

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



Name of service area:	Galway/Roscommon	
Dates of inspection:	15-18 May 2017	
Number of fieldwork days:	4	
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Type of inspection:	<input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced <input type="checkbox"/> Full <input checked="" type="checkbox"/> Themed	
Monitoring Event No:	0019029	

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:

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

1. Inspection methodology

As part of this inspection, inspectors met with the relevant professionals involved in foster care services, and foster carers. Inspectors observed practices and reviewed documentation such as case files, foster carers assessment files, and relevant documentation relating to the areas covered by the theme.

During this inspection, the inspectors evaluated the:

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

The key activities of this inspection involved:

- the analysis of data
- meeting with area manager, two principal social workers, two team leaders, and three social care leaders
- telephone interview with occupational therapist
- interview with the chairperson of the foster care committee
- interview with social care manager
- interview with social care leader with responsibility for training

- focus groups with 17 foster carers, nine social workers for children in care and 13 link social workers
- review of the relevant sections of 86 foster carers files as they relate to the theme
- observation of a foster care committee meeting
- observation of a matching panel meeting
- review of a sample of exit interviews.

Acknowledgements

The Authority wishes to thank the staff and managers of the service for their cooperation with this inspection, and foster carers who participated in 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
- 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

Galway/Roscommon is one of 17 service areas in the Child and Family Agency. It is situated in the west of the country. *Measuring 6,149 square kilometres (2,374 square miles), County Galway is the second largest county in Ireland. At 2,648 square kilometres (1,022 square miles), County Roscommon is the 11th largest county by area.

The total population of the two counties is 322,602. Galway City and County have a combined population of 258,058 people. Of these, 86,952 people, or 33.7%, are aged 24 years or under. This figure is slightly above the corresponding national

* Information provided by Child & Family Agency (adapted)

figure of 33.2%. The percentage of people aged 24 years or under in County Roscommon, 31.6%, is slightly below the national average.

Pobal HP Deprivation Index scores are based on an analysis of data collected during Census 2006 and Census 2011 and showed that Galway City is the most affluent local authority area within the West Region. Three areas within Galway city fall into the 'affluent' category while no areas are in the 'disadvantaged' category. The most disadvantaged areas are just marginally below the national average.

County Galway is the second most affluent local authority area within the West Region. County Galway is not characterised by particular extremes of affluence or deprivation.

In 2011, County Roscommon was considered to be the 20th most affluent, or 15th most deprived, local authority area in Ireland.*

The area was under the direction of the service director for the Child and Family Agency West Region and was managed by an area manager responsible for the provision of all social work services to children and families in Galway and Roscommon.

The foster care service was made up of three teams, one in Roscommon and two in Galway. Each team was managed by a team leader who reported to two Principal Social Workers - one for each county. There was one vacancy for a team leader which meant that one team leader was covering two teams at the time of the inspection. The teams were made up of social workers called link workers, senior social work practitioners and social care workers and social care leaders. The fostering teams had access to the services of an occupational therapist, who provided specialist assistance to foster carers and children. The link workers provided support and supervision to foster carers. In addition, they carried out assessments of new applicants for fostering, provided training and were involved in recruiting new foster carers. The social care workers and leaders provided extra supports to foster carers and the children they cared for and one social care leader arranged training for the foster carers across the two counties.

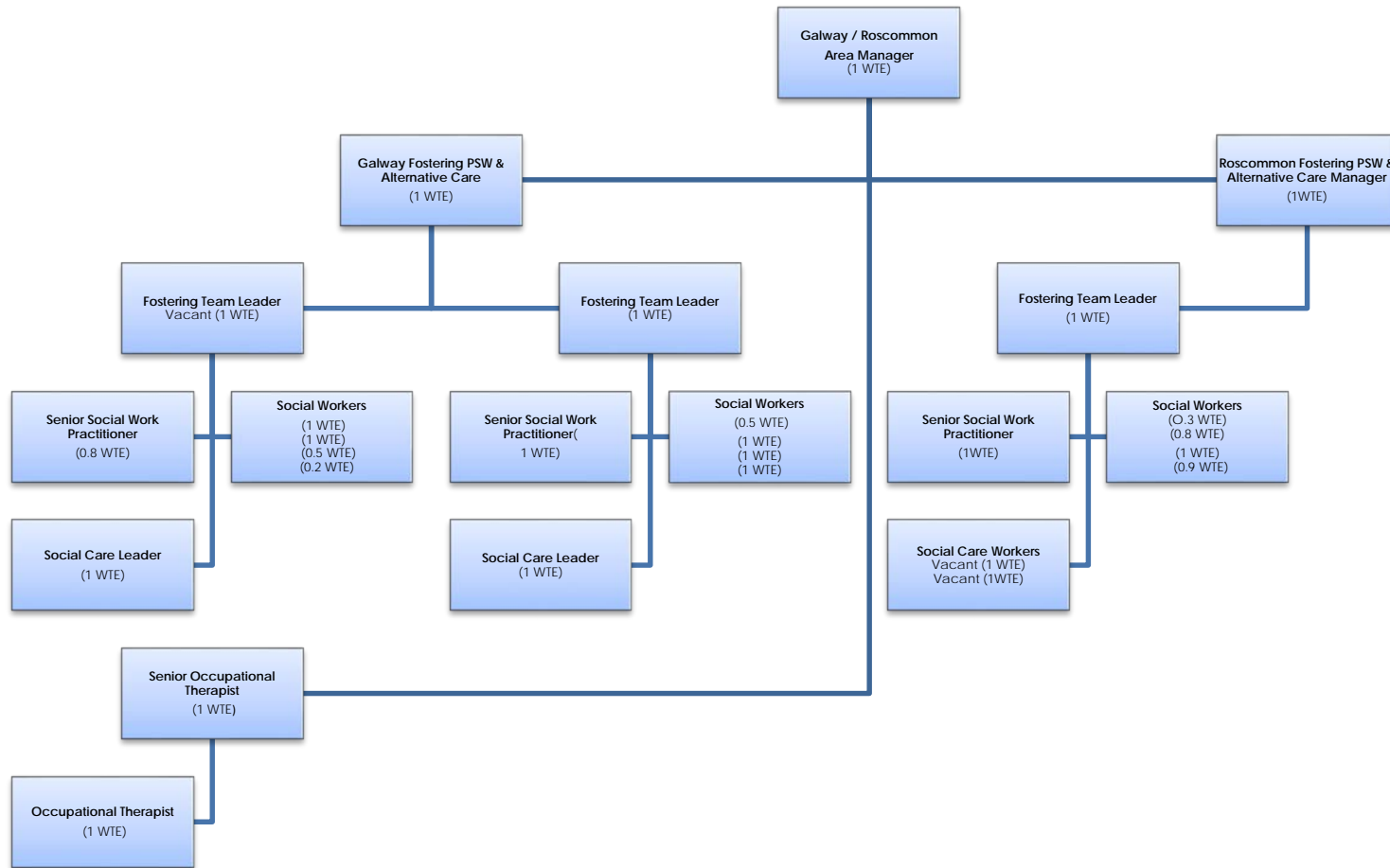
There were 284 foster carer households in the service, made up of 220 general foster carers and 64 relative foster carers.

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

* Information provided by Child & Family Agency (adapted)

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

* Source: The Child and Family Agency



3. Summary of inspection findings

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

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

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

- One standard was compliant
- Three standards were substantially compliant
- Four standards were non-compliant, all of which were identified as moderate non-compliances.

This inspection identified that the two counties that make up this service area were integrated in relation to how they arranged training and recruitment. In all other areas of practice they functioned independently from each other.

Complaints and allegations were appropriately responded to and actions were taken to keep children safe. There was a system in place to ensure that complaints, concerns and allegations were recorded, managed and tracked until a final outcome was reached. This system ensured management oversight of complaints, concerns and allegations. However, there were some differences in practice throughout the area and the systems in place required further embedding into practice to ensure that complaints, concerns and allegations were consistently managed in both areas, and that all allegations were notified to the Foster Care Committee. During the inspection, one allegation was brought to the attention of the principal social worker for further action to be taken as the issues involved had not been sufficiently addressed. In addition, one complaint was referred to the fostering team leader as further action was required to ensure the foster carers had oversight of the situation.

Systems in place for obtaining and updating An Garda Síochána (police) vetting were not reliable. Two foster carers had been approved despite there being no vetting

evident on their files and, in addition, not all adults living in foster homes had evidence on file of being Garda vetted. These potential risks were escalated to the area manager following the inspection and the area manager informed HIOA that a comprehensive audit had been conducted of all fostering files. Systems to ensure that updated Garda vetting for all foster carers would be sought in time were being put in place. One file was also referred to the principal social worker for An Garda Síochána (police) vetting for an adult family member that was not on the file. The implementation of the improved Garda vetting system put in place following the inspection should address this deficit.

Assessments of prospective foster carers were comprehensive and of good quality and followed the national framework. However, there were some delays in completing assessments. There were very small waiting lists for assessments and there were plans in place to allocate these cases.

The majority of foster care households where children were placed had an allocated link worker. Six foster carers did not have an allocated link worker at the time of the inspection but these were due to be allocated later in the month. Some formal supervision of foster carers took place. The recording of the formal supervision process by link workers with foster carers was not consistent and managers were aware of this and were working towards achieving consistency.

Foster carers were well supported. Foster carers described good formal and informal support by their link workers. There were support groups available which were provided by a national voluntary organisation and there were some informal support groups for foster carers provided by link workers. There was a variety of good additional support services available to foster carers as a support to placements where children had complex needs. These supports included the work of the social care workers and leaders, the services of an occupational therapist and access to respite care.

Management oversight of link workers was mixed. There was one team leader vacancy in the area and this had an impact on the ability of the existing team leaders to manage all of the link workers in the area. The quality of recording in files was of mixed quality; some files were comprehensive and detailed while others were poor. Files were not well organised and basic information was not easily accessed. Some case notes were brief and lacking in detail.

The provision of training was good and was well organised. Foster carers received foundation training in foster care during the assessment process and prior to being approved. The area had an initiative in place whereby some training events were mandatory for all new foster carers including Children First: National Guidance for the Protection and Welfare of Children (2011) and farm safety training. Some foster carers undertook relevant training following their approval. Foster carers were

informed of training events being provided by the area on a range of subjects. The area maintained training records on the training that was undertaken by foster carers but this was not always clearly recorded in their files. Therefore, it was difficult for managers and staff to know whether or not all foster carers participated in regular training and to ensure that they equipped themselves to meet the needs of the children in their care.

Reviews of foster carers were not carried out in line with the regularity required by the standards but the area was working towards compliance and was making progress. Seventy-one or 25 % of foster carers had not had a review in more than three years. Prior to the inspection the principal social workers had scheduled the majority of outstanding reviews and planned to have them all up-to-date by August 2017. Reviews were of good quality and were useful and positive experiences for the foster carers. There was evidence of good practice in the review process such as discussions about significant incidents and identification of learning from these incidents. However, there was room for improvement in the process as allegations were not always followed by a review of the foster carers. In addition, key information such as considering the views of foster carers own children, updated Garda vetting and written updated health and safety checks of the foster carers home were not included.

The two Foster Care Committees were guided by but not fully compliant with the standards and the national policy, procedure and best practice guidance for foster care committees. The committees comprised a range of appropriate members who were Garda vetted. The committees fulfilled many of their responsibilities under the standards. The committees were effective and they made clear decisions. The committees had access to specialist advice which guided their work in relation to medical issues relating to applicants for fostering. However, they did not approve long-term placements or contribute to the planning of foster care services and they did not verify the supporting documentation provided for fostering assessments. In one county the foster care committee did not have oversight of all allegations made against foster carers.

Recruitment and retention strategies were good and the area maintained a panel of foster carers, with new foster carers coming on stream continually to replace those that left. Despite this there were insufficient foster carers to meet the needs of the service. There was a matching panel that met regularly to discuss requests for placements and the availability of foster carers and to identify a match between a particular child's needs and the foster carers capacity to meet those needs. However, the panel of foster carers was not formally reviewed as required by the standards.

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
Theme 2: Safe and Effective Services	
Standard 10: Safeguarding and child protection	Non-Compliant Moderate
Standard 14 a: Assessment and approval of non-relative foster carers	Compliant
Standard 14b: Assessment and approval of relative foster carers	Substantially compliant
Standard 15: Supervision and support	Non-Compliant Moderate
Standard 16: Training	Substantially compliant
Standard 17: Reviews of foster carers	Non-Compliant Moderate
Theme 4: Leadership, Governance and Management	
Standard 23: The Foster Care Committee	Non-Compliant Moderate
Theme 5: Use of Resources	

National Standards for Foster Care	Judgment
Standard 21: Recruitment and retention of an appropriate range of foster carers	Substantially compliant

5. Findings and judgments

Theme 2: Safe and Effective Services

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

Standard 10: Safeguarding and child protection

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

Summary of inspection findings under Standard 10

Concerns, allegations and complaints were investigated and were generally well managed. There was evidence of some good practice in relation to recording, management and oversight of complaints. There was evidence that information from the complaints process was used to inform training for foster carers. Allegations were all well managed but were not all notified to the foster care committee.

Data provided by the area in advance of the inspection showed that there were 12 child protection and welfare concerns or allegations against foster carers in the 12 months prior to the inspection. These were recorded in two separate logs of complaints, concerns and allegations - one for each of the two counties.

Allegations against foster carers were well managed and actions were taken to ensure children were safe. Inspectors reviewed the 12 allegations and found that 11 were correctly classified and received the appropriate response. Ten of the allegations reviewed by inspectors were processed in line with Children First. Strategy meetings were held to decide whether the allegation met the threshold for a statutory response and there were clear procedures to be followed in these cases. Inspectors found that all actions necessary to safeguard children were taken including interviewing children alone and putting safety plans in place. Home visits were carried out and decisions were taken to move children when required to ensure their safety and quality of care. As a result of investigations appropriate actions were taken in relation to foster carers and children, such as foster carers being removed from the panel. In one of these cases inspectors found that all issues identified in the allegation had not been sufficiently addressed. This case was escalated to the

principal social worker during the inspection. Following the inspection a written account was submitted to HIQA outlining the actions taken to ensure that all the issues had been fully addressed.

However, whilst the Children First process was followed an independent social worker did not always investigate the allegation. Inspectors found from file reviews that in eight of the 12 allegations the investigation was appropriately conducted by a child protection social worker. In two cases the child's social worker conducted the investigation and in two cases it was a social care worker that assessed the allegation. Whilst the Children First guidance allows for other professionals- who may have a prior relationship with the family - to carry out enquiries into concerns, it is Tusla's policy that an independent social worker investigates allegations. However, where personnel other than an independent social worker investigated allegations the reasons for this were not always clearly recorded in files reviewed by inspectors.

There was no national policy on managing serious concerns or allegations about foster carers but an interim protocol for managing concerns and allegations of abuse or neglect against foster carers had been issued in April 2017, just prior to this inspection. Up to the time of the inspection the area followed the 'HSE West Regional Policy on Safe Care in Fostering'. This policy defined the categories of reports as; difficulties within placements, a complaint about the service, a report of inappropriate discipline or a report of abuse. Reports of abuse constituted a child protection matter and these were to be investigated in line with Children First and Tusla's own standard business processes and managed by child protection team leaders. Team leaders described the process for identifying and investigating allegations against foster carers. They told inspectors that all information received as complaints was discussed and classified at strategy meetings and decisions were made on what procedures should be used and by whom they were to be managed. Team leaders were clear that allegations were those reports to which child protection thresholds applied and that these would be managed using child protection processes. There were some practices that were inconsistent across the two counties. For example, team leaders told inspectors that the practice in regard to notifying foster carers in writing about the allegation was not consistent across the two counties and inspectors found this from files reviewed.

Complaints were well managed. There were good systems in place to ensure that complaints, concerns and allegations against foster carers were recorded, managed and tracked until a final outcome was reached. This system provided management oversight of all complaints and concerns.

All complaints were recorded in a log and meetings were held to discuss them, decide what action was to be taken and who was responsible. If they were deemed to be allegations they were managed according to child protection processes as

above. If deemed to be a complaint or a concern they were investigated as such and a final outcome report was written by the investigating social worker. Complaints were investigated at the lowest level possible, outcomes were reached and recommendations were made, as appropriate, about the foster carers continuing capacity to provide care. Inspectors reviewed these complaints logs and found that clear, concise records were held on all complaints.

Data provided for the inspection indicated that there were forty one complaints, concerns and allegations against foster carers in the twelve months prior to the inspection. Management of complaints differed between the two counties in the area. In Roscommon complaints were classified as either concerns or allegations and all were notified to the foster care committee. In Galway, complaints were divided into complaints, concerns and allegations. These were managed by a complaints committee, comprised of principal social workers and chaired by the area manager. Complaints and their outcomes were discussed at the complaints management meeting and once a final outcome was reached and the complaint was brought to a conclusion they were closed. The complaints committee in Galway decided whether a complaint, concern or allegation would be notified to the foster care committee. The area manager had oversight of all complaints and reviewed the complaints logs for the two counties. Complaints were regularly reviewed at the management forum until the final outcome was reached.

Overall, the system was good in that it provided a forum for recording and oversight of all complaints, concerns and allegations against foster carers but it needed to be further embedded into practice to ensure that clear definitions of complaints, concerns and allegations were consistently applied in all cases.

Inspectors found from files reviewed and from interviews with social workers that there was some confusion about the classification of complaints, concerns and allegations. In some files the terms complaint and allegation were used interchangeably and in three cases allegations had been recorded as complaints, even though they had been appropriately managed as allegations. Inspectors found, in the sample of files reviewed, that some complaints were investigated by the duty social workers, some by social care leaders and some by the children in care social workers and the reasons for this were not clearly recorded in the files. Inspectors spoke with staff members who were familiar with the revised national policy on the management of allegations against foster carers and they said it provided clarity about roles and responsibilities in the investigation process.

Of the sample of seven complaint files reviewed by inspectors all had been investigated and outcomes reached. These had been notified to the foster care committee who maintained oversight of complaints. However, one complaint had not been recorded in the complaints log for that county. In addition, inspectors brought

another complaint to the attention of the appropriate fostering team leader as the information regarding the complaint had not been shared with the foster carers to ensure their oversight of the situation.

Team leaders told inspectors that the complaints logs identified patterns in complaints. The area manager said that when these patterns were identified the area could respond, for example, by providing training for foster carers on a particular topic. Inspectors noted that one issue that arose as a result of a complaint was the safe use of social media and the internet and training had been provided for foster carers on this topic.

There were some good safeguarding measures in place for foster carers such as safe care plans for children, health and safety checks carried out in foster homes. The majority of foster carers had an allocated link worker and there were no families that were dual unallocated (no link worker allocated to the foster family and no social worker allocated to the child in the placement).

Systems in relation to Garda vetting were not sufficiently reliable and required improvement. Data provided by the area showed that all foster carers had been vetted. However, during the inspection inspectors found two files which did not contain the vetting of the applicants despite the fact that they had been approved by the foster care committee. Prior to the conclusion of the inspection, evidence of Garda vetting was provided, albeit it was obtained 13 years earlier prior to their approval as foster carers, for one of these carers. Inspectors were concerned that there could be families that had been approved to foster who had not been vetted. This concern was escalated to the area manager in writing following the inspection and the area carried out a full review of all foster carers to ascertain whether there were others that had no vetting in place. The area manager subsequently submitted a comprehensive response to HIQA advising that two further foster carers had been identified where there was no evidence of Garda vetting on their files. These had been obtained but were not filed due to an administration error, therefore updated vetting had been sought. The area manager provided assurances that new enhanced safeguards and procedures were in place in relation to the updating of Garda vetting.

Data provided by the area indicated that 151 foster carers (52%) of all foster carers had not had their Garda vetting updated in more than three years. The area manager told inspectors that there was an electronic recording system for vetting. Inspectors reviewed this system and found that it was an electronic record of the dates on which vetting forms were issued and received from foster carers but it did not serve as an alert for when they were due or for when they were actually received back by the area. There was no evidence of managerial oversight of the

process and it was not linked to the review process for foster carers. The absence of up-to-date Garda vetting for all foster carers posed a risk for the service.

In addition, not all adults living in foster homes were An Garda Síochána (police) vetted in line with the regulations. Inspectors found that from a sample of eight files reviewed there were two adults living in foster homes that did not have evidence of vetting on file. Both of these cases were brought to the attention of the principal social worker. Following the inspection written plans were submitted to HIQA outlining the actions that would be taken to ensure Garda vetting was obtained.

These cases raised the potential that there were other adults living in foster homes that had not been vetted by An Garda Síochána. This potential risk was escalated to the area manager in writing following the inspection. The area manager informed HIQA that a system was now in place to identify all adults over the age of 18 years living in foster homes so that the service would be proactive in procuring vetting for them going forward. This system would be supported by the foster care review system which would include updated vetting.

The area manager told inspectors that the area had a culture of safeguarding implemented through social workers spending time with children and developing relationships that encouraged disclosure, and through the supervision of social workers. Team leaders told inspectors that safeguarding measures included training in safe care practices for foster carers as part of their foundation training, regular meetings with foster carers, joint working with the social workers allocated to children in care, safety plans and formal supervision of foster carers. The area manager told inspectors that training in Children First: National Guidance for the Protection and Welfare of Children (2011) was mandatory for all new foster care applicants and that a programme of training to ensure all other foster carers received this training was being rolled out. Inspectors viewed training records and found that 53.5% of foster carers had attended Children First training in addition to the safe care module they would have received as part of their foundation training to become foster carers. There was a training programme in place for 2017 which included five sessions on Children First to facilitate the attendance of those who had not done this training.

Staff were not clear about the provisions of the protected disclosures policy and informed inspectors that they had not received training on this issue. This is significant in that all staff should be aware that they can report any concern that they have about the service or other staff members, and the procedures for them to do so.

There was one serious incident in the area and inspectors found that it had been appropriately reported and well managed.

The foster care committee maintained oversight of complaints, concerns and allegations but there was room for improvement in the process. There was a formal system in place for notifying the foster care committee of complaints, concerns and allegations and these were tracked until a final outcome was reached. The committee was updated on the progress of investigations and also when a final outcome was reached. This meant that the foster care committee had oversight of the progress of investigations. Inspectors observed the foster care committee's process and reviewed minutes of their meetings which supported this finding. However, not all allegations- such as those that were unfounded- were notified to the committee and this meant that there were some allegations which they did not have oversight of. The result of this was that there was no external oversight of the social work department's management of some allegations.

Judgment: Non-compliant - Moderate

Standard 14a: Assessment and approval of non- relative foster carers

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

Standard 14b: Assessment and approval of relative foster carers

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

Summary of inspection findings under Standard 14

Fostering assessments were comprehensive. There was a national policy on the assessment and approval of foster carers and foster carers received relevant information about fostering throughout the recruitment and assessment process. The area was consistently implementing the national assessment framework for foster care and principal social workers had oversight of assessment reports prior to them being presented to the foster care committee.

Data provided for the inspection indicated that there were 33 assessments of general foster carers carried out by the area during the 12 months prior to the inspection. Link workers used the National Assessment Framework for Foster Care when carrying out assessments of foster care applicants. Inspectors sampled four of these and found that assessments were comprehensive, detailed and of good quality. There was good evidence of issues being fully addressed with prospective foster carers. For example, when there were specific medical issues relating to applicants the area had a medical sub-committee - made up of a general practitioner and an area medical officer - who reviewed medical information to assist the foster care committee in making an informed decision about proceeding with an assessment or approving applicants. In some cases applicants were approved for a defined period of time with a recommendation to return to the foster care committee at the end of this period of time for a review of their continuing capacity and suitability for fostering.

Once the assessments commenced they were carried out in a timely manner. Three of the four sampled were conducted in under five months. The third file did not have a clear record of the start date of the assessment but the delay in the completion of

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

the assessment was partially explained by medical issues being addressed by the applicants at the request of the foster care committee. However, there were some delays in assessments commencing. These delays ranged from five to 18 months and there was no discernable reason recorded on the files as to why they had not commenced.

There were seven general foster care applicants awaiting assessments to commence. The reason for the delay was that a staff member was on extended leave but team leaders told inspectors these assessments would all be allocated as soon as the member of staff returned at the end of the month. In addition, applicants who might match a child in need of a placement would be prioritised.

Emergency placements with relatives were well managed. Team leaders described the process for providing relative care, and outlined that when relatives were being considered as relative carers a screening visit was carried out by the link worker and the social worker for the child in care. Any issues that arose in the screening visit were brought to the foster care committee for a decision about whether or not to proceed with the assessment. Medical reports were sought, child protection checks were carried out with social work departments to enquire if the families were known to them and informal checks were carried out with An Garda Síochána (police). The placement was agreed by the principal social worker and the child was placed with their relative. Following this the formal procedures were commenced including formal written vetting, health and safety checks of households and the assessment process began.

Assessments of relative carers were comprehensive but were not always timely. There was evidence of good practice in the assessment of relative carers. When children were placed with relatives this prevented them coming into mainstream care and resulted in good outcomes for them. Data provided by the area indicated that seven assessments of relative carers were completed in the 12 months prior to the inspection. Inspectors reviewed five of these and found that assessments were comprehensive and thorough and followed the national framework. Files reflected that several visits had been carried out by the assessing social workers to the prospective foster carers. Relevant issues were identified and comprehensively discussed with the applicants. Comprehensive reports with good quality analysis were written for presentation to the foster care committee. One assessment had not been thorough and the foster care committee had requested a re-assessment. The second assessment was of better quality and the applicants were approved for fostering.

However, there were some delays in carrying out assessments of relative carers. Inspectors noted, from files reviewed, that relative assessments took from four to 13 months to complete. Team leaders told inspectors that relative fostering assessments

were not always carried out within the timeframes required by the regulations. Team leaders told inspectors that there were various reasons for this such as family dynamics, or presenting issues that required further exploration delaying the progress of the assessment. In these cases an interim report was presented to the foster care committee for a decision on whether or not to proceed with the assessment.

Inspectors reviewed eight relative foster carers files and found that all files contained Garda vetting and in six had all the relevant checks had been conducted and were recorded on the files. One file did not contain the health and safety check on the foster carer's home and another did not record if checks had been carried out with local child protection departments prior to the placement being made. Both these files contained all the other relevant documentation required for a relative placement. Inspectors found evidence in files and from observation of the foster care committee meeting that any issues that presented in the assessment process was brought to the foster care committee for a decision about whether or not to proceed with the fostering assessment. This ensured that the placement of children with relatives was overseen by the foster care committee.

There were three relative care assessments ongoing at the time of the inspection but these had not been processed within the 16 week timeframe set out in the standards. In one case it had taken three months from the date of the placement to commence the assessment. Children had been in these placements since August, September and December of 2016. Delays were partially explained by events such as issues in the processing of medicals. Inspectors found good evidence that the ongoing assessments were covering relevant topics.

There was a clear process for approval of foster carers and their placement on a foster care panel. Assessment reports were submitted to the foster care committee prior to the committee meeting and the assessing link worker attended the meeting at which their assessments were being discussed. However, there were no records in the files reviewed by inspectors to indicate whether or not foster care applicants were always given the opportunity of reading their assessment reports prior to them being presented to the foster care committee. The foster care committee sought further information or clarification of reports when necessary and made the decision to recommend approval or not. The Chair of Foster Care Committee told inspectors that all foster care applicants were given the opportunity to attend the foster care committee meeting at which their assessment report was being considered but that not many applicants availed of this opportunity.

Foster carers were notified in writing of the decisions of the foster care committee. Inspectors found from file reviews that following a decision to recommend the

inclusion of applicants on the panel of foster carers, they were notified in writing by the area manager.

Foster care contracts for each child in a placement were not always contained in the files of the foster carers. Out of 39 files reviewed to see if contracts were in place for the children inspectors found that two out of every three files sampled contained contracts of care. A third of the files in the sample did not contain contracts for the children placed.

Judgment:

Standard 14a - 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.

The quality of supervision of foster carers by link social workers was mixed. Some link workers provided good quality formal supervision to foster carers and this was reflected in their files. These link workers were familiar with their foster families and demonstrated their knowledge of the foster families, and the issues pertinent to their placements, in their conversations with inspectors. Link workers told inspectors how they were addressing issues with foster carers to ensure good outcomes for the children in their care. Data provided for the inspection indicated that all foster carers in Galway and the majority in Roscommon had an allocated link worker. There were six foster carers in Roscommon without an allocated link worker but they were provided with support when required. Foster carers told inspectors they had a link worker who supervised them and that they understood the link workers role in ensuring their compliance with standards. Link workers told inspectors they supervised foster carers through home visits and telephone calls.

The regularity of visits to foster carers was inconsistent and in some cases was minimal. Inspectors sampled 38 foster carers files and found that 65% of these foster carers had received regular visits from their link worker. Case files reflected that link workers were also in telephone contact with foster carers on a regular basis. Team leaders told inspectors that the expectation was that link workers would conduct a minimum of three formal supervision visits per year. They said the teams were working towards achieving this target.

Recording of the formal supervision process required improvement. File reviews reflected that supervision was being recorded either within the case notes or on a support and supervision template. Inspectors reviewed files and found that, out of 38 files reviewed for this purpose, five files contained a comprehensively completed formal supervision record. This record clearly indicated that the link worker had carried out a formal supervision visit to the foster carer. The record identified the issues discussed and how they had been addressed by the link worker with the foster carer. A further two files contained good case notes which clearly outlined the supervision process. Social workers working with children in care told inspectors that link workers appropriately challenged foster carers about their responsibilities. They were not clear about the level of supervision foster carers received from their link workers. Team leaders and link workers told inspectors they were formalising the

supervision process by recording supervision sessions with foster carers on a formal template. The fact that supervision was not consistently recorded separately to the case note meant it was more difficult for managers to have oversight of the formal supervision process. Team leaders were aware of the inconsistency in recording practices and told inspectors their goal was to consistently record supervision on the supervision template, as it captured all relevant information. In addition, the team leaders had identified that consistent recording of formal supervision would help to alert workers when a review was required and also could be used to encourage foster carers to attend training when a specific need was identified.

Foster carers were provided with good quality support. Foster carers told inspectors they were well supported. Link workers, foster carers and social workers for children in care all described the formal and informal supports that were available to foster carers. Inspectors reviewed files which reflected that link workers supported foster carers through home visits, telephone contact and attending meetings with them. Link workers and social workers for children in care carried out home visits together and this demonstrated their good working relationships.

The six foster carers that did not have a link worker received support as required. Inspectors reviewed a sample of three files of the six unallocated foster carers. They had been unallocated for up to seven months. However, inspectors found, from the sample reviewed, that when issues arose these families received good support from a student social worker or a team leader and that all issues were thoroughly addressed. Young people in aftercare with these families were receiving support from an aftercare worker. These actions mitigated any risks associated with the foster carers being unallocated. The team leader for Roscommon told inspectors that all these foster carers would have an allocated link worker by month end as a new staff member had been appointed.

Inspectors found that there were a range of supports in place for foster carers caring for children with complex needs. File reviews reflected that children's placements in foster care were supported through the provision of respite care, intensive work with child care workers, assistance and guidance from an occupational therapist and informal support groups for foster carers. Principal social workers told inspectors that foster carers were supported through the link worker visits, the provision of respite placements, the work of the social care leaders and an occupational therapist, the coffee mornings run by the link workers and the local branch of a national support group for foster carers. The area had four social care leaders either assigned or available to the fostering teams to provide additional supports to foster carers and children including doing direct work with children and providing play therapy. Social care leaders told inspectors that they worked with foster carers to ensure stability of a placement. They carried out specific work wherever a need was identified so this included working with the foster carers, the

children and/or their parents. There were also two staff trained in a specific parenting model available to assist and advise foster carers. Social care leaders also supported foster carers through transitions and when children left their care. Social workers for children in care told inspectors that the work of the social care leaders supported foster carers.

Respite care was provided when necessary. Files reviewed reflected the respite arrangements being provided to foster carers. The principal social workers told inspectors that respite care was provided to foster carers as a support to placements. Inspectors saw a list of the carers and the respite arrangements they were receiving. There were 20 foster families being supported in this way.

There was an occupational therapist available to support foster carers. The occupational therapist told inspectors that they worked intensively with children in care who had experienced trauma and also coached foster carers around meeting specific needs children had. Inspectors reviewed files which reflected that foster carers were receiving additional supports such as respite care, the services of the occupational therapist and social care workers and other services relevant to the children's needs.

The area provided support groups for the foster carers in one county in the form of coffee mornings as an informal support mechanism. Foster carers in both counties were encouraged to be involved with their local branch of a national organisation for foster carers. Inspectors reviewed files and found that information about these coffee mornings and the national organisation was sent to foster carers but there was no information available on the level of attendance at these informal support meetings.

There was no dedicated out-of-hours service to support all foster carers outside of office hours. There was a national out-of-hours Tusla emergency service available to foster carers but, in order to access this service, foster carers would have to phone An Garda Síochána who would then contact the out-of-hours social work service.

The quality of management oversight of link workers was inconsistent. Out of 34 files reviewed by inspectors for this purpose 26 files contained some evidence of oversight in the form of supervision by team leaders. Of these, inspectors noted that the supervision records were limited in detail or poor. Two files had been audited by a principal social worker but the audit was ineffective as it did not lead to improvements in the records. There were vacancies within the teams that exacerbated this issue of supervision of link workers. One team leader, recently appointed, was responsible for all the work of two fostering teams in one county. The area manager told inspectors that staff recruitment and retention was an issue but that plans were in place to address this.

The standard of recording was inconsistent and files were poorly maintained. Whilst this inspection did not focus on the quality of written records or file management, the organisation and lack of content in files was an obvious deficit throughout the inspection. Standard 15 of the National Standards for Foster Care requires that link workers maintain a record of all contacts with foster carers including the issues discussed, requests for additional support and the response to these requests. Inspectors noted throughout the inspection that files maintained on foster carers were not well organised, were difficult to navigate in order to find the information required and some were incomplete. This meant that inspectors were unable to locate basic information in some files such as the number of children in the foster care household, who they were and the number of placements a foster family had over their time fostering. In addition, files did not contain chronologies. Important events such as whether a complaint or allegation had been made were not easily identified.

The quality of recording of case notes and supervision of foster carers was inconsistent – some files contained well-written comprehensive records. Clear and comprehensive notes recorded the issues addressed with foster carers during home visits and outlined the advice and guidance given by the link workers. Inspectors reviewed 41 files for this purpose and found that 15 (37%) of the sample contained records that were either brief, vague and lacking in detail or in handwriting that was difficult to read.

Inspectors found documents in files without signatures or dates so it was difficult to ascertain when they had been finalised and whether there had been managerial oversight of the quality of the document. Inspectors also found information which may lead to a data protection breach in files - such as information pertaining to one individual being held in the file of another- which was brought to the attention of staff at the time of inspection. One of the principal social workers told inspectors that developing file audits and improving record keeping was a priority for the service. Team leaders acknowledged that paperwork was a challenge and identified that the principal social workers had begun to carry out file audits in order to improve the quality of filing and recording.

Judgment: Non-Compliant – Moderate

Standard 16: Training

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

Training was well planned and organised. Foster carers and relative carers received foundation training as an integral part of the assessment process and prior to their approval. This training included topics such as safe care, child development and attachment, and common behaviours of children in care.

The area had established a working group for training in 2016 to ensure that a needs-based training programme for foster carers was developed and delivered. This group had analysed foster care reviews and prepared a training programme for 2017 based on the training needs identified. The training plan included topics such as Children First, first aid, understanding self harm and the impact of trauma on development. There was a social care leader who took the lead role in organising training and other social care leaders provided training for foster carers in the areas of trauma and loss, the dynamics of family contact and in understanding and managing behaviour that challenges. The social care leader told inspectors that the training plan for 2017 had been sent to all carers and inspectors saw evidence of this on files reviewed. Inspectors reviewed files and found that foster carers were informed of upcoming training events and were encouraged to attend.

The area manager told inspectors that they had made some training mandatory for new foster carers. Children First and farm safety were mandatory training for all new carers. Attendance records for these training events were held centrally. Inspectors reviewed these records and found that more than half of all foster carers had attended training in Children First. The 2017 training plan included a further five sessions on Children First in an effort to ensure that more foster carers would receive this training. The training plan also included sessions on understanding self-harm, therapeutic responses to behaviour that is challenging and the links between trauma and attachment. Sessions were planned in different locations to facilitate and encourage foster carers attendance. Foster carers told inspectors they received good training which they found useful and relevant to the fostering task.

Guidance on the role of the link worker identified that the link worker should secure training for the foster carers when it is identified as a need for the child in their care. The template for the recording of the formal support and supervision process included a question on the foster carers training needs. Whilst some link workers had identified the training needs of foster carers, for example, attachment, aftercare and training on meeting the needs of foster children, a training needs analysis was

not routinely carried out for all carers. This gap was mitigated somewhat by the analysis of reviews that had taken place to identify training needs. File reviews confirmed that when training was recommended following a review of a foster carer it was provided. Examples of these included the foster carers attending Children First training and training on the impact of trauma on children.

The system of recording foster carers attendance at training was not fully implemented. The social care leader responsible for training had a system in place to keep records on foster carers' attendance at training events and told inspectors that this information was sent to link workers for inclusion on the foster carers files. Inspectors reviewed files and found that whilst there was some evidence of foster carers attendance at training maintained on files, the information was not consistently held on all foster carers files. This meant that link workers did not have an overview of all training attended by the foster carers they were allocated to.

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.

Summary of inspection findings under Standard 17

Reviews of foster carers were not carried out in line with the Standards. According to the Standards, the first review should take place one year after the first placement and subsequent reviews should take place at three-yearly intervals. The majority of foster carers in the area had been reviewed but there were a number of foster care reviews outstanding. Data provided for the inspection showed that 71 (25%) out of the 284 foster carers had not had a review for more than three years. The issue of outstanding reviews had been identified by the area as a deficit prior to the inspection and was being prioritised. An analysis of the current status of all foster carers had been done and a list maintained showing the dates the first review was due and identifying the dates the three-yearly reviews were required. The area manager told inspectors that the priority was to chronologically work through all the reviews that were overdue to reach a point where reviews were in line with the standards. Inspectors saw schedules of reviews that had been prepared for each county, which, if fully implemented, would ensure that all outstanding reviews would be completed by August 2017.

There was some good practice evident in the review process. Data provided by the area showed that 42 foster care reviews had been conducted in the 12 months prior to the inspection. The team leaders described the review process to inspectors. They said that the templates were completed prior to the review meeting which took place in the foster carers home. The meeting was chaired by a team leader, a principal social worker or the area manager and was attended by the foster carers and the link worker. The reports were discussed, training needs were identified, issues arising were addressed and health and safety checks were carried out in the home by the chair of the meeting.

Inspectors sampled 14 files where reviews of the foster carers had been conducted and found that overall consultation had taken place with relevant people. There was evidence of appropriate recommendations being made and followed up. These included recommendations that the foster carers attend a specific training event to further inform their understanding of particular issues. There was evidence in files reviewed by inspectors that significant incidents such as complaints and unplanned endings were discussed at the review as appropriate and learning from these was

identified. Some reviews also considered the views of children that had been previously placed in the foster home. Finally, a recommendation was made about the foster carers ongoing approval status. The foster care committee was notified about the decisions made at reviews and foster carers were notified in writing of the decision of the foster care committee in relation to their continuing status as foster carers.

Foster carers participated in the reviews of their continuing capacity to provide high quality care. Foster carers who had been reviewed described the experience as a useful and positive experience. The area had a guidance document on conducting reviews with foster carers which was accompanied by a suite of templates to be completed in preparation for the review. The preparation included reports from the parents of the child in care, social workers, link workers and the child in the placement. It did not include information on the views of the foster carers own children, a written updated health and safety assessment or updated garda vetting of the foster carers.

However, there was room for improvement in the process. It was not clear from the files reviewed if all foster carers had received a copy of the minutes of the review meeting so that they would have a written record of the decisions made.

Not all allegations were followed by a review of the foster carer. Of 12 child protection and welfare concerns made against foster carers, only five were reviewed following the assessment of the concerns or allegations. The area manager told inspectors that the nature of the concern determined whether or not a review was conducted.

Judgment: Non-compliant - Moderate

Theme 4: Leadership, Governance and Management

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

Standard 23: The Foster Care Committee

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

Summary of inspection findings under Standard 23

The foster care committee was guided by the Standards and the national policy, procedure and best practice guidance on foster care committees. This national guidance had been revised in February 2017 and the foster care committees had been issued with copies of the revised policy. There were two foster care committees in the service area: one for each county. The area manager was the chairperson for both committees but had handed over the responsibility for one county to an independent chairperson, just prior to the inspection. The foster care committees were comprised of the chairperson and up to 14 members including a consultant child psychiatrist, a psychologist, a foster carer, a director of public health nursing, a manager of family support services, a school principal and social work staff. The foster care committee members included people with appropriate experience and qualifications in the area of child protection, child welfare and foster care such as team leaders and principal social workers.

The work of the foster care committee was supported by an administrator. All the members of the foster care committees had Garda vetting in place. The foster care committees met monthly in Galway and bi-monthly in Roscommon. The chair of the foster care committee told inspectors that there was always a quorum at foster care committee meetings. Inspectors reviewed minutes of the foster care committee and

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observed a meeting of the committee and found that attendance was good at these meetings and the quorum was always reached.

The foster care committee had access to specialist advice. The area manager told inspectors that the foster care committee also had access to a medical sub-committee - made up of an area medical officer and a general practitioner - who provided advice on medical issues relating to fostering applicants and existing foster carers.

The foster care committee fulfilled some of its functions in line with the standards. The committee was effective in making recommendations about approving foster care applicants and decision-making was clear. Inspectors read minutes of foster care committee meetings and observed a meeting of the foster care committee. Minutes of the foster care committee meetings showed that the foster care committee considered assessment reports on prospective foster carers and made recommendations about approval or not. They appropriately sought further information from assessing social workers and consulted with the medical sub-committee where relevant. The committee reviewed reports on the outcome of investigations into complaints and allegations against foster carers, considered requests for changes to approval status of foster carers and reviewed interim reports presented when direction was needed regarding relative foster care assessments where issues had arisen. They read fostering assessment reports in advance of the foster care committee meeting and link workers attended the meeting to respond to any queries the committee members might have in regard to the assessment. The foster care committee tracked complaints and allegations that were notified to them until a final outcome was presented. They made clear decisions about the ongoing approval status of foster carers and these decisions were notified to foster carers. In addition the foster care committee was notified of the outcome of foster care reviews.

There was no formal induction procedure for the members of the foster care committee. The chair of the committee told inspectors that induction would be provided to new members through observation of foster care committee meetings, reading of relevant legislation, guidelines and procedures and briefings.

Inspectors found that the area manager ratified the decisions of the foster care committee to approve foster care applicants and that foster carers were notified in writing of these decisions.

There were some gaps in the functioning of the foster care committee. There was no evidence that the foster care committee verified the supporting documentation accompanying assessment reports including vetting by An Garda Síochána (police), medicals, references and health and safety checks. The fact that foster carers had been approved despite Garda vetting not being in place was escalated to the area

manager following the inspection. Subsequently the area manager informed HIQA that the fostering team had carried out a file audit of all fostering files and identified two files where there was no evidence of Garda vetting on file. However, it was confirmed that Garda vetting had been completed but the documentation was not on file.

The chairperson of the foster care committee in one county told inspectors that the foster care committee was not informed of all allegations, for example, those that were deemed to be unfounded. This meant that there was no oversight of the investigation and management of such cases by anyone outside of the social work department. This also meant that the foster care committee was not tracking foster carers to identify when multiple allegations were made about the same family.

The foster care committees did not generally approve long term placements as required by the standards. The chair of the foster care committee told inspectors that the foster care committee did not oversee the long term matching process but that in some cases foster families would be approved for long term placements at the initial approval stage. In other cases the foster care committee could review a foster family prior to a long term placement being agreed. Inspectors noted from minutes of one foster care committee meeting that a long term placement had been approved. The practice in this case was appropriate as the child's care plan and placement plan was presented to the foster care committee for discussion prior to the decision being made.

There was no formal training provided for members of the foster care committees but a training day on the revised national policy, procedure and best practice guidance was planned for later in the year.

The foster care committee had produced a report for 2016. This report contained statistics about the work of the committee during the year but the information was not used to formally contribute to strategic planning of the foster care service. The area manager acknowledged in interview with inspectors that the committee did not formally contribute to the planning of the fostering service.

Judgment: Non - compliant – Moderate

Theme 5: Use of Resources

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

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

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

Summary of inspection findings under Standard 21

There were sufficient resources in place to recruit and retain foster carers and practice was consistent across the two counties in relation to recruitment. The area was successful in maintaining two panels of foster carers: one for each of the two counties. These panels were maintained by an administrator who updated the panel when foster carers became inactive, ceased fostering or were removed from the panel.

The area prioritised recruitment in order to increase and maintain the panel of foster carers. The area manager told inspectors that the area was good at recruitment and retention of foster carers and that the area had a steering group for recruitment. This was formed following an analysis of recruitment and approval of foster carers in the area. Inspectors were given written information on the work of the recruitment steering group which comprised the area manager, two principal social workers, a senior social work practitioner and a social worker and an administrator. Minutes of these recruitment meetings centred on creating a proactive recruitment plan that was creative in utilising local events as well as social media to drive the recruitment campaign. There were special initiatives, such as shared rearing, for recruitment of Traveller families as foster carers for children from the Travelling community and there was a plan to target their campaigns to recruit from the Polish community. Data provided by the area showed that there were seven recruitment campaigns during the 12 months prior to the inspection. Enquiries for fostering were managed by a dedicated worker to ensure a prompt response. Twelve information meetings were held during that time and 49 applications were received from prospective foster carers as a result. Data also showed that 21 foster carers left the foster care panel or had been removed during the previous 12 months while 23 (5 relative

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carers and 18 general) foster carers had been approved and added to the panel during that time. In this way, foster carers that left the panel were replaced by new foster carers so that numbers were not reduced when carers stopped fostering.

However, despite the efforts of the teams to ensure a sufficient number of foster carers there were insufficient numbers on the panel to meet the needs of the service and to ensure that foster carers were not over-burdened with placements which exceeded the numbers required by the standards. Data provided for the inspection indicated that there were 21 foster care families where the number of unrelated children placed exceeded the standards. In addition to this there were nine foster care families providing care outside their approval status. This means that they were providing care for which they had not been specifically approved. For example, a family approved for short term care only might be providing a long term placement for which they had not been approved.

There was no overall retention strategy in place for the retention of foster carers. Inspectors reviewed a sample of files of foster carers who had left the foster care panel during the previous 12 months. There were various reasons why foster carers stopped providing care: some had stopped fostering following an unplanned ending of a placement or having to deal with behaviour that was challenging. Foster carers were offered the opportunity to take part in a formal exit interview but they did not all avail of this opportunity. However, informally, they provided the reasons for their decision to stop fostering. A principal social worker told inspectors that strategic planning was ongoing in relation to the retention of foster carers.

Standard 21 requires that the panel of foster carers is periodically reviewed to ensure there is an appropriate number and range of foster carers to meet the needs of children in the area. The area had a matching panel that reviewed all admissions and discharges of children into the care system and addressed all requests for placements of children. Inspectors observed part of one of these matching panel meetings and found good evidence of teams exploring all possible placement options for children based on their needs. Inspectors found from a review of minutes of the matching panel meetings that the matching panel agreed status changes of foster carers, reviewed admissions and discharges of children to and from care, looked at current assessments and screened current relative care assessments. This ensured they had an overview of all current placements and were up-to-date on the availability of carers and their capacity to provide care. The matching panel reviewed information about who was coming on stream as new carers and whether they might be suitable carers for a child needing a placement. However, this was not a formal review of the panel of foster carers as required by the standards.

Judgment: Substantially Compliant

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

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

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National Standards for Foster Care (April 2003)

Theme 2: Safe and Effective Services

Standard 5: The child and family social worker

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

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

Standard 6: Assessment of children and young people

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

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

Standard 7: Care planning and review

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

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

Standard 8: Matching carers with children and young people

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

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

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

Standard 9: A safe and positive environment

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

Standard 10: Safeguarding and child protection

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

National Standards for Foster Care (April 2003)

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 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.

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National Standards for Foster Care (April 2003)

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

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.

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Theme 4: Leadership, Governance and Management

Standard 18: Effective policies

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

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

Standard 19: Management and monitoring of foster care agency

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

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

Standard 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.

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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.

Provider's response to Monitoring Report No:	MON 0019029
Name of Service Area:	Galway/Roscommon
Date of inspection:	15-18 May 2017
Date of response:	20 th July 2017 (accepted response)

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 – Safeguarding and Child Protection

Moderate Non- Compliance

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

Not all allegations were notified to the foster care committee.

Complaints, concerns and allegations was not consistently classified correctly to ensure the correct response.

Recording of decisions about the appropriate personnel to respond to complaints, concerns and allegations was not always maintained in files.

The systems in place to manage An Garda Síochána (police) vetting and updating of vetting were not adequate.

Not all foster care applicants had evidence of An Garda Síochána (police) vetting on their files.

Not all adults living in foster homes had evidence of An Garda Síochána (police) vetting in place.

59% of foster carers did not have up-to-date An Garda Síochána (police) vetting in place.

Staff were not all clear about the provisions of the protected disclosures policy in relation to what to do if they had a concern about the service.

Not all foster carers were trained in 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:

1. All allegations will be notified to the Foster Care Committee in line with the Protocol for managing concerns and allegations.

The bi- monthly Complaints Concerns Allegations (CCA) meeting will track all allegations until there is a final outcome.

2. Foster Care Teams will categorise all complaints as either : Complaints/Concerns or Allegations.

Team Leaders and PSWs will receive notification of complaints and allegation on a standard reporting form.

A log of complaints and allegations will be held and reviewed by the CCA meeting.

3. A standard template form for minutes of strategy meetings which records the appropriate personnel responding to complaints/concerns and allegations will be developed.

The strategy meeting record will be placed in the complaints section of the Foster Carers file.

4. The area will develop a Foster Carers Profile system. This system will record the Garda Vetting status of all adults living in the home.

Information from the bi-annually supervision and support meeting with Foster Carers will ensure the Profile is updated by the Team Leader.

Garda Vetting will be discussed at all supervision meetings. Garda e vetting will be progressed.

5. Team Leaders will directly observe the garda vetting of the applicants prior to the presentation of the assessment to the Foster Care Committee. Garda vetting will form part of the eligibility documents which the Foster Care Committee will verify.

6. Updated information regarding all adults in the foster home who require garda vetting will be recorded on the Foster Carers profile, this will be updated by the dedicated administrative support person. Team Leaders will access this system during supervision to ensure that all garda vetting is up to date.

7. An audit of all Foster Carers files has been completed to ensure all Garda vettings are up to date. Garda Vetting forms have now been completed and sent to the Garda Vetting Unit.

8. Training on the Protected Disclosure Policy has been placed on the agenda of the Area Policy Implementation Group (GRAPIG) whose terms of reference is to ensure the implementation of National, Regional and Local policies.

A copy of the Protected Disclosure Policy was circulated to all staff on 14/6/2017.

9. Revised Children First guidelines are being completed. A roll out of this training will take place when new Guidelines are circulated. Links with the workforce development team will enable this training. In the interim, Children First will be fully discussed with all new Foster Carers.

All Foster Carers will be informed that attendance at Children First is mandatory.

File audits will require evidence in the casenotes that issues relating to safe care and the procedures regarding complaints and allegations are fully explained and discussed with Foster Carers.

Proposed timescale:

1. From 3/8/2017 and monthly thereafter
2. Completed 12/7/2017
3. 30/11/2017
4. 31/3/2018
5. From 6/7/2017 and monthly thereafter
6. Completed 31/12/2017
7. Completed
8. 31/3/2018
9. 31/12/2017

Person responsible:

Area Manager
Area Manager
PSWs, Team Leaders
PSWs
FCC Chair, Team Leaders
PSWs, Team Leaders
PSWs
Area Manager
PSWs, Team Leaders

Standard 14b: Assessment and approval of relative foster carers

Substantially Compliant

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

Relative care assessments were not always completed within the timeframes set by the regulations

Foster care contracts for each child in placement were not always contained in the foster carers files.

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:

1 The Foster Care Committee (FCC) will receive an interim report from the Fostering Link Worker in cases where the assessment has not been completed within 16 weeks detailing reasons for the delay.

All assessments will be tracked through the monthly Fostering Matching Panel meeting.

The Team Leader will ensure compliance with this requirement as part of supervision.

2. The Foster Care contract for each child in placement will be filed in the legal section of the Foster Carers file.

File audits will be carried out a minimum of bi annually to ensure compliance.

Proposed timescale:

1. From 18/7/2017 and monthly thereafter
2. From 18/05/2017 and for each new admission

Person responsible:

PSWs ,Team Leaders

PSWs ,Team Leaders

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Standard 15: Supervision and support

Moderate Non- Compliance

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

Six foster carers did not have an allocated link worker.

The quality of formal supervision and the recording of the process was not consistent. The regularity of home visiting to some foster carers was insufficient. Managers did not have consistent oversight of the formal supervision by link workers of foster carers.

The support given to foster carers was not always well recorded.

Files were not well organised or maintained and key information was not easily accessible.

Record keeping was poor and some files had information in them which may lead to a breach of Data Protection legislation.

There was no dedicated out-of-hours service for foster carers.

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:

- 1.All foster carers now have an allocated link worker.
- 2.Foster Carers will be visited in the home a minimum of 4 times per year. A formal supervision interview will take place with the foster carers bi-annually and will be discussed by the Link Worker with the Team Leader in supervision. The Supervision and Support form completed by the Link worker at this meeting will be placed on the Foster Carers file.
Evidence of completion of formal supervision will form part of the file audit process
3. Training for staff on record keeping will be provided. All files will be audited by Team leaders on a regular basis.
- 4.File audits conducted a minimum of bi-annually will ensure that files are well organised

and contain key information which is easily accessible.

5. Training for the Fostering Team on Data Protection Legislation is scheduled for the 25th July 2017 and Data Protection training will be rolled out to all staff.

6. Tusla nationally is actively exploring the provision of an out-of-hours social work support service to Foster Carers.

Proposed timescale:

- 1. Completed 30/6/2017**
- 2. From 18/7/2017**
- 3. Completed 31/3/2018**
- 4. From 18/5/2017 and bi-annually thereafter**
- 5. Completed 31/3/2018**
- 6. 31/12/2017**

Person responsible:

Area Manager ,PSWs
PSWs,Area Manager,Team Leaders
PSWs and Team Leaders

PSWs,Team Leaders
Area Manager
Tusla National Office

Standard 16: Training

Substantially Compliant

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

Evidence of foster carers attendance at training events was not consistently maintained on files.

A comprehensive training needs analysis was not carried out for all foster carers.

There was no system in place to ensure that link workers or managers had oversight of foster carers attendance at training.

Action required:

Under **Standard 16** 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.

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

1. Copies of Attendance Certificates at training courses will be placed in the training section of the Foster Carers files and recorded on the Foster Carers Profile.

File Audits will ensure this is up to date and correctly filed to ensure an overview of training attended.

2. A training needs analysis will be carried out at the support and supervision meeting with the Foster Carers supported by information from the Foster Carer Review.

The File Audit Team will review the analysis bi-annually and ensure this informs the strategic planning of the Fostering Training Group .

3. Attendance at training will be recorded on the Foster Carer Profile system.

Management will have oversight through access to this system and through file audits.

Proposed timescale:

1. From 5/7/2017 and each training attendance thereafter
2. From 5/7/2017 and bi-annually thereafter
3. From 5/7/2017 and bi annually thereafter

Person responsible:

Business Support Manager, Team Leaders
Business Support Manager, PSWs, Team Leaders
PSWs, Team Leaders

Standard 17: Reviews of foster carers

Moderate Non - Compliance

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

71 foster carers had not been reviewed in more than three years.

Reviews of foster carers did not include some key activities, such as gathering the views of foster carers own children, written up-dated health and safety checks of the foster carers home or updated vetting.

There was no evidence that foster carers were given a copy of their review report when it was completed.

Not all allegations were followed up by a review of the foster care household.

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:

1. Outstanding reviews have been identified and allocated to chairpersons who are scheduling these reviews.

The Area Manager has made application for an independent Review Chairperson and administrator for the Area. This will ensure a streamlined approach to reviews and a quality assured system.

2. An updated Health & Safety Check, updated Garda Vetting and views of the Foster Carer's children will be completed prior to the review taking place.

3. The Foster Care Committee will send a copy of the Review summary report to the Foster Carers after it has been presented to the Foster Care Committee and signed off by the Chairperson.

4. All allegations will be followed up by a review. This will be ensured through the current tracking system supported by the Concerns, Complaints, Allegation (CCA) meeting.

Proposed timescale:

1. 31/12/2017
2. 31/12/2017
3. From 18/5/2017
4. From 7/9/2017 and for every allegation thereafter

Person responsible:

Area Manager, PSWs

Area Manager
Business Support Manager, Area
Manager (Chairperson of FCC)
Area Manager

Standard 23: The Foster Care Committee

Moderate Non - Compliance

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

There was no induction programme or training programme in place for members of the foster care committee.

The foster care committee did not have full oversight of the assessment process as they did not verify the supporting documentation.

The foster care committee did not have oversight of all allegations against foster carers.

The foster care committee did not approve long term placements as required by the standards.

The foster care committee did not contribute to strategic planning.

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:

1. An Induction Pack will be provided to all new members of the Foster Care Committee (FCC) by the Secretary of the FCC and new members will be invited to observe the initial meeting.

Training for existing and new members was provided on June 1st 2017. Further training will be provided by December 2017.

2. The Foster Care Committee will have full oversight of all assessment documentation.

3. All new allegations will be notified to the Foster Care Committee in line with the Protocol for managing concerns and allegations. All complaints and allegations are tracked through the bi- monthly Complaint Concerns Allegation meeting system until there is a final outcome. All final outcomes of investigations will be notified to the FCC. An analysis of

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which will be included in the FCC Annual report.

4. The local Fostering Matching Panels will make recommendations regarding approval of long term placements and these will be notified to the Foster Care Committee to request approval.

5. The FCC will be invited to contribute to the Annual Report .This will be shared with the Area Manager and the Regional Quality and Assurance Risk Manager who will ensure that it forms part of the Strategic Planning process.

Proposed timescale:	Person responsible:
1. From 7/9/2017 and with each new member thereafter	Area Manager, FCC Chairperson,PSW
2. From 6/7/2017 and monthly thereafter	FCC Chairperson,Area Manager
3. From 3/8/2017 and with each new allegation thereafter	Area Manager, FCC Chairperson
4. From 3/8/2017 and monthly thereafter	Area Manager and FCC Chairperson
5. From 29/12/2017 and annually thereafter	Area Manager and FCC Chairperson

Theme 5: Use of Resources

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

Substantially Compliant

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

There were insufficient numbers of foster carers on the panel to meet the demands of the service.

There was no overall retention strategy in place for the retention of foster carers.

There was no evidence that the panel of foster carers was reviewed periodically to ensure that there was an appropriate number and range of foster carers to meet the needs of children.

Action required:

Under **Standard 21** you are required to ensure that:

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.

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

1. The Fostering Recruitment Steering Group are proactive in recruitment of foster carers and have a strategic plan to recruit through targeted campaigning. Key community events have been identified – this is in addition to the seven recruitment campaigns in 2017.

2. The Fostering Recruitment Steering Committee will develop a Retention Strategy.

Exit interviews have commenced and will be offered as standard with all Foster Carers who leave the service. Team Leaders will bring a six monthly analysis of the learning from Exit interviews to the Recruitment Steering Group.

3. The monthly Fostering Matching Panel will review and document the current capacity and availability of all Foster Carers on the Panel. A monthly review of placements where the numbers per household exceed the standard will be undertaken and the FCC will be notified.

The Panel will incorporate a quarterly analysis of how the Fostering Service is responding to the need for placements and inform the recruitment strategy.

Proposed timescale:

Person responsible:

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<p>1. From 31/12/2017</p> <p>2. Retention strategy completed 31/12/2017</p> <p>Bi annual analysis of exit interviews from 18/5/2017</p> <p>3. From 3/8/2017 and monthly thereafter</p>	<p>Area Manager, PSW PSWs, Team Leaders</p> <p>PSWs</p>
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