

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:	Dublin South West Kildare West Wicklow	
Dates of inspection:	6, 7, 8 and 15 February 2018	
Number of fieldwork days:	4	
Lead inspector:	Ruadhan Hogan	
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Monitoring event number:	MON - 0020100	

About monitoring of statutory foster care services

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

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

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

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

As part of the HIQA 2017 and 2018 monitoring programme, HIQA is 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 national 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 with foster carers. Inspectors observed practices and reviewed documentation such as case files, foster carers' assessment files, and relevant documentation relating to the areas covered by the theme.

During this inspection, the inspectors evaluated the:

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

The key activities of this inspection involved:

- the analysis of data
- interview with the area manager and one principal social worker
- interview with the chairperson of the foster care committee and review of minutes of the foster care committee
- separate focus groups with fostering social workers, children in care social workers and with foster carers
- review of the relevant sections of 69 foster carers' files as they relate to the theme

Acknowledgements

HIQA 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 (Tusla), which is overseen by the Department of Children and Youth Affairs. The Child and Family Agency Act 2013 (Number 40 of 2013) established the Child and Family Agency with effect from 1 January 2014.

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

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

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

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

2.2 Service Area

Dublin South West Kildare West Wicklow is one of 17 service areas in the Child and Family Agency. Forming part of the Dublin Mid-Leinster region, it encompasses four counties: County Kildare, Wicklow, South Dublin and Dublin South City and is a

mixture of urban and rural areas with large rural towns such as Naas and Newbridge and urban areas such as Tallaght and Crumlin.

The total population of the area is 402,436 (according to 2016 Census). 27% of this figure, which is 108,186, are children under the age of 18 years of age. Of the 17 Tusla areas, it had the 3rd highest level of deprivation.

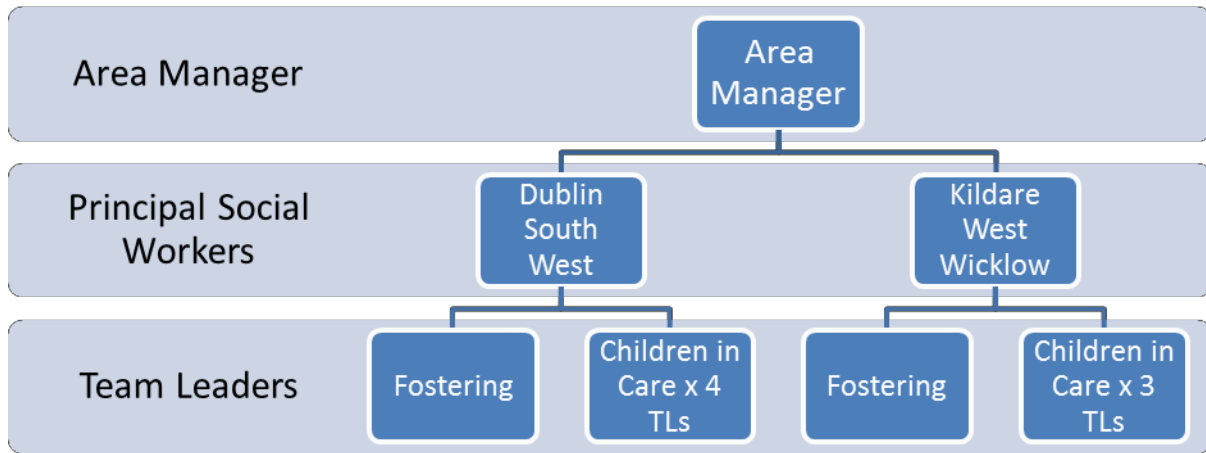
The area was under the direction of the service director for the Child and Family Agency Dublin Mid-Leinster Region.

The Dublin South West Kildare West Wicklow foster care service is divided between the Dublin South West area and Kildare West Wicklow area. Each social work team were directly line-managed by a social work team leader who reported to a principal social worker who held responsibility for foster care and children in care in each of the areas. The area shares a foster care committee with another adjacent area. Fostering social workers carried out assessments of relative and general carers, in addition to providing support and supervision to foster carers. There was also a regional fostering assessment team who carried out assessments of general foster carers for the Dublin Mid-Leinster region.

At the time of the inspection, according to the information provided by Tusla, the foster care service in Dublin South West Kildare West Wicklow had a total of 298 foster care households, with 156 general foster carers and 142 relative foster carers.

The organisational chart in Figure 1 on the following page describes the management and team structure as provided by the Tusla service area.

Figure 1: Organisational structure of Statutory Foster Care Services, in Dublin South West/Kildare/West Wicklow Service Area *



3. Summary of inspection findings

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

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

Dublin South West Kildare West Wicklow foster care and children in care service was last inspected by HIQA in October 2016. At the time of that inspection, HIQA found that out of 26 national standards:

- one standard was exceeded
- nine standards were met
- 14 were requires improvement
- two were found to be significant risk

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

- one standard was compliant
- seven standards were non-compliant of which three were identified as moderate non-compliances and four as major non-compliances.
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Since the 2016 inspection, there had been a deterioration in the service provided. Inspectors found deficits in:

- safeguarding arrangements for all foster carers
- the timely completion of relative foster care assessments
- allocating a link worker to all foster carers
- ensuring up-to-date reviews of foster carers were completed.

The area did not have enough social workers and social work team leaders in place to deliver the fostering service. Staff in the area told inspectors they were working to full capacity. The area manager said they had been working on a plan to address this deficit which included the establishment of a third fostering team. These

staffing issues impacted on almost all areas of the fostering service:

While these staffing issues were ongoing, oversight by the fostering management team did not demonstrate that risks associated with the service were being managed effectively. Inspectors escalated these risks after the inspection and a satisfactory response was provided which outlined a plan to improve oversight and the management of risks.

Where allegations were correctly classified, they were managed in line with Children First (2011) and (2017)^{*}. Action was taken to protect children in the care of foster carers where reports of child protection concerns, allegations or serious concerns had been made against foster carers. Safety planning was of good quality. However, some allegations and serious concerns had been categorised incorrectly which meant that the Tusla response to these reports was not always proportionate. The governance arrangements for the oversight of allegations and serious concerns were not effective as issues such as delays setting up strategy meetings, incorrect categorisation of reports and disproportionate responses to reports had not been identified and rectified.

Not all foster carers had Garda vetting. Additionally, the system in place to ensure up-to-date An Garda Síochána vetting for foster carers and people over the age of 16 who were living in the foster care households was not robust.

Assessments of relative foster carers that had been completed and presented to the foster care committee were of good quality. However, the procedures in place to ensure that emergency placements with relative foster carers were safe and appropriate were not robust.

There were significant delays in completing relative foster care assessments. The governance arrangements to ensure relative foster care assessments were allocated and assessed in a timely manner was not effective. Inspectors escalated four cases where assessments had not yet begun, where children were placed and the foster carers did not have an allocated link worker. In response, the area manager outlined that suitable arrangements were to be put in place.

^{*}The Children First guidance (2011) has been the national guidance for social workers, professionals, organisations and individuals to help keep children safe and protected from harm. The guidance was revised and published as Children First (2017) as a result of the enactment of the Children First 2015 Act. This Act places a number of statutory obligations on specific groups of professionals, foster carers and on particular organisations providing services to children.

There was no overall system in place to ensure appropriate safeguarding for the unallocated foster carers. The area had a large number of foster carers who were not allocated a link worker (73 [24%] of the 298 carers at the time of inspection). This issue was compounded as 14 of these 73 foster carers were classified as dual unallocated which meant that children in care in a foster care placement did not have an allocated social worker and the foster carers also did not have an allocated link worker.

Other systems of support varied in the area. The area had an innovative support group in place for birth children of foster carers which helped these children with the experience of fostering through art projects. However, foster carer support groups were not firmly established in the area. Additionally, similar to other Tusla service areas, there was no dedicated out-of-hours service to support foster carers outside of office hours.

The area offered a wide range of relevant training to foster carers. However, the oversight was not consistent and a training strategy was not in place to ensure foster carers attended training including relative foster carers prior to their approval.

Where reviews were completed, they were of good quality. These reviews were comprehensive and included the voice of the child placed with carers. A significant number of foster carers did not have up-to-date reviews. 189 (63%) of the 298 foster carers had not had a review for more than three years.

The foster care committee was not fully in compliance with the national policy, procedure and best practice guidance on foster care committees and did not have the capacity to undertake all required functions. The foster care committee did not track the progress of serious concerns and allegations and as such did not have adequate oversight of the progress of investigations. Reporting and oversight arrangements between the area management team and the foster care committee were not effective at the time of inspection.

There was not a sufficient number of foster carers to meet the demand for services.

4. Summary of judgments under each standard and or regulation

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

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

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

National Standards for Foster Care	Judgment
Theme 5: Use of Resources	
Standard 21: Recruitment and retention of an appropriate range of foster carers	Non-compliant - Moderate

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

The area used a Tusla protocol for managing allegations and serious complaints against foster carers, issued to the area in April 2017. According to this protocol, if a report was made against a foster carer or a member of the foster carers family and it met the threshold for a child protection concern, the allegation was to be managed by the child protection social work department, in line with Children First: National Guidance for the Protection and Welfare of Children (2011). If it did not meet the threshold, the fostering team was to oversee the assessment of the serious complaint. Strategy meetings held shortly after were to be used to decide the threshold including the method of investigation. However, the protocol had not been updated to reflect the new legislation.

This Tusla protocol was not implemented in a consistent and timely way. Of the nine reports of allegations or serious concerns reviewed by inspectors, records showed that seven had strategy meetings held, although there were often delays in scheduling the meetings. Some strategy meetings were held within a few days while others were significantly delayed as they were held between one and three months after the initial report had been received. This meant that decision making on categorisation and actions arising including who was to undertake the investigation who was to manage the safety planning and future dates for review of progress, was not formally agreed.

Some allegations and serious concerns had been categorised incorrectly which meant that the Tusla response to these reports was not always proportionate. According to data returned to HIQA, there were 12 reports of allegations or serious concerns made against foster carers in the 12 months prior to inspection. Inspectors reviewed eight of these reports and a further report related to a retrospective allegation of abuse against a foster carer. Of the nine reports reviewed, two had been classified as allegations when they were in fact serious concerns. Instead of being subject to an assessment led by the fostering team, these foster carers were subject to an initial assessment by the child protection team which was a more formal method of investigating these reports. This formal investigation was more intrusive into foster carers lives and an unnecessary use of resources in the area.

Another report was classified as a serious concern when it was an allegation of abuse against a foster carer. In this case, while action was taken to protect the child in care including an initial assessment, a strategy meeting did not take place and the foster care committee were not notified that there was an allegation in relation to these foster carers.

Where allegations were correctly classified, they were managed in line with Children First (2011) and (2017). Action was taken to protect children in the care of foster carers where child protection concerns, allegations or serious concerns had been made against foster carers. Initial screening was undertaken by the social work child protection team. Where initial assessments were deemed to be required, they were undertaken by an social worker from another team. Children were spoken to on their own where appropriate and foster carers were interviewed as part of investigation.

The quality of written safety plans was good. Two cases reviewed had risk identified for which the area decided a safety plan was appropriate. One case had a comprehensive safety plan which was being actively monitored by the fostering department. In the other case, a verbal safety plan was agreed among the fostering department. Inspectors spoke to the social worker who gave examples of the work being undertaken which showed that the case was being actively monitored, however, they acknowledged that a plan should have been written up.

Notifications to the foster care committee were not always made in line with the Tusla protocol. Of the nine reports reviewed, five had evidence of notifications made to the foster care committee. Four of these were made between three to six months after the report had been made. The most recent report was notified to the foster care committee within one day. Three records reviewed did not show that notifications had been made.

The governance arrangements for the oversight of allegations and serious concerns were not effective. The social work team leaders maintained a log of serious concerns and allegations in order to track the progress of investigations. Six-weekly management meetings and supervision between the principal social worker and area manager were held to review progress. However, this process was not effective at identifying issues such as delays setting up strategy meetings, incorrect categorisation and disproportionate responses to reports. These issues had not been identified by the principal social workers prior to the inspection. Additional oversight from the foster care committee, area manager and monitoring office was dependant on timely notifications which, as stated, were not being made in line with the Tusla protocol. The area manager told inspectors she was aware of deficits in the implementation of the protocol as a log of reports showed that the completed notifications were not being sent to her office. She said this had implications for the tracking of these reports and in order to address it, she had directed staff to send all aspects of notifications. She also said she intended to review the implementation of the protocol, which included a look back at all allegations to identify the areas that needed improvement.

Safeguarding arrangements were not satisfactory. There was an absence of An Garda Síochána vetting for all foster carers, up-to-date training for foster carers on their legal responsibilities as 'Mandated Persons' and an system of oversight for all foster carers. This meant risks were not being managed effectively in the fostering service.

There was no planned work to systematically review unallocated foster carers to prioritise safeguarding visits when foster carers did not have an allocated link worker. When information was received in relation to a foster carer who was not allocated that required follow up, the role of the duty fostering link worker was to follow up on this information and take appropriate action. However, as there was such a large number of unallocated foster carers (73 at the time of inspection), a planned response was required to manage the risk rather than just responding to matters as they arose.

This issue was compounded as 14 of the 73 foster carers were classified as dual unallocated which meant that children in care in a foster care placement did not have an allocated social worker and the foster carers also did not have an allocated link worker. One of these cases was escalated to the area as records did not show that the foster carers and the child in placement had a visit since December 2016. Satisfactory responses were subsequently received in relation to this case.

Inspectors were provided with a review, that was undertaken at the end of 2017, of these dual unallocated placements. However, this did not provide adequate

assurances that safeguarding visits had taken place as information in the review did not always specify who visited, for example a child in care social worker or a link worker.

As a result, inspectors escalated all unallocated foster carers, including the dual unallocated to the area manager to set out how she was assured that there was adequate oversight of unallocated foster carers, that potential risks were identified and that safeguarding visits to foster households were prioritised in the absence of an allocated link worker. A satisfactory response was received which outlined that a system to review unallocated foster carers would be established, overseen by the principal social workers and fostering and child in care social work team leaders, who would track and ensure visits would be undertaken every six months.

According to the data returned to HIQA, there had been no serious incidents regarding children in foster care in the 12 months prior to this inspection; therefore a review of the notification system was not possible. However, inspectors found that the area used the Tusla notification system 'Need to Know' to escalate other circumstances such as the new system of obtaining An Garda Síochána (police) vetting for foster carers.

Not all foster carers had An Garda Síochána vetting. Two relative foster carers for whom Garda vetting had not been submitted were escalated to the area manager, along with three cases, where records did not show that young people over the age of 16 had Garda vetting. Satisfactory responses were received which outlined that Garda vetting was subsequently applied for in these cases.

The system in place to ensure up-to-date An Garda Síochána re-vetting for foster carers and people over the age of 16 who were living in the foster care households was not robust. In July 2017, Tusla changed the systems for application of Garda vetting and centralised this process. New applications and renewal of Garda vetting was processed by sending out an email to foster carers who were required to fill out the application and return it to Tusla. Fostering teams could also avail of a priority system which could return vetting applications within a few days. However, some members of the fostering team were not familiar with the new process including the priority vetting application. Inspectors were informed that up to 30 foster carers did not respond to the email sent to them to renew their Garda vetting which subsequently expired. This email was then required to be re sent and as a result these renewal applications were then delayed, in some cases by up to six months. The oversight of this system provided by social work team leaders was not effective at ensuring applications did not expire.

At the time of the inspection, there was no system in place to assure the fostering management that individuals working with private foster care agencies, who were

undertaking foster care assessments on behalf of Tusla, had up-to-date Garda vetting. Inspectors were provided with evidence that declaration was sought from these agencies during the inspection.

The area management did not comprehensively assure themselves that all foster carers were familiar with their legal responsibilities as 'Mandated Persons' in line with the Children First Act 2015. The area did put some measures in place to inform all foster carers of their legal responsibilities including letters which informed foster carers that they were mandated persons. Foster carers who spoke to inspectors understood their responsibilities as required under the Children Act 2015. The letter that was sent also provided dates of training in this area. Despite this, a large number of foster carers were not trained to understand their role as a mandated person in line with the new Children First legislation. According to figures provided by the area 53 foster carers had completed the training, leaving a significant number without training in this area. This meant there was a risk that foster carers would not fully understand their responsibility to make a referral of a child protection nature as legally required.

Judgment: Non-compliant - Major

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

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

Standard 14b: Assessment and approval of relative foster carers

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

Summary of inspection findings under Standard 14

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

A regional assessment fostering team (RAFT) was in place to carry out general assessments of foster carers in the area. The findings from other areas already inspected by HIQA in relation to the assessments completed by RAFT were that they were comprehensive and of good quality. They followed the national framework, and all appropriate training was provided to foster carers in advance of approval.

The procedures in place to ensure that emergency placements with relative foster carers were safe and appropriate were not robust. According to data submitted to HIQA by the area, there were 33 relative foster carers who were un-assessed and had not yet been presented at the foster care committee. A sample of five of these foster carers files were reviewed by inspectors. Records showed that immediate checks, for example, child protection checks and references were completed in line with regulations. However for two of these cases, records did not show that other background checks, either through An Garda Síochána vetting or direct contact with the local Garda station, were completed and returned prior to the children being placed. Records also did not show that a home visit by a link worker was undertaken prior to the placement being made in four of the five files reviewed. An initial report

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

was completed and sent to the social work team leader who then approved the emergency placement with relatives. Once this was signed off, the foster carers were then eligible to participate in an assessment by a qualified social worker.

Assessments of relative foster carers that had been completed and presented to the foster care committee were of good quality. There were a high number of relative foster carers in the area and a corresponding high number of prospective relative carers to be assessed. The fostering team sought to place children with relatives where possible which ensured children remained within their families. In the 12 months prior to inspection, the area completed 18 relative foster care assessments. Inspectors found they were comprehensive. However, not all foster carers attended the relative fostering training.

At the time of the last HIQA inspection in October 2016, inspectors escalated the risk in relation to the backlog and timeliness of relative care assessments for which the area commissioned a private foster care agency to undertake these assessments.

Despite this, inspectors found there continued to be significant delays in completing relative foster care assessments. At the time of this inspection there were 33 unassessed relative foster carers. Four of these unassessed relative foster carers, whose assessments had not yet started, were not allocated a link worker despite having children placed with them for between three and 11 months. A social work team leader told inspectors that due to shortages in staffing numbers, the fostering service did not have the capacity to undertake all assessments and were prioritising relative foster care assessments directed by the Court. These four cases were escalated to the area manager in relation to the timely completion of assessments and adequate oversight arrangements, including allocation of a link worker while their assessments were ongoing. Satisfactory assurances were subsequently provided which outlined that two carers were to be allocated to a link worker on the team for assessment; an alternative plan was being arranged for children in one relative care placement with the remaining placement to be assessed and allocated a link worker from a private foster care agency. This was not an ideal arrangement as assessment and supervision and support were different functions that required specific and dedicated visits.

Of the remaining 29 unassessed relative foster carers, six were being assessed by a private foster care agency on behalf of Tusla with the remaining assessed by the fostering team. Inspectors sampled seven files where assessments were ongoing but had not yet been presented to the foster care committee. Three of these had been

completed and were awaiting between one and three months for the required paperwork to be completed, before being submitted to the foster care committee for approval. Of the other four sampled, two were significantly delayed as placements began in 2012 and 2013 yet assessments were still ongoing. Another two assessments were ongoing and had been so for 13 and 16 months respectively. This meant that children in care were living in unapproved placements much longer than was necessary and should the assessment be unsuccessful, removing the child from the placement could potentially have a detrimental impact on the child.

Quality assurance by the area fostering team of assessments completed by private foster care agencies was not always effective. In the 12 months prior to the inspection nine assessments were completed by a private foster care agency. Inspectors reviewed assessments completed by a private agency that had quality deficits which required a re-draft and re-submitting on to the foster care committee. These quality issues could have been rectified prior to being presented at the foster care committee and therefore could have been approved in a more timely manner. The principal social worker told inspectors they were aware of this and consequently were providing more stringent oversight as a result. However, Tusla did not have a service level agreement in place with these foster care agencies.

The governance arrangements to ensure relative foster care assessments were allocated and assessed in a timely manner was not effective. Oversight of progress of these assessments was primarily maintained by the social work team leader who reported to the principal social workers. However, there were no system in place to track the progress of assessments so as to provide assurance to the area manager that they were progressing. The delay in the commencement and completion of these assessments along with the oversight arrangements, including where assessments were undertaken by a private agency, were escalated to the area manager following the inspection.

In response, the area manager outlined that monthly updates were to be provided to her through supervision, and a quarterly report on their progress was also to be provided. In addition a tracking system was to be put in place that was to be monitored on a monthly basis by the principal social workers and social work team leaders. Prior to the inspection, the area had begun a process of recruiting a third fostering team to address the backlog of relative carer assessment.

There was a due diligence process in place for foster carers transferring into the service. However, it was not followed through comprehensively and was not in line with the transfer protocol in the foster care committee policy and procedures.

Inspectors reviewed the files of two foster carers who transferred into the area. In one case the foster care committee had not heard and recommended the approval of the transfer while the other had been significantly delayed by seven years.

Not all records of foster care contracts were well kept. Inspectors sampled 42 files and found that 39 foster care files had signed contracts from the date at which the placement was made. Records did not show that contracts were on file for the remaining three.

Judgment: Standard 14a: Compliant

Standard 14b: Non-compliant - Major

Standard 15: Support and Supervision

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

Summary of inspection findings under Standard 15

Not all foster carers were allocated a link worker. According to data provided to HIQA during the inspection, 73 (24%) out of 298, of foster carers were not allocated a link worker. This meant that foster carers who were not allocated a link worker did not receive adequate support and supervision from a link worker.

The quality of supervision and support where foster carers were unallocated was poor. Inspectors sampled the files of 13 foster carers who were unallocated. Five of these had visits from a link worker within the previous six months. Records on the remaining ten sampled often did not reflect that foster carers were visited by a link worker at a minimum of every six months. In addition, other recorded communication to carers was poor. Consequently, these carers were not provided with a quality service that sufficiently supported them in the fostering task. In light of the significant gaps found on files, inspectors escalated this deficit to the area manager. A satisfactory response was subsequently received which outlined that an audit of all carers was to be undertaken with visits to be scheduled at a minimum of every six months.

Where foster carers had been allocated link workers the quality and frequency of supervision and support they received was varied. Foster carers gave mixed feedback on the quality of support they received to inspectors. Inspectors sampled 27 cases that were allocated and found that 12 were of good quality. In these cases, the link worker visited regularly and was in regular contact with the foster carers. Good work was undertaken with foster carers that supported placements and was child centred. One file showed that the link worker offered practical advice when foster carers said they were overwhelmed. On other files, joint visits were undertaken with child in care social workers which showed good co-working. In one case, a link worker attended Court to support a foster carer who was applying for enhanced rights for a child in care. Of the 27 cases, another 12 were of adequate quality with the minimum number of visits undertaken and brief recordings on the files.

Three cases that were allocated showed poor supervision and support. Two cases were escalated to the fostering management team as they had not been visited in

over eight months. Another case was escalated as the carers had not been visited in over six months and contact with the carer was required to ensure the placement was being appropriately supervised. The quality of work on these files was poor with little recordings of phone calls to foster carers and co working with child in care social workers. Satisfactory responses were subsequently received in relation to these cases.

Supervision visits to foster carers were sometimes, but not always formally recorded. However, inspectors did find good practice. For example, a link worker astutely recorded a significant observation which required follow up via assessment. This observation was a good example of identifying potential safeguarding issues in line with the supervision aspect of the link worker role.

Overall, inspectors found that the recording of supervision and support visits of foster carers often focused on descriptions of the needs of children without a corresponding comment on how foster carers met these needs. This meant that the service was not capturing the work foster carers undertook with children so as to evidence if the link worker could provide corresponding and appropriate support and supervision where necessary. Additionally, link worker recordings often did not show how they supported and supervised foster carers.

Other systems of support varied in the area. Foster carer support groups were not in place throughout the area. Coffee mornings took place with foster carers in one office while in the other, plans were in place to initiate regular groups. The area had an innovative support group in place for birth children of foster carers for which external funding had been acquired. These groups met regularly and helped birth children with the experience of fostering through art projects.

Similar to other Tusla service areas there was no dedicated out-of-hours service to support foster carers outside of office hours. There was a national Tusla out-of-hours service in place but, in order to access this service, foster carers would have to phone An Garda Síochána and they would, in turn, contact the out-of-hours social work service. This meant that the situation that arose in a foster carer household may be dealt with by a social worker who did not have access to the foster carers file and was not familiar with the fostering service or the family concerned.

There were supports in place for foster carers caring for children with complex needs. Foster carers and the children in care could access supports in the community including medical specialists, psychiatry and psychological services, along with other professionals such as speech and language therapists. Child in care social workers told inspectors that while supports were available, gaining access was complicated

and waiting lists sometimes delayed access to these supports. Foster carers spoken with as part of the inspection gave mixed feedback on the quality of supports offered. Some said the support they received was good while others said when they did not have an allocated link worker, the support they received was poor. Records showed that external agencies were sometimes sought to support placements to continue and included educational supports and child care agencies. The service employed child care leaders to work directly with children and some members of the fostering team were trained therapists. However, access to respite was limited.

The supports in place for foster carers where placements were at risk of disruption were good. Inspectors reviewed a sample of five files where a placement ended in an unplanned manner and found that carers had received more frequent visits from a link worker while there was a risk to the placement. Records showed good quality co-working with children in care social workers including professionals meetings, respite and allocation of a child care leader. However, disruption meetings were not always held once the placement broke down. Additionally, two foster carers told inspectors that access to supports for children while placements were in crisis was delayed which compounded placement breakdowns.

There was insufficient oversight of foster carer files. Recordings of case management by a social work team leader were inconsistent throughout all files. Additionally, a review of the dual unallocated cases, undertaken two months prior to the inspection, did not provide adequate assurance that visits had taken place.

Inspectors found that both unallocated and allocated foster carers were not systematically reviewed to ensure that the case was being appropriately managed. Following the inspection, the lack of appropriate oversight of all foster carers was escalated to the area manager. Inspectors were provided with a satisfactory response.

Judgment: Non-compliant - Major

Standard 16: Training

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

Summary of inspection findings under Standard 16

The foster care team ensured that general foster carers received training prior to their approval by the foster care committee. The foundational training focused on areas such as child development and attachment, safe care, family contact and behaviours of children in care.

The area did not ensure that all relative foster carers received similar training prior to their approval. Inspectors reviewed a sample of nine relative foster carer files for completion of the introduction to relative fostering training. Five of these relative foster carers had attended, while four did not attend. This meant that the fostering team could not assure themselves that relative foster carers were suitably prepared for the fostering task.

The foster care team offered a range of relevant training to foster carers. This included understanding trauma, training in a Tusla approved model of managing crisis behaviour, suicide awareness, aftercare planning and drug and alcohol awareness. The fostering team communicated these training opportunities to foster carers.

While inspectors saw a training correspondence log on foster carer files along with invitations to particular training days, records of attendance at training were not consistently maintained throughout foster carer files.

Overall records of foster carers attendance was collated and held by the training officer in the fostering team. However, there was no overall analysis of what training particular foster carers had attended and did not attend, to find out what the foster carers training needs were.

The fostering department did not undertake a training needs analysis across the area and the oversight of foster care training throughout the area was not consistent. As the fostering service was split between two offices, there were different oversight systems of foster care training. One office had a dedicated training officer who had oversight of foster care training while in the other, the social work team leader had oversight of training. Inspectors found this impacted the service in different ways. For example, a training needs analysis of foster carers had been undertaken in one office, which consisted of training needs survey completed by foster carers.

This then contributed to the development of a training calendar. However, it had not been undertaken in the other office. A specialised training programme for relative carers was developed in one of the fostering offices and offered to all foster carers throughout the area. In addition, some training programmes were organised separately. This meant there was no systemic approach to identify the training needs of foster carers across the area so as to target resources to prioritised needs.

There wasn't a formal training strategy for foster carers across the area to encourage greater participation in training. There were some measure such as informing all foster carers of training dates and facilitating training at evening times to encourage attendance. However, this was not effective as attendance was poor.

Coffee mornings, which were set up following feedback from foster carers, were in one part of the area only and attendance was also poor. Therefore, opportunities to encourage foster carers to attend were limited. Foster carers reviews were not used effectively to encourage foster carers to attend training as a significant proportion of foster carers in the area did not have a review in over three years. For those who did have a review, specific recommendations that had been made did not always result in a positive attendance.

Judgment: Non-Compliant - Moderate

Standard 17: Reviews of foster carers

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

Summary of inspection findings under Standard 17

A significant number of foster carers did not have up-to-date reviews and there was no plan in place to address the backlog. Data returned to HIQA by the area prior to the inspection indicated that 189 (63%) of the 298 foster carers had not had a review for more than three years.

According to the Standards, the first review should take place one year after the first placement and subsequent reviews should take place at three-yearly intervals. Reviews provide the fostering service with the opportunity to consider the foster carers' performance, and assure themselves that the foster carers have the capacity to continue to provide adequate and safe care. They also provide an opportunity to update health and safety assessments and medicals. In addition, they consider other issues such as supports, training needs and changes in circumstances within the family. While reviews were due to take place following a placement breakdown or if there was an allegation or serious concern made against a foster carers, there were no other systems in place to address the backlog of reviews for a significant number of carers in the service. This meant that issues dealt with as part of routine reviews were not being addressed.

This deficit in foster care reviews was escalated to the area manager by HIQA after the inspection. Inspectors also requested that the area devise a comprehensive plan for the completion of the 189 foster carer reviews including how reviews would be prioritised. A satisfactory response was received which outlined that 39 outstanding foster care reviews would be completed by the end of 2018 in one office. In the other office, 109 foster carers were eligible for a review. The area manager highlighted that staffing deficits in this office impacted on being able to realistically complete the reviews in a timely manner. As a result, inspectors accepted the response that these 109 reviews would be completed by August 2019. In the interim, HIQA requested the area manager to outline measures to address the risks associated with the delay in completing reviews. The response outlined that principal social workers and social work team leaders would use information on foster carers to prioritise the outstanding foster care reviews in meetings held quarterly. However, clear criteria regarding the prioritisation of foster care reviews did not explicitly state that essential information would be taken into account such as the length of time since the last foster care

review or if the case was allocated or not.

Foster care reviews were of good quality. In the 12 months prior to the inspection, 39 foster care reviews were completed. A sample of 10 reviews were reviewed by inspectors. Reviews were comprehensive with an analysis of the foster carers skills and competency to foster. Records indicated that a formal review meeting was held, often in the foster carer home. However minutes of these meetings were not recorded. Review reports were accompanied by reports from the child in care social worker, written feedback from foster carers and feedback from children where appropriate. The review report had recommendations for foster carers including recommendations on training which were to be followed up by the fostering department. Inspectors found that where foster carers were unallocated, recommendations were not followed up. Additionally, the service struggled to ensure other foster carers attended the training that was recommended.

The area was routinely completing reviews where a report of a serious complaint or allegation had been made against foster carer. Of the nine reports of a serious concern or allegation reviewed by inspectors, four had foster care reviews completed. Five more had recently come to an outcome and reviews were yet to be completed.

Not all foster carer reviews had been notified to the foster care committee in line with standards. Data provided by the area indicated that 25 of the 39 foster care reviews were notified to the foster care committee. The outstanding reviews were awaiting completion of documentation prior to being sent to the foster care committee.

Judgment: Non-compliant – Major

Theme 4: Leadership, Governance and Management

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

Standard 23: The Foster Care Committee

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

Summary of inspection findings under Standard 23

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

The foster care committee was comprised of a chairperson, a full time secretary and 17 other members including principal social workers, social work team leaders, foster carers, a psychologist and relevant childcare professionals from outside of Tusla. There were suitable arrangements in place for a deputy chair to stand in, in the event that the chairperson was unavailable. The membership did not have a young person who has been through care themselves and the chairperson acknowledged that they had difficulties recruiting this member. A quorum of six members was required for meetings to proceed and this requirement was adhered to with the exception of one emergency meeting which was held without quorum members in attendance.

The foster care committee did not have the capacity to undertake all functions as outlined in the national policy, procedure and best practice guidance on foster care committees. The foster care committee covered two Tusla service areas and had oversight of between 700-800 foster carers between the two areas.

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

The committee met 12 times in the 12 months prior to inspection and sat between 10am and 4pm on those days in order to ensure all submitted assessments and reports required to be heard which was a longer sitting time than some other Tusla area foster care committees. Additionally, two further half days were scheduled to address an increase in workloads. The foster care committee chair said this Tusla foster care committee had an excess of members which meant they could also draw on a larger pool of professionals to ensure the quorum was met. Despite this, inspectors were not assured that the committee could address the backlog of work. As stated, on one occasion, an emergency meeting was held without quorum members in attendance. A compounding factor was that the Dublin South West Kildare West Wicklow Service Area had a large number of outstanding relative foster care assessments and foster care reviews which would need to be heard into the future in addition to the requirements of the other Tusla service area. The area manager said told inspectors that work was underway to address this.

At the time of inspection, the chairperson was contracted on a part time basis. She carried out the committee chairperson role and was remunerated on an hourly basis. She had significant experience in social work and as a manager of a social work service. She was very knowledgeable of the requirements and responsibilities of the committee. She reported to the regional service director and updated the area managers of the both Tusla service areas where the foster care committees were held.

Reporting and oversight arrangements between the area manager and the foster care committee were not fully implemented at the time of inspection. While meetings had scheduled, key persons were not in attendance. A quarterly meeting between the foster care committee chair, the regional service director and the area managers for the two Tusla areas had been scheduled to take place since October 2017. The chairperson produced reports for these meetings and presented them at the meetings. Minutes for these meetings were recorded by one of the two area managers who chaired the meetings as the regional service director was not in attendance. Additionally, the area managers were not always available for these meetings and the minutes of these meetings had not been circulated to the chair. This meant that the process was not a fully effective oversight arrangement.

The committee had a wide-ranging remit. The chairperson told inspectors that she read all reports submitted to the committee including foster care reviews in order to gate keep or filter the kind of reports presented to the foster care committee so as to limit the volume of reports the foster care committee needed to hear. If circumstances such as approval of foster carers, a change in foster care status or if

there was an allegation against a foster care, then these were brought before the foster care committee. A review of foster care committee minutes and other documentation showed that they considered and made recommendations based on consideration of assessment reports on prospective foster carers, long term matching for children, reports on the investigation of allegations, requests for changes to approval status of foster carers and foster carer reviews. Records showed that disruption reports following placement breakdowns were considered towards the latter end of 2017 only.

Inspectors reviewed a sample of the committee minutes from the previous 12 months and found the committee was timely in recommending whether carers should be approved or not. Their recommendations were based on the assessment of potential foster carers presented by the fostering team or by other services on occasion. The committee made timely decisions when full information and documentation was presented to them. The chairperson said that the committee would not consider matters without having all required documentation.

Inspectors found there were appropriate arrangements for the approval of foster carers from other services. Based on a review of committee files, inspectors found that appropriate arrangements were in place to ensure the committee had sufficient information at their disposal in order to make a decision regarding the approval of foster carers assessed by private agencies.

The chairperson did not operate a formal induction programme for new members. Records reviewed showed that an induction checklist for newer members had been completed. This recorded if a discussion took place between the foster committee secretary and new members on areas such as how the foster care committee worked, details of other members, meeting dates requirements of members and whether the new member was invited to observe a meeting prior to accepting the offer to become a member. However, there was not a sufficient process for the chairperson to assure themselves that new members had a full understanding of the role prior to becoming full members.

Not all members of the foster care committee had completed training on the national policy, procedure and best practice guidance. Records showed that of the 19 foster care committee members, 13 had attended a specialist training programme on policies and procedures.

Active members of the foster care committee had Garda vetting and confidentiality declarations. Records showed that 16 of the 19 members had up-to-date Garda vetting. The remaining three members, who had been recently appointed to the

foster care committee, had Garda vetting applications submitted but had not been returned at the time of inspection. In the interim, these members were not attending foster care committee sittings until these records were in place.

Reports of serious concerns or allegations had been notified to the foster care committee. However, these notifications were not always made within five days, in line with the national policy. The foster carer files reviewed, where a serious concern or allegation had been made, did not have records of acknowledgements from the foster care committee.

The foster care committee maintained a log of all serious concerns and allegations reported but did not track the progress of serious concerns and allegations nor did the committee analyse the log to identify trends such as whether multiple reports had been made against a particular foster carer. This meant that the committee did not have adequate oversight of the progress of investigations and could not ensure that the relevant persons were held to account when investigations were unduly delayed.

The committee produced a 2016 annual report in May 2017 of its activities. A 2017 report had not yet been written at the time of inspection. The 2016 report gave an overview of its main activities including meetings held, items discussed by topic and an analysis of the activity with an overview of recommendations made. The committee did report statistical information on a quarterly basis. This information was used by Tusla to assist in tracking performance nationally and some of this information was published on the Tusla website. The committee did not contribute to the Review of Adequacy of Children and Family Support Services as required under Section 8 of the Child Care Act 1991.

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

The area did not have sufficient numbers of foster carers to meet the demand for services. Inspectors established this from an analysis of different figures in the area. For example, data provided by the area indicated that there were 13 foster care households who were providing placements outside of their approval status. These included foster carers providing long-term placements although they were approved for short term placements and seven foster care households where the number of unrelated children exceeded the standards. At the time of inspection, the area had 20 available foster care placements. Despite this, staff told inspectors that finding the right placement for child was a challenge and as a result 14 children in care were placed with general foster carers outside of the area.

Data also showed that 29 foster carers left the foster care panel voluntarily during the previous 12 months while only 11 foster carers had been approved and added to the panel during that time, a net loss of four foster carers. Of the foster carers who left, exit interviews were being offered to foster carers in only one of the two social work offices which was a missed opportunity for the service to gain valuable information from these carers in relation to future retention policies and initiatives.

There was an overall formal strategy for the recruitment of foster carers. However it was not effective at recruiting enough general foster carers to meet the needs of the service. Data provided by the area identified that there were four recruitment

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

campaigns in the 12 months prior to inspection. This resulted in just eight applications for fostering across the Dublin Mid Leinster area. Recruitment was shared between the regional assessment fostering team and the area. While the regional team produced a strategy for all four Tusla areas in the Dublin Mid Leinster area, the area did not elaborate on this strategy with detailed plans to increase the pool of foster carers.

There was no formal retention strategy in place for foster carers and current methods for retaining foster carers were poor. Foster carers who attended a focus group with inspectors said when they had an allocated link worker, this helped them continue with fostering. However, they said the lack of support groups and limited respite negatively impacted on their experience of fostering. Inspectors spoke with a further four foster carers who contacted HIQA as part of the inspection and reviewed exit interviews conducted in one of the social work offices. Good quality support for foster carers was consistently identified as the most important method of retaining foster carers. Despite this, there was a significant number of general foster carers in the area, (31 [20%] of 156), who did not have an allocated link worker at the time of the inspection. In addition, as there was a backlog of 189 (63%) foster carers had not had a review for more than three years, the opportunity to support or enhance the skills of foster carers was limited.

The area managers office maintained a 'live' panel list with names of foster carers, their addresses, their application numbers, dates of the closure of files when this occurred and all other information recommended by the national policy, procedure and best practice guidance to be included in the foster carer panel record. This list was accessible to the principal social workers and social work team leaders. As such, this functioned as the single, integrated record of the foster carer panel for the area. The committee did not maintain a separate panel of foster carers nor did they review the panel of foster carers in the area. However, the foster care panel was not reviewed periodically to ensure there was an appropriate number and range of foster carers to meet the needs of children in the area.

Judgment: Non-Compliant - Moderate

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 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>

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

National Standards for Foster Care (April 2003)**Theme 2: Safe and Effective Services****Standard 5: The child and family social worker**

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

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

Standard 6: Assessment of children and young people

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

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

Standard 7: Care planning and review

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

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

Standard 8: Matching carers with children and young people

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

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

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

National Standards for Foster Care (April 2003)*Part III, Article 7: Assessment of circumstances of the child***Standard 9: A safe and positive environment**

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

Standard 10: Safeguarding and child protection

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

Standard 13: Preparation for leaving care and adult life

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

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.*

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

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

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*

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

National Standards for Foster Care (April 2003)

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

National Standard for Foster Care (April 2003)**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.

National Standards for Foster Care (April 2003)**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

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

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*

National Standards for Foster Care (April 2003)

Theme 5: Use of Resources

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

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

National Standards for Foster Care (April 2003)

Theme 6: Workforce

Standard 20: Training and Qualifications

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

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

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- 0020100
Name of Service Area:	Dublin South West Kildare West Wicklow
Date of inspection:	6, 7, 8 and 15 February 2018
Date of response:	03 May 2018 (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

Major Non- Compliance

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

The Tusla protocol for managing allegations and serious complaints against foster carers was not implemented in a consistent and timely way.

Some allegations and serious concerns had been categorised incorrectly which meant that the Tusla response to these reports was not always proportionate.

The governance arrangements for the oversight of allegations and serious concerns were not effective.

There was no overall system in place to ensure appropriate safeguarding for the unallocated foster carers including dual unallocated foster carers.

Not all foster carers and young people over the age of 16 who were living in the foster care households had been garda vetted.

The system in place to ensure up-to-date An Garda Síochána re-vetting for foster carers and significant adults were not robust.

The area management did not comprehensively assure themselves that all foster carers were familiar with their legal responsibilities as 'Mandated Persons' in line with the Children First Act 2015.

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. A log of complaints, allegations and serious welfare concerns maintained across the Area will be reviewed by the Principal Social Workers for Fostering and the Principal Social Worker for Intake on a quarterly basis. The purpose of this is to ensure

allegations/serious welfare concerns are tracked until an outcome is reached, to ensure concerns are appropriately categorised and to ensure required actions are timely and proportionate;

2. The Social Work Team Leader with a lead role for quality assurance will conduct an audit every 6 months with regard to the log of complaints, allegations and serious welfare concerns and will provide a report to the Area Manager relating to compliance with relevant policies and procedures;
3. The 3rd Fostering Team will be established in the Area from week commencing 9th April 2018. This will increase capacity within the fostering service to allocate more foster carers and as such reduce the number of dual unallocated cases;
4. The 3rd Fostering Team will be staffed with 2 Social Workers (currently being processed through the panel). Two experienced social Workers (1 WTE) from the existing fostering teams will transfer and a Social Worker is transferring from a Children in Care Team (total: 4 WTE). This will result in a decrease in the number of unallocated Foster Carers. One Social Care Worker post and 0.5 Social Work post has been assigned to the DSW fostering service also;
5. The administrator for Children in Care and the administrator for Fostering will generate an updated list of dual unallocated foster carers and children at the end of each month based on updated returns regarding allocation and de-allocation of children and foster carers. This updated list will be forwarded to the Fostering Team Leaders, the Children in Care Team Leaders and the Principal Social Workers for review and action. The Chair of Child in Care Reviews will audit dual unallocated children in care and foster carers files on a quarterly basis and will produce a report outlining outstanding actions for the Fostering Team Leader and the Children in Care Team Leader. If, due to resources, the actions can't proceed then the Team Leaders are to advise the Principal Social Worker for his review and escalation to the Area Manager regarding resource implications;
6. At the quarterly scheduled review meetings between the Principal Social Workers and the Fostering Team Leaders we will review the list of outstanding statutory visits and visits due in the quarter and ensure that plans are in place to conduct the necessary visits. This will include visits to unallocated foster carers. Ongoing contact and support will be provided to unallocated foster carers until such time as they are allocated. The duty system currently in place for unallocated foster carers will be strengthened to ensure that this is achieved;
7. A member of the business support team will be assigned to review the registers of foster carers on a monthly basis and to alert the Principal

Social Worker and Social Work Team Leader for fostering that a member of the foster care household has turned 16 years and/or if revetting is required for a foster carer. The business support team will provide assistance to the fostering service in sending out required documentation to carers in relation to revetting;

8. A report will be provided to the Area Manager on a quarterly basis of the number of foster carers and members of households over 16 years where revetting is outstanding;
9. The training log will be updated to ensure that all Foster Carers have received their *Children First* letter. A discussion to be held with relevant foster carers to ensure they understand their role and to identify any additional supports required in completing the online E-learning process under *Children First*. Reminder letters will also be sent to those who have not yet completed the training. The introduction of the use of a text messaging service for foster carers is currently being explored with a view to implementation.

Proposed timescale:

1. Quarterly, commencing April 2018
2. Every 6 months, commencing July 2018
3. In place from week of 9th April 2018
4. End of Quarter 2 2018
5. Monthly/Quarterly
6. Quarterly

Person responsible:

**Principal Social Workers
Fostering Team Leaders**

**Social Work Team Leader
with quality assurance
lead**

**Area
Manager/Principal
Social Workers**

HR/Recruitment

**Monthly by
Administration for
Fostering & Children in
care. Quarterly by Chair
for Child in Care
Reviews, Fostering
Team Leader, Children in
Care Team Leader,
Principal Social Worker
& Area Manager**

Fostering Team Leaders

<p>7. End of Quarter 2 2018</p> <p>8. Quarterly</p> <p>End of Quarter 2 2018</p>	<p>Principal Social Workers</p> <p>Business Support Manager and Principal Social Worker</p> <p>Principal Social Workers Fostering Team Leaders</p> <p>Principal Social Workers Fostering Team Leaders</p>
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Standard 14b: Assessment and approval of relative foster carers

Major Non- Compliance

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

The procedures in place to ensure that emergency placements with relative foster carers were safe and appropriate were not robust.

There were significant delays in completing relative foster care assessments and the governance arrangements to ensure relative foster care assessments were allocated and assessed in a timely manner was not effective.

Quality assurance by the area fostering team of assessments completed by private foster care agencies was not always effective.

The due diligence process in place for foster carers transferring into the service was not followed through comprehensively.

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 board¹.

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

1. During supervision with the Fostering Team Leader and the PSW the files of any new emergency placements with Relative Foster Carers will be reviewed to ensure that all required checks have been completed;
2. With the establishment of the 3rd Fostering Team additional capacity will be created within the Area to conduct Relative Foster Care Assessments within the agreed standard timeframes and to ensure that there are no further delays;
3. tracking system relating to unallocated relative assessments has been put in place and this will remain as a standing item for monthly one to one's with the PSW's for Fostering and Children in Care and the Area Manager;
4. The Principal Social Worker's will advise the Area Manager of any non compliance in relation to the completion of Relative Foster Care Assessments and of any resource deficits in meeting this requirement;
5. The Fostering Team Leader will review all relative assessments completed by a private fostering service to ensure good quality and compliance with best practice, procedures and standards. In addition to this, the Foster Care Committee Chair will escalate any concerns relating to the quality of service provision to the Areamanager;
6. A national procurement process is underway in relation to Private Foster Care;
7. A Service Arrangement/contract will be agreed for any future relative fostering assessments commissioned;
8. Pending the recruitment of additional staff the Area will seek to reduce the number of private assessments commissioned;
9. All requests to transfer foster carers into the Area will be made to the Principal Social Worker, who will ensure the request is recorded on the transfer tracking log. Prior to a transfer being accepted, the Fostering Social Work Team Leader will need to provide documentation to the Principal Social Worker confirming that all requirements, including notification to the Foster Care Committee, have been completed.

Proposed timescale:	Person responsible:
1. Monthly	Fostering Team Leaders and Principal Social Workers
2. End of Quarter 2 2018	Area Manager, Principal Social Workers and HR/Recruitment
3. Monthly	Area Manager and Principal Social Workers
4. Monthly	Principal Social Workers and Fostering Team Leaders
5. Monthly	Fostering Team Leaders and FCC
6. Quarter 4 2018	Chair Chief Operations Officer
7. Quarter 2 2018	Area Manager
8. Quarter 4 2018	Principal Social Worker and Area Manager
9. Monthly	Principal Social Worker and Area

Standard 15: Supervision and support**Major Non- Compliance****The provider is failing to meet the National Standards in the following respect:**

Not all foster carers were allocated a link worker.

The quality of supervision and support where foster carers were unallocated was poor.

Where foster carers had been allocated link workers the supervision and support they received was not consistent

Foster carer support groups were not in place throughout the area.

There was no dedicated out-of-hours service to support foster carers outside of office hours.

There was insufficient oversight by the service management on foster carer files to ensure that the risks were being managed.

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. The establishment of a 3rd Fostering Team will increase capacity within the Area to allocate a greater number of foster carers. As a result the fostering service has now been allocated an additional Social Work Team Leader post (currently in post) and 3.5 additional Social Work posts (of which 2 have gone for expressions of interest to the panel and 1 awaits a backfill from the panel to facilitate a Social Worker transferring into Fostering). In addition, 2 Social Care Worker posts have been secured and have both been circulated internally for expression of interest. The PSW's and Team Leaders across the Area will meet quarterly to review any Foster Carers who do not have a Fostering Link Worker and to review allocation. Each social worker on the new team will have a minimum of 15 foster families allocated which means 45 of the current unallocated foster carers will be allocated and we project that these social workers will be in post by end of

July 2018. The remaining unallocated carers (25) will be divided across the 3 fostering teams and will be managed by each teams duty work service with a view to allocation by year end and based on an ongoing analysis of additional resources required within the Area Fostering Service;

2. At the quarterly scheduled review meetings between the Principal Social Workers and the Fostering Team Leaders, a system will be put in place to ensure that statutory visits are conducted to all unallocated carers and that ongoing contact and support will be provided until such time as they are allocated. The duty system currently in place for unallocated foster carers will be strengthened to ensure this is achieved;

3. The register will be reviewed with regard to allocated foster carers who are due statutory visits and this will be reviewed at each of the scheduled quarterly meetings with the PSW and the Team Leader and will ensure that allocated foster carers are receiving the required statutory visits and fostering support in line with statutory requirements. This will also ensure that consistent support is provided to allocated carers;

4. Foster carers across the area will be canvassed in relation to the nature of supports they require and the feedback will be used to inform the fostering service plan relating to supports to be provided. The Fostering Team will seek to co-ordinate this group on a regular basis and the frequency will be needs led;

5. The text messaging service is currently being explored as a method of encouraging attendance as well as the use of ongoing mail shots;

6. A National Out of Hours Service for Foster Carers is planned for implementation by Quarter 3 2018. This is subject to successful Trade Union negotiations which are currently ongoing. The Service Director in Dublin North East is responsible for progressing this action. The progress of this action is being reviewed regularly by the National Operation Management Team and chaired by the Chief Operations Officer;

7. Through supervision the Fostering Team Leader will review one foster carers file with the allocated link worker to ensure appropriate risk management is in place;

8. In addition, the Principal Social Workers for fostering will complete an audit of a sample of fostering files every 6 months. Following this, a report will be prepared for the Area Manager relating to areas of good practice and also areas requiring improvement.

<p>Proposed timescale:</p> <p>1. Quarterly</p>	<p>Person responsible:</p> <p>Principal Social Workers and Fostering Team Leaders and Area Manager</p>
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2.Quarterly	Principal Social Worker and Fostering Team Leader
3.Quarterly	Principal Social Worker and Fostering Team Leader
4.Ongoing and needs led	Principal Social Worker and Fostering Team Leader
5.By end of Quarter 2 1018	Principal Social Worker and Fostering Team Leader
6.By June 2018	Regional Director, Dublin North
7.Monthly	East Fostering Team Leader
8.Every 6 months	Principal Social Workers

Standard 16: Training**Moderate Non- Compliance****The provider is failing to meet the National Standards in the following respect:**

The area did not ensure that all relative foster carers received similar training prior to their approval.

There was no formal training strategy for foster carers across the area to encourage greater participation in training.

The fostering department did not undertake a training needs analysis of foster carers across the area.

The oversight of foster care training throughout the area was not consistent.

Records of attendance at training were not consistently maintained in foster carer files.

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.The Fostering Team Leader will review the log of all training undertaken by Relative Foster Carers. The Fostering Team Leader will liase with the designated Training Lead on the Fostering Team to ensure that all Link Workers have emphasised the need to attend Foster Care Training with carers and to ensure that this is done on an ongoing basis. The Team Leader will focus on continually exploring ways of ensuring that all relative foster carers attend the Foundations For Fostering (FFF) training;
- 2.Having followed up with relative foster carers who do not attend training and exploring reasons for non-attendance, complete training packs will be sent to relative carers and a fostering link social worker will assist in reviewing the material with the carers;
- 3.A sentence regarding the commitment to attend training will now be included in the initial notification form for relative carers. Team Leaders and fostering social workers will ensure that detailed discussions in relation to the training requirement is included in initial visits and noted on the file;
- 4.Building on the approach already in place on one fostering team, social care staff

assigned to the fostering service will have the lead in developing training plans for foster carers;

5. The Fostering Service is currently compiling a training programme for Foundations of Fostering training for carers and to be rolled out by October 2018. Kildare West Wicklow are currently compiling a training programme for Foundations of Fostering Training for Carers and to be rolled out by October 2018;
6. The Team Leaders will continue to conduct Training Needs Analysis. Training needs will also be determined from responses received from training needs surveys completed by carers and sent out to them at the beginning of every year. In addition to this, thematic issues arising from disruption reports and foster care reviews will be analysed and included in the fostering training plan;
7. A Social Care Worker/Fostering Worker will be designated on each of the Fostering Teams to coordinate, plan and evaluate uptake for training, attendance and the quality of training provided;
8. Each Foster Carers file will include a section on Training. A sample of files will be audited by the Team Leader with the Worker with responsibility for training on a monthly basis through supervision.

Proposed timescale:	Person responsible:
1. Quarterly meeting	Fostering Team Leaders Social Care Workers Principal Social Workers
2. Commencing June 2018	Fostering Team Leaders
3. Commencing June 2018	Principal Social Workers and Fostering Team Leaders
4. Commencing from June 2018	Principal Social Workers and Fostering Team Leaders
5. October 2018	Fostering team Leaders

6.Quarterly	Fostering Team Leader
7.By end of Quarter 2 2018	Principal Social Worker and Fostering Team Leader
8.Ongoing from June 2018	Principal Social Worker and Fostering Team Leader

Standard 17: Reviews of foster carers**Major Non- Compliance**

The provider is failing to meet the National Standards in the following respect:
A significant number of foster carers did not have up-to-date reviews and there was no plan in place to address the backlog.

Not all foster care reviews had been notified to the foster care committee in line with standards

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.** The establishment of the 3rd Fostering Team will increase the capacity across the Area to hold Foster Care Reviews. As part of this team, an additional Social Work Team Leader has been appointed, which will increase capacity for chairing of reviews. The Fostering Team Leaders and PSW's will meet on a quarterly basis to plan what reviews are needed and to monitor compliance with statutory timeframes;
- 2.** The Team Leader will ensure that notifications are sent to the Foster Care Committee with regard to Reviews held in line with the Standards on a monthly basis;
- 3.** There are 171 foster care reviews outstanding in the area. A written work plan is in place to have all reviews completed within 18 months. Included in this is that foster care reviews will be a standing item on all fostering supervision sessions and prioritisation of reviews in situations where there has been an allegation or complaint against a foster carer. There is a plan in place currently to address the backlog of carers who do not have an up to date review. Dublin South West currently has 150 Foster Carer Reviews outstanding. On review, we can remove 18 cases from this list as these households currently have young people who have turned 18 years. This leaves 132 cases remaining. We currently have plans in place for 23 of these cases. The 3rd Fostering Team is established and an additional 3.5 staff capacity has now been provided and will enhance our capacity. In order to address all outstanding reviews over an estimated 18 month period we would need to complete 6 reviews per month and there are clear staffing resources required to accomplish this;
- 4.** There are currently 39 carers due for review within Kildare West Wicklow. Each worker will prioritise reviews depending on the length of time the review is outstanding or if a complaint or allegation has been made against the carers. An audit of carers is currently underway with a view to prioritising reviews and closing off inactive carers who no longer wish to foster or engage in fostering reviews.

Dates for reviews will continue to be scheduled at supervision sessions with Link Workers and is currently a standing item on the agenda;

5. The Principal Social Worker will maintain oversight of the Fostering Team Leaders review on an on-going basis - monthly through supervision and quarterly by return of a progress report to the Area Manager;

6. In the event there are any delays relating to the service improvement plan in place for foster care reviews, the Regional Service Director will be notified by the Area Manager so that necessary corrective measures can be put in place as required.

Proposed timescale:	Person responsible:
1. Quarterly	Principal Social Worker and Fostering Team Leaders
2. Monthly	Fostering Team Leaders
3. August 2019	Principal Social Worker and Fostering Team Leaders
4. Monthly	Fostering Team Leaders
5. Monthly	Principal Social Worker and Area Manager
6. Monthly	Area Manager

Theme 4: Leadership, Governance and Management**Standard 23: The Foster Care Committee****Moderate Non- Compliance****The provider is failing to meet the National Standards in the following respect:**

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

The foster care committee did not have the capacity to undertake all roles and functions as outlined in the national policy, procedure and best practice guidance on foster care committees.

Reporting and oversight arrangements between the area management and the foster care committee were not fully implemented at the time of inspection.

The chairperson did not operate a formal induction programme for new members.

Not all members of the foster care committee had completed training on the national policy, procedure and best practice guidance.

The foster care committee did not have adequate oversight of the progress of investigations and could not ensure that the relevant persons were held to account when investigations were unduly delayed.

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' **Error! Bookmark not defined.** policies, procedures and practice.

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

1.A 0.5 Principal Social Worker post has been approved for the Foster Care Committee. Governance arrangements are currently being reviewed to support improved co-ordination, information sharing and governance;

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

2. Quarterly meetings are in place since December 2017 between the Foster Care Committee Chair and the Area Managers and PSW's for KWW/DSW and DSC. Moving forward the Foster Care Committee Chair will prepare a report for these meetings outlining key data/themes emerging. Any issues identified will be included in service improvement plans for fostering service;

3. The Service Director DML will ensure that the newly appointed Foster Care Committee Chair will review membership of the Foster Care Committee to ensure compliance with Tusla policy;

4. The Service Director DML will ensure that the newly appointed Chair of the Foster Care Committee will review the provision of an induction programme for new members and to record training for each member;

5. Quarterly governance meetings will be scheduled by end of Quarter 2 2018 to ensure that any allegations or serious welfare concerns relating to a foster carers are reviewed by the management team. One of the objectives of this meeting is to ensure that the required documentation has been forwarded to the Foster Care Committee and also to the Monitoring Officers from the Tusla QA Directorate and to track the process until completion;

6. Tusla's Quality Assurance Directorate will complete a review of the Foster Care committee in Quarter 4 2018 to ensure there is improved compliance with fostering standards and Foster Care Committee procedures.

Proposed timescale:

1. 31st May 2018

2. In place since Dec 2017

3. 31st May 2018

4. 31st May 2018

5. By end of Quarter 2 2018

6. Quarter 4 2018

Person responsible:

National HR Recruitment Manager and Regional Service Director

Area Manager, Foster Care Committee Chair and PSW's

Regional Service Director and Area Manager

Regional Service Director and Area Manager

Principal Social Workers and Fostering Team Leaders

Fostering Monitoring Manager

Theme 5: Use of Resources**Standard 21: Recruitment and retention of an appropriate range of foster carers****Moderate Non- Compliance****The provider is failing to meet the National Standards in the following respect:**

The area did not have sufficient numbers of foster carers to meet the demand for services

There was no formal retention strategy in place for foster carers and current methods for retaining foster carers were poor.

The foster care panel was not reviewed periodically to ensure there was an appropriate number and range of foster carers to meet the needs of children in the area.

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 PSW's will continue to keep the Area Manager and the RAFT Team informed of placements that are required within the Area;
- 2.The Team Leaders will arrange a focus group with carers to discuss key areas of support and retention;
- 3.The Area currently is undertaking a number of general foster care assessments following a recruitment campaign;
- 4.The Areas Recruitment and Retention Strategy is part of the Dublin Mid Leinster general fostering recruitment strategy. There is a Regional Recruitment and Fostering Assessment Team (RAFT). The Principal Social Worker for RAFT has completed a needs analysis regarding fostering recruitment, and this includes KWW/DSW. A Fostering Forum for New Communities has also been established by DSC and the Area Manager and PSW's from KWW/DSW attend these meetings;
- 5.Letters have been recently sent to local schools, churches etc and monthly ads remain in the local newspaper;

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

6. The PSW's and the Area Manager will continue to discuss with RAFT and the Regional Fostering Forum (RAFT) with regard to the specific profiles of Foster carers required and to ensure ongoing innovative recruitment strategies. The Principal Social Worker's, Fostering Team Leaders and Area Manager will review the profile of placements and Foster carers that are required with a view to targeting specific recruitment. The Foster Care Panel will be reviewed periodically to ensure there is an appropriate number and range of foster carers available to meet the needs of children and young people in the Area and this in turn will inform recruitment strategies;

7. A National Working Group has been established to develop a plan relating to recruitment for fostering carers for Tusla.

<p>Proposed timescale:</p> <ol style="list-style-type: none"> 1. Monthly 2. By end of Quarter 2 2018 3. Ongoing and by August 2018 4. Ongoing 5. Ongoing 6. Quarterly 7. Quarter 4 2018 	<p>Person responsible:</p> <p>From May 2018</p> <p>Fostering Team Leader</p> <p>By August 2018</p> <p>Area Manager and Principal Social Workers</p> <p>Principal Social Worker</p> <p>Principal Social Workers and Fostering Team Leaders & Area Manager</p> <p>Service Director DML</p>
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