**Health Information and Quality Authority**
**Regulation Directorate**

**Monitoring Inspection Report -**

**Non-statutory Foster Care Services under the Child Care Act 1991 (as amended)**

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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| **Name of Agency:** | Oak Lodge Fostering Service |
| **Dates of inspection:** | 17 & 18 January 2018 |
| **Number of fieldwork days:** | 2 days |
| **Lead inspector:** | Rachel McCarthy |
| **Support inspector(s):** | Susan Geary |
| **Type of inspection:** | ☒ **Announced** ☐ **Unannounced**<br>☐ **Full** ☒ **Themed** |
| **Inspection ID:** | **0020573** |

## About monitoring

The purpose of monitoring is to safeguard vulnerable children of any age who are receiving foster care services. Monitoring provides assurance to the public that children are receiving a service that meets the requirements of quality Standards. This process also seeks to ensure that the wellbeing, welfare and safety of children is promoted and protected. Monitoring also has an important role in driving continuous improvement so that children have better, safer lives.

The Health Information and Quality Authority (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 services taking care of a child on behalf of the Child and Family Agency (Tusla) including non-statutory providers of foster care.

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

- **Assess** if the service provider has all the elements in place to safeguard children and young people and promote their well-being while placed with their service
- **Seek assurances** from service providers that they are **safeguarding children** through the mitigation of serious risks
- **Provide** service providers with the **findings** of inspections so that service providers develop action plans to implement safety and quality improvements
- **Inform** the public and **promote confidence** through the publication of the HIQA's findings.

Monitoring inspections assess continuing compliance with the regulations and Standards, and can be announced or unannounced.

As part of the HIQA 2017 and 2018 monitoring programme, HIQA is conducting thematic inspections focusing on the **recruitment, assessment, approval, supervision and review of foster carers.** These foster care inspections will be announced and will cover the standards related to the theme.

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

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| **Theme 1: Child-centred Services** | ☐ |
| **Theme 2: Safe and Effective Services** | ☒ |
| **Theme 3: Health and Development** | ☐ |
| **Theme 4: Leadership, Governance and Management** | ☒ |
| **Theme 5: Use of Resources** | ☒ |
| **Theme 6: Workforce** | ☐ |

## 1. Inspection methodology

As part of this inspection, inspectors met with the relevant professionals involved in Oak Lodge fostering service and with foster carers. Inspectors 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
- supervision, support and training of foster carers
- reviews of foster carers.
- management and monitoring of Oak Lodge Fostering Service.

The key activities of this inspection involved:

- the analysis of data
- interview with the managing director, quality control manager, and two link social workers
- three Tusla child in care social worker.
- focus group with foster carers
- review of the relevant sections of 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 agency

### The Service Provider

Oak Lodge Fostering Services provides a range of fostering services including respite, short term and long-term placements. It has been in operation since 2008. The agencies statement of purpose is to provide a child centred and high-quality foster carer service for young persons who cannot live within the family home and require alternative placements.

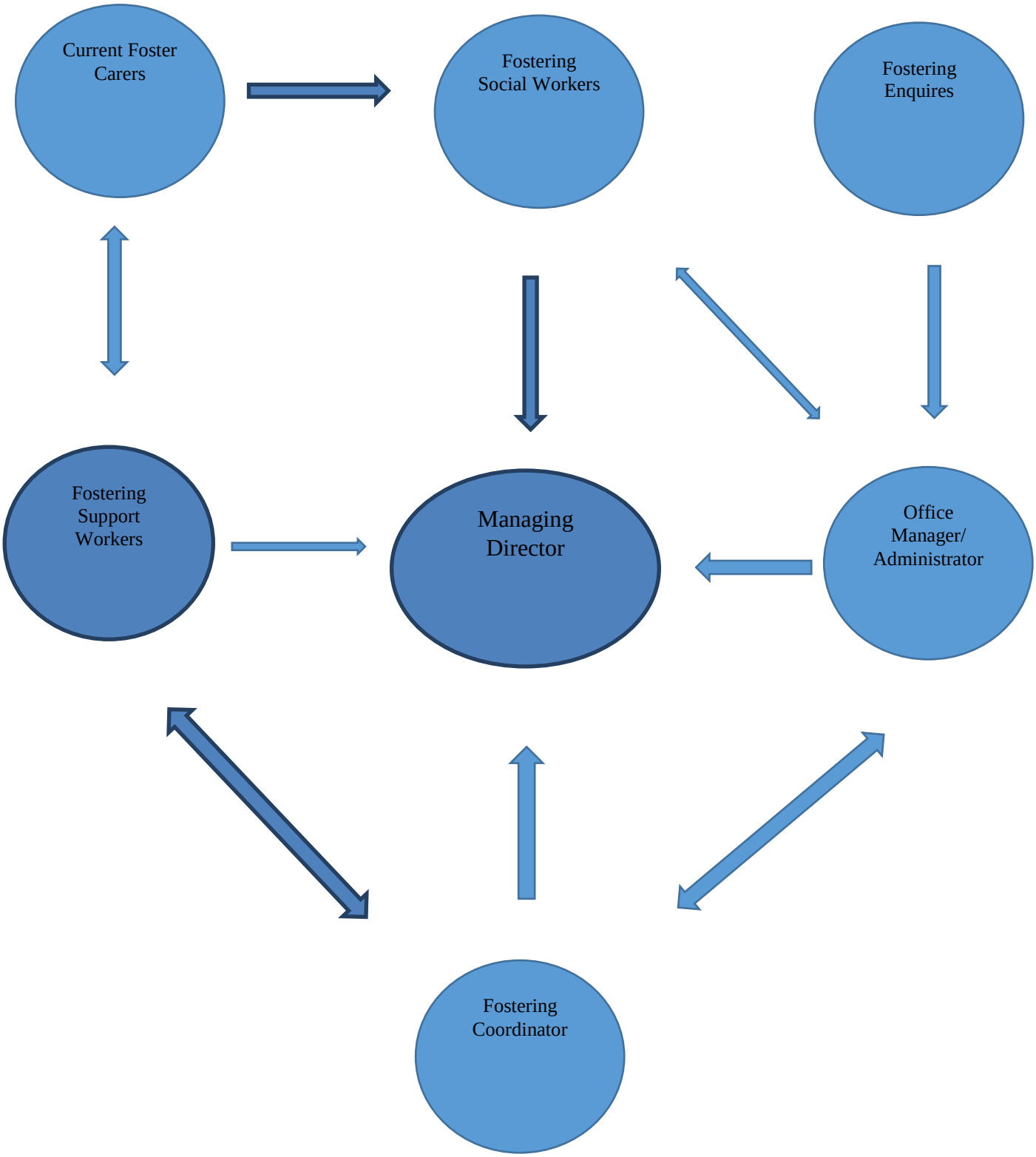
The foster care service is made up of one director who manages the service, two full time social workers, two part time placement support workers, one full time office manager, one part time quality control manager, one part time administration and social media assistant and one part time accounts person. The service also employs three independent assessors on a contract basis.

At the time of inspection the service had 14 foster care households and provided foster care placements for 12 children. These households were located in various geographical areas around Ireland.

Placements in Oak Lodge are commissioned by TUSLA area teams.

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

**Figure 1: Organisational structure of Non-Statutory Foster Care Services, in Oak Lodge Fostering Service**



## 3. Summary of inspection findings

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

Tusla have responsibility for a range of services, including the provision of a range of care placements for children such as statutory foster care services.

Children's foster care services may also be provided by non-statutory foster care agencies following agreement with Tusla. Tusla retain their statutory responsibilities to children placed with these services and approve the foster carers through their foster care committees. The foster care agency is required to adhere with relevant standards and regulations when providing a service on behalf of Tusla. Both services are accountable for the care and well-being of children.

Oak Lodge Fostering is a 'for profit' organisation and its services are monitored by the Child and Family Agency.

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.

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

- one standard was compliant
- one standard was substantially compliant
- five standards were non-compliant of which all five were identified as major non-compliances.

Oak Lodge fostering service was last inspected by HIQA in November 2015. At that time, of the 19 Standards assessed, the service exceeded one Standard, met ten Standards and required improvement in eight Standards. During the 2015 inspection, risk management and quality assurance required improvement. The recording of decision making also required improvement to ensure transparency and accountability.

Since the last inspection, the service had undergone a number of changes. The previous managing director had resigned from post and the clinical director had taken on the roles of both managing director and clinical director. The director was

based in the fostering services office and some of his duties included providing support to foster carers and providing supervision to some members of staff.

There was lack of oversight and management in the service. Auditing, risk management and notification systems required improvement and there was no formal reporting systems in place to provide the director with assurance that the service was effective or safe.

The management and oversight of concerns, allegations and complaints was not adequate. There was inadequate systems in place to ensure that allegations were reported in line with Children First, and that all concerns and complaints were responded to appropriately. There was a lack of oversight and management of allegations and this was escalated to the managing director following the inspection. While Tusla retain their statutory responsibility to children placed with foster carers, both agencies are accountable for the care and well-being of children, and Oak Lodge are accountable for the safety and quality of the care they provide.

Overall, fostering assessments were comprehensive, but they were not always carried out in a timely manner and there was insufficient oversight of all assessments.

All foster carers who had children placed with them were supervised and supported by a professionally qualified social worker (known as the link worker). Foster carers told inspectors that they were happy with the support they received from their link worker. The quality of supervision of foster carers by Oak Lodge fostering service required improvement to ensure that issues and concerns were addressed promptly with foster carers. Oak Lodge fostering service did not provide adequate oversight of respite arrangements as respite was not coordinated or managed effectively by the service. Inspectors interviewed staff who informed inspectors that there was no matching process for respite and no formal notification system in place to notify the placing social worker in Tulsa of the respite arrangements.

There was a training strategy in place which included the provision of foundational training for all new foster carers and a programme of ongoing training events throughout the year. Foster carers were consulted about their training needs through support visits. However the service struggled to ensure ongoing attendance at training after foster carers were approved. The foundational training provided to foster carers was not adequate.

Oak Lodge fostering service had a system in place to track reviews, however there was no oversight of this system. All foster carers that required a review had one carried out in line with regulations and standards and reviews were carried out following adverse events. The system in place at the time of inspection to carry out

foster care reviews was not in line with the Standards, as they were not always chaired by a social worker at managerial level.

Oak Lodge had effective recruitment and retention strategies in place and held a number of recruitment campaigns throughout the year.

Due to the level of concern in relation to the standards reviewed as part of this thematic inspection inspectors extended the inspection to cover the standard on management and monitoring of foster care services. There were ineffective management and governance structures and systems in place and inadequate arrangements in place for the management of the service in the absence of the managing director. There was a lack of monitoring and oversight of the service and supervision arrangements in place were not adequate. At the time of this inspection, Oak Lodge fostering service did not have a service level agreement with Tusla.

During this inspection, inspectors were informed that the last monitoring visit took place in November 2013. Following this inspection, HIQA contacted the Tusla monitoring office, who stated that, the Tusla monitoring office carried out an audit of Oak Lodge in March 2016, the monitoring officer also engaged with the service in April 2016 to follow up with their action plan to their HIQA Inspection. The service did not have a monitoring officer assigned to it. The monitoring office informed HIQA that due to a disproportionate number of vacancies which occurred in 2016, they used the method of self-audits to create a risk profile of each service so that they could target their limited resources.

Following the inspection, inspectors wrote to the managing director requesting written assurances in relation to the management of complaints, serious concerns and allegations, and in relation to the management and oversight of the service. The managing director provided a written response, which did not provide adequate assurances. HIQA requested a meeting with the managing director to discuss the response, however he was unable to attend as he was on annual leave for a number of weeks. In light of the risks identified and the absence of the managing director for a significant period of time, the Head of Programme escalated the concerns to Tusla, and requested assurances from the service that appropriate governance arrangements would be put in place in his absence.

The managing director provided written assurances to HIQA that a managing director from another private foster care service would deputise for his period of leave.

Following the inspection, the COO of Tusla provided a written response to HIQA outlining the arrangements he had put in place to ensure appropriate oversight of private foster care 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 | Substantially Compliant |
| **Standard 15:** Supervision and support | Non-Compliant Major |
| **Standard 16:** Training | Non-Compliant Major |
| **Standard 17:** Reviews of foster carers | Non-Compliant Major |
| **Theme 4: Leadership, Governance and Management** | |
| **Standard 19:** Management and monitoring of foster care agency | Non-Compliant Major |
| **Theme 5: Use of Resources** | |
| **Standard 21:** Recruitment and retention of an appropriate range of foster carers | Compliant |

## 5. Findings and judgments

**Theme 2: Safe and Effective Services**

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

**Standard 10: Safeguarding and child protection**

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

**Summary of inspection findings under Standard 10**

The management and oversight of concerns, allegations and complaints was not adequate. There was inadequate systems in place to ensure that allegations were reported in line with Children First, and that all concerns and complaints were responded to appropriately.

Concerns, allegations and complaints were not appropriately categorised, therefore they did not always receive the appropriate response. Inspectors spoke with both link workers throughout the inspection, both of whom were relatively new to the fostering service and therefore inexperienced in relation to child protection and fostering. Inspectors found that there was a lack of clarity around the management of allegations and there was confusion around what constituted a complaint, allegation or serious concern. Data provided by the area prior to the inspection indicated that there had been no complaints against foster carers and no complaints made by foster carers in the 12 months prior to the inspection. Inspectors subsequently identified two complaints in foster carer's files that had not been identified in the information returned. Inspectors reviewed the complaints log kept by the service and found that neither of these complaints were listed on the complaints log. There was one complaint listed on the log and on review of this complaint inspectors found that it was not a complaint, but that it was an allegation already listed on the child protection log. One of the complaints reviewed by inspectors had not been brought to a timely conclusion and the link worker confirmed that this was still outstanding.

Data provided to inspectors indicated that there had been two child protection concerns in the 12 months prior to this inspection. One had been closed and deemed unfounded at the time of inspection. The second child protection concern was deemed founded and the service was awaiting the minutes from the foster care committee in order to formally close it off.

Oak Lodge policy stated that information regarding the concern should be accurately recorded, quoting the words used by the young person, on the standard form for reporting child protection and/or welfare concerns and forwarded to the Child and Family Agency and/or An Garda Siochana. However in two cases reviewed by inspectors there were no standard report forms (SRF) on file, and the service had not reported it in the appropriate manner, in line with Children First and their own policy. Inspectors escalated this to the link worker during the inspection and to the managing director following the inspection. Link workers informed inspectors that the information was passed onto Tusla staff verbally. Following the inspection, the service provided HIQA with written confirmation that standard report forms were now on file for both cases.

The service was not acting in line with its own policy. The policy in place for the management of allegations stated that the fostering services manager would also inform the monitoring officer of the allegation. However inspectors found that the service was not sending any notifications on allegations to the monitoring office. Staff informed inspectors that they only notified the monitoring office of admissions and discharges.

One link worker was supervising and providing guidance to the other link worker around managing allegations, despite their lack of experience in this area. The inexperience of both social workers and lack of clarity around the management of allegations and a lack of oversight from senior management was a concern for inspectors.

The quality control manager was responsible for updating the child protection and complaints logs maintained by the service. There was no oversight of both logs and inspectors found that there were gaps in logging all child protection concerns and complaints. There was no system in place for the quality control manager to be notified of a complaint or allegation and she relied solely on the link workers informing her. Therefore the service was not able to accurately track all child protection concerns or complaints in the service as there was no other method in place to record this.

Data provided to inspectors indicated that there was one foster care household where children were removed due to child protection and/or welfare concerns in the 12 months prior to this inspection. The foster care committee were informed and a

decision had subsequently been made to deregister the foster carers and remove them from the panel. The service had not yet carried out a review of this case for further learning purposes, despite the significant issues that had led to the children being removed.

There was a lack of oversight and management of allegations and this was escalated to the managing director following the inspection. In light of our concerns around the poor recording, lack of clarity in relation to classification of complaints and allegations, and allegations not reported appropriately to Tusla and the monitoring office, HIQA requested that the service undertake a full review of all files to assure themselves that all allegations and serious concerns had been reported in line with Children's First, and responded to appropriately, that no other complaints had been missed, and that all complaints had been appropriately classified and responded to.

The agency had a system in place to track garda vetting of foster carers and other adults in the household. This tracking system was monitored by a staff member employed by the service. This staff member physically checked foster carer files and sent out forms to foster carers if an update was required. From speaking with this staff member, she informed inspectors that she relied on link workers to inform her if there were other adults in the household that required garda vetting. Inspectors were not assured that the process in place to track other adults in the household was robust, as this was not routinely covered during supervision visits by link social workers.

Oak Lodge's policy on the management of allegations made reference to mandated persons under the Children's First Act 2015. Staff and foster carers also have a responsibility and a clear obligation to report any concerns about child care practice or welfare in Oak Lodge fostering services. Mandated persons are people who have contact with children and/or families who, by virtue of their qualifications, training and experience, are in a key position to help protect children from harm. From speaking with foster carers it was evident that they had been informed they were mandated persons and inspectors found evidence of this in foster carer's files. Foster carers and staff in Oak Lodge informed inspectors that there was upcoming training for foster carers on the role of mandated persons.

All foster carers completed foundation for fostering training prior to approval. The quality of the training required improvement, as there was no module in relation to child protection and welfare concerns. This is covered in more detail under Standard 16.

Foster carers informed inspectors that they did not always get sufficient information about the children coming into their care. Foster carers were aware of what they were required to do if children went missing from their care and they were aware of their right to refuse or accept a placement.

Staff spoken to stated they were confident in expressing their concerns, and were familiar with protected disclosure legislation.

**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.

## Summary of inspection findings under Standard 14

Overall, fostering assessments were comprehensive, but they were not always carried out in a timely manner and there was insufficient oversight of all assessments.

Foster carers were provided with information prior to the assessment process. This included the role of the foster carer, legal framework, types of foster care, training provided and reasons why children are in care.

Two foster care households had been approved in the 12 months prior to this inspection and seven foster care households were undergoing assessments at the time of inspection, a further three were on a waiting list for assessment and two were completed and ready to go to the foster care committee (FCC) for approval.

Inspectors reviewed the two assessment reports that were carried out and approved in the 12 months prior to the inspection. In both cases, garda vetting and all relevant checks were carried out. Both assessments were completed by qualified social workers. The assessment process consisted of a number of home visits and interviews with the applicants and the managing director carried out one home visit with the assessing social worker. The assessment report concluded with a recommendation to the foster care committee as to whether the applicants should be approved and, if so, what services they could offer.

The assessments were comprehensive and of good quality, however they were not carried out in a timely manner. Both assessment records indicated that the assessments did not commence until approximately two months after the receipt of the application form. While records of one assessment indicated that it was completed with three months, it was not signed off by a manager for a further three months. The second assessment reviewed by inspectors was not signed but records indicated that it went to the foster care committee seven months after the assessment began. Foster carers informed inspectors that the assessment process was intensive and took a long time to complete.

* 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).

There was a written policy on the assessment and approval of foster carers. According to the service's own policy, if the process of assessment identified that the applicants met the required standard of competency to become foster carers with Oak Lodge fostering services; the assessment would be submitted to the foster care committee in the Child and Family Agency office area in which the carer resides for consideration and recommendation for inclusion on its foster care panel. Inspectors found that both completed assessments had been approved by the foster care committee and therefore the service was operating in line with its own policy. Foster carers had to complete foundations for fostering training prior to approval and this training was provided in-house.

One assessment was completed by a link worker who had since left the service, this assessment discussed in detail any issues that arose throughout the assessment process and it was signed off by the previous managing director of Oak Lodge.

The second assessment was completed by a link worker who had been with the service one year. The assessment report had not been signed or dated by the social worker or the manager. From the review of the file inspectors did not see any evidence of oversight of the assessment process. Inspectors spoke with both link workers throughout the inspection process who confirmed that they were both new to fostering assessments. One link worker had completed an assessment of one family and the other was in the process of assessing a family. Given the lack of experience in completing fostering assessments, and the fact that the link social worker had never completed a fostering assessment before, nor had any previous experience or training in completing assessments, the service should have ensured that there was sufficient oversight and close monitoring and supervision of the assessment process.

The service had contracted three external independent assessing social workers to carry out assessments. Inspectors reviewed their personnel files and found that the external social workers had extensive experience in carrying out foster care assessments. The managing director informed inspectors that he supervised the independent assessing social workers and would quality assure their work.

Prior to this inspection, the service did not have a policy on the transfer of foster carers from another agency, however, immediately following this inspection the service devised a policy and provided HIQA with a copy. The policy provided required improvement as it did not include all the information as required in the national foster care committee policy, such as the process in place when a foster carer wants to change their approval status or when a review of the transferred foster carers will be carried out.

There was a due diligence process in place for foster carers transferring into the service. Data provided to inspectors showed that two foster carers had transferred in

from another private foster care agency in the 12 months prior to this inspection. Inspectors reviewed both files and found that in line with the process the full fostering file was transferred and a transfer meeting was held with decisions clearly recorded. There was no evidence however on one file that the foster care committee were notified of the transfer as required by the foster care committee policy.

Following approval foster carers signed a contract of engagement with Oak lodge. Inspectors found that there were some delays in signing these contracts and not all foster carers files had contracts of engagement on them. Furthermore some of the contracts were not dated.

There was no formal written contract with foster carers in respect of each child placed with them on foster carers files as required by standards and regulations. Inspectors were informed that these contracts were not held on foster carers' files but would be held on children's files.

When foster carers were approved the service provided them with an information pack. This included policies and procedures, National Standards, an A to Z of fostering, and details regarding the use of the fostering allowance. The newly approved foster carers were added to an availability list and the relevant social work department was informed.

**Judgment: Substantially Compliant**

**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:**

Oak Lodge fostering service provided support and supervision to 14 foster care households across a wide geographical area. All foster carers who had children placed with them were supervised and supported by a professionally qualified social worker (known as the link worker). The service had written policies and procedures in place around the supervision and support of foster carers. Foster carers spoken to informed inspectors that they were happy with the support they received from their link worker.

The service employed two full time professionally qualified social workers (known as the link worker). The link workers employed were located in different geographical areas, in order to manage caseloads, as foster carers were from various locations across the country. The managing director provided clinical support to foster carers. The service also employed two placement support workers on a part time basis. The main role of the placement support workers was to work directly with the children and offer support to the foster carers.

The service policy was that foster carers were to be supervised monthly and a supervision report compiled. Inspectors reviewed five cases for the purpose of support and supervision and found that the quality of support and supervision on the foster carers' files varied. In three of the files sampled there was evidence of regular monthly support visits carried out, however the remaining two files were carer's that provided short term placement's, and inspectors found poor recording of visits on these. In one file reviewed by inspectors there was no evidence of any visits in 2017, however a visit had been undertaken prior to this inspection and the second file had evidence of one visit in 2017.

Visits were recorded on a template which comprehensively addressed the support aspects of the link worker visit. The quality of this recording was good and inspectors found evidence of good support provided to foster carers. In one file reviewed inspectors found evidence of the social worker advocating on behalf of the foster carer and requesting an additional support package to be put in place.

The quality of supervision of foster carers by Oak Lodge fostering service required improvement to ensure that issues and concerns were addressed promptly with foster carers. Inspectors did not see any evidence on foster carer files of formal supervision of carers, to include key areas, such as checking who had joined the family since the last visit, if there were over 16's that required vetting or if there were changes in circumstances.

Information returned by Oak Lodge fostering service to HIQA reported that in the 12 months prior to this inspection there had been four unplanned placement endings. Inspectors sampled two cases where there was a placement breakdown following an allegation or serious concern. In one case reviewed inspectors found there was a gap in case notes throughout the period of the placement breakdown and therefore it was not evident that appropriate supervision was in place for the foster carers when there were issues within the placement. There was a disruption report on file but there was significant gaps in this report. A review was carried out following this unplanned ending. There was good quality support and supervision evident on the second case file prior to the unplanned ending. The link worker visited the foster carer's home on a monthly basis with a clear agenda set out. The placement support worker offered support to the foster carers throughout the process. However inspectors found little information on the file around the discharge of the young person and inspectors found it difficult to ascertain when the placement ended. Inspectors were informed that information on the placement ending was maintained on the child's file and not on the foster carers file. This meant that any patterns that arose in relation to placements ending in an unplanned manner may not always be easily identified on the foster carers files.

Oak Lodge fostering service did not provide adequate oversight of respite arrangements as respite was not coordinated or managed effectively by staff. During interviews with inspectors, staff outlined that there was no matching process in place for respite placements and no formal notification system in place to inform the placing social worker of the respite arrangements.

Foster carers were offered 21 days respite per year. One foster care household was contracted by the service to provide respite. If this carer was unavailable then the agency would use another foster carer that had availability. However inspectors found that the processes in place for the management of respite were not adequate. There was no evidence of a risk assessment carried out in order to see the impact of the placement on the other children in the household. Inspectors found on one file that a foster carer had organised a respite placement themselves, this issue was discussed with the foster carer during supervision and subsequently they agreed to put in place a formal respite arrangement.

Inspectors reviewed the respite log and found on one occasion two children from different placements were placed with the one respite carer at the same time, yet the impact of this on the children was not risk assessed. There was no formal notification to each child's social worker to inform them of this to ensure that any concerns or risks arising from the two children being placed together could be addressed in advance of the placement.

Inspectors were informed by staff that the link worker completed the respite request form and contacted the respite carer. It was the link workers responsibility to ensure that the respite carer had all relevant information on the child going for respite, including information on what to do in the event the child goes missing from care. However there was no information on the file to verify if this was done.

Inspectors found no evidence on the foster carers files that the child in care social workers were informed of the respite placement. However following the inspection the service confirmed that efforts were made on each occasion to contact the social worker, although they did not always receive a response on time. There was no written agreement or no process in place to formally notify the child's social worker of a respite arrangement. Therefore, there was a risk that children were placed in a respite placement without their social worker or relevant family members being aware of their whereabouts. In addition, as there was no formal matching process in place, the service could not be assured that the respite carers could meet the assessed needs of the children placed with them.

The service had support groups in place that were held monthly, excluding the summer months, these were held in conjunction with training sessions. The service held support groups in two locations in order to encourage foster carers to attend. Inspectors were informed that attendance at support groups was poor but attendance had improved recently. The service held an annual Christmas lunch for foster carers and children, which was well attended.

There was an out of hours service available to foster carers and foster carers told inspectors that they had the emergency number if needed.

**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

There was a training strategy in place which included the provision of foundational training for all new foster carers and a programme of ongoing training events throughout the year. Foster carers were consulted about their training needs through support visits, however the service struggled to ensure ongoing attendance at training after foster carers were approved. The service was due to have a planning meeting at the beginning of the year with foster carers to plan training events.

All foster carers received foundational training before their approval as foster carers. Inspectors viewed the training material which was delivered by the managing director and link workers. This training included modules on topics such as why children come into care, the role of foster carers, the importance for children of contact with their parents, safe care, child development and attachment, and managing the behaviour of children. However, inspectors found that the training offered was not adequate as there was no module in the training course covering child protection and welfare concerns. This meant that foster carers were not provided with sufficient information in order to safeguard children in their care.

A review of the training programme for 2017 showed that, apart from foundational training, a training event was held approximately every month in conjunction with support groups. In the 12 months prior to the inspection, the area provided training on topics such as therapeutic crisis intervention for families, sexualised behaviours and cybercrime.

The service was also offering a training model to foster carers on therapeutic caregiving every month from March to December 2017. The training model provided a positive framework for therapeutic caregiving, which aimed to help infants, children and young people to move towards greater security and builds resilience. It focuses on the interactions that occur between caregivers and children on a day-to-day, minute-by-minute basis in the home environment. But it also considers how those relationships can enable the child to develop competence in the outside world of school, peer group and community.

Each foster carer was required to send in weekly and monthly reports to their link worker around each of the five caregiving dimensions and how the carer was helping

the development of the child in their care. The service provided each foster carer with an encrypted tablet in December 2017 and this was used to send in the reports. Foster carers spoke highly of this model, however they sometimes found it difficult to find the time to complete all reports.

Training events were provided alternatively in two urban locations in the area to encourage foster carers from around the country to attend. Inspectors were informed that each foster carer was sent a copy of the training plan, a list of support groups, and following this a reminder email was sent to all foster carers two weeks before training courses were due to begin to confirm attendance. However, link workers informed inspectors that foster carers attendance at training was poor.

The service struggled to ensure ongoing attendance at training after foster carers were approved. Training records showed that, following their approval as foster carers, some foster carers attended training events on a regular basis while other foster carers did not, despite being invited to training sessions on a regular basis. On review of the training plan devised for 2017, it was evident that a number of training sessions had been cancelled due to lack of numbers.

There was poor management and oversight when foster carers did not attend training despite signing a contract of engagement with the service. There was no evidence of consequences or discussions with foster carers to address this issue.

While the service maintained a central training file, the quality of training records on foster carers' files was poor. Out of the five files reviewed, four had little or no record of training attended by foster carers. Therefore, there was no evidence that link workers maintained records of all training undertaken by each foster carer.

The service placed training as a standing item as part of the services quarterly audit. Attendance at training was identified as a risk as carers missed out on professional training which could lead to placement disruptions. An action was decided that from January 2018 core training would be mandatory. This training would be certified and have to be refreshed every three years. Core training was to include Safeguarding, Child Protection, and Therapeutic Crisis Intervention for Families.

**Judgment: Non-Compliant Major**

**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

Oak Lodge fostering service had a system in place to track reviews, however there was no oversight of this system. Foster carer's reviews were completed by the allocated link worker with some oversight by the managing director. Once reviews were completed they were sent to the relevant foster care committee in the Tusla geographical area where the foster carer lived. 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. All foster carers that required a review had one carried out in line with regulations and standards and reviews were carried out following adverse events.

Oak Lodge fostering service had a designated administration staff member to track reviews. This staff member tracked reviews and informed link workers when a foster carer's review was due. The staff member sent out the paperwork to foster carers, social workers and guardians to complete and compiled a review pack when all paperwork had been returned. The link worker then added their report and forwarded the review pack to the chairperson, who in most but not all cases was the managing director. Once the review meeting had taken place the chairperson completed the review report, and the link worker sent a copy of the review to the foster care committee, and a copy was retained on the foster carers file

Information returned by Oak Lodge to HIQA reported that in the 12 months prior to the inspection there had been six reviews completed, four standard reviews and two additional reviews carried out, one following an unplanned ending and the second following an allegation. Inspectors reviewed four of the six reviews and found that the quality of foster carers reviews completed was varied and frequently did not contain all the necessary information on foster carers. All reviews sampled had evidence that a formal review meeting had been held and the voice of the child was included in the report. One review sampled following an allegation was poor, there was no analysis of information and no comment on what was required from the foster carers going forward, despite concerns. This review was chaired by a link worker and not by a manager as required by the standards, given that the review was following an allegation managerial oversight of the review was poor. Inspectors reviewed a second file following an unplanned ending and found that all the required documentation for the review had been received but a review date was yet to be

arranged. When the Tusla social worker recommended to the review that no other children be placed in the foster care household at this time, the response from the service was that this would have financial implications for Oak Lodge, therefore, they would need to discuss negotiations to cover their losses. The primary purpose of a review is to consider a foster carers continuing capacity to provide high quality care.

Inspectors reviewed one standard review completed and found evidence that the foster care committee had returned the review due to insufficient information provided. Five months following the formal meeting the review report was updated and sent to the foster care committee again. The service was awaiting a response back from the foster care committee.

Formal meetings were held in the foster carers home and link workers and foster carers attended. Inspectors found on one occasion that a social worker at managerial level did not chair the review meeting as required by the national standards. Staff spoken to also informed inspectors that in practice link workers would on occasion chair reviews. The managing director told inspectors that if he did not chair the review he would be assured of the quality by reviewing the review report. However inspectors did not see any evidence of this.

There was a lack of oversight of reviews. While inspectors saw some evidence of oversight this was not adequate. One review was returned by the foster care committee due to not containing sufficient information. A second review did not evidence if the foster care committee was informed of the outcome and the third review was short with incomplete documentation. Inspectors found that decisions were made around the status of the foster carers such as if they would continue to foster. However reviews did not make any specific recommendations such as further training required, level of support required or any other needs identified.

Review reports recorded training that the foster carers attended since the last review, but there was no evidence that foster carers were required to undertake training to meet the needs of the young people in their care.

**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 19: Management and monitoring of foster care agency**

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

**Summary of inspection findings under Standard 19**

While the thematic inspection did not include a review of the standard on management and monitoring of foster care services, due to the findings of this inspection, inspectors included a review of this standard within this inspection due to concerns.

There were ineffective management and governance structures and systems in place and inadequate arrangements in place for the management of the service in the absence of the managing director. There was a lack of monitoring and oversight of the service and supervision arrangements in place were not adequate.

At the time of the last inspection, inspectors found that governance and management systems in the service were effective and provided adequate leadership and governance. However since the last inspection there has been a change in management structure. The previous managing director had resigned from post and the clinical director had taken on the role of both managing director and clinical director. Inspectors found that there was lack of oversight and management in the service. Auditing, risk management and notification systems required improvement and there was no formal reporting systems in place to provide the director with assurance that the service was effective or safe.

The managing director of Oak Lodge was suitably qualified with extensive experience in fostering. The managing director became the sole director of Oak Lodge in the latter half of 2016. The director was based in the office and some of his

duties included providing support to foster carers and providing supervision to some members of staff.

The fostering team in Oak Lodge was made up of eight staff members. The managing director, two full time social workers (also known as link workers), two part time placement support workers, an office manager, part time quality control manager and a part time social media/administration staff member. The service also employed three external assessing social workers. Staff interviewed as part of the inspection made themselves readily available to inspectors and were open and transparent. Key staff were aware of their individual roles.

There was poor management and oversight of complaints, serious concerns and allegations. Inspectors reviewed three files where there was an allegation made and investigated by Tusla and found that there was no evidence of management oversight from Oak Lodge fostering service. As previously mentioned under standard 10, one link worker was supervising and providing guidance to the other link worker around managing allegations, despite their lack of experience in this area. Concerns, allegations and complaints were not responded to appropriately and managed in line with Children's First. Inspectors reviewed one case and found that neither the foster care committee nor the monitoring office had been notified of the allegation by Oak Lodge fostering service. At the time of this inspection, all child protection and serious concerns had not been appropriately notified to the monitoring office. Staff informed inspectors that admissions and discharges were the only notifications sent to the monitoring office from the service.

The supervision of staff was poor. The managing director provided supervision to one link worker and one placement support worker. A link worker who was in the service for just over a year, who had no previous social work or fostering experience, or management experience, provided supervision to another link worker and the second placement support worker. There was no formal supervision in place for the other staff members on the fostering team who had responsibility for quality assuring the service. Inspectors sampled supervision records of staff that were receiving formal supervision and found regular supervision was recorded on personnel files, however the supervision was predominantly case based and did not provide opportunities for staff to discuss career developments or training requirements. The managing director informed inspectors that staff are encouraged to seek opportunities for training.

Team meetings were held weekly. Inspectors observed a team meeting chaired by the quality control manager and attended by the full fostering team. Inspectors found that there was good open discussion at the team meeting and a number of standing agenda items were discussed. These items included, individual cases,

planning for 2018, monthly audit reports, training and correspondence from the foster care committee.

Inspectors found poor evidence of oversight and management of foster carers files. There was little evidence of case management and oversight by the managing director in the majority of documents such as link worker visits to foster carers, management of allegations, case notes and reviews. Inspectors found that the quality of documents on file was poor. For example inspectors reviewed one disruption report and found that the quality of it was inadequate. The lack of oversight and management of foster carer files meant that monitoring arrangements were not in place to ensure compliance and drive quality improvement. The managing director informed inspectors that as it was a small team any issues that arose were discussed verbally with him in the office. This method of assurance around case management and oversight was not adequate and inspectors were not assured that concerns were picked up on in a timely manner and received the appropriate response.

The service had a quality control manager, who held responsibility for quality assuring and auditing the service. She carried out quarterly audits, identifying trends and patterns and service delivery. She also quality assured the practice of social workers on foster carers files. Her role was to follow up with social workers if documents were missing from files or visits had not been completed, she did not review the content of the documents or check if they were adequately completed. The quality control manager produced quarterly audit reports that were brought to the weekly team meetings for discussion. The themes audited included training, support groups, supervision and home visits, staff supervision, complaints/incidents/child protection concerns, placements, emergency admissions and the identified model of care. This audit identified risks in the service, had clear actions to be taken and identified personnel responsible. However there was no evidence of oversight of the actions and learning from these audits as the same findings were coming up in each audit.

As well as quality assuring the service the quality control manager started providing clinical support to foster carers in 2017. Inspectors reviewed the agencies service plan for 2017 which was also completed by the quality control manager. The quality control manager did not receive any formal supervision and there was no oversight of the work they carried out by a senior qualified manager. Therefore inspectors were not assured that there was a robust quality assurance system in place.

Tusla is responsible for satisfying themselves that, when a child is placed with a foster carer through a non-statutory agency, the statutory requirements are met and that the children receive high quality care. Oak lodge fostering service did not have a service level agreement with Tusla. At the time of this inspection, staff in Oak Lodge

were not aware of who the monitoring officer for the service was and informed inspectors that the last monitoring visit took place in November 2013. Following this inspection, HIQA contacted the Tusla monitoring office, who stated that, the Tusla monitoring office carried out an audit of Oak Lodge in March 2016. The purpose of the visit was to carry out a centre profile visit and to introduce and assist the service to carry out a self-audit of their service provision at that time, the monitoring officer also engaged with the service in April 2016 to follow up with their action plan to their HIQA Inspection. The service did not have a monitoring officer at the time of this inspection. The monitoring office informed HIQA that due to a disproportionate number of vacancies which occurred in 2016, they used the method of self-audits to create a risk profile of each service so that they could target their limited resources. However the fact that Oak lodge fostering service was not notifying the monitoring office of child protection concerns and serious incidents and the lack of a monitoring officer for the service, meant that the monitoring systems in place were insufficient to ensure compliance with statutory requirements and standards. Following the inspection, the COO of Tusla provided a written response to HIQA outlining the arrangements he had put in place to ensure appropriate oversight of private foster care services.

There was inappropriate arrangements in place for the management of the service in the absence of the managing director. In the absence of the managing director there was no suitably qualified, competent and experienced senior social work professional in place to manage the service. This was particularly concerning given that the service employed link social workers with limited experience. This matter was escalated by the Head of Programme of the children's team, shortly after the inspection, to the Managing Director of Oak Lodge, Tusla National Office and Tusla Monitoring Office, as shortly after the inspection the managing director went on annual leave and did not ensure that there was adequate governance arrangements in place. The managing director subsequently made arrangements for the manager director of another private foster care agency to manage the service in his absence.

Following this inspection, inspectors wrote to the managing director of Oak Lodge to highlight the concerns in relation to the management and oversight of complaints, serious concerns and allegations, and in relation to the management and oversight of the service.

**Judgment: Non-Compliant Major**

**Theme 5: Use of Resources**

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

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

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

Oak Lodge had a recruitment strategy in place and held a number of recruitment campaigns throughout the year. Initial foster care enquiries were followed up within four days which was in line with the national standards, and the service used a range of recruitment methods to attract and retain foster carers.

There were sufficient resources in place to recruit foster carers. A system was in place to deal with enquiries from prospective foster carers. The service had a designated administrative staff member who was the first point of contact and recorded all enquiries on a spreadsheet. This staff member then informed the relevant link worker dealing with that geographical area. The link worker had four days to contact the potential applicant and carry out an initial screening over the telephone. The link social workers were then assigned to carry out screening visits of potentially suitable candidates in their homes and suitable candidates were then scheduled for assessment and training.

The administration person was also the designated social media assistant and was employed on a part time basis by the service. Inspectors were presented with a social media overview report for 2017. The service predominantly used two sources of social media and The Oak lodge fostering service website. The service used their own website as a method of communication to inform foster carers of upcoming training and information evenings and also used social media to target new foster carers in a number of specific geographical areas around Ireland.

[†] 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 service held 12 recruitment campaigns and two information evenings in the 12 months prior to this inspection.

The overview report indicated that in 2017, 34 people had enquired using the online website, six people contacted the service through social media, five people heard about the service through word of mouth and one was directed by an existing foster carer. Data provided to inspectors showed that there had been 14 new foster care applications in the 12 months prior to this inspection. Inspectors found that the recruitment processes in place were working and foster carers were showing interest in the fostering service using the various methods of communication available.

No foster carers had left the panel voluntary in the 12 months prior to inspection. Inspectors spoke with two foster carers who stated that foster carers remained with the service due to the high level of support they received from the service.

Data provided to inspectors showed that there was a sufficient number of foster carers to meet the needs of the service. There were six available foster care placements at the time of inspection and there were no foster care placements where the number of unrelated children exceeded the standards.

During interviews with inspectors, foster carers said that the supports offered such as the availability of staff, an out of hour's service, clinical support groups and the level of individual support contributed to the retention of foster carers.

**Judgment: Compliant**

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

| ***National Standards for Foster Care* (April 2003)** |
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| **Theme 1: Child-centred Services** |
| **Standard 1: Positive sense of identity**<br>Children and young people are provided with foster care services that promote a positive sense of identity for them. |
| **Standard 2: Family and friends**<br>Children and young people in foster care are encouraged and facilitated to maintain and develop family relationships and friendships. |
| **Standard 3: Children's Rights**<br>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. |
| **Standard 4: Valuing diversity**<br>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.<br><br>***Child Care (Placement of Children in Foster Care) Regulations, 1995***<br>*Part III Article 8 Religion* |
| **Standard 25: Representations and complaints**<br>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. |

[‡] 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)** |
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| **Theme 2: Safe and Effective Services** |
| **Standard 5: The child and family social worker**<br>There is a designated social worker for each child and young person in foster care.<br><br>***Child Care (Placement of Children in Foster Care) Regulations, 1995***<br>*Part IV, Article 17(1) Supervision and visiting of children* |
| **Standard 6: Assessment of children and young people**<br>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.<br><br>***Child Care (Placement of Children in Foster Care) Regulations, 1995***<br>*Part III, Article 6: Assessment of circumstances of child* |
| **Standard 7: Care planning and review**<br>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.<br><br>***Child Care (Placement of Children in Foster Care) Regulations, 1995***<br>*Part III, Article 11: Care plans*<br>*Part IV, Article 18: Review of cases*<br>*Part IV, Article 19: Special review* |

| ***National Standards for Foster Care* (April 2003)** |
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| **Standard 8: Matching carers with children and young people**<br>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.<br><br>***Child Care (Placement of Children in Foster Care) Regulations, 1995***<br>*Part III, Article 7: Capacity of foster parents to meet the needs of child*<br><br>***Child Care (Placement of Children with Relatives) Regulations, 1995***<br>*Part III, Article 7: Assessment of circumstances of the child* |
| **Standard 9: A safe and positive environment**<br>Foster carers' homes provide a safe, healthy and nurturing environment for the children or young people. |
| **Standard 10: Safeguarding and child protection**<br>Children and young people in foster care are protected from abuse and neglect. |
| **Standard 13: Preparation for leaving care and adult life**<br>Children and young people in foster care are helped to develop the skills, knowledge and competence necessary for adult living. They are given support and guidance to help them attain independence on leaving care. |

| ***National Standards for Foster Care* (April 2003)** |
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| **Standard 14a — Assessment and approval of non-relative foster carers**<br><br>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.<br><br>***Child Care (Placement of Children in Foster Care) Regulations, 1995***<br><br>*Part III, Article 5 Assessment of foster parents*<br><br>*Part III, Article 9 Contract* |
| **Standard 14b — Assessment and approval of relative foster carers**<br><br>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.*<br><br>***Child Care (Placement of Children with Relatives) Regulations, 1995***<br><br>*Part III, Article 5 Assessment of relatives*<br><br>*Part III, Article 6 Emergency Placements*<br><br>*Part III, Article 9 Contract* |
| **Standard 15: Supervision and support**<br><br>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**<br><br>Foster carers participate in the training necessary to equip them with the skills and knowledge required to provide high-quality care. |

[§] 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)** |
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| **Standard 17: Reviews of foster carers**<br>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**<br>Health boards* provide for a special foster care service for children and young people with serious behavioural difficulties. |
| **Standard 23: The Foster Care Committee**<br>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.<br><br>***Child Care (Placement of Children in Foster Care) Regulations, 1995***<br>*Part III, Article 5 (3) Assessment of foster carers*<br><br>***Child Care (Placement of Children with Relatives) Regulations, 1995***<br>*Part III, Article 5 (2) Assessment of relatives* |

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

***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*

*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**

[††] 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).

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.

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| Provider's response to Monitoring Report No: | MON - 0020573 |
| Name of Service Area: | Oak Lodge Fostering Service |
| Date of inspection: | 17 & 18 January 2018 |
| Date of response: | 21st March 2018 |

**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** |
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**Standard 10 – Safeguarding and Child Protection**

**Major Non- Compliance**

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

- Concerns, allegations and complaints were not categorised and managed appropriately
- The agency had not carried out a review of a case following a founded allegation for further learning purposes
- All allegations were not recorded on the child protection log maintained by the service
- All complaints were not listed on the complaints log
- There was no oversight and management of both the complaint and child protection concerns log.
- The service was not notifying the monitoring office following allegations or serious concerns.
- Allegations were not reported in line with Children's First and Oak lodge policies.
- The system in place to track garda vetting of other adults in the household was not robust
- Foster carers informed inspectors that they did not always have full information in writing about the children coming into their care

**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:**

- All foster carers have been fully trained in children's first via the Tusla on-line training and certificates have beeen recorded on file.
- All foster carers and staff will be made aware of who the DLP (Designated Liaison Person) is for Oak Lodge.
- The Designated Liaison person underwent full training on March 8th.
- All allegations and complaints will be managed appropriately in line with children's first and Oak lodge policies and procedures and will be immediately recorded on a child protection and complaints log maintained by Oak Lodge fostering services. Oversight and management of both the complaint and child protection will be undertaken weekly by the Quality Assurance manager and the Managing Director will be informed of any concerns.
- The Monitoring Office will be notified of all allegations or serious concerns.

- The Garda Vetting spreadsheet will be reviewed monthly and link workers will review any changes in family members or other adults in the household in supervision.
- While Oak lodge provides foster carers with as much information available on children before they are placed, this is not always possible as such information is not always available to Oak Lodge or the Child and Family Agency, particularly when a child is first coming into care.
- An independent Senior Social Worker has been identified to audit all Oak Lodge files from Nov 2016 to the present to ensure that correct procedures regarding complaints, serious concerns and allegations have been followed. A report will be provided to include a review of the case identified in bullet point 2 above.
- All staff will receive training in Oak Lodge policy guidelines regarding complaints, serious concerns and allegations.

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| **Proposed timescale:** end of April 2018 and ongoing | **Person responsible:** Managing Director, Senior Social Worker and Link Social Workers |

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

**Substantially Compliant**

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

- Assessments were not timely
- There was poor oversight of assessments
- There was no formal written contract with foster carers in respect of each child placed with them on foster carers files as required by standards and regulations.
- The policy on the transfer of foster carers from another agency required improvement.

**Action required:**

Under Standard 14a you are required to ensure that:
Foster care applicants participate in a comprehensive assessment of their ability to carry out the fostering task and are formally approved by the health board**Error! Bookmark not defined.** prior to any child or young person being placed with them.

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

- Assessments are ideally completed over a period of 16 weeks. This is not always possible due to scheduling issues of prospective carers and assessing social worker or if issues arise during assessment. Reasons for non-completion in a timely manner will be highlighted in the assessment.
- Each assessment will now undergo a 3-way review with assessing social worker and

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| Managing Director in the home of prospective foster carers as well as a second opinion report going forward. Link workers employed by Oak Lodge will continue to discuss the progress of assessments in supervision with Managing Director and independent assessing social workers will arrange supervision with Oak Lodge Managing Director during each assessment.<br>• No child or young person will be placed with foster carers until a written formal contract is issued. This contract will appear on foster carers files as well as the childrens files<br>• The agency has constructed a detailed procedure in managing foster cares who transfer from another agency |

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| **Proposed timescale:** Impementation Immediately and ongoing | **Person responsible:** Managing Director, Senior Social Worker and Link Social Workers/Idependend Assesing Social Workers |

**Standard 15: Supervision and support**

**Major Non- Compliance**

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

- The supervision of foster carers by Oak Lodge fostering service required improvement.
- There was no formal matching process in place for respite and there were no risk assessment carried out in order to see the impact of the placement on the other children in the household.
- The systems in place for provision and oversight of respite were inadequate.
- The quality of support and supervision on the foster carer's files varied.

**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:**

• Supervision of foster carers takes place each month and this will include respite carers and carers who have no placement. More frequent supervision will occur if required depending on the specific case needs. Certain issues such as changes in the foster family

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| will be addressed in supervision going forward.<br>• No child or young person will be placed with foster carers without undergoing a risk assessment to assess the impact on the placement of other children in the home and this will include respite carers.<br>• Before availing of respite each foster carer must complete a respite request form and the child's allocated social worker will need to be informed as part of the request<br>Gaps in case notes have been acknowledged and rectified. |

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| **Proposed timescale:** end March 2018 and ongoing | **Person responsible:** Managing Director, Senior Social Worker and Link Workers |

| **Standard 16: Training**<br><br>**Major Non- Compliance** |
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| The provider is failing to meet the National Standards in the following respect:<br><br>• The service struggled to ensure ongoing attendance at training after foster carers were approved.<br>• The quality of training records on foster carers' files was poor.<br>• The foundational training provided to foster carers was not adequate. There was no module in the training course covering child protection and welfare concerns.<br><br>Action required:<br><br>Under Standard 16 you are required to ensure that:<br>Foster carers participate in the training necessary to equip them with the skills and knowledge required to provide high quality care.<br><br>Please state the actions you have taken or are planning to take:<br>• Oak Lodge will continue to send each foster carer who is approved a letter stating the importance of training and support groups. This letter will also highlight that non-attendance will have an impact on their registration as it will be outlined in their review.<br>• Training will be certified and a copy of this certificate will be placed on foster carers file along with a summary on their participation.<br>• Child protection and welfare concerns will now be implemented as part of the foundation for fostering training on day two. |

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| **Proposed timescale:** end of March and ongoing | **Person responsible:**<br>Managing Director, Senior Social Worker and Office Manager |

**Standard 17: Reviews of foster carers**

**Major Non- Compliance**

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

- There was poor oversight of reviews
- Reviews following an adverse event did not always include a full analysis of the incident
- Formal review meetings were not always chaired by a social worker at managerial level as required by the national standards.
- Recommendations were not made following a review meeting.
- There was no evidence that foster carers were required to undertake training following a review to meet the needs of the young people in their care.

**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:

- Current foster carers training attendance will be reviewed annually. Training needs will be identified as will their ability to attend and participate at training events.
- Reviews following an adverse event will be conducted and include a full analysis of the event. All required and appropriate documents (for example discharge report) will be enclosed with review and submitted to fostering committee with review. Monitoring officer will also be informed.
- Foster care reviews will be concluded with recommendations on their approval status and training needs identified, this will be overseen by the Managing Director.
- Going forward each review will be chaired by a social worker at managerial level.

| **Proposed timescale:** | **Person responsible:** |
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| Implementation Immediately and ongoing | Managing Director, Senior Social Worker and Link Social Workers |

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

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

**Major Non- Compliance**

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

- The governance and management systems in place were not adequate
- The service had not put appropriate arrangements in place for supervision of staff
- There was poor oversight and management of foster carers files.
- No evidence of oversight of the actions and learning from quarterly audits
- A robust quality assurance system was not in place
- There was inappropriate arrangements in place for the management of the service in the absence of the managing director
- There was poor management and oversight of complaints, serious concerns and allegations

**Action required:**

Under Standard 19 you are required to ensure that:
Health boards have effective structures in place for the management and monitoring of foster care services.

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

- Supervision of link workers will be conducted by the Managing Director or Senior Social Worker, monthly. If link worker is at graduate level then they will be supervised fortnightly.
- Foster carers files will be reviewed each week by the Quality Assurance Manager and any issues that arise will be feedback to link worker and Managing Director, including missing information, clarity, complaints, serious concerns and allegations.
- Quarterly audits will be discussed with the Managing Director and any learning from this will be shared with the team at team meetings.
- The Managing Director will meet monthly with the Quality assurance Manager to ensure there is a robust quality assurance system.
- In the Managing Director's absence the Senior Social Worker will cover the absence. We have recently appointed a Senior Social Worker.

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| **Proposed timescale:** end of March 2018 and Ongoing | **Person responsible:** Managing Director, Senior Social Worker |
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