the allegation being notified to An Garda Síochána despite that being a decision of the strategy meeting. The child had been removed from the placement so there was no risk to the child. In the other case the

allegation had been made in March 2020 but the initial assessment had not yet commenced. One allegation had been notified to the Foster Care Committee and there was a date scheduled for the other.

Information provided for the inspection showed that there were four serious concerns made against foster carers in the 12 months prior to the inspection. Inspectors reviewed the file of one child who had made a report of a serious concern about their foster carer. The focus of this inspection was on whether the correct actions in regard to the child were taken in response to a child making such a report. Inspectors found that a strategy meeting was held and a multi-disciplinary decision made that the concern did not meet the threshold for implementation of the Tusla Interim Protocol for managing concerns and allegations of abuse and neglect against Foster Carers and Section 36 (relative) Foster Carers (Tusla, 2017). Therefore the Interim Protocol was not followed. However, inspectors were satisfied that appropriate actions were taken. A safety plan was put in place for children remaining in the placement. Inspectors reviewed this safety plan and found that the template was used and fully completed. The child was involved in the development of the safety plan which addressed identified risks, outlined supports in place both for the child and the foster carer and was monitored for implementation. Inspectors reviewed two other cases where safety plans were in place and found that both addressed all identified risks and outlined supports for the child.

Inspectors found that whilst investigations into child protection concerns were conducted in line with Children First, these were not timely. Data provided for the inspection indicated that there had been 10 child protection concerns made against people other than the child's foster carers in the 12 months prior to the inspection. Inspectors reviewed child protection concerns made by three children in care against people other than their foster carers. One child had made a number of allegations against a number of third parties. Inspectors found that the information available on NCCIS did not reflect that Children First had been followed in the investigation of the allegations or if the investigation had been conducted in a timely manner. Inspectors brought this case to the attention of the area manager who conducted a full review of the case and provided additional information and assurances that each allegation had been investigated in accordance with Children First and Tusla's Standard Business Process. In the other two cases reviewed by inspectors, Children First was being followed but investigations were not timely. The allegations had been made in January and February 2020. In one case a strategy meeting had been held but there was no Intake record on the NCCIS file. In the other there was no record of a strategy meeting but the Intake record was on the NCCIS file. Initial assessments were required for these allegations but they had not yet commenced at the time of the inspection. The principal social worker for children in care told the inspector that

social workers on the children in care teams completed the intake records and the child protection team social workers completed the initial assessments on child protection and welfare reports on children in care.

The area manager held overall responsibility for the oversight and management of all allegations against foster carers and child protection concerns made by children in care. The three principal social workers who managed teams with responsibility for children in care maintained separate trackers to facilitate their management of these allegations and concerns. Inspectors reviewed one of these trackers which contained details of the date the report was received, the category of the report, the names of the professionals involved, a summary of the report, dates of strategy meetings held and the final outcome of the investigation. The principal social workers told inspectors that they also had oversight of these reports through supervision with social workers and chairing strategy meetings. The area manager told inspectors that a piece of work was underway to centralize oversight of child protection referrals from children in care. This would further strengthen management oversight of these concerns and potentially address delays in completing initial assessments on these allegations.

There was a system in place to manage complaints. Complaints were notified to the principal social worker and were investigated by a social worker, team leader or the principal social worker. Complaints were co-ordinated by a quality and risk manager. In 2019, the area manager wrote to children in care over 12 years of age when it was noted that there were very few complaints from children. The letter was accompanied by the complaints leaflet and explained to children in child-friendly language that they could tell Tusla if they thought they were not doing a good job. Information provided for the inspection indicated that there were five complaints made by children in the twelve months prior to the inspection. Inspectors reviewed two of these complaints and found that one child had been supported to make a complaint by an organisation that advocates for children in care. Both complaints had been followed up and the decision recorded and notified to the complainant. However, not all complaint response letters advised the complainant of their right to appeal. The area maintained a complaints register but it did not indicate whether or not the complainant was satisfied with the outcome of the investigation.

Data provided for the inspection indicated that there had been seven notifications of children missing from foster care in the 12 months prior to the inspection. The area manager told the inspector that Absence Management Plans were used to prevent children going missing from care. When children were missing in care these incidents were notified in writing to the principal social worker for children in care. These figures were collated on a quarterly basis and sent to the area manager.

Children that were missing in care were also notified, as appropriate, to the national office through a reporting procedure called the Need to Know procedure.

The Need to Know reporting mechanism is Tusla's national incident management system and was used to notify Tusla's national office of serious incidents and adverse events in relation to children in care. There were 24 such notifications in total made to the national office in the 24 months prior to this inspection. Principal social workers told inspectors that both internal reviews of serious incidents and external reviews of such incidents were used to identify learning to improve practice and inspectors saw evidence of this at senior management team meetings.

The area focused on the safety of children as a priority and there were some good practices in relation to safeguarding in place. However, there were some delays in the processing of allegations made by children against both foster carers and other persons. Whilst the reasons for some of these delays were due to the complicated circumstances of cases and were recorded, some of the delays were not easily identifiable from the records. There were delays in the commencement and completion of initial assessments for children who had made allegations against persons other than foster carers. Management oversight and tracking of child protection concerns made by children in care required improvement to ensure they were completed in a timely manner. The recording of the responses to complaints required some improvement. For these reasons the area is judged to be substantially compliant 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 adult living. They were also given the support and guidance to help them attain independence on leaving care.

Young adults who spoke with inspectors about their experiences of the aftercare service were very positive. One young adult spoke about how she valued regular contact with their aftercare worker. 'It is good to have someone to touch base with' and another described the relationship based on mutual trust that had developed between them and their aftercare worker.

Questionnaire responses included 17 young people over the age of 16 years. Five young people said they had an after care worker who listened to them and helped them prepare for the future. They reported they had an aftercare plan, and indicated that they had been involved in developing the plan. Eight young people said they were aware of what money they were entitled to, one young person said they were sometimes aware, three said they were not aware, and one young person said they did not know. Fourteen out of 15 respondents said they had been helped to develop independent living skills and manage on their own.

The aftercare service was provided by an aftercare team which comprised an aftercare manager and six aftercare workers, one of whom was temporary. The work of the team was informed by the Tusla national aftercare policy which was implemented in full in the area. Since March 2020, due to the COVID-19 pandemic, visits to young people involved in the aftercare service and face-to-face meetings were restricted. However, the aftercare manager told inspectors that the team remained busy during the intervening time and that teleconference and videoconference facilities were used to ensure that meetings went ahead and that aftercare assessments of need and aftercare plans were completed in a timely manner. Inspectors saw evidence of this on the aftercare files.

The aftercare service was well managed and efficiently run. There was an effective system in place for ensuring that all eligible children were referred to the aftercare service and managers maintained good oversight of this. Inspectors reviewed the files of nine young people over the age of 16 years and all had been referred by their social workers to the aftercare service, the majority of them shortly after their 16<sup>th</sup> birthday. They received good quality support to prepare them for leaving care.

As there was no national caseload weighting system, there was no mechanism for gauging how many cases should be carried by an aftercare worker. Inspectors reviewed the caseloads of the aftercare workers and found that three of the aftercare workers were carrying high caseloads of 26 cases each. The aftercare manager was also carrying a caseload of seven cases. The aftercare manager told inspectors that a national weighting system was due to be rolled out in February 2021.

The aftercare team provided sufficient information to young people approaching leaving care age and their foster carers. Young people and their carers were invited to information evenings which were held twice a year. Although such events had been planned for the Spring of 2020, these had to be postponed due to the COVID-19 restrictions.

Moreover, following receipt of referrals, and in advance of assessments of need being carried out, aftercare workers met with the referring social workers to discuss the young people's needs. They then sent out information leaflets to young people and their carers and subsequently held meetings with them to introduce themselves and provide them with information about the aftercare service. There was also evidence that the aftercare team had provided information and briefings to their social work colleagues in the child in care and foster care teams.

At the time of inspection, there were 20 young people who had been referred at age 16 to the aftercare service for an assessment of need to be completed. Children that are eligible for aftercare support should be allocated an aftercare worker for their assessment of need which informs their aftercare plan. The aftercare plan must be prepared six months prior to the child reaching their eighteenth birthday. The aftercare manager told inspectors that, in the Louth Meath service area, when a referral was received, it was then reviewed with the child's social worker to identify whether the child's needs indicated that they should be allocated to an aftercare worker sooner than required. Inspectors found this to be the case and saw that young people were allocated an aftercare worker prior to their seventeenth birthday when they had complex needs or required immediate assessment. This was an added safeguard in the referral process to ensure that children with additional needs were allocated in a timely manner to allow for comprehensive planning for their aftercare. In the cases of young people who were likely to remain on in their placements after leaving care and who had a year or more to complete in secondary school, an aftercare worker was allocated when they were approximately 17 years old.

Young people in care were involved in the planning for their future. Involvement in the aftercare service was voluntary for each young person and inspectors found that the young people co-signed the referral to the aftercare service with their social workers. They were asked to sign their consent to be involved in the aftercare process when they reached 18 years of age. The aftercare team tried to ensure that the young person led the process insofar as possible. Assessments of need and aftercare plans were drawn up in conjunction with the young people who co-signed these documents with the aftercare worker. There was evidence that the allocated aftercare workers were invited to the young people's child in care reviews and the

aftercare manager told inspectors that she frequently attended reviews of young people who had not yet been allocated.

Assessments of need were carried out on all young people leaving care and each young person was allocated an aftercare worker in order of priority and before they reached the age of 17 years. Prior to completion of their assessment of need, young people completed self-assessments of their own skills and relevant knowledge. These self-assessments informed the assessments of need. Of the nine young people over the age of 16 whose files were reviewed by inspectors, six of these young people had been allocated an aftercare worker and five of these had had their assessment of needs completed. The remaining three were awaiting allocation of an aftercare worker but were still 16 years of age. The assessments of need were comprehensive and of good quality.

Inspectors reviewed the aftercare plans of four young people. The aftercare plans were also of good quality and were based on the assessments of need. In two cases, the aftercare plans were completed by the time the young person reached the age of 17 and a half years. In the other two cases, the young people had passed the age of 17 and a half years before their aftercare plans were completed but there were specific reasons for this and there was no negative impact on the young people concerned.

The service had two aftercare steering committees, one in Louth and one in Meath, which met every six weeks, on average. They comprised a wide range of services, including the local authorities, the Department of Social Protection and the Health Service Executive. The also included a representative of an independent advocacy service for young people. Inspectors observed a meeting of one of the aftercare steering committees and reviewed the minutes of committee meetings. Inspectors found that the committees maintained an overview of the aftercare plans of all young people leaving care and provided multidisciplinary support to young people with complex needs or disabilities. The aftercare manager told inspectors that the aftercare steering committees worked really well and they had fostered good working relationships between the different agencies to the benefit of the young people. The young people's social workers usually made referrals to the aftercare steering committee alongside the referral to the aftercare service. Eight of the nine files reviewed by inspectors for this purpose, contained referrals to the aftercare steering committee. There was evidence that the aftercare team reminded the social worker to make the referral if this had not been done.

The aftercare team members were based in three offices throughout the area and provided a drop-in clinic in each on one morning per week. However, the aftercare

workers showed flexibility in responding to the needs of young people by meeting them outside of normal working hours if they needed support. The aftercare team also maintained records of all contacts from young people who were no longer in care.

The aftercare manager produced an annual report of the adequacy of the service in line with national policy. She maintained records and statistics on young people who had left care and were provided with an aftercare service. She also submitted monthly returns to the Tusla national office on referrals, assessments undertaken, and aftercare plans completed and the timeframes involved. She provided inspectors with information on the outcomes for these young people under the headings of education and accommodation (figures as at 30/06/20).

Of 138 young people in the aftercare service between the ages of 18 and 22 years, 101 (73%) were in educational or accredited training placements as follows:

- 27 (27%) were still in second level schools
- 23 (23%) were in post-leaving cert courses
- 9 (9%) was in vocational training
- 20 (20%) were in third level college or university and
- 22 (22%) was in accredited training/other placements.

The accommodation arrangements of the 138 young people in the 18-22 years age group were as follows:

- 62 (45%) remained with their former foster carers
- 33 (24%) were living independently
- 20 (14%) were living at home
- 3 (2%) were in residential care
- 7 (5%) were in designated care leavers' accommodation
- 5 (4%) was in supported lodgings and
- 8 (6%) were in "other" accommodation.

The aftercare team usually conducted exit interviews to elicit feedback from young people on the quality of the aftercare service. During the COVID-19 pandemic, feedback forms were used instead. Inspectors reviewed these and found that the young people were extremely complementary of the aftercare workers and the valuable service they received. The aftercare team also maintained a complaints log but there were no complaints from young people who were still in the care system.

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

- All eligible young people were allocated an aftercare worker regardless of their circumstances or their level of need
- Some young people, who required support but did not meet the criteria for eligibility for an aftercare service, were allocated an after care worker and provided with an aftercare service
- Some young people were provided with a support worker service, either provided by the local authority or funded privately by Tusla
- The area, through the aftercare service, provided mentorship training to a group of young care leavers, who subsequently provided individual mentorship to other care leavers, gave input at information sessions for young people and their carers, and contributed to the development of policy initiatives in the area.

Children and young people in foster care were helped to develop the skills, knowledge and competence necessary for adult living. They were also provided with the support they required after leaving care. No child left care without an allocated aftercare worker. The area manager acknowledged the importance of continuing to support young people who had been in care into their adult lives and the area ensured that they adhered to the requirements of the legislation and standards and provided a good quality aftercare service to young people.

**Judgment: Compliant**

## Appendix 1 — Standards and regulations for statutory foster care services

<b><i>National Standards for Foster Care (April 2003)</i></b>
<b>Theme 1: Child-centred Services</b>
<p><b>Standard 1: Positive sense of identity</b> Children and young people are provided with foster care services that promote a positive sense of identity for them.</p>
<p><b>Standard 2: Family and friends</b> Children and young people in foster care are encouraged and facilitated to maintain and develop family relationships and friendships.</p>
<p><b>Standard 3: Children's Rights</b> 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><b>Standard 4: Valuing diversity</b> 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><b><i>Child Care (Placement of Children in Foster Care) Regulations, 1995</i></b> <i>Part III Article 8 Religion</i></p>
<p><b>Standard 25: Representations and complaints</b> 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).

<b><i>National Standard for Foster Care ( April 2003)</i></b>
<b>Theme 3: Health and Development</b>
<p><b>Standard 11: Health and development</b></p> <p>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.</p> <p><b><i>Child Care (Placement of Children in Foster Care) Regulations, 1995</i></b>  <i>Part III, Article 6 Assessment of circumstances of child</i>  <i>Part IV, Article 16 (2)(d) Duties of foster parents</i></p>
<p><b>Standard 12: Education</b></p> <p>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.</p>
<b><i>National Standards for Foster Care ( April 2003)</i></b>
<b>Theme 4: Leadership, Governance and Management</b>
<p><b>Standard 18: Effective policies</b></p> <p>Health boards have up-to-date effective policies and plans in place to promote the provision of high quality foster care for children and young people who require it.</p> <p><b><i>Child Care (Placement of Children in Foster Care) Regulations, 1995</i></b>  <i>Part III, Article 5 (1) Assessment of foster carers</i></p>
<p><b>Standard 19: Management and monitoring of foster care agency</b></p> <p>Health boards* have effective structures in place for the management and monitoring of foster care services.</p> <p><b><i>Child Care (Placement of Children in Foster Care) Regulations, 1995</i></b>  <i>Part IV, Article 12 Maintenance of register</i>  <i>Part IV, Article 17 Supervision and visiting of children</i></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).

**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.

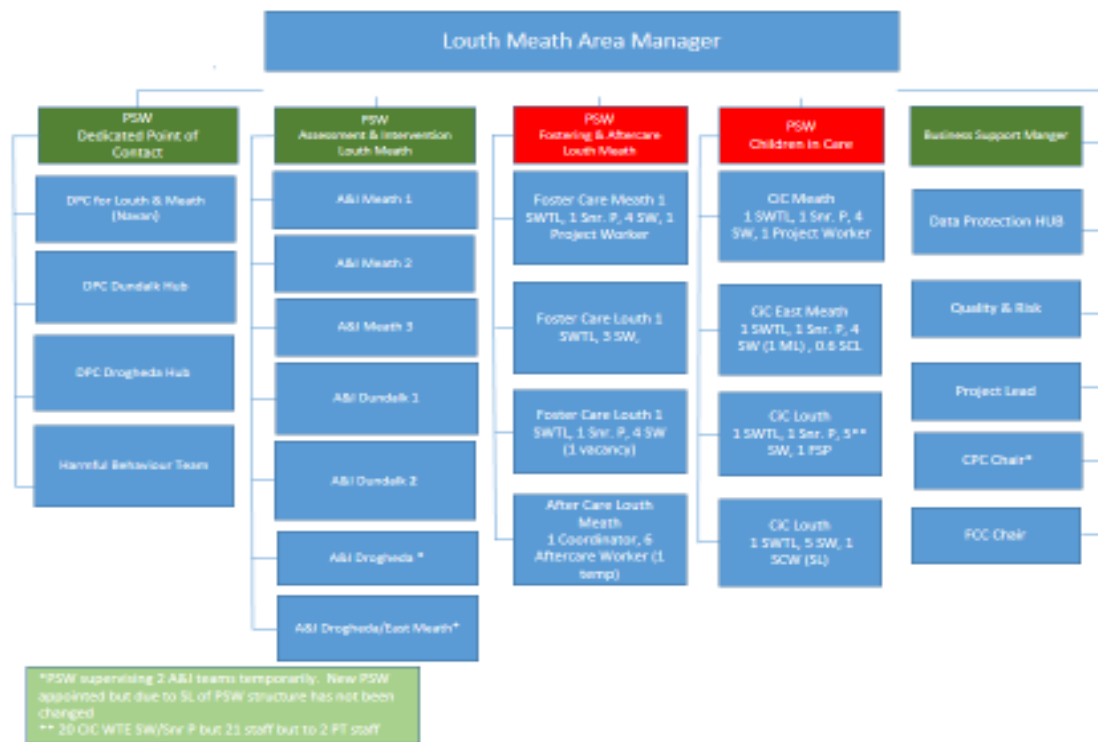
***National Standards for Foster Care ( April 2003)*****Theme 6: Workforce****Standard 20: Training and Qualifications**

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 Louth Meath Service Area\***



\* Source: The Child and Family Agency

# Compliance Plan

**This Compliance Plan has been completed by the Provider and HIQA has not made any amendments to the returned Compliance Plan.**

<b>Provider's response to Report Fieldwork ID:</b>	MON 0029972
<b>Name of Service Area:</b>	Louth Meath
<b>Date of inspection:</b>	19 August 2020
<b>Date of response:</b>	27/10/2020

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

#### Substantially compliant

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

1. The system of management oversight of statutory visits required improvement to ensure that all children were visited in line with regulations.
2. The use of NCCIS to maintain an up-to-date record of the child's care required improvement.
3. The quality of case records maintained on the electronic system required improvement.
4. Records of case management were not always evident on children's files.

#### 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:

1. The Children in care register will add an additional column to allow for all statutory visits in the last 24 months to be recorded on each monthly register to ensure compliance with the regulations. The file /NCCIS audit template for children in care will be amended to include the dates of all statutory visits in the last 24 months. The dates on the children in care register will be cross referenced with the dates of the statutory visits on NCCIS.
2. Up to date records of a child's file will be included in the audit schedule for Q4 2020. Additional administrative support will be sourced to ensure timely uploading of documents, reports and emails in respect of a child's records. The area will continue to progress the transition from lotus notes to outlook for all staff which will assist in the more timely manner in which information is uploaded.
3. A training on "Guidance for Social Workers –(Dublin North East) " will be delivered on assessment of need, care planning, child in care reviews, placement plans, and key findings /learning from HIQA inspections and the National Review Panel.
4. To ensure that records of case management are evident on a child's file a memo will be issued to staff to ensure that when adding an attachment to the child's referral, that the title of the attachment will be in a manner that is standardised so as;

to facilitate ease of searching and access of particular attachments by workers and identification of key aspects of a case including case management.

<p><b>Proposed timescale:</b></p> <p><b>1. Q4 2020</b></p> <p><b>2. Q4 2020</b></p> <p><b>3. Q4 2020</b></p> <p><b>4. Q4 2020</b></p>	<p><b>Person responsible:</b></p> <p><b>Area Manager</b>  <b>PSW Children in Care</b>  <b>Team Leaders Children in Care and Child protection.</b></p> <p><b>Area Manager</b>  <b>PSW Children in Care</b>  <b>Team Leaders Children in Care and Child protection.</b>  <b>IT and NCCIS</b>  <b>administrative support.</b></p> <p><b>PSW Children in Care</b>  <b>Team Leaders Children in Care and Child Protection.</b></p> <p><b>Area Manager</b>  <b>PSW Children in Care</b></p>
--	---

## Standard 7 – Care planning and review

### Substantially compliant

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

1. The register of children in care was not updated as required by the regulations.
2. The area was not always compliant with Tusla's guidance on practice regarding children being in care with the voluntary consent of their parents as some voluntary consent agreements had no specified end dates.
3. Practice in relation to placement planning required improvement.
4. Children did not routinely attend their child in care reviews.

#### 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:**

1. The register will be updated on a monthly basis by a dedicated administrative support worker. There will be a "back up " administrative support person identified in the absence of the main support person.
2. A traffic light system has been added to the Children in Care register. The date of the last voluntary agreement and the date voluntary consent to be reviewed are colour coded as follows:  
 Red–due to run out inside the next 20 days  
 Orange–due to run out inside next 30 days  
 Blue–due to run out inside the next 60 days  
 No Colour–If more than 60 days or if no consent required.

Monthly Audits of Voluntary Consent will be completed by the PSW for Children in care to ensure compliance with the Voluntary consent policy.

3. A placement plan date column has been added to the Children in care register that captures the date of the last placement plan. Placement plans will be audited to ensure they are updated and of good quality. Training has been prepared and will be delivered to all social workers on guidance on devising a good quality placement plan.
4. Children will continue to be routinely invited to their child in care reviews. A workshop will be held with social workers on how best we can ensure increased attendance for children at their reviews. Actions from the workshop will be implemented and measured by comparing the data on children attending their child in care reviews.

**Proposed timescale:**

**1. Q4 2020**

**Person responsible:**

**Area manager  
 Business Support Manager  
 PSW Children in Care**

**2. Q4 2020**

**Information Officer  
 PSW Children in Care  
 Area Manager**

**3. Q4 2020**

**PSW Children in Care  
 Team leaders Children in  
 Care and Child protection.  
 PSW and team leaders in  
 Fostering .  
 Information Officer**

**4. Q1 2021**

**PSW Children in Care  
 Team leaders Children in  
 Care and Child protection**

**Standard 10 – Safeguarding and Child Protection****Substantially compliant****The provider is failing to meet the National Standards in the following respect:**

1. Investigations into allegations made against foster carers were managed in line with Children First (2017) and Tusla's Interim Protocol for managing concerns and allegations of abuse and neglect against Foster Carers and Section 36 (relative) Foster Carers (Tusla, 2017) but they were not timely.
2. Investigations into child protection concerns made by children in care were conducted in line with Children First, however these were not timely and initial assessments were not completed in line with Tusla's standard business processes.
3. Not all complaint response letters advised the complainant of their right to appeal.
4. The area maintained a complaints register but it did not indicate whether or not the complainant was satisfied with the outcome of the investigation.

**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:**

1. Investigations of allegations against foster carers made by children in care will have centralized oversight at monthly area governance meetings to strengthen the management oversight and avoid delays in the completion of initial assessments.
2. Investigations into child protection concerns made by children in care will have centralised oversight at monthly area governance meetings to ensure that initial assessments are completed in a timely manner.
3. A template will be devised to respond to all complaints to ensure that the right to appeal has been advised to the complainants. Written responses to all complaints will be reviewed by the line manager to ensure that the right to appeal was advised to the complainants in the response. All staff to have completed complaints training and are aware of the guidance and available templates when responding to complaints.
4. The complaints register to record if the complainant was satisfied with the outcome.

<b>Proposed timescale:</b> <b>1. Q4</b>	<b>Person responsible:</b> <b>Area Manager</b> <b>PSWs for Children in Care,</b> <b>Child protection and</b> <b>Fostering.</b>
<b>2. Q4</b>	<b>Area Manager</b> <b>PSWs for Children in Care</b> <b>and Child Protection</b>
<b>3. Q4</b>	<b>Area Manager</b> <b>Quality and Risk Officer</b> <b>PSW and team leaders for</b> <b>Children in Care , Child</b> <b>Protection and Fostering</b>