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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Name of service area:	Dublin South West/Kildare West Wicklow	
Dates of inspection:	25- 27 October 2016 1-2 November 2016	
Number of fieldwork days:	5	
Lead inspector:	Patricia Sheehan	
Support inspector(s):	Caroline Browne Ruadhan Hogan Niamh Greevy	Susan Geary Rachel McCarthy
Type of inspection:	☒ **Announced** ☒ **Full**	☐ **Unannounced** ☐ **Themed**
Inspection ID:	**0004420**	

About monitoring of statutory foster care services

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

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

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

Theme 1: Child-centred Services	☒
Theme 2: Safe and Effective Services	☒
Theme 3: Health and Development	☒
Theme 4: Leadership, Governance and Management	☒
Theme 5: Use of Resources	☒
Theme 6: Workforce	☒

1. Inspection methodology

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

During this inspection, the inspectors evaluated the:

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

The key activities of this inspection involved:

- the interrogation of data
- reviewing of policies and procedures
- reviewing of 81 children's case files
- the review of 58 foster carer's files
- meeting with 19 children
- visiting eight households
- interview with one parent
- interviewing 13 foster carers
- focusgroup with fostering link workers
- two focus groups with children in care social workers
- interviews with fostering link workers
- interviews with child in care social workers
- focus group with foster carers
- interview with aftercare manager/coordinator
- interviews with children in care and fostering team leaders
- interviews with area manager and principal social workers
- interview with chairperson of the foster care committee
- observation of three child-in-care review meetings
- observation of an area management meeting.

Acknowledgements

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

2. Profile of the foster care service

2.1 The Child and Family Agency

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

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

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

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

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

2.2 Service Area

Dublin South West (DSW) and Kildare West Wicklow (KWW) comprises four counties: County Kildare, Wicklow, South Dublin and Dublin South City. The area is a mixture of urban and rural areas with large rural towns such as Naas and Newbridge and urban areas such as Tallaght and Crumlin.

Based on the 2011 census of population, the area has a population of 382,881 of whom 102,800 (27%) were between 0-17 years. Of the 17 Tusla areas, it had the 3rd highest level of deprivation.

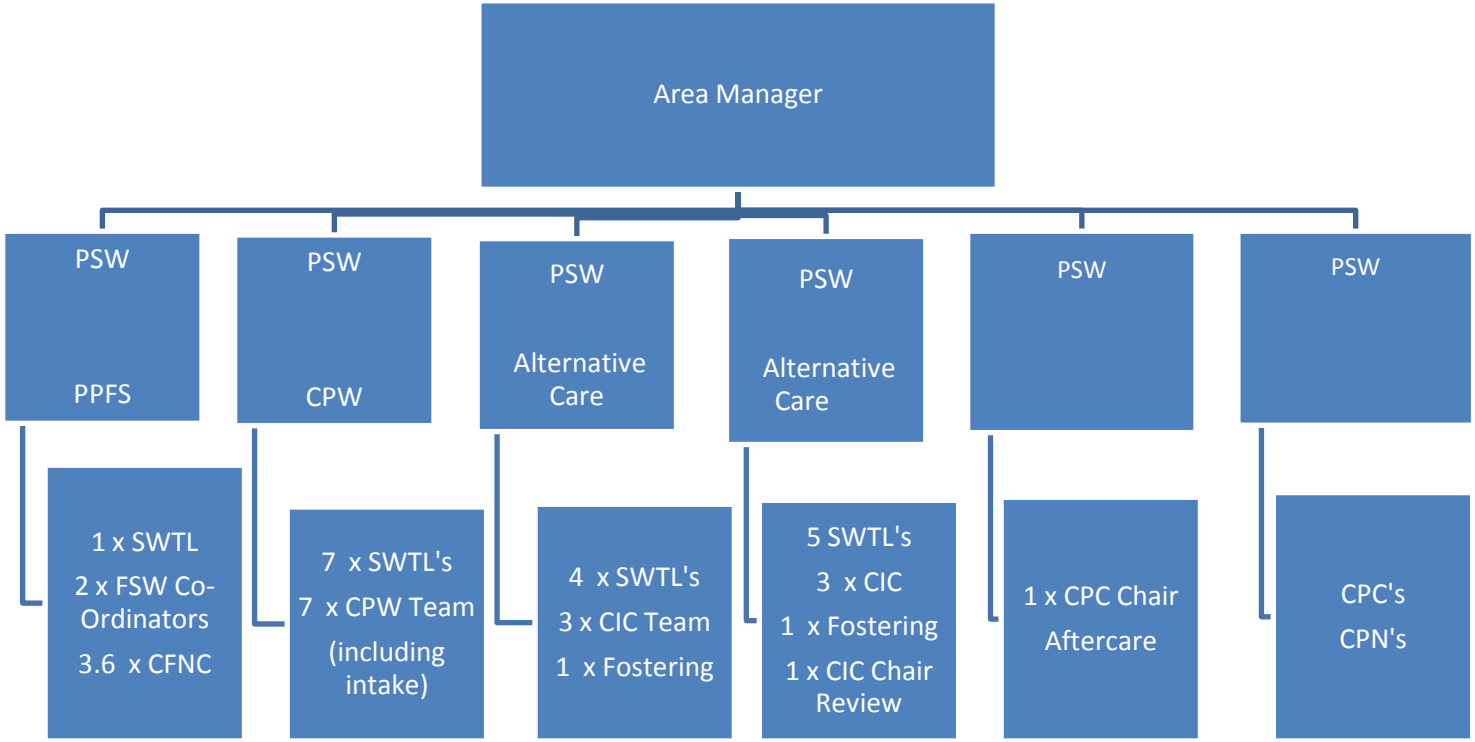
The area is under the direction of the Dublin Mid Leinster service director for Tulsa, and is managed by an area manager.

The children in care and fostering service, called the alternative care service, comprised two principal social workers (PSWs) based geographically in DSW and KWW. Six social work teams and two fostering teams were also geographically based across the area in Tallaght, Crumlin, Naas, Athy and Cellbridge.

At the time of inspection there were 332 children in foster care. Of these 149 children were living with relatives and the remaining 183 were living with general foster carers. The area had a total of 332 foster care households.

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

Figure 1: Organisational structure of Statutory Foster Care Services, in DSW/KWW Service Area*



CIC=Children in care
CPC=Child protection conference
CPW=Child protection and welfare
FSW=Family support worker
PPFS= Partnership, prevention and family support
PSW=Principal social worker
SWTL= Social work team leader

* Source: The Child and Family Agency

3. Summary of inspection findings

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

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

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

- One standard was exceeded
- Nine standards were met
- 14 standards required improvement
- Significant risks were identified in relation to two standards.

Overall the service was child-centred, children's rights were respected and there was good practice in relation to diversity. There was respectful communication with children and families and children were able to maintain relationships with their family members. Complaints received were managed appropriately but some improvements were required.

A number of elements of this service were delivered in an effective manner. Children were cared for with affection and their welfare promoted. Systems were in place for care planning and statutory child in care reviews. Children with complex needs received appropriate services. However, not all children had an allocated social worker and the system in place to ensure unallocated children received statutory visits was not sufficient. Not all young people were receiving an aftercare service in line with Tusla policy. Relative assessments were not completed in a timely manner and there were insufficient supports provided to all foster carers. Reviews of foster carers did not occur routinely. The area took immediate action when necessary to protect children but a number of improvements were required regarding measures in place to safeguard and protect children from abuse.

While health records required improvement, children's healthcare needs were met. The high priority placed on the education of children in foster care had impacted positively on children's educational opportunities.

This was a well managed service that had clear lines of accountability. The management systems that were in place ensured that the service was delivered in a planned manner. There were formal systems in place to manage risk but a number

of risks remained, in particular regarding unallocated children and foster carers, timely assessment of relative carers and reviews of foster carers. Inspectors sought a number of assurances regarding individual children from principal social workers and were satisfied with the responses received.

Foster carers were recruited in a timely manner but there was an insufficient range of carers to meet children's diverse needs. External monitoring of the service by a Tusla monitor had not taken place and quality assurance was not sufficiently robust. The governance arrangements of the foster care committee to ensure their oversight of all allegations, unplanned endings and foster carer reviews required improvement.

The service was provided by a skilled staff team who were well supported by regular supervision and training opportunities, which were informed by a workforce learning and development plan. There were insufficient staff in place to deliver a safe and effective service; however, additional posts had been approved and recruitment was underway.

4. Summary of judgments under each standard and or regulation

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

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

National Standards for Foster Care	**Judgment**
Theme 1: Child-centred Services	
Standard 1: Positive sense of identity	Meets standard
Standard 2: Family and friends	Meets standard
Standard 3: Children's rights	Meets standard

National Standards for Foster Care	**Judgment**
Standard 4: Valuing diversity	Meets standard
Standard 25: Representations and complaints	Requires improvement
Theme 2: Safe and Effective Services	
Standard 5: The child and family social worker	Requires improvement
Standard 6: Assessment of children and young people	Requires improvement
Standard 7: Care planning and review	Requires improvement
Standard 8: Matching carers with children and young people	Meets standard
Standard 9: A safe and positive environment	Meets standard
Standard 10: Safeguarding and child protection	Requires improvement
Standard 13: Preparation for leaving care and adult life	Requires improvement
Standard 14a: Assessment and approval of non-relative foster carers	Requires improvement
Standard 14b: Assessment and approval of relative foster carers	Significant risk identified
Standard 15: Supervision and support	Requires improvement
Standard 16: Training	Requires improvement
Standard 17: Reviews of foster carers	Significant risk identified
Standard 22: Special Foster care	Requires improvement
Theme 3: Health and Development	
Standard 11: Health and development	Meets standard
Standard 12: Education	Exceeded standard
Theme 4: Leadership, Governance and Management	
Standard 18: Effective policies	Meets standard
Standard 19: Management and monitoring **of foster care agency**	Requires improvement

National Standards for Foster Care	**Judgment**
Standard 23: The Foster Care Committee	Requires improvement
Standard 24: Placement of children through non-statutory agencies	Requires improvement
Theme 5: Use of Resources	
Standard 21: Recruitment and retention of an appropriate range of foster carers	Requires improvement
Theme 6: Workforce	
Standard 20: Training and Qualifications	Meets standard

5. Findings and judgments

Theme 1: Child-centred Services

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

Summary of inspection findings under Theme 1

Overall the rights of children were respected and the service was child centred. There was good practice in relation to valuing diversity amongst children in care. Children were able to maintain relationships with their family members and there was respectful communication with children and families. Complaints received were managed appropriately but some improvements were required.

Children's rights

Overall the rights of children were respected.

Child-friendly posters were displayed in health centres and offices. Children visited by inspectors were aware of their general rights. Social workers gave examples of how they supported children to exercise their rights, such as facilitating family contact in line with their wishes and encouraging their participation in their care reviews.

Children had access to information about their rights through their social workers and foster carers. Foster carers visited by inspectors were aware of children's rights and gave examples of how these were upheld. Not all children met by inspectors knew how to access their files but life story work was in process with some children using their personal information. Managers told inspectors that specific leaflets on children's rights were being developed at a national level to be available by the end of 2016.

There was a clear understanding of a child's right to privacy and dignity by all staff and managers interviewed. Inspectors observed three child in care reviews where children were referred to respectfully by those involved and consideration given to their right to confidentiality. Children's right were reflected in social work reports and care plans.

While some case notes were not of a good standard, in those that were of a good standard, inspectors saw that children's views about decisions affecting their lives

were documented. Children that inspectors met with said that their social workers spoke with them alone to get their views. Children's wishes on schools they wanted to attend and the extent and type of contact with their parents were listened to and their views respected. Counsellors were changed if children were finding engagement difficult and children's input into medical decisions was sought. Review forms, recently revised to be more child centered, were completed with all children for child in care reviews. The reviews focussed on the child's voice and review minutes reflected the need to always be creative when including the voice of the child. There was a 36% attendance rate of children at their care reviews and the area was identifying ways to increase this.

Inspectors saw evidence that children had access to guardian ad litem and external advocacy services. Social workers were also strong advocates and made referrals to specialist services where required. Social workers met with by inspectors demonstrated their understanding of the importance of relationships with the children and of ensuring children were kept informed after child in care reviews. Many social workers had been involved with the children for a long period of time.

A working group under the leadership of a principal social worker and in consultation with an external advocacy service was in the process of meeting with children in care as part of a service participation forum. In addition, the Kildare West Wicklow fostering team had successfully applied for internal funding in partnership with a philanthropic foundation to explore and develop participatory practice initiatives. As a result, two such initiatives the 'Child and Young Person Friendly Spaces Project' and the 'Creative Group Project for the birth children of Fostering Families' were well underway. The latter project was viewed by the fostering teams as important in terms of the role of birth children in contributing to a successful placement.

Diversity

There was good practice in relation to valuing diversity amongst children in care.

Diverse backgrounds were respected as demonstrated by access to translation services and using consistent translators as much as possible. Social workers and managers had a good knowledge of the needs of all the children and had benefitted from cultural diversity training. The register of children in care recorded ethnicity and disability which was good practice. Inspectors found from reviewing case notes and care plans that the religious preference of parents was respected. There were some instances where ethnicity and cultural issues were not addressed in care plans but inspectors found in the main, that cultural needs were identified and met.

Some children were placed with carers from their own cultural background and as a result were able to maintain cultural practices. Inspectors saw that for children where this was not possible they were assisted to develop an understanding of their background. There was evidence that social workers and foster carers discussed different backgrounds with the children and explored different nationalities. Some

children was completing biography booklets and were offered appropriate language classes. There was evidence that when a child expressed a preference to be called a particular name this was noted on the file. One particular social worker had devised a cultural needs assessment template and was in the process of using it. Social workers facilitated internet use to assist children to stay in touch with parents not living in Ireland. A number of integration projects were operating in some parts of the area in response to the needs of new communities.

Inspectors reviewed the files of some children with disabilities, many of whom were living with relative carers, and found that these children received appropriate services and support. Specifically tailored activities, specialised equipment and therapies were provided. There was good liaison with medical social workers and with voluntary agencies when necessary. Additional support services like psychology were often in place to support placements where the foster families were experiencing challenges. Foster families visited said they felt there was a high level of support provided and inspectors observed homes equipped to meet children's needs.

Communication

There was respectful communication with children and families.

Children visited by inspectors were happy with their social workers and this was especially evident when children had the same social worker for a long time. Various forms of communication with children, such as visits, letters and emails, were seen after care reviews telling them what happened and what was discussed.

Records of direct work with children by social workers, social care leaders and student social workers were reviewed and found to be of good quality and child centered. Such work helped children to understand their identity, emotions and issues in their lives. Sometimes relationship work was done between birth children of foster families and children placed in the family.

There was an information pack for children going into care available although there was no evidence that children were given these packs. There was no communication system, such as a Loop system, to assist children with sensory disabilities.

Family and friends

Children were able to maintain relationships with their family members.

Relative placements were a first option as reflected in a good percentage of children living with relative carers, namely 45%. Inspectors examined access arrangements for children and found that contact with families, to include siblings in other placements, was regular and consistent. The area funded an external service to manage the access visits and children visited by inspectors were happy with their level of access. One parent spoken with was not happy and was actively seeking a review. Assurances were sought from a principal social worker regarding access arrangements for four children where the amount of access was unclear and

inspectors were satisfied with the response.

In the main, access facilities in the area were adequate and child friendly, with age appropriate toys and comfortable furniture. Although some furniture needed repair and one access area was inappropriately situated within a staff canteen.

61 children were placed outside the service area. Inspectors reviewed some of these files and found a number were as a result of facilitating children to be placed in relative placements. One child was placed outside the area as a bridging placement due to the foster parents relationship breakdown. The social worker subsequently found a family which was better suited, had therapeutic background and lived in an area close to the child's mother which meant that access was easier to facilitate.

Priority was given to placing siblings together in line with their care plan. Inspectors noted a number of cases where there was a decision to move siblings together in order to ensure their identity and relationships. Out of 88 sibling groups, 60 were placed together and where they were not together access was facilitated. A significant number of children had family access in the foster family home which was good practice. In one case, three foster families facilitated access in each other's houses and inspectors saw the schedule devised by the social worker to manage the arrangement. The foster carers advised inspectors that the arrangement works well.

Inspectors found that children were aware of their family background and adoption planning was underway for a number of children, with support from the social workers.

Complaints

Complaints received were managed appropriately but some improvements were required.

Separate complaint logs were kept for Dublin South West and Kildare West Wicklow and a log of complaints across all services was maintained by the area manager. A number of foster carer files contained letters sent out informing them of the new complaint process. Foster carers confirmed they were told of the complaint process by their link social workers although there was a mixed response to how satisfied foster carers were with the management of complaints. Some reported a good response and some felt that their concerns, such as link workers being changed, were not responded to either effectively or in a timely manner.

There was information for children on how to make complaints although many children met with were not aware of the process. Some files recorded that children were aware of the complaints procedures, but there was no section on their files for complaints, which did not facilitate establishing a full complaint history.

A review of six complaints, none of which were from children, found that all written complaints were acknowledged and managed in a timely manner. When issues were complex or the complainant was unhappy with the outcome, meetings were held to

try and resolve matters. However, complainants were not informed of the next stage in the process if they remained unsatisfied and the logs of complaints did not make it clear if the complainant was satisfied or not.

Theme 2: Safe and Effective Services

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

Summary of inspection findings under Theme 2

This inspection found that a number of elements of this service were delivered in an effective manner. Children were cared for with affection and their welfare promoted. Systems were in place for care planning and statutory child in care reviews. Children with complex needs received appropriate services. However, not all children had an allocated social worker and the systems in place to ensure unallocated children received statutory visits was not sufficient. Not all young people were receiving an aftercare service in line with Tusla policy. Relative assessments were not completed in a timely manner and there were insufficient supports available to all foster carers to ensure effective delivery of care. Reviews of foster carers did not occur routinely. The area took immediate action when necessary to protect children but a number of improvements were required regarding measures in place to safeguard and protect children from abuse.

Assessment and care planning

The service fulfilled many but not all of its statutory requirements in relation to children in foster care.

Data submitted by the area showed that 13% of children in foster care (42) did not have an allocated social worker. Without an allocated social worker, a child's opportunity to discuss, for example, issues in their placement or contact arrangements with family, was restricted. Files reviewed showed a number of children without an allocated social worker for a considerable period of time. Managers informed inspectors that an additional child in care team in Tallaght would be in place by the end of 2016 and that this would reduce the number of unallocated children in care.

Inspectors reviewed files of unallocated children and found a number of these children had not received statutory visits in line with regulations. Inspectors found that the system of oversight of unallocated cases by team leaders was not effective, as when they were on leave, social workers on a rotating duty system did not have a

full understanding of all unallocated cases. Team leaders acknowledged that ensuring the completion of statutory pieces of work, such as visits, for unallocated children was a challenge. Sometimes there was no record of the last visit or the visit was completed by a student social worker or by the fostering social worker. The role of the latter is to support foster carers to provide high quality care and not respond to children's issues. For three children, where there was no evidence of statutory visits since 2014, assurances were requested from the principal social worker that such visits would take place immediately and inspectors were satisfied with the response plan. Two of these placements were with relatives and one was with a general foster carer.

A child without an allocated social worker in a placement where foster carers are also without a link social worker (dual unallocated) posed additional safeguarding risks. At the time of inspection there were a total of 17 children in this situation, of these five children were living with three general foster carers and 12 children were in relative placements. Inspectors found that there were no immediate risks and all children had up-to-date care plans. However, safeguarding visits were not always up to date. Assurances were sought from a principal social worker to ensure all these children living in dual unallocated situations had statutory visits and inspectors were satisfied with the response plan detailing when these visits would be taking place.

Inspectors found in the main that children with an allocated social worker were visited in line with regulations. Statutory visits are a necessary safeguard and give children an opportunity to speak privately to a social worker. The quality of the recording of the visits was mixed. Some case files showed good record keeping in relation to statutory visits but this was not the case in all files reviewed. Some case notes were not dated, did not have much detail in terms of what was discussed, did not consistently record foster home visits, and did not always reflect meeting the child in private. Some team leaders commented that amongst competing pressures on the time of social workers, case recording was not prioritised.

Assessments of need for each child, prior to or immediately following a placement were integrated into the care planning process with the required supports identified. Comprehensive assessments of need that included health, emotional and educational needs using a standardised template were completed for some children with the input of professionals, such as psychologists and speech and language therapists. However, not all files contained such assessments which meant that records did not always reflect the assessment of need for the purpose of identifying carers to meet those needs.

Children placed with carers who have the capacity to meet their assessed needs reduces the risk of placement disruption. Inspectors viewed a flowchart which guided social workers on the process to achieve a potential match and reflected the considerations required in a matching process. A placement request form was completed by the child's social worker and there was evidence in fostering team meeting minutes of the matching process being discussed. While files reviewed did not reflect a formal recording of the matching process, social workers demonstrated awareness of children's needs and described how this was discussed with the

fostering team to obtain the best possible match to a general foster carer.

Inspectors found that matching reports, typically completed after the child had been six months in placement, comprehensively assessed the match in terms of the child's needs and the capacity of the foster carers. Such reports were part of the process for formalising long-term placements and were presented to the foster care committee for their review.

There were systems in place for care planning and child in care reviews to ensure compliance with regulations. Team leaders were responsible for chairing child in care reviews and a specific post to assist in completion of these had been introduced in July 2016. At the time of inspection there were 17 children without an up-to-date care plan but all of these children had been scheduled for a child in care review within the month after inspection. Up-to-date care plans ensure issues are addressed and actions followed up on to avoid drift and ensure their needs are met. Inspectors found that placement plans to manage the day-to-day needs of children were rarely used. Foster families visited had copies of care plans but the quality of the plans varied. Some were comprehensive, had excellent and relevant detail, reflected children's and families views and opinions, contained good quality actions with persons responsible and timeframes. A smaller proportion were of poor quality, were not dated, and did not have up-to-date action plans.

Child in care review minutes were found on children's files and inspectors noted that reunification was explored on a number of review minutes. There was evidence of participation by parents and professionals and consultation with children. Inspectors observed a small number of child in care reviews and saw that external professionals were present. Foster carers confirmed their participation in the review process.

Social workers gave examples to inspectors of requesting child in care reviews when placements were at risk of ending. However, inspectors found that such reviews were not routinely held when a placement was at risk of ending in an unplanned way or after the placement had ended in an unplanned way. Data submitted by the area showed there were 21 children whose placements ended in an unplanned way in the 24 months prior to the inspection. Some files reflected timely strategy meetings and good levels of support provided to both child and carer in order to maintain the placement. Nonetheless, timely strategy meetings did not always occur for placements at risk of disruption in line with national policy. This posed a risk of continuing placement disruptions for some children, which may be detrimental to their welfare.

Some disruption reports were reviewed by inspectors, and these were of good quality and reflected good work to ensure continuity in care, but these were not consistently completed and provided to the foster care committee. Fostering team leaders found the standardised template limited and confirmed it was a challenge to complete them, with some carers refusing to engage in the process. The team leaders saw the purpose of disruption reports as mainly to inform the foster care committee and were unsure what the committee did with reports when they

received them. Team leaders said that discussion was the preferred method of reviewing placements breakdowns.

Quality of care

Children with complex needs received appropriate services. Not all young people were receiving an aftercare service in line with Tusla policy and there were delays between referral and allocation of an aftercare worker.

Children received the emotional and physical care they required. During visits to foster carer homes, inspectors observed that foster carers interacted warmly and in a nurturing way with the children. Bedrooms were nicely decorated and designed in a child friendly way. Children were seen to be well-dressed, living in comfortable homes and their achievements and significant events were celebrated. There were photographs showing holidays together and events and children were encouraged in their interests and hobbies, such as drama, horse riding, kickboxing, and football. Children had many medals which were hung up around the houses acknowledging achievements, and art work was displayed. Children celebrated their birthdays and siblings were invited to foster carer homes for this. There was evidence of health and safety assessments completed on homes to ensure safety.

Direct work was completed with children when required. Children had access to social care leaders for life story work. Social workers and foster carers advocated on behalf of children for access to specialist services and supports, where required, to meet psychological needs. Files reviewed showed there were no delays in making referrals to specialist services and there was evidence of play therapist input and assessments by psychiatrists and psychologists. However, there were often delays in receiving services though the primary care system and where these delays were unacceptable internal funding requests for private services, such as occupational therapy and speech and language assessments, were made. There was evidence that these requests were typically approved within the area. The area manager told inspectors that while there was a good relationship with primary care providers in the area, a national working group had been established to engage with the Health Service Executive on mental health and disability services.

Children with complex needs received the services they required. There was evidence of interagency work, advocacy, and the provision of specialist services and what the area called 'wrap around' services, additional supports as required. The area manager chaired bi-monthly planning forums to include disability, mental health, public health nursing, psychology and therapy services. The purpose was to ensure children with complex needs did not fall between services and received a co-ordinated response. Inspectors examined the meeting minutes and action plans developed for individual children and found them to be comprehensive and subject to review.

The level of support for foster carers caring for children with complex needs was mixed. Inspectors saw that additional services from psychology and external

agencies maintained many placements. Some foster parents confirmed in writing how such significant support had helped. Inspectors saw from a review of files good work by link workers in the management of behaviour that challenges and good co-working between social workers using a signs of safety framework. Respite foster care was provided to support placements. However, some foster carers in a focus group spoke of a number of challenging placements which ultimately broke down and this was attributed to the lack of support and information they received. When they did not have a link worker allocated they had to ring the duty system when issues arose. While additional services were provided to many placements as required, a special foster care service in line with standards was not in place.

Young people were supported after they became 18 years with 54 young people over 18 years remaining in a foster care placement. The aftercare service operated a duty system to take calls from young people and a weekly drop in service in Tallaght. Inspectors reviewed the terms of reference for the interagency aftercare steering committee. The document referred to case discussion to monitor that appropriate services were in place for 16-18 year olds referred. An aftercare worker would be allocated no later than three months after referral, who would attend child in care reviews. However, there were 46 children aged 16 years and over in foster care but only 26 of these had been referred to the aftercare service with 22 being allocated an aftercare worker and receiving an aftercare service in line with Tusla policy.

Social Workers informed inspectors that three months before the age of 16, the policy was to send a referral form to the aftercare team. The after care manager told inspectors of plans to be more proactive so that the aftercare service would automatically receive alerts when children turned 16 and 18. The service aimed to attend all reviews of children when they turned 16 years but this did not always occur. With a three person staff team and caseloads of up to 35 children, an after care worker was not allocated to all children to develop leaving care plans. There was a waiting list, which was prioritised at monthly referral meetings, in terms of those most at risk of placement breakdown. For some children the delay between referral and getting an allocated worker was considerable and could be up to nine months and longer. This meant that not all children aged 16 years old had a leaving care plan at a time of extreme vulnerability in their lives.

Inspectors examined some files for children aged 16 years old and found that when children were allocated an aftercare worker they were prepared for leaving care, although paper work was frequently not signed and dated. There was evidence that children were involved in planning for their future and the quality of work completed with young people accessing services was good, with leaving care plans on file. Some commented on how their aftercare workers were helping them to understand what was available.

Foster carers – Assessment, Training and Support

Training to support high quality care was provided but relative assessments were not completed in a timely manner and not all relative carers had an allocated link social worker. The quality of supervision and support varied and there were insufficient supports for all foster carers to ensure effective delivery of care. Reviews of foster carers did not occur routinely and An Garda Síochána vetting was not up to date.

There was evidence of screening checks following emergency placement with relatives but a number of them had been completed one to two weeks after the children had been placed. This was not timely and not in line with regulations and posed a safety risk.

The area placed a priority on the importance of relative placements, where appropriate, and there were a high number of relative placements as a result. When relative assessments were completed they were comprehensive and of good quality but they were not assessed in a timely manner. Inspectors found the assessment process had taken from 12 to 16 months in some instances and in one exceptional case a child had been placed with a relative in 2008 with the assessment not finished and the placement approved until 2015. At the time of inspection there were 14 unassessed relative carers. Social workers had met the relative carers to outline their responsibilities in the meantime. Managers informed inspectors that a private foster care agency was being commissioned to commence and complete these outstanding assessments by the end of March 2017.

Inspectors asked for and received assurances from a PSW about two cases where an adult living in the home had not been An Garda Síochána vetted and another where past convictions had not been addressed, as the assessment was still ongoing.

General foster carer assessments reviewed by inspectors were of good quality. A regional assessment team (RAFT) were completing all general assessments since October 2014 as a means of responding quickly to enquiries and progressing them to application or closure in a timely manner. The RAFT manager reported that from time of enquiry through to information meeting, home study visit, application, training and assessment, it took approximately six months.

Inspectors found that the majority of assessments since RAFT came on-stream at the end of 2014 were completed within 16 weeks. If it was longer there were usually case notes indicating the reasons. Two general assessments undertaken after 2014, and reviewed by inspectors, took 12 weeks for one and 28 weeks for the other to complete.

General foster carer assessments were presented to the foster care committee in a timely manner and there was a clear process of approval and placement on the panel. There was a foster care contract on file.

When a foster carer transferred between service areas or to a private agency the system to ensure adequate transfer of all information required improvement. Two

such transfers from a private agency to Tulsa were reviewed. While all assessment records were on file, there was no evidence of a complete file transfer or handover meetings between agencies to discuss the previous fostering experience and to determine if there were any issues arising.

When reviews took place they were comprehensive and included medical updates, health and safety updates, and training needs. All views on the placement and suitability of the match were sought and included. However, reviews of foster carers were not carried out in line with the national standards and there was no transparent system in terms of prioritising reviews. The vast majority of carers were not reviewed one year after approval and not reviewed on a three yearly cycle. Files examined by inspectors showed some reviews were outstanding for five and six years. Assurances were sought from the principal social worker in five cases where the amount of time since a review was significant. Management said that by year end a senior social work practitioner will move into a duty role to work with fostering team leaders to prioritise the regular review of foster carers.

From reviewing files, inspectors found inconsistent practice regarding the completion of foster carer reviews following complaints or allegations or unplanned endings and significant delays in informing the foster care committee.

There were some supports for foster carers and good links with a foster care association. A newsletter was regularly sent out to them and inspectors reviewed the content and found it to be informative. Support groups for foster carers varied across the area. Foster carers had a mixed response to support groups available to them. Some said they were limited and met at inconvenient times. Foster carers visited were happy with the level of support they received from link social workers. They advised inspectors there were clear professional boundaries between foster carers and link workers when required and that the link workers were respectful in communicating with them.

Data provided by the area showed there were 34 general foster carers and 46 relative carers without a link worker. Some foster carers met with inspectors as part of a focus group and advised that they did not have a link social worker for over a year and a half and were not satisfied with the level of support provided. An assurance was sought and received from a fostering team leader in one particular case where the length of time without a link worker and carer review was significant. Inspectors found that, for the majority of these unallocated foster carers, there was limited supervision and support. For example, one had not had a visit in eight years and another had not had a visit in the last four years. Others had not had visits since early 2014 and for one relative carer without a link worker for a significant amount of time, one was only allocated after an allegation was made. The link worker was not allocated until six months after the allegation. There was no out of hours service to support carers outside of office hours.

Foster carers said during the interviews that their link workers supervised them but inspectors found that records of supervision were not consistent across all files and there was little evidence of effective supervision. Many supervision records lacked

structure and there was no consistent follow up on issues. Fostering social workers said they were starting to do three monthly supervision with carers and had informed them of this in their newsletter. A standardised template was being introduced and inspectors saw two examples of supervision with foster carers using the new template.

There was consensus amongst carers that there was good training available and that they found it very beneficial for managing the different types of behaviours they encountered. Where children had specific needs there was evidence of training provided. For example, three foster carers attended a 13 week course on teenage years and another went on training on foetal alcohol syndrome. Another carer received a programme of training following an allegation made by a child.

Inspectors reviewed the training programme for 2015 and 2016 and spoke with fostering managers and link workers. Social care leaders consulted with carers about the training they wanted and there was encouragement to attend training held in local libraries for the general population, such as managing internet safety.
Link workers said there was specific training delivered annually but it tended to be the same people who attended, while many others did not attend. Training for relatives as part of their assessment took place in DSW and for general carers the training took place in KWW. This arrangement did not facilitate attendance for all carers. General attendance numbers were kept but records of training for individual carers and overall monitoring of their training were not evident. Team leaders said that training needs were monitored at carers reviews and supervision but reviews were not taking place routinely and inconsistent supervision records meant training was not always being addressed. There was no dedicated section on the file to maintain records of carers training.

Inspectors found that foster carers knowledge of enhanced rights which gives carers the ability to consent to, for example, medical treatments, varied considerably. Some files reviewed showed discussion on the subject. While some foster carers were unaware that they could seek it after five years, a number of foster carers had sought and been granted enhanced rights. Team leaders told inspectors that this could be a protracted process where the legal costs involved were borne by the foster carer.

Safeguarding and child protection

The area took immediate action when necessary to protect children but a number of improvements were required regarding measures in place to safeguard and protect children from abuse.

Inspectors reviewed some files where children had gone missing from care and found that foster carers and social workers followed the relevant Tusla policies and procedures. Foster carers interviewed were aware of what to do if a child went missing from care. There was a protected disclosure policy in place and staff interviewed were aware of it.

Not all foster carers had received training in safeguarding and child protection issues. Relative carers received training in safe care during their assessment but due to the long delays in completing these assessments, some relatives had children placed with them without having received this training. General foster carers received training in safe care as part of their overall training prior to approval. Safe care training was also provided on an ongoing basis but inspectors found that attendance at this varied.

A spreadsheet was maintained to inform team leaders when they discussed An Garda Síochána vetting of carers in supervision with link workers. Data provided by the area showed that such vetting was out-of-date for 57 general foster carers. Files reviewed confirmed that a significant number of foster carers were actively fostering without up-to-date vetting. For a number of carers the dates since they were last vetted were in 2011 and 2012. Team leaders told inspectors that vetting was updated at carers reviews. However, as many carers were not being reviewed on a 3 yearly basis their vetting was not being updated as such. Principal social workers reported that the planned additional fostering staff members would improve the situation.

Five children had been removed from carers in the 12 months prior to the inspection. There was a national policy for assessing allegations of child abuse which focused on the key principles relating to constitutional rights of fair procedure and due process for the person who had an allegation made against them. Alongside this national policy, the area was following their own guidelines for the management of concerns against foster carers. Inspectors found that as a result there was confusion amongst social workers and some managers regarding the correct procedures to follow which posed a risk of inconsistent practice.

Inspectors reviewed files relating to child protection concerns and found that some concerns were not assessed in a timely manner in line with Children First (2011): National Guidance for the Protection and Welfare of Children. The area guidance directed social workers to initially assess the information when a concern was received and decide if it was an allegation that met the threshold of abuse. If the threshold of abuse was not met then the concern was categorised as a complaint. Inspectors reviewed a number of these and found that they were managed well with supports and safety strategies put in place and good liaison between the child's social work and carers link worker but they were not always completed in a timely manner.

The classification of concerns about foster carers into either an allegation or a complaint did not comprehensively capture child welfare concerns. For example, inspectors found that some of the issues arising in concerns classified as complaints were in fact welfare concerns arising from inappropriate parenting or in the context of managing challenging behaviour. Records in files did not identify that these welfare concerns were consistently notified to the foster care committee.

There had been eight allegations classified as meeting the threshold of abuse in the 12 months prior to the inspection, one of which related to a private placement, and

inspectors examined all of these. They were not always managed in a timely manner with various delays in completing the initial assessment and interviewing the child. The local guidance referred to the appointment of an independent key worker to carry out a full assessment and inspectors found that there were delays involved in this step and some duplication of work already completed in the initial assessment. Records in files identified that allegations were not consistently notified to the foster care committee in a timely manner.

Theme 3: Health and Development

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

Summary of inspection findings under Theme 3

Although health records were not always fully completed, children's health care needs were met. There was a high priority placed on the education of children in foster care and this had impacted positively on children's educational opportunities.

Healthcare needs

The healthcare needs of children were met but healthcare record keeping required improvement.

Inspectors found that the health needs of children were identified in care plans and child in care reviews and were seen as a priority by social workers and foster carers. Actions to meet health needs were clear and for children with complex medical needs support was provided to foster carers around equipment and bedroom and bathroom adaptations, when required.

Routine medical matters were managed by foster carers and provided through the primary care system. Children had timely access to general practitioners which was confirmed by foster carers. A review of files demonstrated medical reports were available as part of the child in care review system.

The area advocated on behalf of children for access to specialist services where required. For example, inspectors saw referrals to opticians, orthodontists and dietetic services. Where specialist supports were identified, the area was proactive at ensuring these supports were put in place. The social worker was co-ordinating with other services such as a consultant paediatrician. However, children in care did not have any prioritised access to services and sometimes were placed on waiting lists for primary care services, for example, speech and language and mental health services. Where this occurred, the area funded private services in the interests of the child.

Appropriate medical consent was obtained and recorded in the majority of cases and foster carers understood their responsibility to inform the social worker of any health issues affecting the children in their care.

Training in first aid had been offered in the 2015 training programme and foster carers were aware of first aid and health promotion and promoted healthy lifestyles.

Children were engaged in various sports such as boxing and football and foster carers were conscious of nutritious food and healthy diets. Some of the foster carers visited who had children with specific medical needs felt that they would have benefitted from more training on their complex conditions.

Files reviewed by inspectors contained medical card details but did not always contain immunisation records and medical assessments completed for children upon admission to care.

Education needs

The high priority placed by the service area on the education of children in foster care had impacted positively on children's educational opportunities.

Case files showed that educational needs were identified and addressed in the care planning process. Wrap around services were often provided so that children could attend school locally. For example, for one young person it was in his/her best interests to continue in the same school after the foster placement had changed. The agency providing the transport was the same agency providing emotional support to the young person and transport time was used for reflection as appropriate. Inspectors saw that the outcome for this young person was extremely positive. Where there was poor school attendance, teachers, social workers and foster carers were trying to resolve the issues. Other options, such as fee-paying schools, were considered.

There was evidence of schools attending strategy meetings when children were experiencing difficulties at school. Educational psychology assessments were completed for children and there was a good level of inter-agency co-operation in the best interests of children. For example, a child in relative care with significant health needs had a very poor report from school. The school allocated a special needs assistant and learning support hours and the area funded an educational psychology assessment. Additional psychological supports from a voluntary agency were also provided and attendance had subsequently improved. Inspectors saw further examples of all professionals being proactive to stabilise any crisis situation and prevent placement breakdowns, the use of external tutors to help integration back into school and comprehensive education plans.

Care plans outlined school progress and child in care reviews had all the necessary reports and information from schools and the educational welfare service to make informed decisions. Education professionals were invited to attend reviews but only participated in the education discussion at the meeting to protect the confidentiality of the child's personal information. Social workers reported that a lot of work was spent on enhancing communication with schools. Foster carers visited by inspectors reported that when social workers and teachers worked together to deliver necessary supports they saw a huge improvement in school attendance and general progress. Where there were disabilities services involved there were appropriate links with the local disability network.

Children were encouraged to participate in third level or vocational training. One review observed by inspectors related to a young person leaving school and attending third level education. The young person was delighted with the course they got. A young person who met with inspectors talked about her third level plans and inspectors saw that education was highly viewed within the foster family.

Theme 4: Leadership, Governance and Management

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

Summary of inspection findings under Theme 4

This was a well managed service that had clear lines of accountability and areas of responsibility. Management systems in place ensured that the service was delivered in a planned manner. There were formal systems in place to manage risk but a number of risks regarding unallocated children and foster carers, timely assessment of relative carers and reviews of foster carers remained. External monitoring of the service by a Tusla monitor had not yet taken place and quality assurance was not robust. The governance arrangements of the foster care committee to ensure their oversight of all allegations, unplanned endings and foster carer reviews required improvement.

Management structures and systems

Management structures and systems in place identified the lines of authority and accountability. Inspectors found that there was a clear management structure and an effective area management team. Two managers for alternative care services based in different geographical bases provided a solid foundation for effective management but it resulted in a lack of integration in some systems. There had been a lot of change across the area in the 24 months prior to the inspection as a result of establishing what were called service pillars. The two principal social workers for the alternative care service had only been in post since September 2015. At the time of inspection the area manager was transitioning to the interim regional service director position and one of the two principals was transitioning to the area manger position on an interim basis.

Managers were qualified, experienced and demonstrated leadership. There was regular supervision of the principal social workers by the area manager. Observation by an inspector of the area management meeting showed that managers were accountable for their lead responsibilities and collectively for implementation of strategic actions. Managers had participated in management development programmes. Staff demonstrated in focus groups an understanding of their roles and responsibilities. They felt managers were accessible, understood the issues and were supportive.

There were management systems in place such as policies, escalation procedures and management reports to ensure consistency. Operational matters were appropriately reported to external managers with a timely notification system for adverse events. There had been three changes of the regional director in the 18 months prior to the inspection. Structures were in place to monitor practice and staff said they were held accountable within their day-to-day practice and through supervision. Operational policies guided practice and social workers were aware of them. The national policy on inter area transfers was in place but sometimes cases were waiting before being accepted by other service areas.

Communication systems were generally effective and learning was supported, as confirmed in interviews with managers and staff. Regional meetings, area meetings, pillar meetings, departmental meetings, team meetings all occurred regularly. Inspectors examined meeting records and found that they focused on operational issues and service delivery and there was a good flow of information.

Planning the Service

The service was delivered in a planned manner.

The area had a business plan which identified a number of priorities for alternative care, including allocating a social worker to all children in care and increasing the number of foster carers with an allocated link worker. The regional analysis of monthly data was used in the area for business planning. Actions identified to achieve key objectives were mainly centered on increasing staff resources, which was well underway with approval of 28 posts across the area. The area had been identified nationally as low in resources. The provision of a duty system in Dublin South West for unallocated cases was on target for full implementation by the end of 2016. A number of actions were still being pursued such as increasing the number of relative assessments.

The service area had been a pilot site for Tusla's new commissioning strategy which aimed to facilitate a more robust needs assessment and service mapping arrangements. As a result the area had developed a market position statement which set out the overall service direction, area profile, and service priorities. It included staff consultation and a summary of the service pressure points. The intent of the statement was to shape decisions on future use of resources. Alongside this new strategy, the area was part of a research project looking at the diversion of funding from private residential settings into viable community alternatives. This was good practice in terms of evaluating service provision with a view to improving outcomes.

Inspectors observed that a service update from each responsible principal was given at the area management meeting. Meeting minutes showed that routine service updates were provided and that two days were put aside annually for service planning. Developing further integration across the service area was a priority. Staff interviewed were not always clear about service objectives and the area manager

acknowledged that ownership and participation of all staff in planning the service was a challenge. There was evidence that area metrics and monthly activity data informed service planning and allocation of resources as 28 additional posts had been approved. The budget was discussed throughout the year at meetings and the area manager said the area was within budget.

Risk Management

There were formal systems in place to manage risk but a number of risks regarding unallocated children and foster carers, timely assessment of relative carers and reviews of foster carers remained.

There was a regional quality, safety and risk governance group attended by area managers. It aimed to improve area risks registers and embed their use into day-to-day operations. A new area lead for quality and risk was due to take up her post in January 2017, with a focus on risk assessment and risk management, including incident reporting, and the management of complaints.

Staff were aware of risks within the foster care service and at a regional level there had been training on risk assessments and risk management for the area management team in May 2016. An area risk register was in place as the main tool for addressing risks. Inspectors observed at an area meeting good discussion of some of the risks on the register and how adequate the controls were. Inspectors examined the register and saw that the key fostering service risks recorded were as follows; unallocated work, lack of capacity to manage increasing Garda vetting referrals, lack of access to critical services such as psychiatry and speech and language therapy, lack of suitable fostering placements, unassessed relative carers. Not all of the risks were captured, such as foster carer reviews, and the controls outlined were not clear and sufficiently robust. National Risk and Incident Management policies were not yet finalised and available for implementation.

At a national level there had been a recent appointment of the National Risk and Incident Manager to provide guidance and support to the areas. The area used the national incident management system which was being rolled out across areas. A 'need to know' procedure was in operation whereby notifications received into the regional office arising from concerns, such as children missing from care were analysed and reported on to national managers. Some of these reports were sampled by inspectors and found to be appropriately escalated.

The Foster Care Committee

The governance arrangements of the foster care committee to ensure their oversight of all allegations, unplanned endings and foster carer reviews, required improvement.

The committee, which included a foster carer, was comprised of people with various expertise in child welfare and was chaired by an independent chairperson, whom inspectors interviewed. The chairperson had been appointed in February 2016. While

there was no medical advisor on the committee, a doctor was contracted on a private basis and consulted as required. Specific administrative support was available to the committee.

Committee members had not received any formal training regarding their role and responsibilities since the current policies and best practice procedures were introduced in 2012. They had been actively involved in the 12 months prior to the inspection in a review of those policies so that they could make submissions, as the policies were being revised at the time of the inspection.

Inspectors found the committee were timely in recommending whether carers should be approved or not. Their recommendations were based on the assessment of potential foster carers presented by the fostering team. Minutes reflected that social workers attended meetings as well as potential carers. They also reflected when a social worker needed to return to the committee to provide any updates.

The committee received matching reports in order to approve long-term placements. Inspectors found, however, that there was no proactive system in place to ensure the committee was receiving notices of all issues to ensure children were living in appropriate placements. Records in files did not identify that the committee were consistently notified of all placement breakdowns. Fostering team leaders said there was no response back from the committee when disruption reports were submitted. The annual report from 2015 did not include any analysis from disruption reports as to what makes placements vulnerable to disruption. Records also did not indicate that the committee were consistently notified of all welfare concerns arising in placements. Allegations were not consistently notified to the foster care committee in a timely manner.

There was also no proactive system in place to assist the committee in their oversight of timely foster carer reviews. Inspectors did not always find evidence that reviews, when they did occur, were notified to the committee in a timely way. The chairperson acknowledged the lack of systems to facilitate their governance role. An interim report dated October 2016 from the committee chair to the area manager had noted the issues around foster carer reviews and notifications of all issues that should be presented to them routinely.

Inspectors examined the 2015 annual report from the committee. Alongside statistics showing activity for the year, which showed few disruptions reports, reviews, or approval changes when allegations were made, and recommendations for improvement there was little analysis of that activity as a means of contributing to the planning of foster care services.

Quality Assurance and Monitoring

Quality assurance and monitoring was not sufficiently robust.

There were developments to enhance the quality agenda at a national and regional level. The regional quality and risk manager reported on her ongoing work in

developing standard information templates for complaints and compliments. National and regional quality assurance managers met monthly with the Director of Quality Assurance. Currently, this group was involved with a quality improvement framework. Inspectors reviewed a self assessment completed by the DSW/KWW service area as part of this framework on the adequacy of governance arrangements and found it to be comprehensive.

Managers demonstrated in interviews that they knew the extent of service deficits and they explained how individual supervision and team meetings were used to improve learning. However, inspectors found that there was inadequate managerial oversight. There was no ongoing analysis of, for example, placement breakdowns or allegations against carers, in order to review patterns emerging with a view to improving services to children in care. Systematic audits were planned but not carried out routinely as part of a quality assurance system to ensure adequate oversight. Social Workers informed inspectors that auditing files had been recently introduced by one team leader, with one file to be reviewed at each supervision meeting. Inspectors saw two completed file audits but records did not reflect that any of the issues had been addressed. As a result, inspectors found that many files were not maintained to an acceptable standard with significant gaps in case notes and no case chronologies.

The area manager informed inspectors that a designated authorised person to undertake formal monitoring of the foster care service had recently been appointed. The first piece of work would be to monitor the foster care committee. Prior to this there had not been any formal monitoring undertaken.

Individual contracts were in place for individual children but there was no service level agreement in place for private foster care providers. This meant that the area had no overall monitoring mechanisms in place to ensure that children received a high-quality service.

Use of information

In the absence of a national childcare information system, the area used databases and shared servers to maintain information.

The area had an information officer who collected data about the service for reporting on a monthly basis to the regional and national offices of Tusla. There was support regionally to collect data and ensure its integrity. Shared servers were used for the collection and generation of data and the area manger stated she stressed the importance of returning data. She explained to inspectors how data was used to validate the request for more staff resources. She received monthly reports on children allocated, care plans, and reviews, all collated from master files stored on shared servers. Intake records were also on a shared server. However, inspectors found that other sources of information were stored on databases that were not integrated and data requested as part of the inspection changed during the inspection.

The area maintained a register of children in foster care but not all the information was up-to-date. For example, the location of some of the placements was incorrect and the register did not always show the date when placements ceased.

The quality of records varied with some files well maintained and others where case notes were not on file, or were of poor quality, not dated or signed. Chronologies to assist staff in accessing a full history of the main issues were rarely used. The area manager told inspectors that new files to hold information on children in care had been ordered some months ago but had not yet been delivered.

Theme 5: Use of Resources

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

Summary of inspection findings under Theme 5

Campaigns for the recruitment of foster carers were in place but there was an insufficient range of carers to meet children's diverse needs. Limited staffing within fostering teams impacted on the ability to fully support foster carers.

Retention and recruitment of foster carers

Despite recruitment campaigns, there was an insufficient range of carers to meet children's diverse needs. The limited staff resources within fostering teams impacted both on foster carers being allocated a link social worker for support and the review of foster carers in order to develop their skills.

There had been two recruitment campaigns in the 24 months prior to the inspection, with the most recent rolled out in May 2016. The latter resulted in a number of enquiries and an increase of eight to the pool of foster carers with seven more in the assessment stage. The manager of the regional fostering assessment team (RAFT) responsible for recruiting and assessing general foster carers reported that the May campaign resulted in 113 enquiries that were responded to within 1-3 days. Ten information meetings were held to respond to these enquiries. 56 potential foster carers attended the information meetings and 17 went on to application and assessment. Eight were approved, seven were being assessed and two withdrew. The majority of foster carers that inspectors spoke with reported that they were given plenty of information at the recruitment stage and advised of the type of children and complex needs that might present.

The area manager considered that RAFT had made a significant improvement, as their focus on recruitment generated more placements. She discussed some initiatives that they have started, for example, recruiting from the new communities that have developed, such as approaching the Polish and Islamic communities. Individual campaigns were run for children with very complex needs.

However, there was an insufficient range of carers to meet children's diverse needs, especially adolescents. Data provided by the area identified that 13 children were awaiting placement and seven foster carers had more than two unrelated children which was not in line with the national standards. 43 children were in private placements. A lack of suitable carers to meet all the children's needs was on the area risk register.

There were some strategies in place to retain foster carers. Links with a foster carers association was strong and one of the fostering teams had formed a peer support

group. However, data provided by the area showed that 32 foster carers had left the panel voluntarily in the 12 months prior to the inspection. Inspectors sampled exit interviews and found that while some interviews had been declined for various reasons, and sometimes there was a change in personal circumstances, some people had left fostering saying they had not received enough support.

Fostering social workers considered that the limited staff numbers in their teams, which had led to unallocated foster carers, made it difficult to retain carers. Trying to support carers where there was a duty system operating could not guarantee a timely response to carer's issues. Reviewing foster carers and their training needs in order to develop their skills and identify additional supports was not occurring regularly.

Theme 6: Workforce

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

Summary of inspection findings under Theme 6

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

Recruitment

Systems were in place to recruit staff and the recruitment of permanent staff was managed through the national recruitment service. The area had a system in place to ensure that social work staff had up-to-date professional registration. National policies were in place which included staff induction and supervision, lone working, dignity at work and protected disclosure. Inspectors reviewed 12 staff files and found that they contained key information such as An Garda Síochána vetting, references, qualifications and records of previous employment. All files had some form of identification and a start date. Eight files contained job descriptions, and training records were only seen in one file.

Inspectors reviewed the content of the national induction process which guided team leaders and principal social workers in this regard. While there was no evidence of an induction checklist in the personnel files reviewed, all staff

interviewed confirmed that the induction programme was followed. The principal social workers demonstrated a strong commitment to closely supervise and support new members of staff.

Sufficient staff and skill mix

While staff were qualified and experienced there were insufficient staff in place to meet the demands of the service.

Social workers and managers said that staff had moved around a lot due to the establishment of service pillars but that there had also been an increased number of staff since the summer due to social work graduates taking up posts. The mix of experienced social workers alongside new recruits was seen as positive. However, vacancies existed across the alternative care service and managers considered that the caseload management tool clearly demonstrated insufficient staff resources. Inspectors had found, as previously mentioned, unallocated children and foster carers, relative assessments not completed in a timely manner and a lack of foster carer reviews.

The area manager informed inspectors that with the additional 28 posts approved across the service area and recruitment well underway for many of them, she anticipated the 14 vacant posts in alternative care would be filled by year end. Senior social work practitioners had been approved for each team and there had been a positive response to the recent expressions of interest for that role. With the additional resources there would be more link social workers in the fostering teams and a seventh child in care team was to be established.

Supervision and support

Staff were supported and supervised appropriately. Supervision practice was guided by a national supervision policy and was provided by trained supervisors. All managers had been involved in people management training. During focus groups, staff told inspectors that they valued formal supervision and they received it regularly. Inspectors reviewed a sample of supervision records and found that while there were occasional gaps in the amount of supervision provided and actions for all items discussed, overall there was good quality supervision delivered. A standardised supervision template was used and cases allocated to social workers were also regularly reviewed. Supervision contracts were in place and staff identified that they valued supervision and the opportunity to discuss their cases. They felt well supported, listened to and consulted. Where there were personal development plans in place these were discussed during supervision as were caseloads and how manageable they were. Caseload management tools had been fully implemented to assist in improved management of caseloads.

Training

Staff received sufficient training to keep their skills and knowledge updated.

Training opportunities were available for all staff principally from the regional workforce development unit. A national policy guided professional development and a training needs analysis had been completed based on business plan objectives and personal development plans. This analysis informed the training plan developed by the Workforce, Learning and Development unit.

The training plan was of good quality and while individual training records were not kept in personnel files, training logs were kept by the two principal social workers. These detailed the training attended in areas such as attachment, substance misuse, stress management, conflict and mediation. Social workers considered that training had improved considerably within the last couple of years. Data provided by the area identified that all staff were updated in Children First (2011).

Appendix 1 – Standards and Regulations for Statutory Foster Care Services

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

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

National Standards for Foster Care (April 2003)
Theme 2: Safe and Effective Services
Standard 5: The child and family social worker There is a designated social worker for each child and young person in foster care. ***Child Care (Placement of Children in Foster Care) Regulations, 1995*** *Part IV, Article 17(1) Supervision and visiting of children*
Standard 6: Assessment of children and young people An assessment of the child's or young person's needs is made prior to any placement or, in the case of emergencies, as soon as possible thereafter. ***Child Care (Placement of Children in Foster Care) Regulations, 1995*** *Part III, Article 6: Assessment of circumstances of child*
Standard 7: Care planning and review Each child and young person in foster care has a written care plan. The child or young person and his or her family participate in the preparation of the care plan. ***Child Care (Placement of Children in Foster Care) Regulations, 1995*** *Part III, Article 11: Care plans* *Part IV, Article 18: Review of cases* *Part IV, Article 19: Special review*
Standard 8: Matching carers with children and young people Children and young people are placed with carers who are chosen for their capacity to meet the assessed needs of the children or young people. ***Child Care (Placement of Children in Foster Care) Regulations, 1995*** *Part III, Article 7: Capacity of foster parents to meet the needs of child* ***Child Care (Placement of Children with Relatives) Regulations, 1995*** *Part III, Article 7: Assessment of circumstances of the child*

National Standards for Foster Care (April 2003)
Standard 9: A safe and positive environment Foster carers' homes provide a safe, healthy and nurturing environment for the children or young people.
Standard 10: Safeguarding and child protection Children and young people in foster care are protected from abuse and neglect.
Standard 13: Preparation for leaving care and adult life Children and young people in foster care are helped to develop the skills, knowledge and competence necessary for adult living. They are given support and guidance to help them attain independence on leaving care.
Standard 14a: Assessment and approval of non-relative foster carers Foster care applicants participate in a comprehensive assessment of their ability to carry out the fostering task and are formally approved by the health board[1] prior to any child or young person being placed with them. ***Child Care (Placement of Children in Foster Care) Regulations, 1995*** *Part III, Article 5 Assessment of foster parents* *Part III, Article 9 Contract*
14b. Assessment and approval of relative foster carers Relatives who apply, or are requested to apply, to care for a child or young person under Section 36 (1)(d) of the Child Care Act, 1991 participate in a comprehensive assessment of their ability to care for the child or young person and are formally approved by the health board. ***Child Care (Placement of Children with Relatives) Regulations, 1995*** *Part III, Article 5 Assessment of relatives* *Part III, Article 9 Contract*

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

National Standards for Foster Care (April 2003)
Standard 15: Supervision and support Approved foster carers are supervised by a professionally qualified social worker. This person, known as the link worker, ensures that foster carers have access to the information, advice and professional support necessary to enable them to provide high-quality care.
Standard 16: Training Foster carers participate in the training necessary to equip them with the skills and knowledge required to provide high-quality care.
Standard 17: Reviews of foster carers Foster carers participate in regular reviews of their continuing capacity to provide high quality care and to assist with the identification of gaps in the fostering service.
Standard 22: Special Foster care Health boards provide for a special foster care service for children and young people with serious behavioural difficulties.

Theme 3: Health and Development
Standard 11: Health and development The health and developmental needs of children and young people in foster care are assessed and met. They are given information, guidance and support to make appropriate choices in relation to their health and development. ***Child Care (Placement of Children in Foster Care) Regulations, 1995*** *Part III, Article 6 Assessment of circumstances of child* *Part IV, Article 16 (2)(d) Duties of foster parents*
Standard 12: Education The educational needs of children and young people in foster care are given high priority and they are encouraged to attain their full potential. Education is understood to include the development of social and life skills.
Theme 4: Leadership, Governance and Management
Standard 18: Effective policies Health boards have up-to-date effective policies and plans in place to promote the provision of high quality foster care for children and young people who require it. ***Child Care (Placement of Children in Foster Care) Regulations, 1995*** *Part III, Article 5(1) Assessment of foster carers*
Standard 19: Management and monitoring of foster care agency Health boards have effective structures in place for the management and monitoring of foster care services. ***Child Care (Placement of Children in Foster Care) Regulations, 1995*** *Part IV, Article 12 Maintenance of register* *Part IV, Article 17 Supervision and visiting of children*

Standard 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

Standard 24: Placement of children through non-statutory agencies

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

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

Theme 5: Use of Resources

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

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

Theme 6: Workforce

Standard 20: Training and Qualifications

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