

## 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>	Dublin South East / Wicklow	
<b>Dates of inspection:</b>	7 February 2017 – 9 February 2017	
<b>Number of fieldwork days:</b>	3	
<b>Lead inspector:</b>	Tom Flanagan	
<b>Support inspector(s):</b>	Ruadhan Hogan Caroline Browne	Susan Geary Rachel McCarthy
<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>Themed</b>	
<b>Monitoring Event No:</b>	0018891	

## About monitoring of statutory foster care services

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

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

- **assess** if the Child and Family Agency (the service provider) has all the elements in place to safeguard children
- **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 the Authority's findings.

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

As part of the HIQA 2017 Monitoring programme, HIQA are conducting thematic inspections across 17 Tusla Services areas focusing on the **recruitment, assessment, approval, supervision and review of foster carers**. These

thematic inspections will be announced, and will cover eight standards relating to this theme.

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 checked="" type="checkbox"/>
<b>Theme 5: Use of Resources</b>	<input checked="" 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 foster care services, and foster carers. Inspectors observed practices and reviewed documentation such as case files, foster carers' assessment files, and relevant documentation relating to the areas covered by the theme.

During this inspection, the inspectors evaluated the:

- assessment of foster carers
- safeguarding processes
- effectiveness of the foster care committee
- supervision, support and training of foster carers
- reviews of foster carers.

The key activities of this inspection involved:

- the analysis of data
- meeting with the area manager, one principal social worker, three team leaders seven link social workers
- meeting with the chairperson of the foster care committee
- observation of a foster care committee meeting
- focus groups with eight children in care social workers
- focus group with 10 foster carers

- review of the relevant sections of 63 foster carers files as they relate to the theme
- review of some exit interviews.

## **Acknowledgements**

The Authority wishes to thank the staff and managers of the service for their cooperation with this inspection, and foster carers who participated in the focus group with 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, which is overseen by the Department of Children and Youth Affairs. The Child and Family Agency Act 2013 (Number 40 of 2013) established the Child and Family Agency with effect from 1 January 2014.

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

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

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

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

### 2.2 Service Area

Dublin South East / Wicklow is the fourth largest of the 17 service areas of Tusla, The Child and Family Agency. It is an amalgamation of 3 previous Local Health Office (LHO) areas. The former Dublin South East LHO includes the areas of Dundrum, Rathfarnham, Nutgrove, Ballinteer, and Churchtown. The former Dublin South LHO includes the areas of Dun Laoghaire, Mounttown, Hillview, Loughlinstown, Monkstown and Blackrock. Wicklow includes the majority of the County Wicklow, excluding West Wicklow, and it borders the counties of Carlow and Wexford.

Data from the 2011 Census, collated by the Health Service Executive Intelligence Unit, indicated that the area had a population of 364,464 people, of whom 81,991 or 22.5% were under the age of 17.

The most recent Pobal Scale indicated that just over 100,000 people in the service area were classified as having experienced high, medium or low levels of deprivation. This, in comparison to the national scales, placed the area 13th of the 17 service areas in relation to the population living in the area who were classified as deprived.

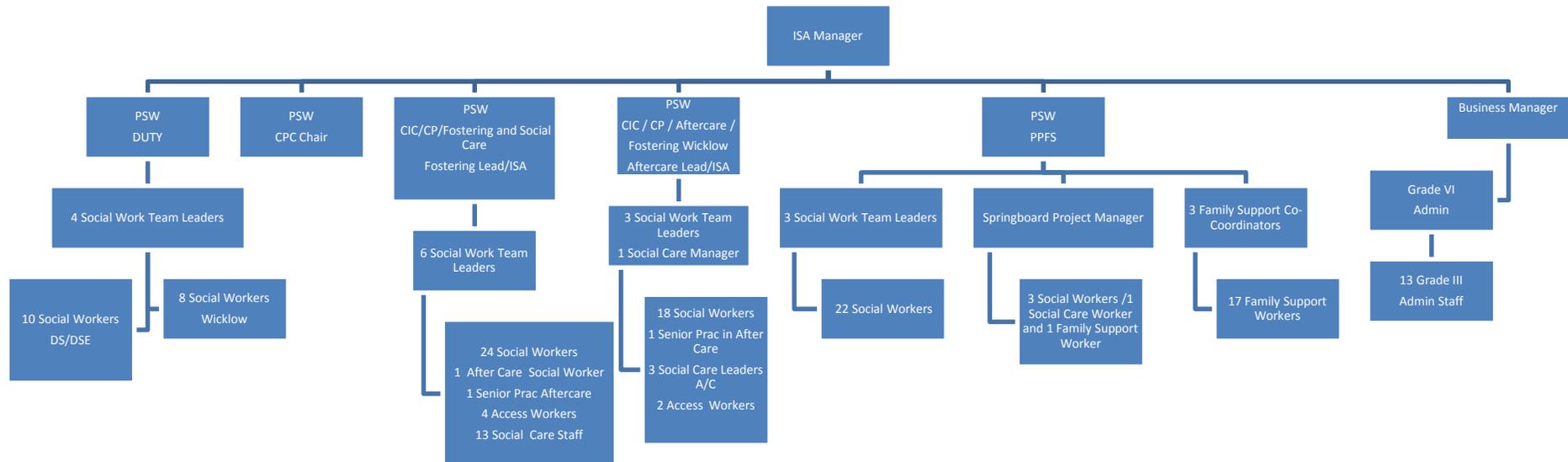
The area was under the direction of the service director for the Child and Family Agency Dublin Mid-Leinster Region and was managed by the area manager.

Dublin South East / Wicklow foster care service included two social work teams who were directly line-managed by team leaders who reported to two principal social workers for child protection/children in care. The teams are located in Nutgrove Retail Park, Churchtown, and in Bray, Co Wicklow, respectively. There was a chairperson of the foster care committee who worked half time. The foster care social workers carried out assessments of relative foster carers and carried out the role of link social workers working with foster carers. Assessments of prospective general foster carers were carried out by a Regional Assessment Fostering Team who carried out all such assessments for the Dublin Mid-Leinster Region.

There were 223 foster carer households in the service, 146 general foster carers and 77 relative foster carers.

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

**Figure 1: Organisational structure of Statutory Foster Care Services, in the Dublin South East / Wicklow Service Area\***



\* Source: The Child and Family Agency

### 3. Summary of inspection findings

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

This report reflects the findings of the thematic inspection, relating to the recruitment, assessment, approval, supervision and review of foster carers, which are set out in Section 5. The provider is required to address a number of recommendations in an action plan which is published separately to this report.

In this inspection, the Authority found that of the eight standards assessed:

- 1 standard was compliant
- 1 standard was substantially compliant
- 6 standards were non-compliant, of which 5 were identified as moderate non-compliances and 1 major non-compliance.

Complaints and allegations were responded to appropriately and action was taken to safeguard children when concerns were expressed. The safety of children was the main priority for the area. Allegations were investigated appropriately, home visits were undertaken and children were interviewed on their own to establish whether or not they felt safe. Action was taken to ensure children's safety when required. There was a system for formally notifying allegations to the foster care committee. However, this was not followed in all cases and there was no system for tracking investigations. There were also delays in notifying allegations and in presenting reports to the foster care committee. There were no records to show that all foster carers were trained in line with Children First: National Guidance on the Protection and Welfare of Children (Children First) (2011).

Assessments of prospective foster carers were comprehensive and the reports were of good quality. A regional team carried out assessments of prospective general foster carers and systems were in place to ensure that they were carried out in line with the regulations and Standards. However, there were sometimes long delays in completing the assessments of relative foster carers.

There was evidence of good practice in relation to the support provided to foster carers. All foster care households where children were currently placed had an allocated link worker. Link workers provided a high level of support through frequent visits and telephone calls and this was supplemented by supports in the community and specific services funded by the area. Supervision of foster carers took place although it was not recorded on supervision templates. There were some support groups available which were provided by a national voluntary organisation. However, there was no programme of regular support groups provided by the area and the out-of-hours service did not meet the needs of some foster carers.

Inspectors escalated three cases where foster carers were unallocated, had not had children placed with them for a number of years but still remained on the foster care panel. Inspectors requested that an audit be carried out to determine how many of the 24 unallocated foster carers were in this category and how the area intended to address any risks that this situation may present. Inspectors received an assurance from the area manager that an audit of the remaining cases was carried out and one further case was identified of a foster carer who was unallocated, had not had children placed with them for some time, had not been visited in the previous six months but still remained on the foster care panel. The area manager assured inspectors that no children would be placed with this foster carer until a foster carer review had been carried out.

Foster carers received foundational training before their approval as foster carers and some foster carers undertook relevant training on a regular basis following their approval. Foster carers were informed of training events or courses that may be of relevance to them and the area also provided training events on a range of subjects. However, some foster carers attended little or no training following their approval as foster carers. The area did not maintain overall training records and the training that was undertaken by foster carers was not clearly recorded in their files. Therefore, it was difficult for managers and staff to know whether or not all foster carers participated in regular training and to ensure that they equipped themselves to meet the needs of the children in their care.

When reviews were carried out they were of good quality but the lack of reviews meant that there was little or no learning derived from reviews to assist in the identification of gaps in the foster care service. There was no system in place to ensure that reviews were carried out in line with the Standards. 84% of foster carers had not had a review in over three years and some foster carers had never had a review since their approval many years previously. An action plan to address this deficit was provided by the principal social worker to inspectors during the

inspection. Inspectors sought and received an assurance from the area manager that the area's action plan on foster carer reviews had commenced and that quarterly progress reports would be submitted to HIQA in relation to the achievement of the targets set out in the plan, beginning in May 2017 and continuing until all reviews were completed.

The foster care committee was guided by but was not fully compliant with the Standards and national policy, procedure and best practice guidance. The committee comprised a range of members who were experienced in childcare and they met frequently. The work of the committee was effective and they made clear decisions. However, there was no training programme for foster care committee members, no annual report had been produced at the time of inspection and there was no formal system by which learning from the foster care committee contributed to the development of the service. There was no system for tracking the progress of investigations of allegations. Members of the foster care committee were not Garda Síochána (police) vetted in relation to their specific roles as members of the foster care committee and their Garda vetting status was presumed as each member of the committee was required to have Garda vetting for their professional role or, in one case, their role as foster carer. The chairperson of the foster care committee told inspectors that Garda vetting for some committee members needed to be updated. Inspectors sought an assurance from the interim regional director of services that Garda vetting had been received for all foster care committee members and that a system would be put in place to ensure that Garda vetting would be updated when required.

The lack of effective recruitment and retention strategies meant that there were insufficient foster carers to meet the needs of the service and more foster carers were leaving the service than were being recruited. There was no evidence that the foster carer panel was reviewed periodically to ensure there was an appropriate number and range of foster carers to meet the needs of children in the area.

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

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

- We will judge a provider to be **compliant, substantially compliant** or **non-compliant** with the regulations and/or 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 10:</b> Safeguarding and child protection	<b>Non-compliant – Moderate</b>
<b>Standard 14a:</b> Assessment and approval of non-relative foster carers	<b>Compliant</b>
<b>Standard 14b:</b> Assessment and approval of relative foster carers	<b>Non-compliant – Moderate</b>
<b>Standard 15:</b> Supervision and support	<b>Substantially compliant</b>
<b>Standard 16:</b> Training	<b>Non-compliant – Moderate</b>
<b>Standard 17:</b> Reviews of foster carers	<b>Non-compliant - Major</b>
<b>Theme 4: Leadership, Governance and Management</b>	
<b>Standard 23:</b> The Foster Care Committee	<b>Non-compliant – Moderate</b>
<b>Theme 5: Use of Resources</b>	
<b>Standard 21:</b> Recruitment and retention of an appropriate range of foster carers	<b>Non-compliant – Moderate</b>

## 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 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**

Data provided by the area showed that there were nine child protection concerns or allegations against foster carers in the 12 months prior to the inspection. Inspectors reviewed all of these allegations and found that they were correctly classified, and received the appropriate response. There was evidence that home visits were carried out immediately to ensure that children were safe. Decisions were made about whether the allegations reached the threshold for a formal or statutory response and there were clear procedures to be followed in these cases.

Allegations against foster carers were managed and investigated in line with Children First (2011) and policies and procedures for responding to allegations of child abuse and neglect. When initial assessments were required they were undertaken by a member of the duty social work team who was independent of the foster carers and child in care. When allegations related to the welfare of the child there was evidence that strategy meetings and professionals meetings were held and that there was good liaison between link workers, children in care social workers and their respective team leaders. There was evidence that the needs of the child were the main priority and that children were interviewed on their own.

However, there were some delays in writing reports or presenting them to the foster care committee. For example, a disruption report due to be completed in June 2016 was not completed until January 2017 and, in another case, an investigation report was completed in early August 2016 but not sent to the foster care committee until late December 2016. This report did not make clear recommendations on whether

the foster carers should remain on the panel or not and, as a result, the foster care committee requested a further report with a clear recommendation. Delays in completing reports and the failure to make clear recommendations delayed decisions being made by the foster care committee in relation to foster carers, their status on the foster carer panel and their suitability for future placements.

There were three complaints against foster carers and six complaints made by foster carers in the 12 months prior to the inspection. Complaints were addressed in the first instance by the link worker if this was possible. If this was not possible they were forwarded to one of three complaints officers in the area. Records of these complaints showed that the complaints were classified appropriately. They were acknowledged and investigated, and records were well maintained. There was also evidence of foster carers being made aware of the complaints policy and procedures and this information was also available on the Tusla website.

Inspectors found that all new foster carers had Garda vetting as part of the assessment process but data provided by the area showed that 83 foster carers or 37% of all foster carers had not had their Garda vetting updated in more than three years. Garda vetting was updated as part of foster carer reviews but very few foster carer reviews took place in the area and there was no other mechanism in place to ensure that Garda vetting was updated in a systematic way. In some foster carer files the case supervision records showed that the link worker and their team leader had discussed the issue of Garda vetting updates for particular foster carers but the case notes recorded that Garda vetting forms were given to the foster carers but not completed by them. The absence of up-to-date Garda vetting for all foster carers posed a risk for the service.

A review of files showed that general foster carers were required to attend foundational training prior to their approval. This training addressed issues including safe care practices and understanding and managing behaviour that challenges. Inspectors were told that training was also provided to relative foster carers prior to their approval. However, since relative foster carers may not be approved for a number of years in some cases, a considerable amount of time may elapse before they receive training. Link workers told inspectors that they explained the safe care policy to relative foster carers and that safety plans were put in place for children if required. Since there were no overall training records maintained and the training records on foster carer files were of poor quality there were no records to show that all foster carers were trained in line with Children First (2011) and in safe care practices. Inspectors found, however, that risks were mitigated by frequent visits by the link workers and the quality of support and supervision that they provided. All foster care households where a child was placed had an allocated link worker.

There was a formal system for notifying the foster care committee of allegations

against foster carers or of serious or adverse incidents but this was not used in all cases. The principal social worker told inspectors that she was not formally notified but was informed of these through the line management system and that it was the responsibility of the link workers to inform the foster care committee. The chairperson of the foster care committee told inspectors that the foster care committee was informed of allegations and serious or adverse incidents but not always within the five days as required by the national policy, procedures and guidance on foster care committees. However, the foster care committee did not formally acknowledge these notifications and there was no system for tracking the progress of any such investigations that took place. This meant that the foster care committee did not have oversight of the progress of investigations and could not ensure that the social work department was held to account when investigations were unduly delayed.

**Judgement: Non-compliant Moderate**

### **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.

### **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\*.

## **Summary of inspection findings under Standard 14**

There was a national policy on the assessment and approval of foster carers. There were arrangements in place for all foster carers to attend the foster care committee meeting when recommendation to approve them was being considered and to receive all relevant information in writing.

Inspectors reviewed five files of foster carers where emergency placements were made with relatives. There was evidence that checks such as Garda Síochána (police) checks, child protection checks and references were completed in line with regulations. There was also evidence that when issues of potential concern arose they were addressed at an early stage. Team leaders monitored these cases through the case supervision process. A link worker told inspectors that emergency checks were carried out by the link workers and children in care social workers working closely together. They made the relevant checks, contacted the local public health nurse and the general practitioner. A written report was sent to the team leader and to the principal social worker. If the arrangements were approved by the principal social worker, a joint visit was carried out by the link worker and the children in care social worker.

There were seven assessments of general foster carers carried out by the area during the 12 months prior to the inspection. Inspectors reviewed three assessments carried out by link workers in the area and two assessments carried out

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\* Formally known as Health Boards at time of writing Standards, now known as the Child and Family Agency (Tusla)

by a regional assessment fostering team (RAFT), who were dedicated to working with general foster carers from enquiry stage to approval. At the time of the inspection, arrangements were in place for RAFT to carry out all assessments of general foster carers. The two assessments carried out by RAFT were found to be comprehensive and timely. The RAFT team leader was interviewed by inspectors and set out the arrangements in place to ensure that the assessments they undertook were comprehensive and timely, that appropriate training was provided to prospective foster carers, and that RAFT was accountable in the event of any delays. There were no prospective general foster carers on a waiting list for assessments at the time of inspection. The three assessments carried out by link workers in the area, which were begun before the establishment of RAFT on a permanent basis, were also comprehensive but not all were carried out in a timely manner in line with the regulations and Standards. Inspectors also reviewed an assessment carried out by a private agency and this was of good quality.

There were four assessments of relative carers carried out in the 12 months prior to the inspection and inspectors reviewed all of these. While the assessments were comprehensive and of good quality, they were not carried out in a timely manner. For example, one assessment took seven months. A second assessment reviewed had taken one year to complete. Data provided by the area showed that 21 assessments of relative carers were ongoing but these also were not being carried out in a timely manner. For example, one assessment was still ongoing after almost 10 months. Social work team leaders told inspectors that all unassessed relative carers were allocated link workers at an early stage as they require a great deal of support, which was an example of good practice in the area. There was evidence that the area manager requested information on the timeframes for relative carer assessments in November 2016 and requested that their progress be tracked on a monthly basis. There was also evidence that fostering team leader supervision in December 2016 and January 2017 focussed on the status of relative carer assessments. Records showed that all such assessments were allocated and timeframes were set for their completion.

The process for ensuring that Garda vetting was carried out for all prospective general foster carers and all significant adults was robust and thorough and there was evidence of these checks in the foster carer files. There was also evidence of police clearances from other jurisdictions when this was required.

The process of recommending the approval of foster carers was clear and was in line with national policy, procedures and guidance. Prospective foster carers were given the opportunity of reading their assessment reports and could comment on these.

Assessment reports and all associated documentation such as Garda vetting, medicals, references and health and safety checks were submitted to the foster care committee. The foster care committee sought further information or clarification of reports when necessary and made the decision to recommend approval or not.

All foster care applicants were given the opportunity to attend the foster care committee meeting at which their assessment report was being considered. Inspectors observed a foster care committee meeting where applicants attended and were invited to answer some questions that committee members had and to ask any questions they had themselves. Following a decision to recommend their inclusion on the panel of foster carers, they were notified in writing of this.

There was a due diligence process in place for all foster carers transferring into the area from another service. Inspectors reviewed the assessment files of a foster carer who had transferred into the area during the previous 12 months. The assessment was comprehensive and in line with Standards and regulations. The assessment reports and all relevant documentation was presented to the foster care committee and there was a clear process in place for the foster care committee to ensure the safe recommendation of approval of the foster carers.

Almost all the foster carer files reviewed by inspectors showed that foster care contracts were in place between the fostering service and the foster carers. There was only one instance where inspectors did not see evidence of a contract on the current file.

**Judgement: Standard 14 a: Compliant**

**Standard 14 b: Non-compliant Moderate**

## **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.

### **Summary of inspection findings under Standard 15**

Data provided by the area showed that the majority of foster carers had an allocated link worker but that, of 223 foster carers in the service, there were 15 general foster carer households and 9 relative carer households without a link worker. The principal social worker told inspectors that there was one of two reasons why foster carers may not have an allocated link worker. Either they had no children currently placed with them or the children placed with them had turned 18 years of age and were now receiving an aftercare service. Inspectors reviewed a sample of the unallocated cases and found that there were no children placed in those households without an allocated link worker. Inspectors escalated three cases where foster carers were unallocated and had not had children placed with them for a number of years. Their status had not been reviewed to inform decisions about whether they should remain on the foster care panel or not. Inspectors requested that an audit be carried out to determine how many of the 24 unallocated foster carers were in this category and how the area intended to address any risks that continuing to maintain these foster carers on the panel may present.

The two fostering teams in the area comprised 14 link workers in total and each team had a fostering team leader. There was evidence that the link workers were supervised regularly by their team leaders, who provided appropriate support and supervision to link workers and maintained oversight of their work with foster carers. While no formal case management tool was used in supervision, a number of link workers told inspectors that their caseloads were busy but manageable.

Inspectors found that there was good practice regarding the level of support provided to foster carers by their link workers. From a review of foster carer files and interviews with link workers, there was evidence that link workers were in regular contact with foster carers and were very familiar with their family situations. There was evidence that link workers visited foster carer homes more frequently than the minimum number of visits required and that the majority of link workers

were in regular telephone contact with the foster carers as well. Records in some files showed that link workers visited weekly or monthly when the needs of the foster carers required this and there was evidence of very good quality support. The views of foster carers, which were expressed in a focus group and also in exit interviews, were mixed on the issue of support. Some foster carers felt that they received sufficient support from their link workers while others did not. Some said that the level of support varied according to the particular link worker.

There was no evidence of formal supervision of foster carers as set out in the national policy on the role of the link worker. One link worker told inspectors that there was a template for this purpose but that it was not used in the area. From a review of files, inspectors found that, when issues arose in respect of the foster carers' performance, there was evidence of home visits to the foster carers to address these. The visits were sometimes made by both the link worker and their team leader. The majority of link workers wrote detailed case notes and clearly outlined issues that were discussed or addressed during the visits. A difficulty with this approach was that it did not lend itself to tracking the frequency of supervision sessions or the issues that were addressed, and the actions to be implemented and timelines for their completion were not clearly recorded.

Inspectors found that there were a range of supports in place for foster carers caring for children with complex needs. It was evident in some files reviewed that excellent support, by way of more frequent visits and advice, was provided by the link workers. There was also evidence that children and their foster carers were supported by services in the community. These included medical specialists, child and adolescent psychiatry services and early intervention teams that comprised a range of professionals, including psychologists, occupational therapists and speech and language therapists. The coordination of support for such families was aided by good communication between the link workers and the children's social workers and the files reviewed reflected this. Respite care was also provided when necessary. The area manager told inspectors that regular meetings were held with heads of mental health and disability services within the Health Service Executive and that this led to greater accountability for the provision of services to individual children. She also told inspectors that the area held a therapies committee meeting monthly and that the area funded private therapies for children in care when none were available otherwise. These therapies included play therapy, art therapy and various assessments.

There was no programme of regular support groups for foster carers provided by the area. Foster carers who met with inspectors confirmed this and stated that they

would welcome the opportunity to meet other foster carers. Staff told inspectors that there were good links between the area and a national foster carer association that provided support groups in one part of the area and that foster carers from the area were free to attend. Link workers told inspectors that some foster carers attended these groups regularly and some even facilitated the groups. Inspectors found that details of these support groups were sent to foster carers but link workers did not know how many foster carers attended and how often. Staff told inspectors that one group of foster carers met informally for support. Link workers also told inspectors of a "buddy system" whereby a new foster carer was linked up with an experienced foster carer for additional support.

There was no dedicated out-of-hours service to support foster carers outside of office hours. There was a national Tusla out-of-hours service in place but, in order to access this service, foster carers would have to phone An Garda Síochána and they would, in turn, contact the out-of-hours social work service. This meant that the situation that arose in a foster carer household may be dealt with by a social worker who was not familiar with the fostering service or the family concerned. The principal social worker and a number of link workers told inspectors that, if they were aware that there were difficulties in a placement, link workers would often decide to leave their phones switched on in the event that the foster carers may need to reach them. However, inspectors found that in some exit interviews of foster carers who had left the service, the foster carers stated that they could have done with more out of hours support when they had difficult placements.

**Judgement: Substantially Compliant**

## **Standard 16: Training**

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

### **Summary of inspection findings under Standard 16**

Foster carers received foundational training before their approval as foster carers but there were no systems in place in the area to ensure that all foster carers participated in the ongoing training.

In parallel with the assessment process, all prospective general foster carers were required to undertake a structured foundation programme of training which included topics such as safe care, child development and attachment, and common behaviours of children in care. Training on relative care was offered to all relative carers.

Following their approval as foster carers, it was more difficult to ensure that all foster carers participated in regular training and equipped themselves to meet the needs of the children in their care and this required a strategic response from the foster care service. However, inspectors found that there was no overall training strategy for foster carers in the area, a comprehensive training needs analysis had not been carried out and there was no comprehensive structured programme of training in place. The area manager told inspectors that a training needs analysis would be completed as part of the business plan for 2017 and that learning from other service areas would influence this.

From a review of foster carer files, interviews with managers and staff and a focus group with foster carers, inspectors found that training was provided for foster carers in a piecemeal way. For example, link social workers told inspectors that some training programmes had been provided by staff in one of the fostering teams but not by the other team. Some staff told inspectors that there was no training provided in one part of the area and that foster carers from there did not attend training in Dublin. There was evidence of link social workers, sometimes in conjunction with children in care social workers, providing safe care training to relative carers on an individual basis. A structured course on behaviour, funded by the area, had been provided to foster carers and children in care. There was also evidence of courses being run on issues such as cyber bullying and working with

adolescents. In several files there were copies of correspondence sent to foster carers alerting them to training courses that may be of relevance to them but there was little evidence that foster carers were actively facilitated to participate in training.

Training records for foster carers were not well maintained. There was no overall record of training attended by foster carers in the area. The majority of files reviewed by inspectors did not contain any discrete records of training. Training that foster carers undertook were recorded in the case notes. Sometimes there were references to training that foster carers intended to undertake but no confirmation that they actually attended. There were some exceptions however. For example, when foster carers had a review, their training history was recorded, their training needs were outlined and, in some cases, there were recommendations that they undertake certain training. However, there was little evidence that they subsequently undertook this training.

Records in some files showed that some foster carers were extremely self-motivated and there was evidence that they attended relevant training on a regular basis. Individual foster carers attended courses on topics such as autism awareness and emotional understanding of children. In other foster carer files, there was no evidence that the foster carers had undertaken any training since their approval. Foster carer reviews provided the service with an opportunity to formally review the training records of foster carers, undertake an analysis of their current training needs, and make recommendations in relation to what training they should undertake. The fact that the majority of foster carers had not had foster carer reviews meant that the service did not use the main tool at its disposal to respond appropriately when foster carers did not undertake any training since their approval.

**Judgement: Non-Compliant Moderate**

### **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.

#### **Summary of inspection findings under Standard 17**

There was no system in place to ensure that comprehensive reviews of foster carers were carried out in line with the Standards. According to the Standards, the first review should take place one year after the first placement and subsequent reviews should take place at three-yearly intervals. However, data supplied by the service showed that, of 223 foster care households in the area, 188 or 84% had not had a review for more than three years. Some foster carers confirmed to inspectors during a focus group that they did not know what a foster carer review was or that they had not been reviewed in many years of providing foster care. Others had been told that reviews would be taking place in the near future.

The majority of foster carers had not been reviewed for over three years and some had never been reviewed since their approval as foster carers. Data provided by the area showed that only seven reviews of foster carers had been carried out in the previous 12 months. The issue of outstanding reviews had been identified by the area as a deficit prior to the inspection. The chairperson of the foster care committee acknowledged that compliance with the requirements of this Standard was poor and the principal social worker furnished inspectors with an action plan to address this over a period of 18 months. This involved the provision of additional team leader support to chair reviews, the prioritization of reviews for certain categories of foster carers and the setting of targets for link social workers for the completion of regular reviews, while allowing sufficient time for the completion of additional reviews in specific circumstances when required. During interviews with inspectors, a number of link social workers confirmed that they were aware of the plan to carry out reviews and that they had already prioritized foster carers for review or, in some cases, had made arrangements for reviews to take place. Following the inspection, Inspectors sought an assurance from the area manager that the area's action plan on foster carer reviews had commenced and requested that quarterly reports be sent to HIQA in relation to the achievement of the targets set out in the plan.

The fact that so few reviews took place meant that the opportunities that reviews provided for the updating of Garda vetting, consideration of the foster carers' performance and their current circumstances, and appraisal of their training and support needs, were not utilised and there were no other systems in place to ensure that these key elements of reviews were formally addressed. The small number of reviews undertaken meant that very little learning was derived from reviews that would assist in the identification of gaps in the foster care service as a whole.

While there had been nine child protection and welfare concerns made against foster carers, there were only two reviews of foster carers who were the subject of allegations. When reviews were held, they were of good quality and review reports were presented to the foster care committee. The reports were comprehensive and included consideration of the foster carers' performance, health, circumstances, training needs, support needs and any health and safety issues. There was evidence that Garda vetting was renewed for foster carers and any adults in the foster care households. Views on the placement and the suitability of the match with children were included. The views of the children were sought and included and opinions were sought from children in care social workers, birth parents, the foster carers as well as the children concerned.

Team leaders chaired the review meetings which were attended by the foster carers and the link social workers. There was no evidence in the files that the foster carers had been given a copy of their review reports although one report reviewed had been signed by the foster carers. Decision-making and follow up in relation to review reports seen by inspectors varied. There was evidence that the recommendations from some reviews were implemented but the recommendations in one review report did not contain timelines for completion and another review report was still in draft form two months after the review was held.

There was evidence that the foster care committee requested reviews of foster carers in certain circumstances such as following an allegation or when long-term matching was being considered and the review reports were presented to the foster care committee when completed.

**Judgement: Non-Compliant Major**

#### **Theme 4: Leadership, Governance and Management**

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

#### **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.

#### **Summary of inspection findings under Standard 23**

The foster care committee was guided by the Standards and national policy, procedure and best practice guidance on foster care committees. The chairperson of the foster care committee told inspectors that the national guidance, which was in place since 2012, was being reviewed and updated at the time of inspection.

The foster care committee comprised the Chairperson, a coordinator, and eight other members, including a psychologist, a foster carer, and a manager of a child and family project in the area. The foster care committee members included people with appropriate experience and qualifications in the area of child protection, child welfare and foster care. While there was no medical advisor on the committee, a doctor was contracted on a private basis and could be consulted as required. Administrative support was provided to the committee by the coordinator on a fulltime basis with some support provided by an administration officer.

The foster care committee met 11 times in 2016 and was scheduled to meet almost every month in 2017. A quorum of six members was required for meetings to proceed and this requirement was adhered to. The chairperson told inspectors that

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the foster care committee had the capacity to meet on an emergency basis if required and had done so in the past. The remit of the committee was wide-ranging. Minutes of the foster care committee meetings showed that they considered and made recommendations based on consideration of assessment reports on prospective foster carers, care plans for children, disruption reports following placement breakdown, reports on the investigation of allegations, requests for changes to approval status of foster carers, foster carer reviews, feedback from foster carers leaving the service and from social workers who presented to the foster care committee.

The chairperson was employed by Tusla on a part-time basis – 18.5 hours per week – but worked independently of the social work department. The chairperson was in post since June 2013. The chairperson reported to the interim regional director of services. She told inspectors that she liaised with the chairpersons of foster care committees in neighbouring areas regarding certain issues that arose for the committee. Inspectors interviewed the chairperson of the committee, who had considerable experience as a social worker and a social work manager of fostering services and had previously been a foster care committee member. She was clear about her responsibilities and those of the foster care committee. She managed foster care committee meetings well.

Observation of a foster care committee meeting and review of the minutes of foster care committee meetings for the 12 months prior to the inspection supported the view that the foster care committee was effective and made clear decisions. Committee members were well prepared for meetings and issues were thoroughly discussed and teased out. All members of the committee contributed to the proceedings. Professionals and foster carers who attended the meetings were treated respectfully.

The chairperson told inspectors that there was no induction programme for new members. They were given the relevant policies and procedures when they were appointed and then they contributed to the work of the committee immediately. While the chairperson told inspectors that she had made enquiries about training for foster care committee members, there was no programme of training in place for the foster care committee and no specific training was delivered to foster care committee members by the workforce development unit of Tusla. However, the foster care committee devoted one full day in April 2016 to the review of policies and procedures with a view to improving the procedures used in the area. The chairperson told inspectors that various improvements had taken place in the intervening period as a result such as improvement in the quality of children's care plans submitted to the foster care committee.

Members of the foster care committee were not Garda vetted in relation to their specific roles as members of the foster care committee. Their vetting status was presumed as each member of the committee was required to have Garda vetting for their professional role or, in one case, their role as foster carer. Copies of their Garda vetting were not requested in relation to commencing their role on the foster care committee. The chairperson told inspectors that the Garda vetting of some members was due to be updated. She said these would be requested by the foster care committee coordinator and that copies of their Garda vetting would be retained in the foster care committee files. Inspectors sought an assurance from the interim director of services that Garda vetting had been received for all foster care committee members and that a system would be put in place to ensure that Garda vetting would be updated when required.

The national policy, procedures and best practice guidance requires the foster care committee to produce an annual report of its activities. The chairperson told inspectors that no annual report had been produced up to the time of inspection and none had been requested. However, there was evidence that the chairperson was in the process of compiling an annual report for 2016 and the area manager subsequently told inspectors that the report had been finalised. There was no formal mechanism for the foster care committee to comment on the quality of the foster care service by way of reports every three months to the principal social worker, as required by the national policy, procedures and guidance, but the chairperson told inspectors that there was a good working relationship between the foster care committee and principal social workers and team leaders. She told inspectors that the foster care committee had addressed a number of issues with the social work department during 2016. These included issues such as the quality of care plans, the delays in arranging long-term matches for children and foster carers, and adherence to timeframes in relation to notifications of disruptions and allegations.

The foster care committee did report statistical information on a quarterly basis. This was sent to a national information analyst who sent reports to the senior management team and the area managers. This information was used by Tusla to assist in tracking performance nationally and some of this information was published on the Tusla website.

Inspectors found the foster care committee was timely in recommending whether carers should be approved or not. Their recommendations were based on the assessment of potential foster carers presented by the fostering team or by other services on occasion. The foster care committee made timely decisions when full information and documentation was presented to them. Records showed that they requested further information when required. They were, however, dependent on

the social work department for information and timely reports and inspectors found that some reports such as disruption reports were not submitted in timely fashion.

While there was only one request in 2016 for the approval of foster carers from a private service, there were appropriate arrangements in place at the time of inspection for such approval to take place. There were clear procedures for this process. Other services were required to undertake comprehensive assessments and complete a series of checks on prospective foster carers. Inspectors reviewed an assessment of foster carers from a private service and found that it was of good quality and that all relevant checks had been completed. The assessment and all associated documentation were presented to the foster care committee for consideration of whether to recommend approval. Inspectors who observed the foster care committee in operation found that the foster care committee also met with the prospective foster carers and staff from these services and sought further information or clarification when necessary.

Inspectors found that some other governance issues of the foster care committee needed to be improved. For example, the Standards state that the foster care committee recommends to Tusla whether or not to put applicant's names on their panel of foster carers. Inspectors found that, once it had made the decision to recommend, the foster care committee de facto put the names of foster carers on the panel and there was a lack of clarity in relation to whom the responsibility for placing names on the panel had been delegated. The chairperson told the inspector that, following enquiries made, she was of the understanding that the delegation of responsibility for approval of foster carers was at area manager level but that, in this service area, the area manager did not approve foster carers.

Notifications of allegations and serious incidents were made to the foster care committee. These notifications were not always made in a formal way or within five days. The notifications were not formally acknowledged and there was no system in place for tracking the progress of investigations. Neither was there a system in place to ensure that the foster care committee were made aware in a timely manner of any breaches of the Standards, such as when children were placed with foster carers outside of their approval status.

The foster care committee coordinator maintained a log with names of foster carers, their addresses, their application numbers, and dates of the closure of files when this occurred. Each of the two fostering team leaders maintained a database with more detailed information on the foster carers in their part of the area. However, there was no single, integrated record of the foster carer panel that contained all the information recommended by the national policy, procedure and best practice guidance to be included in the foster carer panel record.

**Judgement: Non-compliant Moderate**

## **Theme 5: Use of Resources**

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

### **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

### **Summary of inspection findings under Standard 21**

There was a regional recruitment campaign and three local recruitment campaigns during the 12 months prior to the inspection but there was no overall recruitment strategy in place in the area. Data provided by the area showed that there were 31 applications from prospective foster carers in the previous 12 months and that 16 information meetings were held during that time. However, data also showed that 15 foster carers left the foster care panel voluntarily during the previous 12 months while only 11 foster carers had been approved and added to the panel during that time, a net loss of four foster carers.

Inspectors interviewed the team leader of RAFT who was involved in organising the regional recruitment campaign in conjunction with the national office. RAFT had a system in place for a telephone screening form to be completed with the enquirer and for the enquirers to be invited to an information meeting if they met the criteria. Staff from the area told inspectors that, previously, they responded to enquiries by prospective foster carers by visiting them in their homes whereas RAFT held information meetings at central locations, sometimes a long distance from where the prospective foster carers lived. Prospective foster carers, who were not living near the venues, were invited to attend or to wait until there was an information evening nearer to where they lived. Home visits were undertaken by the RAFT social workers and decisions were then made to proceed to application and assessment or not.

The RAFT team leader told inspectors that RAFT had been able to respond quickly to foster care enquiries and that they cleared the backlog of enquiries for foster care in

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the area. However, the area manager told inspectors that the area had not benefitted from the regional campaign as yet by way of an increase in the numbers of foster carers. The area manager suggested that reasons for this may be due to challenges in recruiting in the area due to demographic issues or the lack of available accommodation in the area. The RAFT team leader told inspectors that five requests for placements were received by the area but no child was subsequently placed because either no suitable match was found or the placement was no longer required.

New foster carers, when approved, were retained by RAFT. Any area within the region could make a request for the placement of a child from that area with those foster carers. This meant that foster carers, who resided in an area in the region, may be allocated to another area and subsequent support for those foster carers would be provided by the area in which they lived, while the area placing the child provided the social worker for the child. The area manager told inspectors that the area could benefit under the RAFT system by being able to place children with foster carers in another area if they were considered a suitable match. However, this would mean placing a child outside of the area in which they lived.

The area manager told inspectors that the structure of RAFT was being changed and a new principal social worker for RAFT was in the process of being recruited. The work and remit of RAFT was also being evaluated to ensure that the recruitment of foster carers was carried out more efficiently and to ensure that the local area benefitted from the new system.

There was no overall retention strategy in place for the retention of foster carers. Inspectors reviewed the exit interviews conducted with the majority of foster carers who left the foster care panel during the previous 12 months. Some foster carers felt that they needed more support to cope with the challenges they faced in caring for the children placed with them. While some found that they received great support from their link workers others did not and a number of foster carers felt that the lack of support outside the hours of 9am to 5pm and at weekends was a problem. In the absence of local support groups and of a robust system of foster carer reviews, which might ensure that more foster carers availed of ongoing training, an increased responsibility for supporting foster carers lay with the link workers.

There was an insufficient number and range of foster carers in place to meet the demand for services. Evidence of this came from a number of sources. Data provided by the area showed that there were five foster care households where the number of unrelated children in placement exceeded the standards. There were 43 foster care households who were providing placements outside of their approval status, for example, foster carers providing long-term placements although they were approved for short-term placements. Staff, including link workers, team leaders

and children in care social workers, all told inspectors that there was a shortage of foster carers and that finding a suitable placement for a child was difficult as there were so few options. The placing of children with foster carers outside of their approval status had an impact on the ability of the foster care committee to fulfil its role as, by the time the foster care committee considered a long-term match, the child and their foster carers may already be well bonded. A number of staff also told inspectors that the fact that there was a shortage of foster carers meant that social workers may not be inclined to challenge a foster carer on an issue such as training as there were no alternative placements for the child and there was a dependence on this foster carer's availability.

There was no evidence that the foster care panel was reviewed periodically to ensure there was an appropriate number and range of foster carers to meet the needs of children in the area. The area manager told inspectors that the principal social workers reviewed the lists of foster carers in their respective areas and knew what placements were available. However, no needs analysis had been carried out and the area manager told inspectors that the first task of the new principal social worker of RAFT would be to undertake such an analysis.

**Judgement: Non-compliant Moderate**

## Appendix 1 -- Standards and Regulations for Statutory Foster Care Services

<i>National Standards for Foster Care (April 2003)</i>
<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><i>Child Care (Placement of Children in Foster Care) Regulations, 1995</i> <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>

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*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*

**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.

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

### **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 in Foster Care) Regulations, 1995*

*Part III, Article 5 Assessment of foster parents*

*Part III, Article 9 Contract*

### **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.

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

***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*

### Theme 3: Health and Development

#### Standard 11: Health and development

The health and developmental needs of children and young people in foster care are assessed and met. They are given information, guidance and support to make appropriate choices in relation to their health and development.

*Child Care (Placement of Children in Foster Care) Regulations, 1995*  
*Part III, Article 6 Assessment of circumstances of child*  
*Part IV, Article 16 (2)(d) Duties of foster parents*

#### Standard 12: Education

The educational needs of children and young people in foster care are given high priority and they are encouraged to attain their full potential. Education is understood to include the development of social and life skills.

### Theme 4: Leadership, Governance and Management

#### Standard 18: Effective policies

Health boards\* have up-to-date effective policies and plans in place to promote the provision of high quality foster care for children and young people who require it.

*Child Care (Placement of Children in Foster Care) Regulations, 1995*  
*Part III, Article 5 (1) Assessment of foster carers*

#### Standard 19: Management and monitoring of foster care agency

Health boards\* have effective structures in place for the management and monitoring of foster care services.

*Child Care (Placement of Children in Foster Care) Regulations, 1995*  
*Part IV, Article 12 Maintenance of register*  
*Part IV, Article 17 Supervision and visiting of children*

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

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

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

**Theme 5: Use of Resources****Standard 21: Recruitment and retention of an appropriate range of foster carers**

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

**Theme 6: Workforce****Standard 20: Training and Qualifications**

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

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