

## 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>	Carlow Kilkenny South Tipperary	
<b>Dates of inspection:</b>	13 June – 16 June 2017	
<b>Number of fieldwork days:</b>	3	
<b>Lead inspector:</b>	Ruadhan Hogan	
<b>Support inspector(s):</b>	Ruadhan Hogan Grace Lynam Catherine Vickers	Patricia Sheehan 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>	0019751	

## 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 with 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
- interview with the area manager and one principal social worker
- interview with the chairperson of the foster care committee and review of minutes of the foster care committee
- separate focus groups with fostering social workers, children in care social workers and with foster carers
- review of the relevant sections of 73 foster carers files as they relate to the theme
- observation of a foster care committee meeting.

## 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 focus groups 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**

The Carlow/Kilkenny/South Tipperary service area is one of 17 service areas in the Child and Family Agency. It is situated in the southeast of the country. The area provides services to Carlow, Kilkenny and South Tipperary, which consists of Clonmel, Cahir, Carrick-on-Suir, Cashel and Tipperary.

Census figures (2011) \* show that the overall population of the area was 238,463, which included 67,316 (28%) children and young people between 0-19 years of age. 40% of the population lived in Kilkenny, followed by 37% in South Tipperary and 23% in Carlow.

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\* A breakdown of data relating to the 2016 census was not available at the time of writing.

According to the 2011 Pobal HP Deprivation Index, Carlow, Kilkenny and South Tipperary all range marginally below the national average .

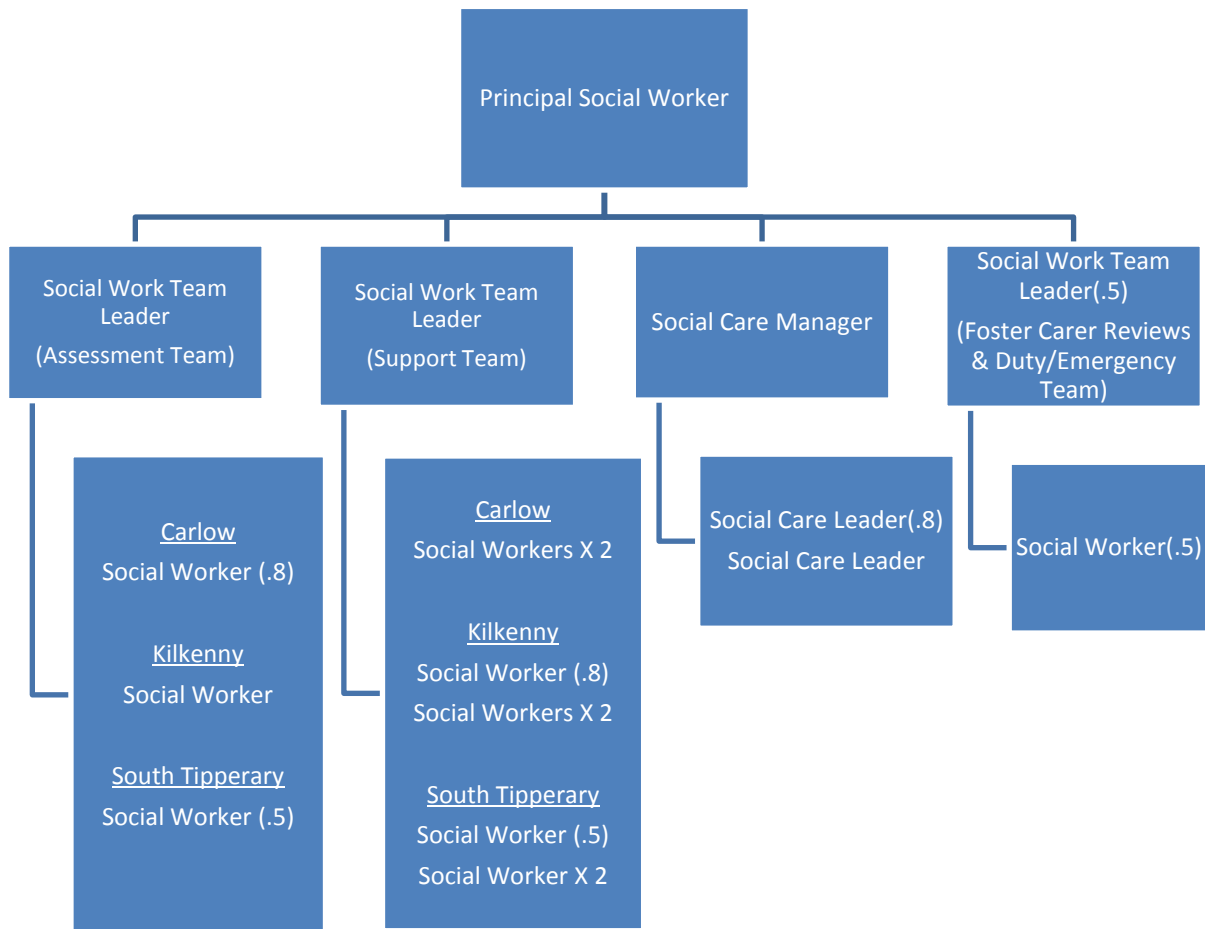
The area was under the direction of the service director for the Child and Family Agency South region and was managed by the area manager. The Carlow/Kilkenny/South Tipperary foster care service comprised one fostering team which was line managed by three team leaders, who reported to the principal social worker. The area had a foster care committee. The fostering service was provided across the area and located between three offices in Carlow town, Kilkenny city and in offices just outside of Clonmel, Co. Tipperary. Three teams operated across the service to carry out assessments, provide support and supervision to foster carers and chair reviews of foster carers. Each team had a social work team leader and social workers.

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 Carlow Kilkenny South Tipperary Service Area\***

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\* 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 attached to this report.

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

- one standard was compliant
- three standards were substantially compliant
- four standards were majorly non-compliant.

There were significant concerns with how allegations against foster carers were managed in the past. Appropriate and timely action was not always taken to protect children in the care of foster carers when child protection concerns or allegations had been made against foster carers. Actions were subsequently taken by the service and children were not found to be at risk at the time of inspection.

Inspectors escalated the concerns, in relation to the lack of timely and appropriate action, to the area manager during the inspection and a satisfactory response was subsequently received. This response outlined that a review of allegations made by children in care had been undertaken by the area in early 2017 prior to the inspection. Recommendations from this review were incorporated into an action plan, with a second action plan written prior to the inspection. These actions had not been fully implemented at the time of inspection, however, work was underway to address the deficits in the management of allegations.

The foster care committee and the fostering service did not have a distinct tracking system in place for allegations against foster carers, particularly those who had multiple allegations made against them over time.

Some systems for safeguarding were good. The system in place to ensure An Garda Síochána (police) vetting had been completed was robust and effective. Staff were familiar with the principles of whistleblowing and how to make a protected disclosure. All new foster carers attended foundational training for foster carers which covered areas of *Children First: National Guidance for the Protection and Welfare of Children (2011)* and safe care.

However, some other safeguarding measures were not sufficient. At the time of inspection there were 31 foster carers who did not have an allocated link worker. Some foster carers who were unallocated and some carers who had been recently allocated had not received visits from a link worker in a significant amount of time. There was no overall system in place to ensure appropriate safeguarding for the unallocated foster carers. While individual visits could be checked, the managers of the service were not able to promptly assure themselves and inspectors when children in care who were living in placements without a link worker were last visited by their social worker. Inspectors escalated the individual circumstances of a dual unallocated household, three other unallocated foster carer households along with three recently allocated foster care households to the principal social worker, and recommended that link worker visits should be carried out as matter of priority. Satisfactory responses were subsequently received in respect of these cases.

There were safe systems in place when children were placed with relative carers in emergencies. All carers had been visited by a member of the fostering team prior to the child being placed and had received regular link worker visits to the household. Assessments of general and relative foster carers completed in the area were comprehensive and of good quality. The assessment process was rigorous and all assessments were signed off by a social work team leader with oversight by the principal social worker.

The fostering service had some good initiatives to support and up skill foster carers. The supports in place for foster carers caring for children with complex needs were good and the oversight from the management team was also good in these cases. A two-year therapeutic training course, funded by the area and overseen by a voluntary agency, was offered to foster carers. While foster carers were on the course, and after completion, they were provided with an 'out-of-hours' service by this voluntary agency. This ensured that foster carers that participated in the course were more resilient. In addition, the fostering service was in the process of implementing an extra support service at the time of inspection. A training support team known as 'Edan', which consisted of three qualified and experienced social care staff, was developed with a view to providing training and support to foster carers.



The supervision of and support for some allocated and all unallocated foster carers was not good. The oversight on foster carer files was varied and in some cases, poor. Inspectors were not assured that the fostering service was sufficiently resourced to provide adequate oversight, given that they had to maintain oversight of such a large number of foster care households spread over a large geographical area.

Foster carers received foundational training before their approval as foster carers. 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. The fostering service collated information on attendance at training and an overall training record was maintained electronically. However, the quality of training records on foster carers' files was poor. In the year prior to the inspection the area carried out a training needs analysis and was in the process of rolling out a new training strategy, with the aim of providing a more structured training plan for foster carers and improving attendance.

Where reviews were completed, they were of good quality. These reviews were comprehensive and included the voice of the child placed with carers. A significant number of foster carers did not have up-to-date reviews. 241 foster carers or 71% had not had a review for more than three years. The area manager provided written assurances to HIQA that all reviews would be up to date by July 2018, which allowed for the backlog to be addressed along with on-going reviews. The service did not routinely complete reviews where a report of a serious complaint or allegation was made against foster carers. As part of the plan to address the deficits in reviews, these foster carers reviews were to be prioritised by the service.

The work of the Foster Care Committee was effective and they made clear decisions. However, the committee was not in compliance with the national policy, procedure and best practice guidance on foster care committees. The committee did not operate an induction program for new members. Not all committee members had evidence of Garda vetting. Additional training for current members was also not provided. The chair of the committee was not an employee of Tusla and was employed on an 'honorarium' basis, which meant that she was paid for her time to chair the committee and other meetings. This meant that there she was unable to fulfil all of the requirements under the policy. The chair did not receive supervision and she acknowledged to inspectors that she could not be held to account for her role as she was not an employee and was not part of the Tusla communication and email system. This meant that she was unable to fulfil other aspects of the role. For example, the committee maintained a log of serious concerns and allegations; however, they did not track the progress of investigations or follow up to ensure they were completed.

The area had sufficient resources in place to assess carers. While the foster care panel was not formally reviewed or analysed, the principal social worker had undertaken comprehensive analysis of the deficits in the range of carers available. There was an overall formal plan for the recruitment and retention of foster carers and recruitment strategies were targeted to meet the needs of the area. The area also had formal strategies in place for the retention of foster carers.

## 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 Major</b>
<b>Standard 14a:</b> Assessment and approval of non-relative foster carers	<b>Substantially compliant</b>
<b>Standard 14b:</b> Assessment and approval of relative foster carers	<b>Substantially compliant</b>
<b>Standard 15:</b> Supervision and support	<b>Non-compliant Major</b>
<b>Standard 16:</b> Training	<b>Substantially compliant</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 Major</b>
<b>Theme 5: Use of Resources</b>	
<b>Standard 21:</b> Recruitment and retention of an appropriate range of foster carers	<b>Compliant</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.

Data provided by the area prior to the inspection showed there were 19 child protection and welfare concerns made against foster carers in the last 12 months. Inspectors reviewed 10 of these concerns and found that, while they were correctly classified, they did not receive an appropriate and timely response to ensure the safety and welfare of children.

Concerns, allegations and complaints about foster carers were appropriately categorised correctly. The area had recently adopted a national policy for the management of allegations and serious concerns against foster carers and relative carers. During focus groups and interviews, the principal social worker (PSW) for fostering, social work team leaders (SWTLs), child in care social workers and fostering link workers were very clear on the process to be followed and who should respond depending on the nature of the concern. If a report received met the threshold for a child protection concern, the allegation was to be managed by the child protection social work department, in line with Children First (2011). If it did not meet the threshold, the fostering team was to oversee the assessment of the serious complaint. Of the 10 files sampled by the inspection team, nine were classified as child protection and welfare allegations and one was classified as a serious complaint. In all of these cases, inspectors found they had been correctly classified so that the appropriate department could manage the allegation or serious complaint.

The service did not always take appropriate and timely action to protect children in the care of foster carers where child protection concerns or allegations had been

made against foster carers. Of the 10 cases reviewed, there were delays in completing assessments and taking appropriate action in seven cases. Inspectors also found significant concerns with how the allegations were managed. For example, during one assessment not all children were interviewed. In another case, a child was not interviewed on their own by a social worker. An initial assessment was not completed for one case and a clear outcome was not recorded. In two cases, children were not interviewed and in one of these, an investigation was not carried out until six months after the reported concern. From reviews of the files and interviews with members of the fostering team in relation to these cases, inspectors were assured that action had subsequently been taken and children were not at risk. In one case where an allegation had been made against foster carers, the fostering service continued to place children with the carers while waiting for an investigation by the social work department to begin. This investigation was delayed by approximately 18 months.

Shortly after the inspection, inspectors escalated the concerns in relation to the lack of timely and appropriate action in line Children First (2011). The area manager told inspectors that a review of allegations made by children in care had been conducted and a report was written which identified deficits and made recommendations to address them. A number of action plans were also drawn up to address these deficits. These actions had not been fully implemented at the time of inspection; however, work was underway to address the deficits in the oversight and management of allegations. The principal social worker told inspectors that six months prior to the inspection, she would not have been assured that allegations against foster carers were appropriately managed. However, she added, at the time of inspection, she was now assured that allegations against foster carers were being prioritised on foot of this review and subsequent action plan.

At the time of inspection, the foster care committee and the fostering service did not have a robust tracking system in place for monitoring allegations against Tusla foster carers, particularly those who had had multiple allegations made against them over time. Both the fostering PSW and the chair of the foster care committee told inspectors that they did not see that the area, including the foster care committee, should carry out this role and that the Tusla internal monitoring office were best placed to do so. 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. The area manager showed inspectors an action plan which had been signed off a day before the inspection which included separate actions for the area manager and foster care committee to track all allegations and serious complaints. However, it was too early for these actions to be implemented and they were at odds with information given to inspectors during interviews with the chair of the foster care committee and the

principal social worker. Inspectors spoke with the newly appointed monitoring officer for fostering who said that a system for notifying the monitoring office of allegations and serious complaints had been introduced a week prior to the inspection. The monitoring officer also said that there was no tracking system in place and the intention was to set up a national tracking system once all Tusla areas were informed of the new notification system. Inspectors escalated the lack of a tracking system to the area manager and received an appropriate response that said an interim system would be put in place while the Tusla monitoring office implemented their tracking system.

According to the data returned to HIQA, there were no serious incidents regarding children in foster care in the 12 months prior to this inspection. The area used the Tusla notification system 'Need to Know' to escalate issues such as a children placing themselves at risk in circumstances outside of the areas control, such as on the internet or missing from care. Other significant events were also escalated within Tusla using this system.

Some foster carers who were unallocated and some carers who had been recently allocated had not received visits from a link worker in a significant amount of time. According to data returned to HIQA, one week prior to the inspection there were 90 foster care households who did not have an allocated link worker. Of these households, 42 had children placed with them. A number had been allocated to a link worker just prior to the inspection, therefore at the time of the inspection, the area had reduced the number of foster care households without an allocated link worker to 31. Inspectors reviewed a sample of nine of these unallocated foster carers for visits by a link worker. While records did show that visits by a child care worker did take place, seven foster carers had not received a visit from a link worker in a significant amount of time. Some did not have visits for a year while other were not visited by a link worker in two and a half years. The social work team leader who had responsibility for oversight of these foster carers was not familiar with their circumstances. Inspectors also reviewed five foster care files that had been recently allocated to a link worker. Three of these did not have evidence of a visit by a link worker in over a year.

There was no overall system in place to ensure appropriate safeguarding for the unallocated foster carers. While individual visits could be checked, the managers of the service were not able to promptly assure themselves and inspectors when children in care in placements without a link worker were last visited by their social worker. Inspectors escalated these concerns to the area manager who produced an audit during the inspection with details of the children in care visits by their respective social worker. Inspectors reviewed the information on the audit and were not assured as to its reliability as one child also did not have an allocated social worker and was in a foster care household without a link worker, therefore doubly

unallocated. In addition, two other visits were not recorded as supervisory visits. Further assurances were sought from the area manager so they could accurately verify when statutory visits by the child in care social worker were last carried out.

Inspectors also escalated the individual circumstances of seven foster care households for visits to be carried out as a priority. Satisfactory responses were subsequently received in respect of these cases. During the inspection, the area manager showed inspectors a tracking tool that had been set up in response to concerns from inspectors, to ensure oversight of statutory visits to children in care and foster carers. In addition, she told inspectors that monthly meetings would be set up, attended by both PSWs for children in care and fostering, to review the tracking tool and ensure a coordinated response from both departments. She provided an action plan on procedures to be followed to ensure this new system of oversight was implemented across all relevant levels in the respective departments.

The system in place to ensure An Garda Síochána vetting had been completed was robust. According to the data returned to HIQA, all foster carers had Garda vetting in place. The fostering team maintained a database of foster carers and all adults in foster care households who required Garda vetting. Inspectors saw this database and verified that the area was able to easily identify individuals whose Garda vetting was not up-to-date. Reviews of files verified that this system was correct and effective.

Staff were familiar with the principals of whistleblowing and how to make a protected disclosure.

All new foster carers attended foundational training for foster carers which covered areas of Children First (2011) and safe care. However, a significant proportion of established foster carers did not have up-to-date training in safe care and Children First. The fostering service maintained accurate records of foster carer training and were able to identify and target the foster carers that required updated training. Inspectors reviewed this database and saw that 72 of 609 or 11% of individual foster carers had completed training in Children First (2011). 18 of 609 or 3% of individual foster carers had completed training in safe care. The principal social worker had identified the deficits in training before the inspection and proactive steps had been taken to address this. A new mandatory training program with four core modules was being rolled out across the area with Children First (2011) and safe care being two of those modules. The PSW told inspectors that the foster care committee supported the area to implement these mandatory courses for foster carers.

**Judgment: Non-compliant – Major**

### **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 area followed the national policy on the assessment and approval of foster carers. There were arrangements in place for all foster carers to attend foster care committee meetings when a recommendation to approve them was being considered and to receive all relevant information in writing. The fostering department had a separate team who completed assessments of all foster carers. A social work team leader supervised three assessing social workers who were based in each of the three social work offices.

There were safe systems in place when children were placed with relative carers in emergencies. According to data returned to HIQA prior to the inspection, there were five relative carers who were un-assessed and had not yet been presented at the foster care committee. Inspectors reviewed all five relative carers and found all were allocated a professionally qualified social worker who was also undertaking a fostering assessment. All had been visited by a member of the fostering team prior to the child being placed and had received regular link worker visits to the household. Records showed that immediate checks, for example, An Garda Síochána (police) checks, child protection checks and references had been completed in line with regulations. Three of the five carers attended the relative fostering training which covered the areas of safe care and Children First (2011). The other two carers signed a declaration that they would attend. There was managerial oversight of the process of emergency checks in the form of emails and regular case supervision.

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



Assessments of relative foster carers completed in the area were of good quality. According to data returned to HIQA prior to the inspection, the area completed 10 assessments of relative foster carers in the 12 months prior to the inspection. A sample of three assessments were reviewed. Inspectors found they were comprehensive and while one was completed within the timeframe of 16 weeks, they were not all completed in a timely manner as one took five months and another one took nine months to be completed. All foster carers attended the relative fostering training. Records showed the social work team leader visited the foster care home as part of the assessment and signed off on the completed assessment

Assessments of general foster carers were of good quality. According to data returned to HIQA prior to the inspection, the area completed 13 assessments of general foster carers in the 12 months prior to the inspection. A sample of four assessments were reviewed and inspectors found they were of good quality. The assessments were not timely as three took between seven and eight months to be completed which was not in line with the 16 week timeframe stipulated in the standards. The fourth took three years as it was presented to the foster care committee twice before it was recommended for approval. However, this assessment process was rigorous and comprehensive. All assessments were signed off by a social work team leader. The principal social worker told the inspectors that she maintained oversight of the process and read all fostering assessments prior to them being submitted to the committee.

Foster carers were recommended for approval by the committee. This process was clear and was in line with national policy, procedures and guidance. The committee required a comprehensive assessment report, Garda Síochána (police) vetting, medicals, references and health and safety checks to recommend approval. The committee members reviewed the documentation and met with the relevant link worker and prospective carers, and sought further clarification where necessary.

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 a due diligence process in place for all foster carers transferring into the area from another service or from the area to another service. The service did not have any foster carers that transferred into the area from another area or private foster care services in the 12 months prior to inspection. Inspectors spoke with the chair of the foster care committee and the area manager who both said that in the past, an older policy did not provide adequate guidance on what process to follow in all areas of transfer of foster carers. The new national policy, procedure and best practice guidance on foster care committees had been implemented in February 2017 and did provide guidance. The area manager said she expected that the full

file would be transferred when the carer was presented at the committee for a review.

Records of foster care contracts were well kept. Inspectors sampled 32 files and found that 31 foster care files had signed contracts from the date at which the placement was made.

**Judgment: Standard 14a: Substantially compliant**

**Standard 14b: Substantially compliant**

### **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**

The fostering department had a separate team who oversaw the support and supervision of all foster carers. A social work team leader supervised six social workers, two of whom were based in each of the three social work offices. According to data returned to HIQA prior to the inspection, 90 out of 340, or 27%, of foster carers were not allocated a link worker. Of the 90 foster carers who were unallocated, 42 had children placed with them and 48 did not. Inspectors were informed that there were a number of reasons why foster carers may not have an allocated link worker, such as, 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. However, the service also indicated they did not have enough link workers to allocate to foster carers. By the time of inspection, of the 42 foster carers who were unallocated and had children placed with them, the area had allocated 11 of these and there remained 31 carers who were unallocated and had children placed with them.

Where foster carers were not allocated a link worker and had children placed with them, the quality of supervision and support was poor. Inspectors reviewed a sample of nine of these 31 unallocated foster carers and found that these carers did not receive support or supervision from the area. The most recent visits recorded on the files were from six months to over two years ago. The social work team leader oversaw the 31 unallocated households and during interviews with inspectors it became apparent that she was not familiar with the circumstances of the foster carers or the children who were placed with them. During the inspection, four of these foster carers cases were escalated to the area manager for visits from a link worker to be carried out urgently and for three of these foster carers to be allocated a link worker as soon as possible. Satisfactory assurances were subsequently received to confirm that the carers had now been allocated a link worker and visits had been undertaken. Inspectors also highlighted the lack of appropriate oversight of these carers to the area manager who provided an audit with details of the last visit by a link worker and dates of the next scheduled visits.

Where foster carers had been allocated link workers the supervision and support they received was varied. A total of 23 files were reviewed by inspectors where foster carers had been allocated a link worker. Of these 23, seven had evidence of good quality engagement, support and supervision of the placements. Link workers were very familiar with the circumstances of these carers and the children placed

there. There was evidence of good communication to foster carers on these files. Supervision and support for other foster carers was not good. Of the 23 files sampled by inspectors, 17 did not have good quality supervision and support. Ten foster carers had not received supervisory visits from a link worker from between 6 months to a year. Five foster carers had been allocated to a link worker in the month prior to the inspection, having not had an allocated link worker for a period of time. The quality of work on these files was poor. Some households did not have records of visits by a link worker in over two years. There was also very little evidence of phone calls to the carers over this period. The views of foster carers, which were expressed in a focus group, was that when allocated a link worker, the support they received during the day was good. In some exit interviews of foster carers who had left the service, some foster carers stated that a lack of 'out-of-hours' service and lack of support from the fostering department contributed to them leaving the service.

The oversight of all foster carer files from the fostering service was varied and in some cases was poor, due to the significant number of foster care households they held responsibility for. The social work team leader had oversight of all foster care households where children were placed, which was 292 foster carers at the time of the inspection. This person was suitably qualified, experienced and competent in their role. However, inspectors were not assured that the area was sufficiently resourced to provide adequate oversight given the size of the service, since one team leader could not have the capacity to maintain oversight of such a large number of foster care households spread over a large geographical area. Of the foster carer files reviewed by inspectors, a significant proportion had little evidence of case management and showed sporadic supervision by link workers. A small number of files had been audited. In some files which showed deficits in the number of visits to the foster carers, there were no records of this being addressed during supervision.

Other systems of supports for foster carers were well developed. The area held regular support groups for foster carers. These were an opportunity for foster carers to discuss issues that were pertinent to them. The principal social worker told inspectors that it was a challenge to encourage foster carers to attend these events.

The area had some innovative initiatives to support foster carers. A private therapeutic support service was contracted to provide a two year training course to a group of approximately 40 foster carers each year. As part of this training course, foster carers were allocated weekly support visits from a child care worker to integrate learning from the course and 24 hour out-of-hours support by telephone. The principal social worker said that analysis of the impact of this course and the extra supports it provided had been completed by the area and found that these carers were more resilient and better able to manage stressful situations. The area

also employed a small team of child care workers to work directly with foster carers. From a review of files, inspectors found that these therapeutic supports prolonged placements where there was a risk of placement disruption.

The supports in place for foster carers caring for children with complex needs and where there were high risk issues were good. In these circumstances, records showed that foster carers received frequent supervision and support. Foster carers caring for children with complex needs had frequent telephone calls. Foster carers and the children in placement were provided with supports in the community including medical specialists, psychiatry and psychological services, and other professionals such as occupational therapists and speech and language therapists. Inspectors saw examples where foster carers who were caring for children with significant physical disabilities were provided with nursing professionals throughout the night. Foster carers received support visits from child care workers who worked directly with carers to prevent placement breakdown. Inspectors saw evidence of good quality communication between the child in care social work department and the fostering department which helped with the coordination of supports for children with complex needs.

The systems in place to support foster carers that were at risk of disruption were good. Inspectors reviewed a sample of files where a placement ended in an unplanned manner and found that carers had received the extra specialist supports outlined above. The social work team leader for reviews chaired all disruption meetings in the area.

The service did fund a dedicated out-of-hours service to support foster carers outside of office hours. However, this was only for foster carers who were currently engaged and those who had completed the two year specialist training program. For the remainder of foster carers, a national Tusla out-of-hours service was 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. According to data returned to HIQA, there were nine foster carers exclusively providing emergency placements for children in the area. At the time of the inspection the area manager was in negotiations with a voluntary therapeutic support service to extend the 24 hour out-of-hours for these emergency carers.

**Judgment: Non-compliant - Major**

**Standard 16: Training**

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

Foster carers received foundational training as an integral part of the assessment process and prior to their approval as foster carers. This foundational training included information on areas such as child development and attachment, safe care, family contact and behaviours of children in care. Specific training for relative foster carers was also available. The area had developed some innovative training initiatives and they were in the process of implementing them at the time of inspection. A training support team known as 'Edan' which consisted of three qualified and experienced social care staff had been created and a new training strategy had recently been approved by the foster care committee. The area had contracted a therapeutic course for foster carers and an initial analysis of this course had been carried out.

In the 12 months prior to the inspection, the area provided training in Sensory Integration and Attachment issues, Conflict Resolution, Attunement in Foster Care Relationship, Loss and Grief, Mindfulness and First Aid. New beginnings training for foster carers' children was also provided.

A number of foster carers had completed a Certificate in Therapeutic Foster Care which was directed towards families with foster children aged 12 years or younger and had been identified as having difficulties forming a secure attachment. Foster carers and staff spoke highly of this course and the quality of the support received. The course offered weekly one-to-one support and an out-of-hours service to foster carers. At the time of the inspection, the Principal Social Worker had carried out a review of the therapeutic foster care course and had subsequently completed an initial analysis of the information. Inspectors were informed that plans were in progress to do a research project to look at the issues highlighted in the review and to carry out an evaluation of the course.

The service collated information on attendance at training and there was an overall training record maintained electronically. However, the quality of training records on foster carers' files was poor. Out of the 24 files reviewed, 22 had little or no record of training attended by foster carers. Therefore, there was no evidence that link workers maintained records of all training undertaken by each foster carer. 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.

At the time of inspection the area did not evaluate training courses, however, the support team informed inspectors that feedback sheets following training events would be revised and introduced in the near future.

The area struggled to ensure ongoing attendance at training after foster carers were approved. The area identified that 16% of foster carers were attending training. Managers, staff and foster carers told inspectors that it was often the same group of carers who attended training. Staff and foster carers informed inspectors that a number of training sessions had to be cancelled due to inadequate numbers of foster carers registering for the sessions.

In the year prior to the inspection the area carried out a training needs analysis through home visits, focus groups and meetings with a national voluntary organisation that provides support to foster carers. The issue of foster carers not attending training was reviewed by management and fostering teams. Following this review a training strategy was put in place.

At the time of the inspection the area was in the process of rolling out the new training strategy, with the aim of providing a more structured training plan for foster carers and improving attendance. Since January 2017, a training support team known as 'Edan' had been established to implement the training strategy in collaboration with other agencies. The primary purpose of the training support team is to provide professional support to foster families in meeting the needs of foster children in their care. This support team consisted of three qualified and experienced social care staff. A social care manager, who reported to the principal social worker, and two social care workers. The team in consultation with the foster care committee identified key mandatory training for all foster carers to be implemented. Four core training modules were identified; these were Children First, safe care, first aid and attachment. Staff informed inspectors that the launch of the training strategy is planned for September 2017.

Interviews with staff and documentation provided to inspectors highlighted that foster carer reviews will be a main source in identifying the training needs of foster carers and making relevant recommendations. However, the fact that a number of foster carers had not had a foster carer review meant that the service could not use the main tool at its disposal to form the basis of a training programme or respond appropriately when foster carers had not undertaken any training since their approval.

**Judgment: Substantially compliant**

### **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.

A significant number of foster carers did not have up-to-date reviews. Data returned to HIQA by the area prior to the inspection indicated that 241 foster carers or 71% had not had a review for more than three years. 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. Reviews provide the fostering service with the opportunity to consider the foster carers' performance, and assure themselves that the foster carers have the capacity to continue to provide adequate and safe care. They also provide an opportunity to update An Garda Síochána (police) vetting, health and safety assessments and medicals. They also consider other issues such as supports, training needs and changes in circumstances within the family. As reviews were not routinely being carried out, this meant the area was not addressing these issues for the majority of carers in the service.

The fostering service had a team whose role was predominately to chair reviews of all foster carers. This comprised a social work team leader who supervised one senior social work practitioner, and both were employed on a half time basis. The responsibility for engaging with foster carers and completing the reviews lay with the allocated link worker and the social work team leader for the support team in the fostering department. In the 12 months prior to the inspection, only 13 reviews had been completed. Given that the review team was employed on a part time basis, inspectors were not assured that the area had sufficient capacity to undertake the backlog of 241 foster care reviews, while also keeping up to date with on-going reviews.

These concerns were raised with the area manager who said that they were aware of the significant delays in completing reviews and that a plan was in progress to address this backlog. This involved:

- the recruitment of extra link workers to undertake the reviews
- increasing the capacity of the reviewing team in the fostering department so that extra reviews could be chaired
- increasing the time the committee sat to ensure foster care reviews were heard.

Shortly after the inspection, the service put a plan in place to update reviews of foster carers and the area manager provided written assurances to inspectors that



all reviews would be updated by July 2018, which allowed for the backlog to be addressed along with on-going reviews. HIQA requested the area to provide regular three month updates to this plan following the inspection to monitor the progress of the plan.

The area had not been routinely completing reviews where a report of a serious complaint or allegation had been made against foster carers. Inspectors reviewed 10 files where serious complaints or allegations were made against foster carers. Of these, eight had not had a review completed. There were some mitigating factors that prevented the fostering department from completing two reviews as investigations had been unduly delayed and therefore a review was unable to be undertaken until these investigations were concluded. Where the outcome of allegation was founded, the area was completing reviews. The principal social worker acknowledged that reviews were not being prioritised where there were unfounded outcomes and gave assurances that these reviews would be prioritised as part of the action plan to address outstanding reviews in the area.

Of the 13 completed reviews, all had been notified to the committee. Of the 28 foster care reviews that were completed over the last 12 months, a sample of five were reviewed by inspectors. The majority of these reviews were comprehensive and included the voice of the child placed with carers. The reports were comprehensive, of good quality 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. In addition, opinions were sought from child in care social workers, birth parents, the foster carers as well as the children concerned. The social work team leader on the support team had implemented a suite of paperwork that facilitated and encouraged good quality reviews to be completed.

All reviews sampled had evidence that a formal review meeting had been held. The social work team leader for reviews chaired the review meetings which were attended by the foster carers and the link social workers. The decisions made at these reviews were clearly recorded. In four of the five files sampled a follow up of recommendations following the review was recorded and therefore inspectors were able to track if the recommendations of the reviews had been followed up in a timely manner. Inspectors found that some had been followed up promptly while others took some time for the recommendations to be fully implemented. Foster carers were not always given a copy of the review decisions.

**Judgment: 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.

The Foster Care Committee was not fully in compliance with the national policy, procedure and best practice guidance on foster care committees.

The committee comprised of a chairperson, a full time secretary and 11 other members including a retired area medical officer, a principal social worker, a social work team leader, a foster carer, residential social care workers and a representative of a child and family project in the area. The committee also included a person with experience of being in care, as required by the policy.

The arrangements Tusla had in place for the chairperson to fulfil all requirements of the role were inadequate. The chairperson was not a full time employee of Tusla and was employed on an 'honorary' basis which meant that she was paid for her time to chair the committee meeting. This was in line with the Tusla policy. However, there were a number of issues with this arrangement. The chair met with the area manager twice a year in an official capacity and could make informal contact throughout the year as issues arose. She did not receive supervision and she acknowledged to inspectors that she could not be held to account for her role. As she was not an employee, the chair was not part of the Tusla communication and email system. She received reports and confidential information by hand delivery and post. This was not an adequate arrangement as up-to-date and current

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information could not be readily exchanged. This impacted on her role, which was primarily to chair the committee meetings, and she was unable to fulfil other aspects of the role, specifically maintaining a system to track allegations against foster carers. The chair was also not contracted to attend meetings between the management of the area and relevant stakeholders such as the monitoring office.

The chairperson was competent and managed the committee meetings very well. She had significant experience in social work and as a manager of a social work service. She was knowledgeable of most of the requirements and responsibilities of the committee. From observations, inspectors found she chaired the committee meeting in a robust and thorough manner.

The committee met 11 times in the 12 months prior to inspection 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 committee had a wide-ranging remit. Committee records 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 the approval status of foster carers, foster carer reviews and reports from social workers who presented to the foster care committee.

The agenda and format of the committee meetings were well managed. An agenda was set for each committee meeting and members were sent copies of the reports a week prior to the meeting. The committee members were well prepared for the meeting, had read through the various reports and had made notes. The chairperson asked each member for feedback on individual reports. Each of the members individually addressed those who presented a report. The answers provided by the individuals presenting the reports were then recorded by the committee secretary. A decision was then taken and recorded. On the day inspectors observed the meeting, two social work teams presented reports to the committee. Inspectors found that professionals who attended the meetings were called to account for the recommendations they made while being treated with respect.

The committee then made decisions to recommend carers for approval or not, and did not generally attach any type or category of care the applicants were approved for. For example, short term, respite or long term. A placement committee in the area decided these conditions once the foster carers were approved. While this was not specified Tusla policy, it was not in line with the practice of the majority of other foster care committees operated by Tusla.

Inspectors found there were appropriate arrangements for the approval of foster carers from other services. Based on a review of committee files and observation of the committee, inspectors found that appropriate arrangements were in place to

ensure the committee had sufficient information at their disposal in order to make a decision regarding the approval of foster carers assessed by private agencies.

There were inadequate arrangements in place for the foster care committee to provide oversight and to track allegations against foster carers with both Tusla and private foster care agencies. Reports of serious concerns or allegations had not always been notified to the foster care committee. Of the 10 files sampled by inspectors for allegations or serious complaints, six contained evidence that they had been notified to the committee. According to the recently adopted national policy for the management of allegations and serious concerns against foster carers and relative carers, the foster care committee was to be notified within five working days of new allegations and serious complaints. This new procedure was not yet evident on the files sampled. These notifications were not always made within five days. When they were made, the notifications were not acknowledged. The chairperson of the foster care committee told inspectors the committee was routinely and consistently informed of the outcome of serious concerns and allegations.

According to the foster care panel, the local area foster care committee provided oversight of almost 30 foster carers who were from a private foster care agency. When allegations and serious complaints arose, the private foster care agency notified the Tusla external monitoring office. The committee was not routinely notified about these allegations and serious complaints when they initially came to light. When an outcome report or foster care review was written following the investigation of the allegation or serious complaint, it was presented to the committee who then provided oversight. While the committee held a database of allegations and serious complaints going back to 2014, this was not automatically checked. The committee did not track the progress of investigations, nor did they have a system to track if multiple allegations had been made against a particular carer. The foster care committee chair told inspectors they did not see this monitoring role as a function of the committee. However, the policy clearly outlines tracking as a function of the foster care committee and therefore the committee was not fulfilling its full function.

The committee produced an annual report of its activities for 2016 which was reviewed as part of the inspection. This gave an overview of its main activities including meetings held, items discussed by topic and an analysis of the activity with an overview of recommendations made. The 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. The committee did not contribute to the Review of Adequacy of Children and Family Support Services as

required under Section 8 of the Child Care Act 1991 as they had not been requested to do so.

Inspectors reviewed a sample of the committee minutes from the previous 12 months and found the 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 committee made timely decisions when full information and documentation was presented to them. The chairperson said that the committee would not consider matters without having all required documentation. Records showed that they requested further information when required.

The committee did not operate an induction programme for new members. The chair told inspectors that, in the past training was not provided when requested from the area manager and the members required basic training on child protection assessments, recent changes to the systems in the area and clarification on the roles of the management in the area.

The committee did not have records of Garda vetting for four of the 13 members. Shortly after the inspection this issue was escalated to the area manager who said that the four members in question were Tusla employees and Garda vetting records were held on their personnel records. Assurances were subsequently given to HIQA that the committee had applied for Garda vetting for these members.

The area manager's office maintained a 'live' panel list with names of foster carers, their addresses, their application numbers, dates of the closure of files when this occurred and all other information recommended by the national policy, procedure and best practice guidance to be included in the foster carer panel record. This list was accessible by the fostering management. As such, this functioned as the single, integrated record of the foster carer panel for the area. The area also maintained a list of de-registered foster carers. The committee did not review the panel of foster carers in the area. The foster care committee secretary updated the panel with new foster carers or removed names when required.

**Judgment: Non-compliant – Major**

## **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

The area had sufficient resources in place to assess carers. There were three campaigns held locally and three information evenings organised and facilitated by the area team in the 12 months prior to the inspection.

There was an overall formal plan for the recruitment and retention of foster carers. From data returned to HIQA, the response to campaigns was 16 new foster care applicants in the 12 months prior to inspection. Nine applications were approved to foster and a further 11 were undergoing assessment at the time of inspection. However, data also showed that 19 foster carers left the foster care panel voluntarily during the previous 12 months while only nine foster carers had been approved and added to the panel during that time. Some of these foster carers had left the fostering service some time before the inspection and the area was in the process of removing them from the panel.

Data provided by the area showed that there were 15 foster care households where the number of unrelated children in placement exceeded the standards, for example, three children who were unrelated in a foster care placement at the same time. Some of these foster carers had been approved by the committee and were in compliance with the standards. The area management told inspectors that finding a suitable placement for most children was not a challenge. If a child was engaged in drug taking and/or criminal behaviours, then it was more of a challenge. Staff identified a need for more general carers and in particular, placements for teenagers.

While the foster care panel was not formally reviewed or analysed, the principal social worker had undertaken comprehensive analysis of the deficits in the range of carers available. The area continued to address the challenges of finding placements

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for teenagers through the recruitment strategies already in place. In addition, inspectors were given copies of business cases put forward to senior Tusla management that proposed plans for alternative models of foster care to meet this need. While these plans had not been agreed at the time of inspection, it did show that significant efforts were being made to address this issue.

Recruitment strategies were targeted to meet the needs of the area. The principal social worker acknowledged that the most difficult recruitment task for the area was to attract suitable candidates, for example, those who don't smoke and who are in good health. The area needed to be more innovative as a result and was using different and more targeted methods to find suitable candidates for fostering. The principal social worker said she had analysed how the candidates, who were most likely to proceed to being foster carers, were identified. She told inspectors that, for example, foster carers who were recommended to the fostering task by an existing foster carer, and foster carers where both members of a prospective household were unemployed and available to foster, were more likely to proceed to foster. In response to this analysis, the area had implemented coffee mornings where a foster carer invited someone who was interested in fostering, along with awareness raising at agriculture shows and presentations at family support centres.

The area had formal strategies in place for the retention of foster carers. Wrap-around services for children in care, the therapeutic support service for foster carers and on-going support from the allocated link worker were identified as the primary methods of retention. Exit interviews were routinely conducted with foster carers who voluntarily left the foster care panel during the previous 12 months in order to learn from and improve the service. According to data returned to HIQA by the area prior to the inspection, there were 19 foster carers who left the foster care panel voluntarily in the last 12 months. Inspectors reviewed a sample of five of these files for the reasons those foster carers left the panel. These exit interviews showed that foster carers discontinued fostering due to a number of reasons including personal reasons. Some foster carers stated that a lack of 'out-of-hours' service and lack of support from the fostering department contributed to them leaving the service.

**Judgment: Compliant**

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

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

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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

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

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*

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

Approved foster carers are supervised by a professionally qualified social

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

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*

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### 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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\* Formally known as Health Boards at time of writing Standards, now known as 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*

**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.

# Action Plan

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

<b>Provider's response to Inspection Report No:</b>	0017931
<b>Name of Service Area:</b>	Carlow/Kilkenny/South Tipperary
<b>Date of inspection:</b>	13 June – 16 June 2017
<b>Date of response:</b>	16 <sup>th</sup> August 2017

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 10**

#### **Non-compliant Major**

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

Appropriate and timely action was not always taken to protect children in the care of foster carers where child protection concerns or allegations had been made against foster carers.

The fostering service continued to place children with foster carers where there was an open allegation.

Safeguarding visits had not been completed for a significant number of foster carers.

There was no system in place to ensure appropriate safeguarding visits had been undertaken to unallocated foster carers and area management was not able to verify when children in care in placements without a link worker were last visited by their social worker.

A significant proportion of established foster carers did not have up-to-date training in safe care and Children First.

#### **Action required:**

Under **Standard 10** you are required to ensure that:

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

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

##### **Action 1.**

The area is implementing the National Procedure for managing concerns and allegations against Foster Carers.

A system for tracking allegations is in place, and includes notification to the Area Manager, Monitoring Officer, and Foster Care Committee; discussion in supervision with the Principal Social Worker, Fostering; and review of all allegations against Foster Carers at the monthly Area Management Team meeting which will also include notification to the Foster Care Committee.

In addition the area also notifies the Regional Monitoring Officer who is also monitoring and tracking the progress of allegation against Foster Carers.

##### **Action 2**

The Fostering Service will not facilitate the placement of children where there are outstanding allegations against Foster Carers and these carers will be removed from the available list until there is an outcome to the allegations.

##### **Action 3.**

A system for ongoing safe guarding visits has been established between the Children in

Care and Foster Care Team to ensure that these visits take place. Such visits will be prioritised where necessary.

**Action 4.**

The Fostering and Children in Care Teams have developed a standard operating procedure to ensure oversight of supervisory visits for foster placements takes place in accordance with National Standards.

**Action 5.**

The Fostering Service has an up to date training log on training that has been provided. There were 2 sessions on Children First provided in 2017. A record of all training is now being placed on individual Foster Carers files.

Completion of Children First training will be a requirement of all Foster Care Reviews

A targeted campaign on Children First will be undertaken in Q4 of 2017 to ensure that anyone not trained in Children First will be offered training including the new Tusla, Children First eLearning Programme. Any foster carer who has not completed the training by the end of Q1 2018 will be followed up by their link worker.

A record of the training will be added to the database and the Foster Carers file on completion.

Report will be issued to the Chairperson of the FCC, Area Manager and PSW regarding uptake of training in October 2017 and January 2018.

<b>Proposed timescale:</b>	<b>Person responsible:</b>
<b>Action 1: 30/09/2017</b>	<b>Area Manager, PSW Fostering &amp; PSW Children in Care</b>
<b>Action 2: Completed</b>	<b>PSW Fostering &amp; PSW Children in Care</b>
<b>Action 3: 30/09/2017</b>	<b>PSW Fostering &amp; PSW Children in Care</b>
<b>Action 4: Completed</b>	<b>PSW Fostering &amp; PSW Children in Care</b>
<b>Action 5: 31/12/2017</b>	<b>Area Manager, PSW Fostering &amp; Workforce Development</b>



**Standard 14(a)**

**Substantially compliant**

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

Not all assessments of Foster Carers were completed in a timely manner.

**Action required:**

Under **Standard 14(a)** you are required to ensure that:  
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.

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

**Action 1.**

Every effort will be made to ensure all assessments will be completed in a timely manner.

The timeliness of Foster Care assessments will be kept under ongoing review by the PSW Fostering and will be part of ongoing supervision of staff. If an assessment needs more time the applicants will be informed of the reason of the extension and will be given a new completion date.

Two additional Social Work posts have been approved for Q4 2017 which will increase capacity to complete assessments.

**Proposed timescale:**

**Action 1: Competed**

**Person responsible:**

**PSW Fostering,  
SWTL & SW  
Fostering**

**Standard 14(b)****Substantially compliant****The provider is failing to meet the National Standards in the following respect:**

Not all assessments of foster carers were completed in a timely manner.

**Action required:**

Under **Standard 14(b)** you are required to ensure that:

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.

**Please state the actions you have taken or are planning to take:****Action 1.**

Every effort will be made to ensure all assessments will be completed in a timely manner.

The timeliness of foster care assessments will be kept under ongoing review by the PSW Fostering and will be part of ongoing supervision of staff. If an assessment needs more time the applicants will be informed of the reason of the extension and will be given a new completion date.

Two additional Social Work posts have been approved for Q4 2017.

**Proposed timescale:**

**Action 1: Completed**

**Person responsible:**

**PSW & SWTL Foster Care**

## Standard 15

### Non-compliant Major

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

There were 31 foster carers who did not have an allocated link social worker.

Where foster carers were not allocated a link worker, the quality of supervision and support was poor.

The quality and frequency of supervision and support for some allocated foster carers was not good.

The oversight on all foster carer files was varied and in some cases was poor.

The fostering management did not have the capacity to maintain oversight of such a large number of foster care households spread over a large geographical area.

The service did not have a dedicated out-of-hours service to support all foster carers outside of office hours.

Action required:

Under Standard 15 you are required to ensure that:

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.

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

#### **Action 1.**

Two additional social work posts will be allocated to the fostering service before the end of 2017. This will enable all Foster Carers to be allocated. In the meantime approval has been given to appoint Social Workers on a temporary basis pending permanent appointment. There are currently 18 active Foster Carers without an allocated Social Worker. A Social Worker has accepted one of the posts. These 18 carers will be allocated to that worker. In the interim the 18 carers have been visited by their Children in Care Social Worker. Support is being provided to these carers through support groups and through visits from Social Care Staff.

#### **Action 2.**

The Fostering and Children in Care Teams have developed a standard operating procedure to ensure oversight of supervisory visits for foster placements. This is reviewed at bimonthly meetings between the Principal Social Workers for Fostering and Children in Care.

**Action 3.**

The Principal Social Workers for Fostering and Children in Care have reviewed the most recent supervisory visits for placements where the Foster Carers are either unallocated or recently allocated, and visits have been prioritised where it was necessary.

The quality of supervision and support will be monitored by PSW for Fostering and Children in Care through supervision and file audits.

**Action 4**

The PSW and SWTL's will audit 15 files per month. Record of audits will be maintained on the Foster Carer's files. Clear actions to be recommended and any themes or patterns emerging to be raised at Area Management and Team Meetings for further discussion and progress.

**Action 5.**

The staffing structure of the Foster Care service will be reviewed in the context of management capacity for the geographical area. A Business Case for an additional Social Work Team Leader has been submitted in the context of 2018 priority service developments and is supported by Regional Management and subject to resource allocation for 2018. In the interim approval has been received to appoint one of the existing Senior Social Work Practitioners to act as Team Leader.

Two additional Social Workers have been approved for 2017. A further two temporary posts have been approved for the foster care reviews backlog.

**Action 6**

The current Out of Hours support arrangement has been extended to Emergency Foster Carers.

The expansion of the Out of Hours remit including support for all Foster Carers is being progressed at national level.

**Proposed timescale:****Action 1: 30/09/2017****Action 2: 31/07/2017****Action 3: 31/07/2017****Action 4: 30/09/2017****Person responsible:****Area Manager & PSW Fostering****PSW Fostering & PSW Children in Care****PSW Fostering & PSW Children in Care****PSW & SWTL**

<p><b>Action 5: 30/09/2017</b></p> <p><b>Action 6: 30/09/2017 for local arrangement</b></p>	<p><b>Fostering</b></p> <p><b>Area Manager &amp; PSW Fostering</b></p> <p><b>Area Manager &amp; PSW Fostering and National Office Tusla</b></p>
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<p><b>Standard 16</b></p> <p><b>Substantially compliant</b></p>	
<p><b>The provider is failing to meet the National Standards in the following respect:</b></p> <p>Evidence of foster carers' attendance at training was not consistently maintained on files.</p> <p><b>Action required:</b> Under <b>Standard 16</b> you are required to ensure that: Foster carers participate in the training necessary to equip them with the skills and knowledge required to provide high quality care.</p> <p><b>Please state the actions you have taken or are planning to take:</b></p> <p><b>Action 1.</b> The area operates an electronic record of all training provided to Foster Carers. This system will allow for a printed training record to be placed on each Foster Carers file. File audits will ensure this takes place.</p> <p><b>Action 2.</b> The training schedule will be circulated to all Foster Carers who will be encouraged and supported to participate in training.</p> <p>The Foster Care Committee writes to all carers following a review if any training needs have been identified and strongly recommends that the carer avail of the necessary training.</p>	
<p><b>Proposed timescale:</b></p> <p><b>Action 1: Complete 1<sup>st</sup> July 2017</b></p> <p><b>Action 2: 30/09/2017</b></p>	<p><b>Person responsible:</b></p> <p><b>PSW Foster Care, SWTL and Social Workers Foster Care</b></p> <p><b>PSW Foster Care &amp; Chair Foster Care Committee</b></p>

## **Standard 17**

### **Non-compliant Major**

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

A significant number of foster carers did not have up-to-date reviews.

Reviews had not been routinely completed where a report of a serious complaint or allegation had been made against foster carers.

#### **Action required:**

Under **Standard 17** you are required to ensure that:

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.

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

##### **Action 1.**

An electronic system is in place to schedule and track the reviews of Foster Carers in accordance with the National Standards. This system flags when reviews are due or overdue, and it is reviewed by the PSW fostering on a monthly basis.

There are currently 204 Foster Carers whose reviews are outstanding. Reviews of Foster Carers are a priority for the area. 50 have been scheduled to be completed by the end of 2017. The remaining 154 will be completed by Q3 2018. Two additional Social Workers have been assigned to the fostering service on a temporary basis to support the review process. Progress on achieving completion of the overdue reviews will be reviewed by the Area Manager and PSW at end of Q4 2017.

Current reviews will be incorporated as part of the work schedule of the expanded Foster Care staff team which includes two additional permanent Social Workers approved from Q4 2017.

##### **Action 2.**

Reviews will be prioritised where a report of a serious complaint or allegation had been made against foster carer. The Principal Social Worker will ensure current tracking system includes details and dates of last review. This tracking log will be discussed in supervision between Area Manager and Principal Social Worker.

If the Foster Care Committee requests a full review following an investigation of an allegation/complaint this will take place immediately. The review will be presented at the next Committee meeting to the Foster Care Committee, who will make a determination with regard to the status of the foster carers, and/or any other training or supports that the carers might require.

<p><b>Proposed timescale:</b></p> <p><b>Action 1: 30/09/2017</b></p> <p><b>Action 2: 30/09/2018</b></p> <p><b>Action 3: Immediate</b></p>	<p><b>Person responsible:</b></p> <p><b>PSW Foster Care, SWTL and Social Workers Foster Care</b></p> <p><b>Area Manager, PSW Foster Care, SWTL and Social Workers Foster Care</b></p> <p><b>Area Manager, PSW Foster Care, SWTL and Social Workers Foster Care</b></p>
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## **Theme 4: Leadership, Governance and Management**

### **Standard 23**

#### **Non-compliant Major**

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

The arrangements Tusla had in place for the chairperson to fulfil all requirements of the role were inadequate.

The practice of recommending carers for approval or not was not in line with the practice in other Tusla areas.

There were inadequate arrangements in place for the foster care committee to provide oversight and to track allegations against foster carers with both Tusla and private foster care agencies.

The committee did not operate an induction program for new members.

Additional training for current members was not provided.

The committee did not have records of Garda vetting for four of the 13 members.

#### **Action required:**

Under **Standard 23** you are required to ensure that:

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

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

##### **Action 1.**

The Chairperson's role will be carried out in line with Tusla's Policy, Procedures and Best Practice Guidance for Foster Care Committees.

The Chairperson will be facilitated to carry out the role effectively including appropriate access to office facilities and email. The FCC Chairperson will link frequently with the Secretary to the Foster Care Committee to ensure oversight of the responsibilities of the FCC including receipt, acknowledgement and tracking of allegation against foster carers.

The Area Manager and the Chair of the Foster Care Committee will meet on a quarterly basis for supervision, direction and advice with an agreed agenda which will include tracking of complaints and allegations, reviews, issues arising from assessment, training and supports to Foster Care Committee to enable it to carry out its functions. This will enhance the accountability of the Chairperson and Foster Care Committee within the Area governance structure.



**Action 2.**

All carers will be approved in accordance with best practice and in line with the National Policy

**Action 3.**

There is a system in place for tracking the progress of allegations against Foster Carers within both Tusla and private foster care agencies.

All new allegations will be notified to the Foster Care Committee in line with the Protocol for Managing Concerns and Allegations. All complaints will be tracked the Area Manager and Principal Social Worker on a bi-monthly basis until there is a final outcome. All final outcomes of investigations will be notified to the Foster Care Committee.

**Action 4**

A briefing session on the revised Foster Care Committee Policy, Procedure and Best Practice Guidance document was held on 21<sup>st</sup> June 2017 for Foster Carer Committee Members. This was attended by the majority of the Foster Care Committee, including the Chairperson. All new members of the Foster Care Committee will receive an induction pack and will be invited to attend the Foster Care Committee as an observer in advance of becoming a member.

**Action 5.**

A training needs analysis of the Foster Care Committee will be undertaken. This will inform future training needs of the committee.

The members of the committee will also be advised of all training being provided and will be encouraged and supported to attend.

**Action 6.**

The identified Foster Care Committee members were sent Garda E-Vetting applications in June 2017. These are now being processed. Dates of completed vetting will be recorded on the Foster Care Committee file.

**Proposed timescale:**

**Action 1: 30/09/2017**

**Action 2: 30/09/2017**

**Person responsible:**

**Area Manager, Chair FCC & Workforce Development**

**Foster Care Committee**

<b>Action 3: 30/09/2017</b>	<b>Area Manager, PSW Foster Care, Chair Foster Care Committee</b>
<b>Action 4: 31/12/2017</b>	
<b>Action 5: End of Q1 2018</b>	<b>Regional Manager, Area Manager &amp; Workforce Development</b>
<b>Action 6: Completed</b>	<b>Secretary Foster Care Committee</b>