

## Statutory foster care service inspection report

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



<b>Name of service area:</b>	Mayo
<b>Dates of inspection:</b>	24 – 27 February 2020
<b>Number of fieldwork days:</b>	4
<b>Lead inspector:</b>	Pauline Clarke Orohoe
<b>Support inspector(s):</b>	Eva Boyle Jane McCarroll Ruadhan Hogan
<b>Type of inspection:</b>	<input checked="" type="checkbox"/> <b>Announced</b> <input type="checkbox"/> <b>Unannounced</b> <input type="checkbox"/> <b>Full</b> <input checked="" type="checkbox"/> <b>Focused</b>
<b>Fieldwork ID:</b>	<b>0028492</b>

## About the Health Information and Quality Authority (HIQA)

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

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

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

## About monitoring of statutory foster care services

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

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

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

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

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

As part of the HIQA 2019 and 2020 monitoring programme, HIQA is conducting focused inspections across 17 Tusla service areas focusing on the child and family social worker, assessment of children and young people, care planning and review, matching carers with children and young people, safeguarding and child protection and preparation for leaving care and adult life. These focused inspections will be announced, and will cover six of the national standards.

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

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

## 1. Inspection methodology

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

During this inspection, the inspectors evaluated:

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

The key activities of this inspection involved:

- the analysis of data submitted by the area and questionnaires completed by 55 children in care, 16 of whom were over 16 years
- meeting with or speaking with 10 children
- interviews/meetings with the area manager, the principal social worker for alternative care
- home visits to five foster care households
- separate focus groups with children in care social workers, fostering social workers, team leaders for the long-term children in care team, team leader for child protection and welfare, aftercare workers and manager and with foster carers

- review of the relevant sections of 36 files of children in care as they relate to the theme
- telephone calls with 10 parents of children in care.

## **Acknowledgements**

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

## **2. Profile of the foster care service**

### **2.1 The Child and Family Agency**

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

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

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

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

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

## 2.2 Service Area

According to data published by Tusla in 2018, the Mayo service area had a population of children from the ages of 0-17 years of 31,968.\*

The area is under the direction of the service director for Tusla West region, and is managed by an area manager. There was one principal social worker in the area, who had responsibility for the foster care, child in care, leaving care and aftercare services. A second principal social worker for the child protection and welfare team had responsibility for children in care who had an allocated social worker from the child protection and welfare teams.

The long-term children in care team, and the leaving care and aftercare team were based across offices in Castlebar, Ballina and Swinford. The four child protection teams, who had responsibility for the care of children in care until they were transferred to the long-term children in care team, were located in offices throughout the service area.

At the time of the inspection there were 126 children in foster care in the area. Of these, 39 children were placed with relatives and the remaining 87 children were placed with general foster carers.

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

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\*Annual Review on the Adequacy of Child Care and Family Support Services Available – 2018 (Tusla website, March 2020)

### 3. Summary of inspection findings

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

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

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

- three standards were compliant
- three standards were substantially compliant.

Data provided to inspectors prior to the inspection showed that all children in care had an allocated social worker. Children in care were allocated their social worker from the child protection and welfare and the children in care teams. Social workers visited the children in their foster care homes, and met with them in private. There was evidence that social workers had regular contact with children which was responsive to the child's needs and situation. Inspectors found that good quality records of statutory visits were available on children's files, and social workers maintained links with the families of children in care.

Social workers carried out good quality assessments of the needs of children placed in foster care. Children's needs were recorded on a variety of documents produced by social workers, including initial assessments, care plans, case conference reports and placement request and assessment of child's needs forms. Inspectors found that where the assessment of the child's needs form had been used by social workers, the level of information recorded within it did not reflect the knowledge and information available to the service within other documents relating to the case, and many were unsigned by parents and social work team leaders.

Care planning and child in care reviews for children in care within the area were of good quality. Child in care reviews in the area were chaired by the social work team leaders. The allocated social worker had responsibility for scheduling the child in care reviews. The majority of child-in-care reviews were completed within the required statutory timelines. Children were supported to attend their child in care review meetings, and to have their views shared.

Voluntary consent provided by parents had been reviewed and updated appropriately. Social work team leaders told inspectors that all cases where children were in care by way of voluntary consent had been reviewed two years previous to the inspection, and were updated on a yearly basis or as required.

Care plans were generally of good quality. They set out the arrangements made in relation to the child's placement, their education and health needs, and supports required by the child, their family and foster carers as appropriate. They also outlined the arrangements for the child to have contact with their families.

Children received specialist supports as agreed within their individual care plan. Social work team leaders told inspectors that additional reviews were held in these cases as needed.

The quality of case management was mixed. While there was evidence of good quality discussions regarding issues, supervision records were unsigned and the frequency of supervision was inconsistent.

Inspectors found that the majority of placement plans on the files reviewed only contained information on access arrangements. A team meeting decision from January 2020 noted that placement plans would be used primarily to record details of access and respite arrangements, and decisions from care plans would only be included if there were any updates. Social work team leaders told inspectors that as the care plan captured the details of the child's placement and care needs, placement plans were primarily used as a source of information regarding family access.

The area tried to ensure that children were matched with foster carers who had the capacity to meet their needs, and there was a formal matching process in place. Children who met with inspectors, and children who completed the questionnaires spoke positively about their foster care placements and the manner in which they were looked after. The area held matching meetings on a fortnightly basis which were chaired by a member of the fostering link social work team. The area had sufficient numbers of foster carers to place children within the area.

The area ensured that complaints, concerns, and allegations against foster carers and other allegations made by children in care were categorised correctly, and received the appropriate response. Allegations made against foster carers were managed appropriately, and immediate steps were taken to safeguard children in care when required. Social work team leaders told inspectors that the area had identified a specific worker on the child protection team to complete the assessments of allegations made by children in foster care. Social workers were

familiar with this process, and told inspectors that once the investigation had been completed, the designated social worker provided an update to the Foster Care Committee on the outcome of the investigation.

Inspectors found that there were good governance processes in place for the management of allegations and serious concerns against foster carers. The area held categorisation meetings to review the information received relating to serious concerns and allegations, and determine whether the information received would be treated as a complaint, a serious concern or an allegation. The principal social worker had management oversight of the tracker that was in place to monitor serious concerns and allegations made by children in care. These concerns and allegations, and the final outcome were discussed and reviewed at the Foster Care Committee and also at the alternative care management meetings.

There was evidence that social workers put safeguarding measures in place for children in foster care. The area had identified that safety plans were required to be a stand-alone document on the child's file, and this was evident on the majority of files. There were practices in place in the area to ensure that children were protected from all forms of abuse. All foster care households had an allocated link social worker and, all children in care had an allocated social worker. Social workers visited children in their foster care homes and children told inspectors that they felt safe. Inspectors saw evidence of the involvement of independent advocates with children in care in the area also.

There was an established aftercare service in the area that supported young people in foster care to develop the skills, knowledge and competence required for adult living. The service was provided by an aftercare team, comprising of a newly appointed aftercare manager and two aftercare workers. The team worked closely with the social work teams and services in the area. Children who completed the questionnaire and foster carers who spoke to inspectors who were involved with the aftercare service spoke positively about the aftercare workers and the service they provided. Assessments of need and aftercare plans were comprehensive and centred on the needs of the child. Children were involved in completing their assessment of need and aftercare plan.

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

## 4. Summary of judgments under each standard and or regulation

During this inspection, inspectors made judgments against the National Standards for Foster Care. They used four categories that describe how the national standards were met as follows. We will judge a provider to be compliant, substantially compliant or non-compliant with the regulations and or national standards. These are defined as follows:

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

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

## What children told us and what inspectors observed

During the inspection, inspectors spoke with 10 children living in foster care in the area. Inspectors received 55 completed questionnaires from children which expressed their views of the foster care service.

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

- 'I like living here'
- 'I feel safe here'
- 'I like going to football, swimming and the school'
- 'I like how they keep me warm and safe and I get lots of hugs and kisses. I like how they take care of me and always give me a good laugh and will do anything for me!'
- 'I like that my current foster family feels like home and my opinions that I give are always backed up by them, bad or good. Each person in the house makes me feel welcome. They always influence me to do my best. I can be myself here, I don't need to act anymore. I don't feel like I'm by myself anymore. I like that they trust me and that I kinda trust them, and that's not easy for me. I feel three things are important in a house and they give them to me; love, trust and safety. My foster family shows me these every single day without a shadow of a doubt'.

Children told inspectors that they liked playing games and meeting their family. Children said that they liked their bedrooms, going on the playstation and iPads, and getting to talk to their friends.

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

- 'I like it here but I'd rather go home because I miss my family and friends. I want to spend more time with them'
- 'I miss home, and my sisters and parents'.

All of the children in the area had an allocated social worker. The majority of children liked their social worker and made positive comments about their social workers:

- 'I can call her whenever, I can tell her if I am worried'
- 'After meetings she will come to visit to tell me what is happening'
- 'I tell her things and she helps me'
- 'I like her a lot, we play games. We have fun'
- 'I can talk to SW but sometimes it's hard'
- 'She listens if there is a problem about access or stuff'.

Fifty three children who responded to the questionnaire said that their social worker visited them regularly, while two children said they did not. Of the 55 children that answered the question, 53 children said they felt that their social worker listened to them while two children said they didn't know if their social worker listened to them.

Fifty one children who had completed the questionnaire said that they had a care plan, while one child said they did not have a care plan, and three children did not know if they had a care plan.

When asked if someone explained the decisions from their child in care review to them, 45 of the 54 children who responded to the question indicated that someone talked to them about the decisions, two children responded sometimes someone talked to them about the decisions, while seven children indicated no one talked to them about the decisions made. One child who met with inspectors said that they found child in care review meetings 'formal' and they felt that the 'words social workers use are complicated for children' such as access and care plan.

Forty three of the 54 children who responded to the question said they got to spend enough time with their family and friends, four children said they did not get to see their family and friends enough while two children were unsure and five children felt that they got to see their family and friends enough sometimes.

Of the 54 children who responded to the question, 37 said that their social worker had explained how they could make a complaint, while 17 children said that their social worker had not. Nine children reported that they were happy with the outcome of their complaint while three children said they were unhappy with the outcome. One of these three children said they had not felt listened to.

Sixteen young people over the age of 16 responded to the questionnaire. Nine of these young people said that they had an aftercare worker who listened to them and helped them prepare for the future. Eight of these nine young people had an aftercare plan and all nine young people indicated that they had been involved in developing the plan. Of the 14 young people who responded to this question, 13 were aware of what money they were entitled to, while one young person did not know. All 14 of the young people who answered the question indicated that they had been supported to develop life skills needed for independent living. All of the 14 young people were involved with an educational programme.

## 5. Findings and judgments

### **Theme 2: Safe and Effective Services**

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

### **Standard 5: The child and family social worker**

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

### **Summary of inspection findings under Standard 5**

Data provided to inspectors prior to the inspection showed that all 126 children in foster care had an allocated social worker. Children in care were allocated their social worker from the child protection and welfare and the children in care teams. At the time of the inspection, 92 children were allocated to the children in care team with 35 children allocated in the child protection and welfare team. Two social work team leaders managed a team of eight social workers and one senior social work practitioner who were located in three offices across the area. The principal social worker had governance responsibility for the children in care, aftercare and fostering and supported lodgings teams. At the time of the inspection, the area had appointed a psychologist to work with children in care. The area manager told inspectors that as this was a new post within the team, the specific focus of the role was being developed.

The area had a stable children in care social work team, and the majority of children had a consistent professional involved in their lives. Inspectors reviewed 19 children's files for this purpose and found that 16 children had a consistent social worker for the previous two years. This consistency supported children and their parents in that they did not have to repeat their life story to different people, and

the allocated social worker had a better understanding of the family dynamics and situation. Social workers in the area coordinated and supervised the family access visits for the children on their caseload. Social workers told inspectors that they held caseloads of between 13 and 15 children in care.

Inspectors found that most children were visited in line with statutory requirements, and that social workers always met with children on their own. Inspectors reviewed 19 children's files for the timeframes of statutory visits over the two years prior to the inspection. Data provided by the area showed that all children had been visited in line with the statutory timeframes. Files reviewed by inspectors showed that all children had been visited recently, and the majority of them had been visited in line with the timeframes prescribed by the regulations, apart from three children whose statutory visits were overdue by a period of three to four weeks.

Social workers had regular contact with children which was responsive to the child's needs and situation. Inspectors reviewed 19 files for this purpose and found that social workers visited the children in their foster care homes, and met with them in private. Social workers demonstrated a good understanding of the needs of the children they were responsible for. Inspectors found evidence of good practice within home visits. Inspectors found that social workers discussed key issues with children such as education, health needs and family contact. Social workers provided support and clarity to children on specific issues. Social workers took children's views on board and followed through on actions agreed during visits to ensure that the child's needs were met.

Social work team leaders told inspectors that they monitored the frequency of home visits during supervision with staff, and through the use of file audits from which they found that statutory home visits had been recorded differently by social workers on children's files. For example, while some were noted as statutory visits, others were noted as home visits. There was an expectation within the area that children in care were visited three to four times per year, as it allowed the social workers to develop good relationships with children and ensure their voice was heard. This practice was evident on the children's files reviewed.

Inspectors found that records of statutory visits were available on children's files, and the majority were of good quality. Statutory visits were recorded in case notes, and inspectors found evidence of good recording such as a social worker describing the specific routine a child needed within their foster care placement. Inspectors also found examples of poor quality recording where information about siblings was recorded on another siblings file. Inspectors also reviewed one case file where information had been recorded about an unrelated child. This was brought to the

attention of the National Childcare Information System (NCCIS) support person. NCCIS was the electronic record keeping system used by the social work team to record and manage the files of children in care. Inspectors were assured it would be removed immediately. The principal social worker explained that while the social work team were using the electronic recording system, the recording process needed to be reviewed as paper files were still being maintained in some situations. Inspectors found that the level of recording on the 29 files reviewed was good. Records were generally up to date, and updated chronologies were available on 25 of the 29 children's files reviewed, which is an example of good practice in the area. The majority of chronologies provided good insight into the child's journey. While records such as the statutory visits were difficult to locate, this was mainly due to the structure of the system, which housed many documents in general folders.

Social workers maintained good links with families and they encouraged and facilitated contact between the children and their families when appropriate. Inspectors reviewed 19 files and found that in 18 files there was evidence that the social worker maintained contact and links with the families when children were in care. There was evidence of good practice, for example where one child was facilitated to visit family out of the country, and where a second child placed with relatives out of the area was supported to have regular contact and visits with family. Social workers also told inspectors that where appropriate children had access with their family within their foster care home. Data provided by the area showed that 18 children in care had access within their foster care home.

Social workers coordinated the care of children and the input of other professionals when this was required. Data submitted by the area identified that there were 28 children in care with a disability. Inspectors found that in four of the six files reviewed for this purpose, social workers had ensured that the children were receiving appropriate services. Foster carers explained that there can be delays in accessing support services, however they commended how the social workers advocated strongly for the children where this need arose. Social work team leaders told inspectors that in these situations funding had been approved in order to provide the specific support. The joint protocol for interagency collaboration between Tusla and the HSE had been implemented in the area. Meetings were attended by the senior managers within Tusla and the HSE, and the needs of relevant children who required additional therapeutic supports were discussed within this forum. In addition the 2020 service plan review for the area identified further work was needed to address the coordination of services for children in care who required additional support services. The principal social worker told inspectors that a meeting had been scheduled for the following month with these services in order to further develop the multidisciplinary supports available to children in care. Social

work team leaders told inspectors that the children in care team had access to a play therapist, social care leader and a full time psychologist within the team as needed.

Social workers responded appropriately to significant events for children in care. Inspectors found evidence of good practice in 10 of the 11 cases reviewed for this purpose. For example, in one of the files reviewed the child in care contacted the social worker out of hours and received an appropriate and timely response from their social worker.

Data provided by the area showed that there were four complaints made by children in the previous 12 months. Inspectors reviewed three of these complaints, and found that they were appropriately managed. The principal social worker told inspectors that training was being provided to a staff on the new complaints process. The area manager had oversight of all complaints for the area and the principal social worker told inspectors that they had planned to add learning from complaints to the team meeting agenda going forward.

In summary, statutory visits had been carried out recently for all children in care, and the majority of visits carried out in the previous two years were in line with the statutory regulations. Records showed that the quality of statutory visits to children in care was good. Children were met with in private and in the foster care home by social workers. Complaints reviewed were well managed, and records were generally well maintained. The joint protocol for interagency collaboration between Tusla and the HSE had been implemented in the area, and social workers coordinated specialist services as required to ensure that the needs of children in care were addressed. For these reasons the area was judged to be compliant with this standard.

**Judgment:** Compliant

#### **Standard 6: Assessment of children and young people**

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

#### **Summary of inspection findings under Standard 6**

Social workers carried out good quality assessments of the needs of children placed in foster care. Inspectors found that children's needs were recorded on a variety of

documents produced by social workers, including initial assessments, care plans, case conference reports and placement requests and assessment of child's needs forms. Inspectors found that where the assessment of the child's needs form had been used by social workers, the level of information recorded within it did not reflect the knowledge and information available to the service within other documents relating to the case, and many were unsigned by parents and social work team leaders.

Data submitted by the area showed that 52 children were admitted to foster care in the 24 months prior to the inspection. The data showed that 30 of these children had an assessment of their needs completed prior to admission, while the remaining 22 had assessments completed within six weeks following an emergency admission. The principal social worker told inspectors that this data was collated on a case by case basis, as the area did not have a system to track this information. Twenty children had experienced a change of placement during that time. Inspectors reviewed nine children's files who had been admitted to care in the past 24 months and found that all had medical examinations in line with the regulations upon admission to care.

Inspectors sampled the records of 14 children for the purpose of examining the quality of the needs assessments. All of these children had been admitted to foster care or moved placement in the 24 months prior to the inspection. The assessments of need were of good quality, and had been completed in a timely way. Children and families were involved in these assessments where appropriate. The assessments were comprehensive and involved other professionals depending upon the child's situation.

Inspectors reviewed the records of four children admitted to care in an emergency. Inspectors found that while all children had an assessment of need completed in a timely manner, as there was no stand-alone document to record the information, assessments of these children's needs were contained in the placement request and assessment of the child's needs form for two children, a care plan for one child, and a case conference report and initial assessment for the fourth child.

The assessments of need reviewed by inspectors were of good quality. Children had medical examinations completed upon admission to foster care. Assessments were comprehensive, and were completed in a timely manner with children, families and other professionals involved as appropriate. For these reasons the area was judged to be compliant with this standard.

**Judgment:** Compliant

**Standard 7: Care planning and review**

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

**Summary of inspection findings under Standard 7**

Care planning and child in care reviews for children in care within the area were of good quality. Child in care reviews in the area were chaired by the social work team leaders. The allocated social worker had responsibility for scheduling the child in care reviews. At the time of inspection, the area had put in place a new administrative support to social workers to assist them with sending out the invitations in advance of the review. The allocated social worker had responsibility for recording the minutes of the child in care review meeting and completing the updated care plan. Following the meeting the allocated social worker sent out the minutes of the meeting. Social workers explained that this was a manageable task due to their caseloads. The principal social worker told inspectors that they received the list of completed child in care review meetings from the social work team leaders. Social workers told inspectors that child in care review dates were monitored during supervision to ensure they were completed within the statutory timelines.

The majority of child-in-care reviews were completed within the required statutory timelines. Inspectors found that in 11 of the 18 files reviewed, child-in-care reviews had been completed within the timeframes required by the regulations. While the remaining seven child-in-care reviews were overdue by between three and four weeks, the impact on children in care was minimal. Two of these reviews had been scheduled for the week of the inspection, and the principal social worker told inspectors that there were individual reasons for each of the overdue care plan reviews specific to each case. For example, one child had exams and the review was delayed to facilitate them to attend. While the majority of child in care review meetings were signed off by team leaders in a timely way, inspectors found delays of between four and eight months for social work team leader sign off on two reviews.

Children were supported to attend their child in care review meetings, and to have their views shared. Social work team leaders told inspectors that review meetings had been held in the social work department building, and also in the child's foster care home on occasions where this was deemed appropriate. Meetings held in the social work department could be daunting for a child as the building was not child-

friendly. Social workers had tried to have meetings after school to support children to attend. Social work team leaders told inspectors that where it was not appropriate for children to attend the full review meeting, children had been supported to attend part of their reviews, and have been supported to complete the form in advance of the review. Inspectors found that children attended their child in care review meetings in nine of the 18 files reviewed, while in two files reviewed the children were unable to attend due to their young age as one was a toddler and the second was a baby. Children in three of the files reviewed choose not to attend though their views were shared at the meeting. Of the 55 children who completed the questionnaires, 34 said that they had attended their child in care review meetings, one child said they did not know if they attended and 20 children said they did not attend. Forty four of the children agreed that their views were included in the care plan, two said their views were not included and nine were unsure. Forty eight children of the 53 that answered the question said that they felt listened to, one child did not know if they were listened to and four children said they were not listened to.

Social workers told inspectors that the child in care review meetings reviewed the child's previous care plan, and allowed the child to voice their issues. The reviews helped the allocated social workers to identify the child's support needs going forward, and there was an expectation that care plans and minutes were to be written up within two weeks of the meeting. Inspectors found evidence that issues of adoption, family reunification and enhanced rights were considered in the child in care review meeting process. The principal social worker also held a tracker of applications for enhanced rights in the area. Inspectors found that in all but one of the 18 files reviewed, relevant professionals and services were involved in the care review process. However, while the health needs of children were considered within review meetings, inspectors reviewed one file where the impact of the child's significant health needs upon their overall development were not considered. Inspectors found that the level of information recorded within the child-in-care review minutes was limited, and social workers had noted on the minutes that the details of the discussions regarding the child's situation and decisions made were held within the care plan.

Data provided by the area stated that 122 children had a written up-to-date care plan, and that there were five children in care with care plans that were out of date, where reviews were overdue. Inspectors reviewed 18 files for this purpose and found that 16 were up to date, while two care plan reviews were overdue by four to five weeks. Dates had been scheduled during the week of the inspection for the two care plan reviews that were overdue.

Care plans were generally of good quality. They set out the arrangements made in relation to the child's placement, their education and health needs, and supports required by the child, their family and foster carers as appropriate. They also outlined the arrangements for the child to have contact with their families. Inspectors found that 14 of the 18 files reviewed had good quality, clear actions outlined within the care plan. This practice was in line with the recommendations from the national care plan audit which stated that the actions and decisions within care plans needed to be time specific and have an identified person responsible for each task.

Children received specialist supports as agreed within their individual care plan. A review of files of five children with complex needs showed evidence of involvement of a range of multidisciplinary professionals in response to the child's needs. Social work team leaders told inspectors that additional reviews were held in these cases as needed.

The outcomes of reviews and decisions made at child in care review meetings were discussed with children if they attended the reviews. Inspectors reviewed seven files where children did not attend their reviews. While the children in two of these cases were too young to receive feedback, inspectors found evidence on two additional files of children receiving feedback on the decisions from their child in care review meeting. Social work team leaders told inspectors that social workers met with children in their foster care home or in the social work office to talk to them about the care plan. However inspectors saw limited evidence of this on the case files reviewed. The principal social worker told inspectors that this was an area which needed to be reviewed in terms of the recording procedure, as social workers had noted in preparation for the inspection that feedback to children had not been clearly recorded on files. The area had also asked children to select how they would like to receive feedback following their meeting, and some children had chosen for their foster carers to talk to them about the decisions made.

Voluntary consent provided by parents for their child to be admitted into the care of Tusla had been reviewed and updated appropriately for all children in voluntary care in the area. Social work team leaders told inspectors that all cases where children were in care on a voluntary basis had been reviewed two years previous to the inspection, and were updated on a yearly basis or as required. The principal social worker also told inspectors that in September 2019 the area manager had requested a further review of voluntary consent forms on file as directed by Tusla national office. At the time of inspection the principal social worker told inspectors that the area had 15 children in voluntary care. Inspectors reviewed six of these cases and

found that the voluntary consent forms were available on all cases, and these forms had been reviewed, updated and signed by parents.

According to data provided by the area there were five unplanned endings in the previous 12 months, and child in care reviews were held when placements were at risk of ending and following the ending of placements. Inspectors reviewed four files for this purpose, and found that in all but one unplanned endings were well managed with additional supports provided to the children and foster carers to support the placement as appropriate. Inspectors found that in one of the files reviewed while the placement disruption report noted that the placement was at risk of breakdown, there were no additional reviews called to try to resolve the difficulties. Inspectors found that there were no actions taken to mitigate against the risk of disruption.

The quality of case management was mixed. Inspectors reviewed 18 files for this purpose. While there was evidence of good quality discussions regarding the issues presented on 12 of the files reviewed, supervision records were unsigned and the frequency of supervision was inconsistent.

Inspectors reviewed 14 files for placement plans, and found that they were in place in all files. However, nine placement plans had not been signed by the child's social worker and the link social worker for the foster carer. Inspectors found evidence that the placement plan had been shared with relevant people in eight of the 14 files reviewed. The majority of placement plans on the files reviewed only contained information on access arrangements. A team meeting decision from January 2020 noted that placement plans would be used primarily to record details of access and respite arrangements, and decisions from care plans would only be included if there were any updates. Social work team leaders told inspectors that as the care plan captured the details of the child's placement and care needs, placement plans were primarily used as a source of information regarding family access.

The principal social worker maintained a tracker for audits carried out within the alternative care service, and also actions to be completed through the regional 'task and finish' group for foster care and children in care. This was a regional group led by the service director which reviewed HIQA action plans and recommendations, together with good practice from across the service areas, to develop and enhance the practices in the West region. While file auditing was a standing item on the agenda of team meetings, there was acknowledgement that there had been difficulties in completing file audits as regularly as had been planned. Inspectors found evidence that this was an area which the principal social worker had under review with the introduction of themed audits. A national care plan audit had

previously been completed and the area was implementing and reviewing the associated action plan. The principal social worker also had oversight of the child in care register which was updated by the social work team leaders.

Care planning and child in care reviews for children in care were of good quality. The majority of child in care review meeting and care plans were completed within the timelines required within the regulations. Placement plans were available on children's files; however, they had not been used in line with Tusla's Alternative Care Handbook guidance. Supervision and the case management of the files reviewed was inconsistent, with some records unsigned. Inspectors found limited evidence of children being informed of decisions following their child-in-care reviews. For these reasons the area was judged to be substantially compliant with this standard.

**Judgment:** Substantially compliant

### **Standard 8: Matching carers with children and young people**

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

### **Summary of inspection findings under Standard 8**

The area tried to ensure that children were matched with foster carers who had the capacity to meet their needs, and there was a formal matching process in place. Children who met with inspectors, and children who completed the questionnaires spoke positively about their foster care placements and the manner in which they were looked after.

The area held matching meetings on a fortnightly basis which were chaired by a member of the fostering link social work team. Social work team leaders told inspectors that the allocated social worker attended the matching meeting to present the child's case, and were required to complete a written request for placement form. The principal social worker told inspectors that the area had recently introduced a matching tool for the process of identifying suitable foster care matches based upon the child's needs. The introduction of this tool was an action from the regional 'task and finish group'.

Inspectors reviewed the minutes of the matching committee meetings. The agenda for these meetings included a review of the previous minutes, discussion of placement requests, placements that went ahead since the last meeting and an

update on the list of available foster carers. Inspectors found evidence that individual children's needs were discussed and consideration was given to the option of keeping siblings together where appropriate. The opinion of social workers who were familiar with the foster carers and the placements informed the decision-making process.

The area had sufficient numbers of foster carers to place children within the area. Data provided to inspectors showed that of the 126 children in foster care, four children were in placements outside the area. Inspectors reviewed two of these files, and found there was a clear rationale for these placements as the children were placed with relative carers. At the time of the inspection there were 11 foster care placements available within the area. Data provided to inspectors showed that there were five foster care households where the number of unrelated children placed exceeded the standards. Where this occurred, the placements were brought to the Foster Care Committee who considered the placements and approved them. Inspectors reviewed one of these files, and safety plans had been put in place to support the placement.

Social work team leaders and social workers told inspectors that when foster care placements were required for children, the child's extended family was considered first to see if a relative placement was possible. Inspectors found evidence that discussions took place at the Foster Care Committee regarding the possibility of relative placements for children in care on a consistent basis. The principal social worker told inspectors that in 2019 the area funded a private agency to complete foster care assessments through the creative community approach so as to ensure the service had the required number of foster care placements available to children in the area. Of the 126 children in foster care in the area, 39 children had been placed with relative carers who had familiarity with the child and their background.

Social workers told inspectors that when children were admitted to care in emergency situations, they did their best to match the children to foster care placements that could meet their needs appropriately. Inspectors reviewed three files for this purpose, and found that there was evidence of matching and suitable placements were found for them at short notice. In two of the files reviewed social workers sourced relative placements for the children.

The principal social worker and fostering link social workers told inspectors that where possible, children were kept within the Mayo area as this was seen as a significant step to maintaining connections with birth parents and family. This was also seen as a support to children in care in maintaining contact with their friends and school environment. There were no children in private placements at the time of

the inspection, and the principal social worker told inspectors that the policy in the area was to place children within the county where possible.

Practice within the area was that, when appropriate, children were given the opportunity to meet their prospective foster carers, and their views were sought about the proposed placement, which was an example of good practice. Inspectors reviewed 11 files and found that in six cases children met with their foster carers, while one file involved the placement of a baby and two files involved emergency placements. The responses received from children and foster carers suggested that there was good practice in this regard. Foster carers told inspectors that prior to placements the child's social worker and the fostering link social worker called out to discuss the placement. Foster carers noted that there were times where too much information had been shared prior to a placement, while in other situations, the social workers did not have much information themselves in relation to a child. Of the 50 children in care who answered the question, 28 said they got to meet their foster carers before they moved. Thirty four of the 49 children who responded to the question said they were asked their views about the placement, five were unsure if they were asked and 10 said they had not been asked their views.

As the capacity of foster carers to meet the needs of children is not always apparent at the beginning of a placement, the suitability of long-term matches between children in care and foster carers has to be considered and approved by the Foster Care Committee. This should occur once the placement was clarified as requiring long term approval from the six months to one year mark onwards where reunification was no longer an objective. The foster carer review report or long term match report addresses the foster carers' capacity to meet the assessed needs of the child. While the area had followed this process, there was a backlog of such approvals. The interim internal transfer policy in the area was that the transfer of responsibility for children's care from the child protection team to the children in care team did not happen until after the child's first year in care where re-unification was no longer being considered. The area manager, principal social worker and team leaders told inspectors that children in care in the area were remaining on shorter court orders for prolonged periods of time. This was also contributing to delays in transferring cases across to the children in care team, which subsequently impacted upon the approval of long term placements in the area. Data provided by the area showed that six such approvals took place in the 12 months prior to the inspection, and there were 13 children awaiting approval at the time of the inspection. The principal social worker told inspectors that at the time of inspection, these cases were under review at the Foster Care Committee meetings, where the team leader for fostering presented a list of all cases awaiting approval to the

committee for discussion. This system allowed the principal social worker to maintain oversight and track the progress of these cases.

There was a formal matching process in place, and where possible placements for children in foster care were planned. The area had a number of children awaiting approval for long term placements, and had a system in place to track these cases. For this reason the area was judged to be substantially compliant with the standard.

**Judgment:** Substantially compliant.

### **Standard 10: Safeguarding and child protection**

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

### **Summary of inspection findings under Standard 10**

The area ensured that complaints, concerns, and allegations against foster carers and other allegations made by children in care were categorised correctly, and received the appropriate response. Allegations made by children in care were investigated in line with Children First (2017).

Allegations made against foster carers were managed appropriately, and immediate steps were taken to safeguard children in care when required. Data provided by the area showed that, in the previous 12 months, there were two allegations and four serious concerns received in relation to foster carers. Inspectors reviewed the two files where allegations had been made against foster carers, and found that they were categorised correctly and they were managed and investigated in line with Tusla's "Interim protocol for managing concerns and allegations of abuse or neglect against foster carers or relative (S36) carers" (2017). Categorisation meetings were held in a timely manner, and both allegations were referred to the child protection team for assessment and investigation, where further assessments were completed. Strategy meetings were held and the Foster Care Committee had been notified and updated appropriately. Notification to the Garda Síochána had been agreed on both files reviewed, however inspectors found that there had been delays in the timely completion of these notifications. Inspectors found that the intake record for one of the files reviewed had not been completed on the file though there was evidence on the file that appropriate steps had been taken to safeguard the child.

Serious concerns were managed appropriately within the area. Inspectors reviewed three serious concerns, and found that categorisation meetings were held to

determine the appropriate response for each case. One of the three files reviewed was appropriately categorised as a complaint, and had been managed through the complaints process. Inspectors found that immediate actions were taken to safeguard the children in each case, and the Foster Care Committee were notified as appropriate.

Social work team leaders told inspectors that the area had identified a specific worker on the child protection team to complete the assessments of allegations made by children in foster care. Social workers were familiar with this process, and told inspectors that once the investigation had been completed, the designated social worker provided an update to the Foster Care Committee on the outcome of the investigation.

Inspectors found that there were good governance processes in place for the management of allegations and serious concerns against foster carers. The area held categorisation meetings to review the information received relating to serious concerns and allegations, and determine whether the information received would be treated as a complaint, a serious concern or an allegation. The principal social worker had management oversight of the tracker that was in place to monitor serious concerns and allegations made by children in care. These concerns and allegations, and the final outcome were discussed and reviewed at the Foster Care Committee and also at the alternative care management meetings. Social workers told inspectors that the interim protocol for managing serious concerns or allegations against foster carers had made the process for managing this information clearer. Social workers presented as having appropriate knowledge and skills, and were committed to safeguarding and protecting children in care.

Inspectors reviewed the files of three children in relation to the management of allegations that did not relate to foster carers. Inspectors found that all three cases were managed in line with Children First (2017), and notifications were made to the Foster Care Committee and Gardaí, where appropriate. However, inspectors found that on one of the files reviewed there was a delay of four months from the point of referral to the completion of the screening interview, and the initial assessment was completed over a seven month period which was not in line with Tusla's standard business processes. While at the time of inspection appropriate safety plans had been implemented and monitored by the allocated social worker, the allegations relating to the child were not assessed and investigated in a timely way.

Data provided by the area at the time of inspection showed that 17 children in foster care remained active on the Child Protection Notification System, the national Tusla system for recording the details of children who were considered to be at ongoing risk of significant harm. While the children were in foster care, and no longer at ongoing risk of significant harm, team leaders told inspectors that for some children

who were on short court orders the family situation needed to be monitored as the children may return home. They felt this system prevented children being made inactive randomly. The area manager told inspectors that while short court orders had impacted upon children remaining active on the system, he had recently taken greater oversight of the list due to staff being on leave, and had reviewed the list. Following this review the number of children active on the CPNS reduced to nine children during the course of the fieldwork, and the area manager told inspectors that he was reviewing a further three cases who were due to have review child protection case conferences in the coming months. Inspectors found that increased management oversight was required in order to ensure children who were in foster care and no longer at ongoing risk of significant harm were de-activated from the child protection notification system in a timely manner.

There was evidence that social workers put appropriate safeguarding measures in place for children in foster care. Inspectors reviewed 10 files for this purpose and found that safety plans were of good quality. Safety plans were monitored and reviewed as required, and the relevant people were aware of the details contained within the plans. The area had identified that safety plans were required to be a stand-alone document on the child's file. This was evident in the majority of files reviewed. Four of the 10 files reviewed had formal written safety plans and three files contained a written risk assessment and safety plan which involved referrals to additional support services for the child and the foster carers. These plans were signed by the foster carers, the child in care social worker and the fostering link social worker. Safety plans were also evident within initial assessments and on emails recorded on children's files. Inspectors found that on one of the 10 files reviewed, that the initial safety plan did not adequately ensure that the risks highlighted within the allegation were addressed; however, actions to mitigate against the risks were implemented when the safety plan and risk assessment were reviewed the following month.

There were practices in place in the area to ensure that children were protected from all forms of abuse. All foster care households had an allocated link social worker and, all children in care had an allocated social worker. Social workers visited children in their foster care homes and children told inspectors that they felt safe. Inspectors saw evidence of the involvement of independent advocates with children in care in the area also. All foster carers had completed Children First (2017) training, and understood their role as mandated persons. Inspectors found evidence on one of the files reviewed where the foster carer had made the child protection referral to the social work department.

Complaints were managed in line with Tusla's national complaints policy. Data provided by the area showed that there were four complaints made by children, and 11 complaints made by foster carers, parents or family members in the previous 12 months. Inspectors reviewed the complaints log, and reviewed two complaints in more detail. Inspectors found evidence that complaints were taken seriously and were managed in a timely manner. There was evidence of appropriate support measures having been put in place, and work was carried out with the parties involved to address the issues of concern. Of the 54 children that answered the question, 37 said that their social worker had explained to them how they could make a complaint. All of the children who completed the questionnaire said that they knew how to keep themselves safe. Many of the children commented on the support and advice that was given to them by their foster carers and their social worker.

The principal social worker told inspectors that there had been no serious or adverse incidents in the area. There was a process in place for serious and adverse incidents to be notified and appropriately managed.

The area ensured that complaints, concerns, and allegations against foster carers and other allegations made by children in care were categorised correctly, and received the appropriate response. Some children had remained active on the child protection notification system unnecessarily. There was evidence of good quality safety planning in place for children in care, and there were measures in place to safeguard children from all forms of abuse. For this reason the area was judged to be compliant with this standard.

**Judgment:** Compliant

### **Standard 13: Preparation for leaving care and adult life**

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

### **Summary of inspection findings under Standard 13**

There was an established aftercare service in the area that supported young people in foster care to develop the skills, knowledge and competence required for adult living. The service was provided by an aftercare team, comprising of a newly

appointed aftercare manager and two aftercare workers. The team worked closely with the social work teams and services in the area.

The aftercare service held quarterly referrals meetings, where the allocated social worker presented the referral for the child in care. The aftercare team told inspectors that once a referral had been accepted to the service, a meeting was organised with the young person to give an explanation of the service. The aftercare team worked closely with the children in care social workers, and had been invited to attend child in care review meetings for eligible children to introduce the service to the child. Children who completed the questionnaire and foster carers who spoke to inspectors who were involved with the aftercare service spoke positively about the aftercare workers and the service they provided.

The work of the aftercare service was informed by the Tusla national aftercare policy and associated guidance. There was no aftercare steering committee in place, as required; however, inspectors found that the aftercare service was in the process of establishing the committee. The area manager told inspectors that as the aftercare service did not have a full time manager in post until November 2019 and up to then it was managed by a social work team leader, the establishment of a steering committee had not been a priority for the service. However, the area manager also told inspectors that the aftercare service had good working relationships with relevant services in the area which allowed them to meet the needs of the children referred to the service, and these networks had served as the foundations for the establishment of the steering committee. Inspectors found evidence that contact had been made with relevant stakeholders in the area, and a meeting had been scheduled to commence the establishment of the steering committee in line with national policy. The aftercare manager told inspectors that the establishment of the steering committee will enable the aftercare service to develop appropriate support networks to address the needs of children leaving care.

Referrals to the service were prioritised in line with the national aftercare policy and legislation, having consideration for the child's age, the complexity of the child's needs, court involvement and the stability of their foster care placement. At the time of the inspection there were 12 children that had been referred to the aftercare service, and were on a waiting list for an assessment of need to be completed by an aftercare worker. Inspectors reviewed the waiting list and found that the children on the list ranged in age from 15 years 10 months to 16 years 10 months. The aftercare manager told inspectors that they reviewed the waiting list, and children were allocated an aftercare worker between the ages of 17 to 17.5 years. At the time of inspection there were 60 cases open to the aftercare service, and a further 11 to 16 children were going to be eligible for referral to the service in 2020 as they turned

16 years. The aftercare team told inspectors that a business case had been put forward to Tusla national office by the area manager for additional aftercare worker posts due to the increasing demands on the service. The area manager and principal social worker told inspectors that an additional post has been sanctioned for the service, and was being processed by the national office.

Inspectors found that assessments of need were comprehensive and centred on the needs of the child. Children in care were involved in completing the assessment of need. Assessments of need had been completed on four of the five files reviewed, and one child also completed a life skills assessment to inform their aftercare plan. Of the four files where assessments of need had been completed, two were completed within the timeframes required by the national aftercare policy. While the assessments of need on the remaining two files had been completed outside the required timeframes by between three and five months, inspectors found evidence that there had been contact between the aftercare worker and the child prior to the completion of the assessment. Inspectors found that on one of the files reviewed, although the assessment of need had been completed within the required timelines, the child did not appear to have an allocated aftercare worker. Emails recorded on the file indicated that a worker was to be allocated in January 2020, with the child having sourced their own accommodation.

Inspectors found that detailed aftercare plans had been developed on four of the five files reviewed. These aftercare plans were comprehensive and took account of additional supports required to meet the child's needs. Inspectors found that two of these aftercare plans were not completed within the prescribed timeframes, and there were delays in the aftercare plans being signed by the aftercare team and the children. The nine children that responded to this question on the questionnaire said that their aftercare worker listened to them, and involved them in developing their aftercare plan. The 14 children who responded to this area on the questionnaire all indicated that they were supported to develop the skills required for independent living. Eight of the nine children indicated that they had an aftercare plan. Aftercare workers acknowledged that while aspects of aftercare plans had not always been completed in a timely manner, they have tried to prioritise children who needed to have aftercare plans completed within specific timeframes. The aftercare manager told inspectors that the Signs of Safety model was going to be incorporated into the aftercare planning process in order to support the workers to track the aftercare needs of children in care. At the time of inspection there were 12 children on a waiting list for the service requiring assessments of need and aftercare plans.

The aftercare service provided appropriate support to eligible young people in the area, based upon an assessment of the young person's needs. The principal social

worker and aftercare manager told inspectors that the aftercare team did not operate a drop in service, but they provided a duty telephone service as an alternative for young people availing of the aftercare services. These calls were recorded on a database for the service. The aftercare manager told inspectors that this database allowed the service to monitor the level of contact with service users, and plan the resources required to maintain the service. This database system had also increased the efficiency of recording and supported the completion of the quarterly returns for the aftercare service.

The aftercare manager reported to the principal social worker on a monthly basis in relation to the provision of aftercare services in the area. An end of year report had been completed, and the area returned quarterly metrics on the provision of aftercare services in the area. The area manager told inspectors that all of the young people involved in the aftercare service were involved in educational programmes and training. The aftercare manager also maintained records and statistics on the outcomes for young people who had left care under the headings of education, finance and accommodation:

- 26 of the 60 young people were living with their former foster carers
  - 10 were either at home or with family members
  - 14 were living independently
  - 10 were living in specific aftercare placements
  - None were reported as homeless.
- 
- 22 of the 60 young people were still in school
  - 32 were in either a PLC course or college
  - 6 were in apprenticeships or structured placements.

The area was in the process of establishing the aftercare steering committee in order to bring the aftercare service in line with Tulsa national policy and guidance. In general assessments of need were timely and of good quality and aftercare plans were developed for the most part in line with policy; however, there were 12 children on a waiting list in the area for an assessment of need to be completed by an aftercare worker. Aftercare plans were not consistently signed off by all the relevant parties including children and young people. For these reasons the area was found to be substantially compliant with this standard.

**Judgment:** Substantially compliant

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

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

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

## ***National Standards for Foster Care (April 2003)***

### **Theme 2: Safe and Effective Services**

#### **Standard 5: The child and family social worker**

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

***Child Care (Placement of Children in Foster Care) Regulations, 1995***  
*Part IV, Article 17(1) Supervision and visiting of children*

#### **Standard 6: Assessment of children and young people**

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

***Child Care (Placement of Children in Foster Care) Regulations, 1995***  
*Part III, Article 6: Assessment of circumstances of child*

#### **Standard 7: Care planning and review**

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

***Child Care (Placement of Children in Foster Care) Regulations, 1995***  
*Part III, Article 11: Care plans*  
*Part IV, Article 18: Review of cases*  
*Part IV, Article 19: Special review*

#### **Standard 8: Matching carers with children and young people**

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

***Child Care (Placement of Children in Foster Care) Regulations, 1995***  
*Part III, Article 7: Capacity of foster parents to meet the needs of child*

***Child Care (Placement of Children with Relatives) Regulations, 1995***  
*Part III, Article 7: Assessment of circumstances of the child*

### **National Standards for Foster Care (April 2003)**

#### **Standard 9: A safe and positive environment**

Foster carers' homes provide a safe, healthy and nurturing environment for the children or young people.

#### **Standard 10: Safeguarding and child protection**

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

#### **Standard 13: Preparation for leaving care and adult life**

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

#### **Standard 14a — Assessment and approval of non-relative foster carers**

Foster care applicants participate in a comprehensive assessment of their ability to carry out the fostering task and are formally approved by the health board\* prior to any child or young person being placed with them.

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

*Part III, Article 5 Assessment of foster parents*

*Part III, Article 9 Contract*

#### **Standard 14b — Assessment and approval of relative foster carers**

Relatives who apply, or are requested to apply, to care for a child or young person under Section 36(1) (d) of the Child Care Act, 1991 participate in a comprehensive assessment of their ability to care for the child or young person and are formally approved by the health board.

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

*Part III, Article 5 Assessment of relatives*

*Part III, Article 6 Emergency Placements*

*Part III, Article 9 Contract*

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

### ***National Standards for Foster Care (April 2003)***

#### **Standard 15: Supervision and support**

Approved foster carers are supervised by a professionally qualified social worker. This person, known as the link worker, ensures that foster carers have access to the information, advice and professional support necessary to enable them to provide high-quality care.

#### **Standard 16: Training**

Foster carers participate in the training necessary to equip them with the skills and knowledge required to provide high-quality care.

#### **Standard 17: Reviews of foster carers**

Foster carers participate in regular reviews of their continuing capacity to provide high-quality care and to assist with the identification of gaps in the fostering service.

#### **Standard 22: Special Foster care**

Health boards provide for a special foster care service for children and young people with serious behavioural difficulties.

#### **Standard 23: The Foster Care Committee**

Health boards\* have foster care committees to make recommendations regarding foster care applications and to approve long-term placements. The committees contribute to the development of health boards' policies, procedures and practice.

***Child Care (Placement of Children in Foster Care) Regulations, 1995***  
*Part III, Article 5 (3) Assessment of foster carers*

***Child Care (Placement of Children with Relatives) Regulations, 1995***  
*Part III, Article 5 (2) Assessment of relatives*

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

<b><i>National Standard for Foster Care ( April 2003)</i></b>
<b>Theme 3: Health and Development</b>
<p><b>Standard 11: Health and development</b></p> <p>The health and developmental needs of children and young people in foster care are assessed and met. They are given information, guidance and support to make appropriate choices in relation to their health and development.</p> <p><b><i>Child Care (Placement of Children in Foster Care) Regulations, 1995</i></b>  <i>Part III, Article 6 Assessment of circumstances of child</i>  <i>Part IV, Article 16 (2)(d) Duties of foster parents</i></p>
<p><b>Standard 12: Education</b></p> <p>The educational needs of children and young people in foster care are given high priority and they are encouraged to attain their full potential. Education is understood to include the development of social and life skills.</p>
<b><i>National Standards for Foster Care ( April 2003)</i></b>
<b>Theme 4: Leadership, Governance and Management</b>
<p><b>Standard 18: Effective policies</b></p> <p>Health boards have up-to-date effective policies and plans in place to promote the provision of high quality foster care for children and young people who require it.</p> <p><b><i>Child Care (Placement of Children in Foster Care) Regulations, 1995</i></b>  <i>Part III, Article 5 (1) Assessment of foster carers</i></p>
<p><b>Standard 19: Management and monitoring of foster care agency</b></p> <p>Health boards* have effective structures in place for the management and monitoring of foster care services.</p> <p><b><i>Child Care (Placement of Children in Foster Care) Regulations, 1995</i></b>  <i>Part IV, Article 12 Maintenance of register</i>  <i>Part IV, Article 17 Supervision and visiting of children</i></p>

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

**Standard 24: Placement of children through non-statutory agencies**

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

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

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

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

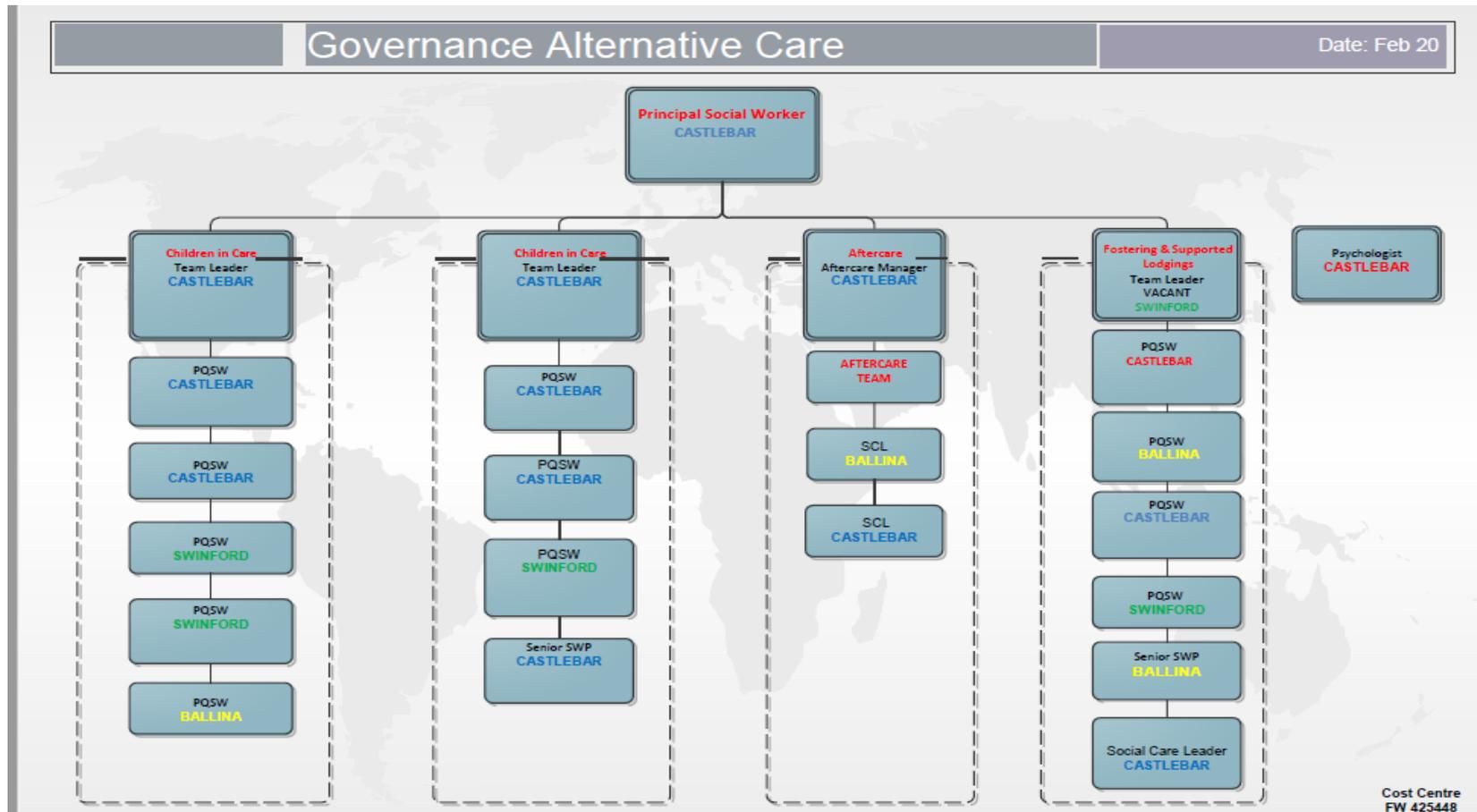
***National Standards for Foster Care ( April 2003)*****Theme 6: Workforce****Standard 20: Training and Qualifications**

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

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

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



\* Source: The Child and Family Agency

# Compliance Plan

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

<b>Provider's response to Report Fieldwork ID:</b>	MON 0028492
<b>Name of Service Area:</b>	Mayo
<b>Date of inspection:</b>	24 – 27 February 2020
<b>Date of response:</b>	03 April 2020

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

## Theme 2: Safe and Effective Services

### Standard 7 – Care planning and review

#### Substantially compliant

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

Not all child in care review meetings were completed in a timely manner, and there were delays in sign off by the social work team leader.

The level of information recorded within the minutes of the child in care review meetings was limited.

Case notes on file did not consistently indicate that decisions from child in care review meetings and care plans were shared with children or families.

The locations at which some child in care review meetings were held was not child-friendly.

Actions recorded within care plans were not consistently time specific and did not identify a specific person to complete the action.

The quality of case management records of social workers required improvement.

Placement plans were not used as planned and for the most part contained information on access and family contact only.

#### Action required:

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

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

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

**The Mayo Area will continue to audit the scheduling and holding of Child in Care Reviews. The NCCIS Team Leader will report quarterly to the Area Manager and Principal Social worker. The Report will identify completed Child in Care Reviews and those not held in the agreed timeframe. The reason for the delay will be referenced on the file.**

**The Principal Social Worker will audit the sign off of Reviews in Supervision with the Team Leader. Any required action will be agreed and signed off in Supervision.**

**Child in Care Reviews will be audited by the Principal Social Worker at the end of each quarter to check the level of detail and information. Child in Care Review recording will be included on the Agenda for Team Meetings and the Mayo Area Standards Meeting. The Quality Assurance monitor and the Workforce Development worker will provide guidance in relation to good quality requirements in recording.**

**The Children in Care File Audit will be expanded to include Child in Care Reviews being shared with children and parents. This will be recorded on the file. Where they are not shared the reason will be recorded on file.**

**Where children are attending their Child in Care Review the Mayo Area will agree the most appropriate child friendly location. This will include the Foster Home or the Children's Room in the Tusla premises.**

**All actions in the Care Plan will indicate an appropriate timescale for completion and the person responsible for completion. The Principal Social Worker will include this in their quarterly audit of Care Plans.**

**Case management recording will be included on the Agenda for Team Meetings and the Mayo Area Standards Meeting. The Quality Assurance monitor and the Workforce Development worker will provide guidance in relation to good quality requirements in recording.**

**Placements Plans will be included on the Agenda for Team Meetings and the Mayo Area Standards Meeting. The Alternative Care Handbook will be used as the reference guide. Placement Plans will be audited by the Principal Social Worker at the end of each quarter.**

**Proposed timescale:**

**End of Quarter 2 2020**

**Person responsible:**

**Principal Social Worker**

**Standard 8 – Matching carers with children and young people**

**Substantially compliant**

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

There were delays in approving long term matches in line with the standard, and there was a backlog of long term matches in the area.

**Action required:**

Under **Standard 8** you are required to ensure that:  
Children and young people are placed with carers who are chosen for their capacity to meet the assessed needs of the children or young people.

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

**Long term matches will be brought to the Foster Care Committee in a timely manner. The backlog of long term matches will be scheduled for the Committee by the Principal Social Worker. The Principal Social Worker is a member of the Committee and will have oversight of these matches. The backlog will be an agreed agenda item on supervision with the Area Manager.**

**Proposed timescale:**

**End of Quarter 3 2020**

**Person responsible:**

**Principal Social Worker**

**Standard 13: Preparation for leaving care and adult life****Substantially compliant****The provider is failing to meet the National Standards in the following respect:**

Not all children eligible for the aftercare service had an allocated aftercare worker.

Timeframes for the completion of aftercare plans required improvement.

Aftercare plans were not always signed off by all the relevant parties including children and young people.

**Action required:**

Under **Standard 13** you are required to ensure that:  
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.

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

**The Business Support worker for Aftercare will continue to notify the Aftercare Manager of all children in care who reach the age of 16. The Aftercare Manager will enter these children on the Aftercare Tracker for an Aftercare Needs Assessment.**

**All eligible children in the Mayo Area will have an Aftercare Needs Assessment completed by an Aftercare Worker as required under the National Aftercare Policy 2017. The Aftercare Needs Assessment will be evidenced on the file.**

**The Aftercare Needs Assessment will determine the level of service required and the need for an allocated Aftercare Worker. This will allow for greater capacity to complete the Aftercare Needs Assessment within the required timeframe.**

**Aftercare Plans will be signed off by the relevant parties including children and young people. This will be recorded on the file. Where the Plan is not signed off by the relevant parties including children and young people the reason will be recorded. This will be audited by the Principal Social Worker at the end of each quarter.**

**Proposed timescale:**

**Quarter 2 2020**

**Person responsible:**

**Principal Social Worker**

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