

## Statutory foster care service inspection report

Health Information and Quality Authority  
Regulation Directorate monitoring inspection  
report on a statutory foster care service under the  
Child Care Act, 1991



|                                  |  |                  |
|----------------------------------|--|------------------|
| <b>Name of service area:</b>     | Kerry  |                  |
| <b>Dates of inspection:</b>      | 16 May 2017 – 18 May 2017  |                  |
| <b>Number of fieldwork days:</b> | 3  |                  |
| <b>Lead inspector:</b>           | Tom Flanagan   |                  |
| <b>Support inspector(s):</b>     | Ruadhan Hogan<br>Caroline Browne   | Patricia Sheehan |
| <b>Type of inspection:</b>       | <input checked="" type="checkbox"/> <b>Announced</b> <input type="checkbox"/> <b>Unannounced</b><br><input type="checkbox"/> <b>Full</b> <input checked="" type="checkbox"/> <b>Themed</b> |                  |
| <b>Monitoring Event No:</b>      | 0019571  |                  |

## About monitoring of statutory foster care services

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

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

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

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

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

As part of the HIQA 2017 Monitoring programme, HIQA are conducting thematic inspections across 17 Tusla Services areas focusing on the **recruitment, assessment, approval, supervision and review of foster carers**. These thematic inspections will be announced, and will cover eight standards relating to this theme.

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

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

## 1. Inspection methodology

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

During this inspection, the inspectors evaluated the:

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

The key activities of this inspection involved:

- the analysis of data
- interview with the area manager and one principal social worker
- interview with the chairperson of the foster care committee and review of minutes of the foster care committee
- separate focus groups with fostering social workers, children in care social workers and with foster carers
- review of the relevant sections of 54 foster carers files as they relate to the theme
- observation of a foster care committee meeting
- observation of a training event for foster carers.

## **Acknowledgements**

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

## **2. Profile of the foster care service**

### **2.1 The Child and Family Agency**

Child and family services in Ireland are delivered by a single dedicated State agency called the Child and Family Agency, which is overseen by the Department of Children and Youth Affairs. The Child and Family Agency Act 2013 (Number 40 of 2013) established the Child and Family Agency with effect from 1 January 2014.

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

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

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

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

### **2.2 Service Area**

County Kerry is the fifth largest county in Ireland and the population is widely dispersed throughout the county. This presents many challenges regarding the provision of accessible, equitable services to children, young people and families in Kerry.

The CSO 2016 indicated that the population of County Kerry was 147,707, which was an increase of over 2000 on the 2011 population of 145,502. There were 37,877 children and young people aged 0-18 recorded in the 2016 Census, an increase of 2,937 from 2011.

Population 2011-2016 Census

| <b>Age</b> | <b>2011</b> | <b>2016</b> |
|------------|-------------|-------------|
| 0-4yrs     | 10,025      | 9,020       |
| 5-9yrs     | 9,614       | 10,153      |
| 10-14yrs   | 9,713       | 9,618       |
| 15-19yrs   | 9,106       | 9,106       |

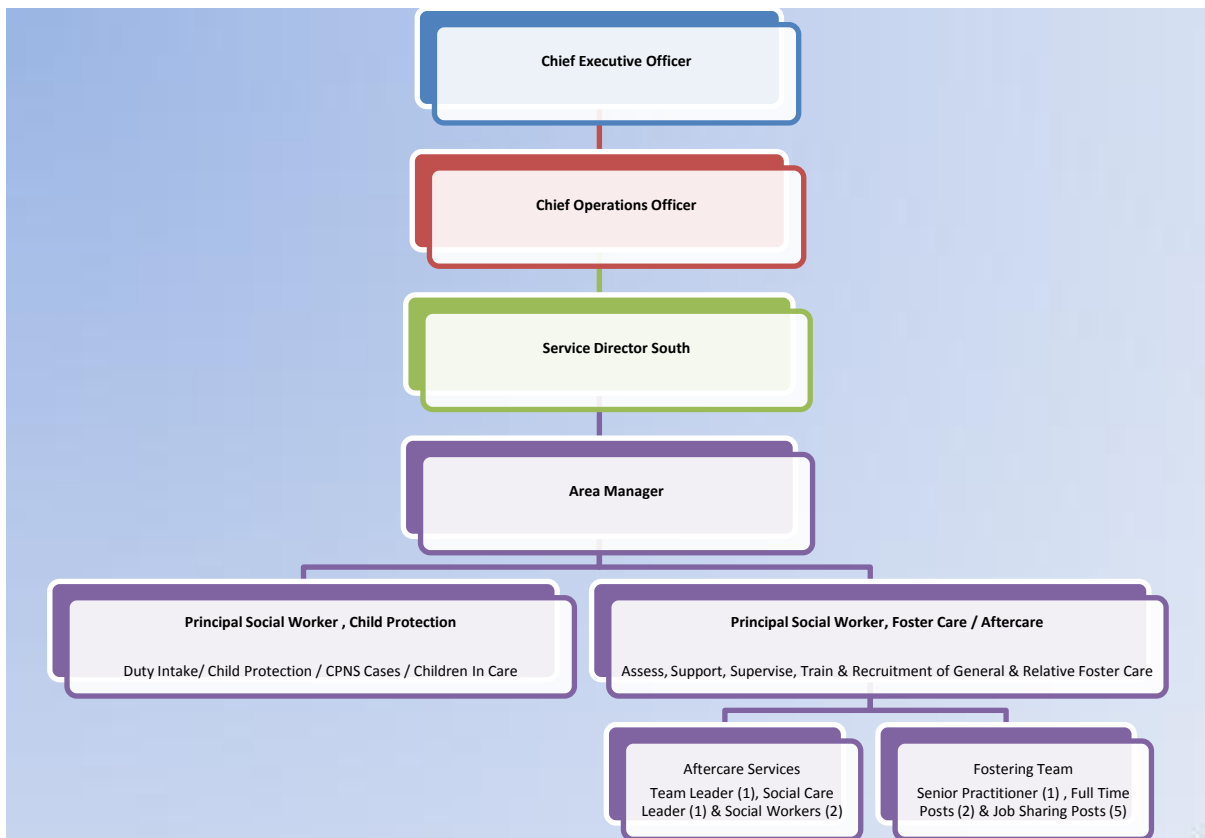
The area was under the direction of the service director for the Child and Family Agency South Region and was managed by the area manager.

The Kerry foster care service provided a service throughout Co. Kerry and the fostering team offices were located in Tralee. The service comprised one social work team which was directly line-managed by a principal social worker, who also had line-management responsibility for an aftercare team. The chairperson of the foster care committee was also the principal social worker with line-management responsibility for the child protection team. The foster care social workers had a role in the recruitment, training and assessment of both general and relative foster carers and they provided support and supervision of foster carers.

Data provided to inspectors showed that there were 128 foster care households in the service, 77 general foster carers and 51 relative foster carers.

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

**Figure 1: Organisational structure of Statutory Foster Care Services, in XX Service Area\***



\* Source: The Child and Family Agency

### **3. Summary of inspection findings**

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

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

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

- Three standards were compliant
- One standard was substantially compliant
- Four standards were non-compliant, of which one was identified as moderate non-compliance and three as major non-compliances.

Complaints and allegations were responded to appropriately and action was taken to safeguard children when allegations were made. Children's safety was prioritized in the area. Allegations were investigated appropriately, children were interviewed on their own and there was good managerial oversight of investigations. However, allegations were not notified to the foster care committee in a timely way. Not all foster carers were trained in line with Children First: National Guidance on the Protection and Welfare of Children (Children First) (2011). There was no system to ensure that Garda vetting was renewed for foster carers every three years, and was sought for all young people in foster care households when they became adults, which posed a risk for the service. Inspectors sought an assurance in relation to this and a satisfactory response was received.

Assessments of prospective foster carers were comprehensive and the reports were of good quality. However, there were long delays in completing the assessments of relative foster carers and a substantial number of relative foster carers had not yet been assessed. There were gaps in the oversight of relative placements as the preliminary reports were not signed off by both principal social workers and the foster care committee was not notified of these placements. Preliminary checks on relative foster carers were not always carried out in full and Garda vetting was not in place for one relative foster carer. Inspectors sought assurances from the area manager in relation to these issues and a satisfactory response was received.



There was good practice in relation to the support provided to foster carers as all foster care households where children were placed had allocated link social workers. Link social workers visited foster carers regularly and provided supervision of foster carers although this was not recorded on supervision templates. Additional supports were provided at monthly training events. There was no dedicated out-of-hours service.

There was also good practice in relation to the provision of training. All foster carers received foundational training before their approval as foster carers and a programme of regular training events was in place. Foster carers were kept informed about training events. Training records were well-maintained.

Approximately 40% of foster carers had not had a review in over three years. The review reports were of mixed quality and the voices of the children were not well reflected. The recommendations from reviews did not always contain timelines for completion and there was no formal system in place for following up on the recommendations arising from reviews in a timely manner.

The foster care committee comprised a range of experienced members who made clear decisions and carried out its work effectively. However, it was not fully compliant with the Standards and national policy, procedure and best practice guidance. Garda vetting was not in place for all committee members and the committee did not produce an annual report. There was no system in place for the committee to track the progress of investigations of allegations.

The area demonstrated a commitment to the recruitment and retention of foster carers and there were sufficient numbers of foster carers. Managers and staff identified that they did not have a sufficient range of foster carers to meet the demands of the service. Foster carers tended to leave the service because the children aged out of care or because of changes to their own family circumstances.

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

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

- We will judge a provider to be **compliant, substantially compliant** or **non-compliant** with the regulations and/or standards. These are defined as follows:
- **Compliant:** A judgment of compliant means that no action is required as the provider or person in charge (as appropriate) has fully met the standard and is in full compliance with the relevant regulation.
- **Substantially compliant:** A judgment of substantially compliant means that some action is required by the provider or person in charge (as appropriate) to fully meet a standard or to comply with a regulation.
- **Non-Compliant:** A judgment of non-compliance means that substantive action is required by the provider or person in charge (as appropriate) to fully meet a standard or to comply with a regulation.

| National Standards for Foster Care   | Judgment                 |
|--|--------------------------|
| <b>Theme 2: Safe and Effective Services</b>  |                          |
| <b>Standard 10:</b> Safeguarding and child protection                                  | Non-compliant - Major    |
| <b>Standard 14a:</b> Assessment and approval of non-relative foster carers             | Compliant                |
| <b>Standard 14b:</b> Assessment and approval of relative foster carers                 | Non-compliant – Major    |
| <b>Standard 15:</b> Supervision and support  | Substantially compliant  |
| <b>Standard 16:</b> Training   | Compliant                |
| <b>Standard 17:</b> Reviews of foster carers   | Non-compliant – Major    |
| <b>Theme 4: Leadership, Governance and Management</b>                                  |                          |
| <b>Standard 23:</b> The Foster Care Committee  | Non-compliant - Moderate |
| <b>Theme 5: Use of Resources</b>   |                          |
| <b>Standard 21:</b> 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**

Complaints and allegations were responded to appropriately and action was taken to safeguard children when allegations were made. There were a number of safeguarding measures in place, and all foster carers were allocated a link social worker. The absence of a system to ensure that Garda vetting was renewed for foster carers every three years, and was sought for all young people in foster care households when they became adults, posed a risk for the service.

Data provided by the area showed that there were seven child protection concerns or allegations against foster carers in the 12 months prior to the inspection. Inspectors viewed the overall records and reviewed five of these allegations in detail. They were correctly classified and received the appropriate response. There was clear decision-making in regard to whether the allegations reached the threshold for a formal or statutory response and there were clear procedures to be followed in these cases.

Inspectors found that the allegations against foster carers that were reviewed were managed and investigated in line with Children First (2011). Standard report forms were sent to the child protection team and the allegations were investigated promptly. It was not always possible to determine whether the social worker investigating the allegation was independent as the social workers on the child protection team also carried child in care cases. It was clear, however, that allegations were taken seriously and that there was good oversight by managers in

both the child protection and fostering teams. There was evidence that the needs of the children concerned were the main priority and that children were interviewed on their own. There was evidence in all cases reviewed that strategy meetings were held and that there was good liaison between link social workers and child protection social workers and their respective team leaders and principal social workers. Some foster carers told inspectors that, while their foundational training explored the topic of allegations against foster carers, they found the allegations process a difficult experience and that foster carers required more support when going through this process. The foster carers told inspectors that they had mixed experiences of how allegations were investigated. Some foster carers told inspectors that allegations were investigated in a timely manner while others described delays and cancelled meetings, which they found difficult. An interim national policy and procedures for responding to allegations of child abuse and neglect against foster carers was introduced in April 2017. The principal social worker for child protection told inspectors that there had been no allegations against foster carers since that time and that any new allegations would be dealt with in line with the new policy.

There were a number of safeguarding measures in place for foster carers. Good practice was evident in the area in that every foster carer was allocated a link social worker and the majority of foster carers had frequent support and supervision visits. Inspectors also viewed evidence that concerns about the quality of care were addressed with the foster carers concerned. Garda vetting was carried out on foster carers and any adults living in foster carer households prior to the approval of the foster carers.

However, the process in place to ensure that Garda vetting was updated every three years was not robust and data provided to inspectors showed that 59 foster carers had not been vetted in more than three years. The principal social worker told inspectors that updated Garda vetting had been sought but not yet received for 14 of the 59 foster carers prior to the inspection. Inspectors also found that no Garda vetting was in place for a number of young adults in foster carer households. Inspectors sought an assurance from the area manager that all adults in foster care households were Garda vetted. The area manager told inspectors that there were 46 young adults in foster care households that did not have Garda vetting. He provided an assurance that these would be sought and that a system had been put in place to alert him as to the dates when these needed to be renewed and when Garda vetting needed to be sought for the children of foster carers who reached the age of 16 years. The absence of up-to-date Garda vetting for all foster carers and all adults in foster care households posed a risk for the service.

Since their approval the majority of foster carers received further training in Children First (2011). The fostering team organised a number of training sessions on Children First (2011) in 2014 and 2015 and inspectors found that many foster carers' files

contained records of attendance at this training. Foster carers who met with inspectors also told them that they had attended the training. The files also contained letters from the principal social worker advising foster carers that this training was compulsory. The principal social worker had collated a list of foster carers who had missed that training, and of foster carers who had been approved in the meantime. She had also contacted an external trainer in Children First (2011) and arranged for dates in June 2017 when the training would be provided again.

There was a policy on protected disclosures and staff were given information about this. The principal social worker told inspectors that there was a culture of openness in the fostering team and that there were open and frank discussions of all issues of concern to members of the team. She also told inspectors that staff encouraged foster carers to raise any concerns they might have.

Training records showed that all foster carers had received training in safe care and in managing behaviour prior to their approval as foster carers. Foster carers told inspectors that they were given information on what to do if a child in their care went missing and they were able to describe this in detail to inspectors. They told inspectors that they discuss this with the child in care social workers and their link social workers.

The chair of the foster care committee told inspectors that the committee was not notified of serious concerns or allegations against foster carers at the initial stage. Instead, the committee was formally notified of the outcome of any investigation that took place. This was not in line with the national policy, procedures and best practice guidance for foster care committees and it meant that the committee could not hold the social work department to account when investigations were delayed.

The area manager told inspectors that there had not been any serious or adverse incidents in the area during the 12 months prior to the inspection.

**Judgment: Non-compliant - Major**

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

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

### **Standard 14b: Assessment and approval of relative foster carers**

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

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

There was a national policy on the assessment and approval of foster carers but this was not implemented in full in the area. Preliminary checks were not completed in full in all cases when some children were placed with relative foster carers. There was a lack of managerial oversight of this process and these placements had not been notified to the foster care committee. Inspectors sought assurances from the area manager in relation to the relative foster care placements.

The area had its own procedures to ensure that emergency placements with relative foster carers were safe and appropriate but these were not fully adhered to in all cases. Where emergency placements were made with relative foster carers, a number of checks were required to be completed. These included Garda vetting, child protection checks, references and a joint home visit by both the link social worker and the child in care social worker. In addition to these checks, fostering social workers were required to interview prospective carers and complete an initial assessment of the suitability of the placement. A preliminary assessment report, based on this initial assessment and the completed checks, was required to be signed off by relevant team leader and the principal social workers for both child protection and fostering, respectively, and the placement was required to be notified to the foster care committee.

However, inspectors found a number of cases where one or more of the preliminary checks had not been completed and Garda vetting had not been received for one

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

relative foster carer. The preliminary assessment reports were signed off by the team leader and principal social worker of the child protection team but not by the principal social worker of the fostering team and the foster care committee was not notified of these relative placements. This meant that there was a lack of oversight of these placements by the principal social worker for fostering and by the foster care committee. Inspectors escalated six individual cases to the principal social worker and received a satisfactory assurance that the required measures had been put in place since the inspection.

Data provided to inspectors prior to the inspection showed that there were 15 relative foster carers who had not yet been assessed but had children placed with them. In some cases, the children had been there for more than three years. Nine of these were on a waiting list for assessment. However, the remaining six relative foster carers were not on the waiting list for assessment as the fostering department had decided, for a variety of reasons, that these relative foster carers should not be fully assessed. This meant that the foster care committee would not be given the opportunity of deciding whether the foster carers were suitable to provide safe and appropriate placements for these children. Inspectors sought an assurance from the area manager that all relative foster carers would be assessed in a timely manner.

The principal social worker told inspectors that, during most of the 12 months prior to the inspection, one link social worker had been assigned to assess relative foster carers. The principal social worker told inspectors that managers had determined that one worker was insufficient and a second link social worker was recruited for this purpose in 2016 but was unable to take up the post until April 2017. The principal social worker told inspectors that it was anticipated that this would result in an increase in the number of relative foster carer assessments being completed.

Eight general foster care assessments had been carried out in the 12 months prior to the inspection and inspectors reviewed a sample of four of these. These assessments were all detailed, comprehensive and of good quality. The area did not use the national assessment framework model but, instead, used a competency-based approach. The assessments were comprehensive analyses of the carers' suitability to be foster carers and included verification of information provided. Each of these files reviewed contained Garda vetting for all adults in the household. Two of the assessment records indicated that the assessments of some foster carers did not commence for approximately six months after the receipt of an application form but the assessments when commenced were then completed within a reasonable timeframe. In the other two cases, the date of commencement of the assessment was unclear. There was evidence that the principal social worker maintained oversight of the assessment process and she told inspectors that she and the

assessing social worker carried out a joint visit to prospective foster carers as part of the assessment process.

Assessments were carried out on three relative foster carers in 2016 and inspectors reviewed all three assessment reports. In each of these three cases, Garda vetting and all relevant checks were carried out. While the assessments were comprehensive and of good quality, they were not carried out in a timely manner. For example, one relative foster carer had children placed with them in 2013 but the assessment was not completed until June 2016. The reason for this delay was clear in that the social worker carrying out the assessment went on long-term leave but there was no contingency plan in place to ensure that the assessment could be completed by another worker. In another case, placements were made in December 2014 but the assessment was not completed until May 2016.

There was a clear process for recommending the approval of foster carers which was in line with national policy, procedures and guidance. Foster carers were given the opportunity of reading their assessment reports and could comment on them. Assessment reports and documentation such as Garda vetting, medicals, references and health and safety checks were submitted to the foster care committee. The foster care committee met with the assessing worker and the foster carers and sought further information or clarification when necessary before making the decision to recommend approval or not. The chair of the committee then wrote to foster carers informing them of the decision of the committee.

There was a due diligence process in place for foster carers transferring into the service and one foster carer had transferred into the area in the 12 months prior to inspection. A link social worker had been provided by the area but even though the relevant social work departments in both areas concerned had been in regular contact and the foster carers' files, including the full assessment report, had been transferred to the area, the case had not yet been presented to the foster care committee.

Contracts were in place for all foster carers who had children placed with them.

**Judgment:                    Standard 14a: Compliant**

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



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

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

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

There was good practice in the area in that all foster carers in the area had allocated link social workers and the principal social worker told inspectors that it was the area's policy to allocate link workers to relative carers who were awaiting assessment. The assessing social worker generally became the link social worker and this meant that they got to know foster carers very well from an early stage. At the time of inspection the principal social worker was the allocated social worker for a small number of foster carers but the area manager told inspectors that this would no longer be the case following the recent recruitment of a new link social worker.

There was one fostering team in the area which comprised a principal social worker and eight link social workers. Not all the link social workers worked fulltime and there were six whole time equivalent posts in total. There was no team leader in place and the principal social worker, who had a range of other responsibilities, provided regular support and supervision to link social workers and maintained oversight of their work with foster carers. A formal case management tool was used in supervision to record decisions on cases and these were evident on the foster carer files.

There was good practice regarding the level of support provided to foster carers by their link social workers. From a review of foster carer files and a focus group with foster carers, there was evidence that link social workers were in regular contact with foster carers and were alerted to any issues that might arise in foster care households from time to time. Almost all the files reviewed showed that link social workers visited foster carers twice per year at a minimum and records in some files showed that many foster carers had four or more visits per year. Foster carers told inspectors that, when extra support was required, the link social workers visited every week or two. Case records showed that link social workers were in regular telephone contact with the foster carers as well.

The principal social worker told inspectors that, during most of the 12 months prior to the inspection, one link social worker had been assigned to provide support and supervision for relative foster carers. The principal social worker told inspectors that managers had determined that further support for relatives was required and a second link social worker came into post in April 2017. Inspectors escalated one case where the required minimum number of visits had not been carried out in the previous year and the principal social worker arranged for the foster carer to be visited immediately following the inspection.

There was evidence that link social workers provided good quality supervision to foster carers. Foster carers told inspectors that link social workers challenged them appropriately when required and records of supervision in the case notes showed that issues that were addressed and the decisions that were made were clearly outlined. Inspectors found that supervision was not recorded on formal supervision templates and different link social workers used differing methods of recording supervision. This meant that it was difficult for a manager to see how many supervision sessions were held and what issues were discussed and what decisions were taken without combing through a large number of case notes. The use of formal supervision templates would provide greater clarity and accountability.

There was a range of supports in place for foster carers caring for children with complex needs and foster carers told inspectors that good support was provided in regard to managing children's behaviour. The case files reflected the fact that there was good communication between the link workers and the children's social workers when extra services needed to be coordinated. They told inspectors that they often carried out joint visits and the link social workers attended child in care reviews. There were a number of child care leaders on the child in care team and they provided extra support for some children. One team member was trained in a specialised approach to working with families and provided this service following referral. Respite services were organised for foster care families when deemed necessary. There was also evidence that children and their foster carers were supported by services in the community. These included medical specialists, mental health services and services such as psychology, occupational therapy and speech and language therapy. The area manager and child in care social workers told inspectors that some of these services were limited and had waiting lists and it was necessary for the area to fund private services on occasion. Other therapies, such as play therapy services were also provided in the area.

There were monthly training events in the area which also served as opportunities for foster carers to meet, share ideas and gain support from other foster carers. There was also a branch of a national body for foster carers in the area and they had, in conjunction with the area, provided a programme of support groups. The principal social worker told inspectors that this had been discontinued due to lack of

attendance but that they were planning to organise a joint training event with a view to re-launching the support group programme. The principal social worker told inspectors that a particular approach had been taken with regard to support groups for relative carers and that they had planned an eight-week parenting course which would provide relative carers with opportunities to meet and support each other on a regular basis.

There was no dedicated out-of-hours service to foster carers in the area. This meant that foster carers had to rely on calling An Garda Síochána if an incident occurred outside of office hours. Foster carers told inspectors that there was particular difficulty if an issue arose at a weekend, at a holiday time, or if a child was in voluntary care and the consent of a parent was required for some reason. The principal social worker told inspectors that there was a culture in the team for link social workers to leave their mobile phones on in times of crisis or if they knew that an issue may arise in a particular household. Foster carers confirmed that, in some instances, link social workers had made contact with foster carers during the weekend.

**Judgment: Substantially compliant**

## **Standard 16: Training**

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

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

The area was committed to the provision of training for foster carers. 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 and detailed records of attendance at training were maintained. Not all foster carers attended the regular training events.

The training schedule was organised to coincide with the school year, beginning in September, and the fostering team developed a training schedule based on the needs of foster carers. Training such as that on Children First (2011) was considered mandatory. The principal social worker wrote to all foster carers and asked them to suggest topics for training that was of relevance and interest to them and several of the suggested topics were included in the schedule.

All foster carers received foundational training before their approval as foster carers. Inspectors viewed the training material and found that the training, which was delivered by members of the fostering team, was comprehensive. 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.

A review of the training programme for 2016/2017 showed that, apart from foundational training, a training event was held approximately every month and included training on topics such as digital parenting, mindfulness for carers, child and adolescent mental health, social media and parenting support of children in care.

A programme of training aimed to improve foster carers capacity to provide trauma healing to children in care was in the process of being rolled out in a neighbouring service area. It was planned that some staff from this area would be trained to deliver this programme in the near future.

Training events were provided alternatively in two urban locations in the area to encourage foster carers from around the service area to attend. Inspectors observed one such training event which was conducted by external professionals. The training

provided was very relevant for foster carers. There was a good attendance, the venue was suitable and the way in which the event was run by the fostering team meant that the event also functioned as an opportunity for foster carers to meet each other and provide mutual support. Foster carers told inspectors that the training provided by the area was excellent but that one of the reasons that more foster carers did not attend training events was that training was generally held on a weekday morning rather than at different times, including evenings, when other foster carers, some of whom may be working, may be better able to attend.

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. Managers and staff told inspectors that it was often the same group of carers who attended training. Inspectors observed that, in one foster carer review, the foster carers identified particular training needs and committed to attend the next training on the subject but, in general, reviews did not recommend that foster carers attended training.

The training records in the foster carers' files were of good quality. The principal social worker maintained overall training records and the file of each foster carer contained a discrete record of training, including details of the training events that were held and whether they attended or not. It also contained letters from the fostering team inviting them to each of the training events that took place and letters which invited them to suggest training topics that would be of particular interest and relevance to them in their particular situations.

**Judgment: Compliant**

## **Standard 17: Reviews of foster carers**

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

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

Reviews of foster carers were not carried out in line with regulations and Standards. Data provided by the area showed that 50, or almost 40%, of the 128 foster care households, had not had a review in 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. Data provided by the area showed that 22 reviews had been carried out in the 12 months prior to the inspection. The principal social worker told inspectors that foster carers had not been reviewed in line with the standards due to a shortage of social work staff. She said that, following the recruitment of a social worker and the return from leave of another staff member, the fostering team was now functioning at an increased capacity and that there was a plan in place for the backlog of reviews to be cleared. Link social workers also confirmed to inspectors that they had allocated dates for an increased number of reviews in the months following the inspection.

Inspectors reviewed a sample of five reviews. Three of the five reviews indicated that the reviews were held in the foster carers' homes and were attended by the foster carers, the link social worker and the principal social worker, who chaired the reviews. The records of two reviews did not indicate if a meeting was held. The principal social worker told inspectors that foster carers did not receive a copy of the review.

Inspectors found that the quality of review reports was mixed. Two provided a brief but adequate account of the foster carers' performance and addressed the adequacy of supports, and any changes in circumstances. The quality of three reports was inadequate with insufficient detail being provided. Some made general comments and brief recommendations such as "ongoing support to the foster carer". The issue of the training needs of the foster carers was addressed adequately in only one of the five reviews sampled. Others contained little mention of the training attended by the foster carers or their training needs.

Two reviews did not contain evidence that Garda vetting was updated and one did not have evidence that health and safety checks were updated. Inspectors enquired in relation to two cases where there was no evidence that Garda vetting had been renewed and the principal social worker subsequently told inspectors that updated

Garda vetting had been requested but not yet received. However, the reviews had gone ahead without this having been completed.

The foster care committee were informed of reviews and provided with a summary report. The committee received a short synopsis of standard reviews and, as some of the reviews sampled by inspectors showed that Garda vetting and health and safety checks had not been updated, the committee sometimes signed off on reviews without ensuring these updates were completed. Records showed that the committee chair notified foster carers that their review and its recommendations had been discussed by the committee and advised them as to the continuation of their status as foster carers. Observation of the committee meeting showed that when there was a recommendation that the foster carers should not continue in their role, the committee offered foster carers the opportunity of meeting in person with the committee. If a final decision of the committee was to remove their names from the panel, the foster carers would be told of their right to appeal.

No additional reviews were carried out in the 12 months prior to the inspection although the principal social worker told inspectors that one review was due to be held following an allegation against foster carers.

In preparation for reviews, the foster carers were asked to put their views in writing. The link social worker also provided a report on the foster carers and on how they cared for the children. The children in care social workers usually submitted a report as well although one of the reviews sampled did not contain this report. Even when the child's social worker submitted a report, the emphasis was placed on the foster carers' care of the child. Inspectors found that the views of the children placed with the foster carers were not reflected in the review reports sampled.

Inspectors found that the recommendations from reviews did not always contain timelines for completion and there was no formal system in place for following up on the recommendations arising from reviews in a timely manner. The chair of the foster care committee told inspectors that the committee considered the recommendations and their implementation at the subsequent review which may not take place for a period of years.

The small number of reviews that took place meant that the opportunities that reviews provided for the updating of Garda vetting, consideration of the foster carers' performance and their current circumstances, and appraisal of their training and support needs, were not utilised to the full and there were no other systems in place to ensure that these key elements of reviews were formally addressed. This meant that insufficient learning for the service was derived from reviews.

**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 carried out the majority of its primary functions but it was not fully compliant with the Standards and national policy, procedure and best practice guidance. The chairperson of the committee told inspectors that a new national policy, procedures and best practice guidance had been issued in recent months but the service had not implemented this at the time of inspection as the chairperson and the committee had not yet been briefed on the new approach. The foster care committee comprised the chairperson, a secretary, the principal social worker in fostering, a senior psychologist, the area medical officer, an independent person, two foster carers and an adult who had experience of growing up in a foster care household. Committee meeting minutes showed that the committee met on seven occasions during the previous 12 months. The chair told inspectors that the committee met frequently enough to carry out its business and that it had the capacity to meet on an emergency basis if required. The national policy required that the committee meetings should be attended by at least six members but one committee meeting in 2017 did not meet this requirement. Minutes of the committee meetings were detailed and of good quality and reflected robust discussion. The committee was effective, made clear decisions and

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recommended the placement of foster carers on the panel following consideration of and discussion of the assessments.

The chair of the committee was also the principal social worker for child protection in the area. He had substantial experience of child protection and had also been a principal social worker for fostering services for three years. He told inspectors that, apart from attendance at committee meetings as part of his duties as a Tusla employee, he committed approximately 10 hours per month to committee business. The chair had been in his post as chair for almost five years and was supervised in his capacity as principal social worker on a monthly basis by the area manager. The principal social worker told inspectors that there was an induction process for new members and she provided details of this. She told inspectors that training was provided for committee members in September 2016 but that subsequent training was put on hold pending the introduction of a new national policy. She told inspectors that the area was committed to providing a training programme for committee members as part of the implementation of the new policy. Inspectors viewed copies of up-to-date Garda vetting for four committee members. However, Garda vetting was not in place for all committee members. While Tusla staff and Health Service Executive staff, who were also members of the foster care committee, may have had Garda vetting for their substantive role, there was no evidence that Garda vetting was carried out for their roles as committee members. Inspectors sought assurances from the area manager in relation to up-to-date Garda vetting for all panel members. The area manager told inspectors that Garda vetting was outstanding for four members of the committee, that arrangements were in place to obtain these and that a system had been put in place to alert him when Garda vetting needed to be updated.

The chair of the committee told inspectors that the committee prioritized consideration of completed assessments of foster carers, complaints and allegations against foster carers and reviews of foster carers. The committee also considered the removal of foster carers' names from the panel, disruption reports and changes to the status of foster carers. When the committee considered changing the status of foster carers, they requested updated reports from the link social worker and the child in care social worker, including a plan for the future care of the child. However, the committee did not routinely make decisions about long-term matches when children had been in placements for over six months. The chair told inspectors that the committee only considered such matches when a long-term care order was made for the child and that this did not usually happen in the area.

The national guidance for foster care committees required the committee to produce an annual report of its activities. The chair told inspectors that no annual report had been produced and that the committee did not formally contribute to the development of the foster care service in the area by way of reports to the principal

social worker or area manager. He told inspectors that the principal social worker for fostering was a member of the committee and, therefore, she was aware of any issues that might arise in the committee.

Inspectors observed one committee meeting which was attended by the chair, the secretary and six other members of the committee. Comprehensive reports were provided to the committee in relation to the agenda items. The meeting was well chaired. All members of the committee contributed to the proceedings and clear decisions were made by the chair in consultation with committee members. While there were clear procedures in place for the approval of foster carers being transferred from another service area, inspectors found that there was a delay in presenting one case to the committee in order that the foster carers be placed on the local panel of foster carers. The foster carers had been assessed and approved in another area in 2016 and the case files were transferred following communication between the social work departments. The local area was providing support and supervision to the foster carers. However, the case had not been presented to the local committee in order for a decision to be made on placing the foster carers' names on the local panel.

The chair of the committee told inspectors that notifications of allegations were not made to the committee at an early stage but that, instead, the committee was notified of the outcome of the investigations. This meant that the committee had no system for tracking the progress of investigations since they were unaware of them in the first instance. Neither was there a system in place to ensure that the FCC were made aware of any breaches of the Standards, such as when children were placed with foster carers outside of their approval status. A new interim national policy on the management of allegations had been introduced in April 2017 and the chair of the committee told inspectors that any new allegations would be managed in line with this policy and that the committee would be notified within the timeframes outlined.

There was a lack of clarity in relation to whom the responsibility for placing names on the panel had been delegated. According to the Standards, the committee recommends to Tusla whether or not to put applicant's names on their panel of foster carers. The chair told inspectors that he was of the understanding that the delegation of responsibility for approval of foster carers was at area manager level but, following enquires, he told inspectors that, in practice, the area manager did not approve foster carers and that, de facto, they were approved and their names were placed on the panel of foster carers once the committee had recommended their approval.

The committee secretary maintained a record of foster carers on the panel with limited information. The panel record was updated during the inspection to include all the information recommended by the national policy, procedure and best practice guidance to be included in the foster carer panel record.

**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 had a recruitment strategy in place and a recruitment campaign was undertaken each year. Information provided to inspectors showed that considerable planning had taken place during the latter half of 2016 to find new methods of advertising and campaigning for new foster carers. This involved extensive discussion and planning by the fostering team during their weekly meetings. They contacted various media professionals for assistance and this culminated in a poster campaign in the area in late 2016. The principal social worker told inspectors that plans for recruitment were a standing item on the agenda of supervision sessions with the area manager.

There were sufficient resources in place to recruit foster carers as the entire fostering team was involved in the process. A system was in place to deal with enquiries from prospective foster carers. Link social workers, who operated a duty service each week on a rotational basis, provided information and carried out initial screenings over the phone. 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. Data provided to inspectors showed that 16 screening visits had been carried out in the 12 months prior to the inspection and the names of 10 potential foster carers had been put forward for assessment and training. Training for prospective foster carers had taken place in January 2017. In February 2017, five prospective foster carers had been allocated link workers in order to carry out assessments and a further five were awaiting allocation.

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Data provided to inspectors showed that there was a sufficient number of foster carers to meet the needs of the service. There were 12 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. Of note was the fact that the service placed children with relatives where possible and there was a high percentage of relative foster carers in the service. Fifty one, or approximately 40% of a total of 128 foster carers, were relatives.

Ten foster carers had left the panel voluntary in the 12 months prior to inspection. A review of a sample of files of these carers showed that the reasons carers stopped fostering included changes to people's circumstances, such as ill-health or the resumption of fulltime work, or children aging out of care. Inspectors found that exit interviews were not consistently conducted with foster carers who had left the service although a number of these carers were written to and offered exit interviews. The area manager and the principal social worker told inspectors that the supports in place for foster carers, including good support and supervision from link social workers, and a commitment to the provision of training, meant that retention of foster carers was good with the majority of foster carers remaining with the service for many years.

Even though there was no evidence to show that the foster care panel was formally reviewed periodically and no needs analysis had been carried out, the area had identified that a greater range of foster carers was required to meet the need of children requiring placements. The area manager told inspectors that the area had recruited foster carers for children such as those from a traveller background and others from non-Irish backgrounds but that there were difficulties finding suitable placements for children with disabilities and for teenagers. He told inspectors that prospective foster carers with the ability and willingness to offer these types of placements would be fast-tracked for assessment by the service. Link social workers and children in care social workers also told inspectors that finding suitable placements for teenagers was a difficulty and that social workers sometimes had to seek private placements for these children as a result.

**Judgment: Compliant**

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

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

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

**Theme 2: Safe and Effective Services**

**Standard 5: The child and family social worker**

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

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

**Standard 6: Assessment of children and young people**

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

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

**Standard 7: Care planning and review**

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

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

**Standard 8: Matching carers with children and young people**

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

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

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

**Standard 9: A safe and positive environment**

Foster carers' homes provide a safe, healthy and nurturing environment for

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

the children or young people.

### **Standard 10: Safeguarding and child protection**

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

### **Standard 13: Preparation for leaving care and adult life**

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

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

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

#### ***Child Care (Placement of Children in Foster Care) Regulations, 1995***

*Part III, Article 5 Assessment of foster parents*

*Part III, Article 9 Contract*

### **Standard 14b: Assessment and approval of relative foster carers**

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

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

*Part III, Article 5 Assessment of relatives*

*Part III, Article 6 Emergency Placements*

*Part III, Article 9 Contract*

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

### **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*

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

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### Theme 3: Health and Development

#### Standard 11: Health and development

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

#### ***Child Care (Placement of Children in Foster Care) Regulations, 1995***

*Part III, Article 6 Assessment of circumstances of child*

*Part IV, Article 16 (2)(d) Duties of foster parents*

#### Standard 12: Education

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

### Theme 4: Leadership, Governance and Management

#### Standard 18: Effective policies

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

#### ***Child Care (Placement of Children in Foster Care) Regulations, 1995***

*Part III, Article 5 (1) Assessment of foster carers*

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

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

#### ***Child Care (Placement of Children in Foster Care) Regulations, 1995***

*Part IV, Article 12 Maintenance of register*

*Part IV, Article 17 Supervision and visiting of children*

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

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

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

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

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

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

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

# Action Plan

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

|   |                           |
|---|---------------------------|
| <b>Provider's response to Monitoring Report No:</b> | MON -0019571              |
| <b>Name of Service Area:</b>                        | Kerry                     |
| <b>Date of inspection:</b>                          | 16 May 2017 – 18 May 2017 |
| <b>Date of response:</b>                            | 10 July 2017.             |

These requirements set out the actions that should be taken to meet the identified child care regulations and *National Standards for Foster Care*.

## **Theme 2: Safe and Effective Services**

### **Standard 10 Safeguarding and child protection**

#### **Major non-compliance**

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

Garda Síochána (police) vetting was not updated for all foster carers within the required timeframe.

Garda vetting was not sought for the children of foster carers when they reached the age of 16 years and there were a number of young adults in foster care households that had not been Garda Vetted.

Not all foster carers were trained in Children First (2011).

The foster care committee was not notified of allegations against foster carers in a timely way.

#### **Action required:**

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

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

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

##### **Action 1 & 2.**

An updated Garda Vetting has been sought on all foster carers where required.

An updated and or initial garda vetting has been sought on children off foster carers over 16yrs and any adult household members.

A Garda vetting spreadsheet alert system has been established to notify six months in advance of the expiry date on the current garda clearance form

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

Children First training will be facilitated again in 2017 to enable all new foster carers general and relative complete this training and any outstanding foster carers will be obliged to attend. The foster carers will be informed in writing and by their Link Worker of their obligation to attend this training should they wish to continue acting as foster carers for the Child and Family Agency.

The Child and Family Agency Childrens first office and the Child and Family Agency Learning workforce and development department have been contacted to secure dates for

this training.

**Action 4**

A protocol will be drawn up by the Area Manager in Kerry to outline the process in regard to the Fostering Approvals Committee in Kerry in line with FCC national policy 2017. This will include an obligation to ensure the fostering approvals committee is notified in a timely manner of allegations against foster carers. This protocol will be signed off by Chairperson of FCC, and PSW Fostering and presented to the FCC.

**Proposed timescale:**

**Action 1 & 2 = End of Q2 2017**

**Action 3 = End of Q3, Q4 2017**

**Action 4 = End of Q3 2017**

**Person responsible:**

**PSW Fostering.**

**PSW Fostering.**

**Area manager.**

## **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:**

Preliminary checks were not completed in all cases where children were placed with relative foster carers.

There was a lack of managerial oversight of relative care placements and the foster care committee was not informed of these placements.

There were long delays in the assessment of relative foster carers and they were not carried out in a timely manner.

There was a delay in presenting the case of a foster carer, who transferred into the service, to the foster care committee.

#### **Action required:**

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

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

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

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

The fostering department has taken on overall responsibility to ensure the preliminary checks are complete in all cases where children are placed in relative care. There is now a central folder that tracks these forms and ensures a timely follow up by the Link Workers in relative care. This folder is located in the fostering dept. The PSW will review this list at monthly supervision with the Link Workers involved. No child will be placed with relatives until the preliminary checks are complete

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

The relative care placements are reviewed by PSW and Area Manager at supervision each month and this practise will continue. The FCC will now be informed of these placements at each meeting and this will be part of the protocol drawn up by the Area Manager, Kerry.

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See Action 4, standard 10.

**Action 3.**

A full-time staff member has joined the relative team in April 2017. The purpose is to focus on the backlog of assessments and ensure they are complete in a timely fashion. The pace at which the assessments are completed will be kept under review at supervision with PSW and Area Manager on a monthly basis and if extra resources are required to manage this group they will be sought.

Of the nine assessments outstanding at the time of the inspection, four have commenced and will be complete in 2017 and the remaining carers will commence assessment immediately following the completion of the current group.

**Action 4.**

This case will be presented at the next fostering approvals committee. In the future foster families that transfer to Kerry from another area will be presented to the Fostering Approvals Committee at the next meeting. This practise will be included in the protocol drawn up by the Area Manager, Kerry. See action 4, standard 10.

**Proposed timescale:**

- Action 1 = End of Q2 2017.**
- Action 2 = End of Q2 2017.**
- Action 3 = End of Q4 2017.**
- Action 4 = End of Q3 2017.**

**Person responsible:**

- PSW Fostering dept.**
- Area Manager.**
- PSW Fostering & Area Manager.**
- PSW Fostering & Area Manager.**



**Standard 15 Supervision and support**

**Substantially compliant**

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

Formal supervision of foster carers was not carried out in line with the national policy. There was no dedicated out-of-hours service to support foster carers outside of office hours.

**Action required:**

Under **Standard 15** you are required to ensure that:

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

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

**Action 1.**

The Kerry fostering dept has now drawn up a record of supervision & support which will be complete at each home visit with the foster carers general or relative by the link Worker. The PSW will follow up with each social worker at supervision to ensure the use and value of this form.

**Action 2.**

At present the Child and Family Agency National Office is establishing a national out of hour's service which will support foster carers outside of office hours.

**Proposed timescale:**  
**Action 1 = End of Q2 2017.**  
**Action 2 = 2018**

**Person responsible:**  
**PSW Fostering.**  
**National office.**

## **Standard 17      Reviews of foster carers**

### **Major non-compliance**

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

There was no system in place to ensure that reviews of foster carers were carried out in line with the Standards.

Fifty foster carers had not had a foster carer review for more than three years.

Foster carers did not receive a copy of their review report when it was completed.

The quality of some review reports was poor.

The views of children were not represented in the review reports.

#### **Action required:**

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

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

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

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

An electronic system will be drawn up to track the review of foster carers in line with the Standards, after the first 12mths, and every three years following this. An early warning system will form part of this system to ensure the reviews are complete in a timely fashion.

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

Reviews of foster carers will be a priority for the PSW. Of the 50 outstanding, 20 have been scheduled and will be complete in 2017. The remainder will be complete by Q2 2018. A team leader for the fostering department will be sought in 2018 as part of the priority development; part of their role will be to undertake this task in conjunction with the PSW.

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

Foster carers will receive a copy of their review report following the review meeting.

##### **Action 4.**

A revised template of the review report will be developed to ensure the recommendations of the review and the actions to be followed up on are clearer and that the detail required is evident and included for all the parties involved. The Area Manager, Kerry, will audit

10% of the reviews complete on a quarterly basis.

**Action 5.**

The foster carers and child protection social work review forms will be amended to include the voice of the child.

**Proposed timescale:**

**Action 1 = End of Q3 2017**

**Action 2 = End of Q4 2017, End of Q2, 2018.**

**Action 3 = End of Q3 2017.**

**Action 4 = End of Q3 2017**

**Action 5 = End of Q3 2017**

**Person responsible:**

**PSW Fostering.**

**PSW Fostering.**

**PSW Fostering.**

**PSW Fostering.**

**PSW Fostering.**

## **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:**

There was no Garda vetting in place for four of the committee members.

The committee did not produce an annual report.

The committee did not have a system in place for tracking the progress of allegations against foster carers.

The committee did not routinely make decisions about long-term matches when children had been in placement for over six months.

There was a lack of clarity in relation to whose responsibility it was to place the names of foster carers on the panel of foster carers.

#### **Action required:**

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

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

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

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

The garda Vetting for these members has now been sought. A system has now been established in the fostering dept to allow for the tracking of all garda clearance forms and the FCC committee member will be included on this system to ensure they are followed up in a timely fashion.

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

The Fostering Approvals Committee will commence annual reports in 2018. The format of this report will be as outlined in the recent updated national policy on FCC 2017. The report will be the responsibility of the PSW Fostering and will be signed off by the Chairperson of the FCC.

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

**Action 3.**

There is a system in place for tracking the progress of allegations against foster carers. This system will now be made available to the FCC, to review at every meeting.

**Action 4.**

The FCC will commence this practise cognisant of the fact that a number of the children placed in foster care are on short-term Care Orders from the District Court and this may continue to be their status for some years.

The matching protocol to be outlined by Area Manager Kerry as part of the FCC protocol. See Action 4, Standard 10

**Action 5.**

The Chairperson of the FCC, and PSW Fostering are clear it is the responsibility of the FCC to recommend the placement of a family on to the Fostering Register and the responsibility of the Area Manager to do so.

**Proposed timescale:****Action 1 = End of Q2 2017.****Action 2 = End of Q1 2018.****Action 3 = End of Q2 2017.****Action 4 = End of Q3 and Q4 2017.****Action 5 = End of Q2 2017.****Person responsible:****PSW Fostering.****PSW Fostering & Area Manager.****PSW Fostering.****Area Manager.****Area Manager.**