

Statutory foster care service inspection report

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



Name of service area:	Mayo	
Dates of inspection:	27 June – 29 June 2017	
Number of fieldwork days:	3	
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Monitoring Event No:	MON - 0019780	

About monitoring of statutory foster care services

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

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

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

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

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

As part of the HIQA 2017 Monitoring programme, HIQA are conducting thematic inspections across 17 Tusla Services areas focusing on the **recruitment, assessment, approval, supervision and review of foster carers**. These

thematic inspections will be announced, and will cover eight standards relating to this theme.

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

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

1. Inspection methodology

As part of this inspection, inspectors met with the relevant professionals involved in foster care services, and 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
- telephone interviews with the fostering team leader and alternative care project leader
- interview with a senior psychologist
- interview with the chairperson of the foster care committee and review of minutes of the foster care committee meetings
- separate focus groups with fostering social workers, children in care social workers and with foster carers
- observation of a matching meeting

- review of the relevant sections of 54 foster carers files as they relate to the theme.

Acknowledgements

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

2. Profile of the foster care service

2.1 The Child and Family Agency

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

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

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

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

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

2.2 Service Area

Information received from the Mayo Local Health Authority (LHA) indicates that Mayo is the third largest county in Ireland and has the second lowest population density, stated as 130,338 in 2011, of which 32,514 were children. Mayo is the sixth most deprived area in Ireland and has a deprivation index score of seven.

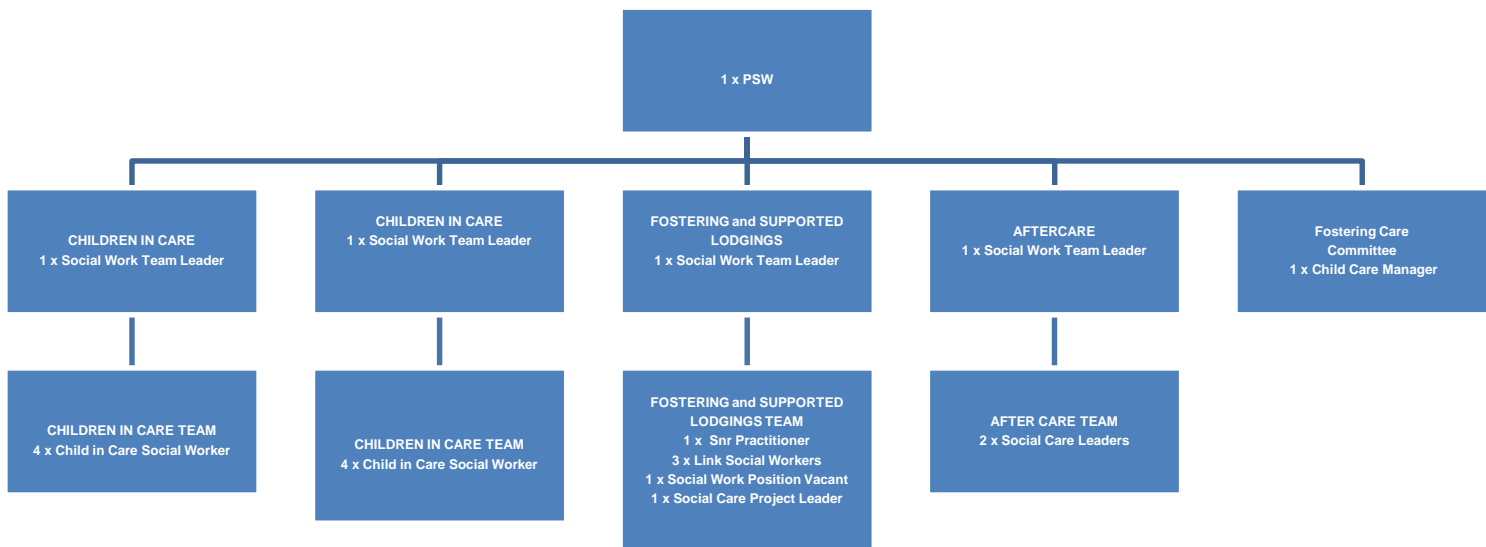
The Social Work Department has three offices. These are located in Castlebar, Swinford and Ballina. The Foster Care Service responds to the needs of all communities across the county, with staff located in each of the three offices.

As of 31 May 2017 there were 132 children living in foster care in the area, 96 in general foster care placements and 36 in relative foster care placements. The area manager reports to the service director for the Tusla West region. There are two principal social workers. One holds responsibility for the Child Protection and Welfare

Service and one holds responsibility for the Alternative Care Service, consisting of Children in Care Team, Fostering & Supported Lodgings Team and Aftercare Team.

There is also a child care manager who is the independent chairperson for child protection conferences and chair of the foster care committee. All of these managers report to the area manager.

Figure 1: Organisational structure of Statutory Foster Care Services, in Mayo 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, HIQA found that of the eight standards assessed:

- two standards were compliant
- five standards were substantially compliant
- one standard was a moderate non-compliance.

Allegations and complaints were responded to appropriately and action was taken to safeguard children when allegations were made. Children's safety was prioritised in the area and there was a system in place where allegations, complaints and serious concerns were recorded, managed and tracked until a final outcome was reached. The foster care committee was informed of all allegations and complaints and there was good management oversight. However, not all allegations were correctly classified and there was no clear decision making process in place to decide whether an allegation reached the threshold for a statutory response.

Systems in place for obtaining An Garda Síochána (police) vetting were robust. However, inspectors found that 11 foster carers did not have updated Garda vetting as required. The principal social worker told inspectors that five forms were with the Garda vetting office and that the other six were with the foster carers for completion at the time of inspection.

Foster carers received training in *Children First: National Guidance for the Protection and Welfare of Children (2011)* prior to their approval. While there was Children First (2011) training provided in 2016, there was no training provided in 2014 and 2015. This was due to the absence of a trainer of this module in the area. However, there was no oversight of foster carers attendance at Children's First (2011) training, therefore the area was unable to confirm whether all foster carers had been trained in Children First.

Assessments of prospective foster carers were comprehensive, detailed and of good quality. The assessments were a comprehensive analysis of the carers' ability to be a

foster carer and included verification of information provided. There were some delays in the completion of a small number of assessments.

There was evidence of formal supervision of foster carers as set out in the national policy on the role of the link worker. Most foster carers received good support from their link worker. Some files contained good and detailed case notes and inspectors found that all foster care files were excellently maintained and structured, therefore information was easily accessible and well kept. Foster carers with children with complex needs received extra support and the area had a psychologist and an alternative care project leader who provided additional support to foster carers and the children in their care.

Not all foster carers had an allocated link social worker. Due to a member of staff leaving the team, 21 carers did not have a link social worker, and these cases had been divided between the remainder of the team in a caretaking capacity. However, there was no system in place to ensure that safeguarding visits took place for these carers, and 10 of these foster carers had not received a visit by a link social worker in over six months.

In addition, not all allocated foster carers had received safeguarding visits from their link social workers in the previous six months. A further eight allocated carers had not received a link social work visit in the last six months, in line with national policy. This was brought to the attention of the principal social worker during the inspection. Prior to the completion of the inspection the principal social worker provided inspectors with a plan to ensure that all foster care visits would be completed within one month of the inspection.

Training of foster carers was a priority in the area and inspectors reviewed a comprehensive three-year training needs analysis that the area developed in conjunction with the Child and Family Agency (Tusla) workforce development regional training team. An ongoing programme of training was provided to foster carers and foster carers were consulted in what training they may require. However, there was no evidence of management oversight of the overall training attendance by foster carers in the area.

Data provided by the area showed that out of 97 foster carers in the area 33 had been reviewed in the 12 months prior to the inspection. The reviews were comprehensive, detailed and of excellent quality. Four additional reviews were carried out following the investigations of serious complaints and allegations. These were also of excellent quality and the outcome was notified and tracked by the foster care committee.

The foster care committee comprised a wide range of experienced members who made clear decisions and carried out their work effectively. However, it was not fully

compliant with the standards and national policy, procedures and best practice. The foster care panel did not have all the information required by national policy. Some foster care committee members did not have updated Garda vetting. The chair of the foster care committee told inspectors that the forms were with the Garda vetting office at the time of the inspection.

The area had a formal recruitment strategy in place and a demonstrated commitment to the retention of foster carers. However, the area did not have a formal retention strategy. While there was a sufficient number of foster carers, managers and staff identified that they did not have a sufficient range of foster carers to meet the needs of children coming into care. Exit interviews were conducted and foster carers tended to leave because the children aged out of care or returned to their families.

4. Summary of judgments under each standard and or regulation

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

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

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

5. Findings and judgments

Theme 2: Safe and Effective Services

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

Standard 10: Safeguarding and child protection

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

Summary of inspection findings under Standard 10

Allegations and serious concerns were addressed and well managed in the area. Data provided by the area showed that there were five allegations against foster carers in the 12 months prior to the inspection. Inspectors reviewed the files relating to all of these allegations in detail and found that they received an appropriate response to ensure the safety and welfare of children. Children's safety was prioritised in the area. However, in four of the five files provided, allegations were not correctly classified and there was not a clear decision-making process in regard to whether the allegations reached the threshold for a statutory response when they were first received.

The principal social worker told inspectors that there was previously some confusion in relation to the classifications of allegations and serious concerns. Tusla had implemented a new interim protocol for managing concerns and allegations of abuse or neglect against foster carers and Section 36 (relative) foster carers that came into effect in April 2017. This protocol was implemented by the area in May 2017 and provided staff with clearer guidance in the classification of allegations and serious concerns.

The allegation that met the threshold for a child protection investigation was well managed and investigated in line with Children First (2011) guidance, policies and procedures for responding to allegations of child abuse. A strategy meeting was held to decide whether the allegation reached the threshold for a formal statutory response. A home visit following the allegation was carried out immediately to ensure that the children were safe. Inspectors found that all necessary actions were taken to safeguard the children, including interviewing the children on their own.

The allegation was not substantiated following a detailed assessment of the allegation. Inspectors found evidence that a foster carer review was held in line with policies and recommendations were made to provide extra support for the foster carers.

Inspectors found from files reviewed that the four serious concerns, while incorrectly classified as allegations, were addressed and managed well. Written notifications were sent to the principal social worker, area manager and the secretary of the foster care committee within five working days. Inspectors reviewed comprehensive written assessments of the concerns and all appropriate parties were notified of the outcomes. A foster carer review was completed following the assessments of the serious concerns by the link social workers. While serious concerns were addressed and managed appropriately, the classification of serious concerns and allegations is required to ensure that the correct response is provided in line with the new Tusla interim protocol for managing concerns and allegations of abuse or neglect against foster carers.

Complaints were managed well by the area and were addressed and responded to appropriately. There were two complaints made by foster carers and one complaint made against a foster carer in the 12 months prior to the inspection. Inspectors found evidence that all complaints were recorded in a log and written notification was sent to the area manager, the foster care committee chair and the principal social worker. The foster care committee chair and the principal social worker told inspectors that all complaints were managed by the area manager and delegated to the complaints management team. The complaints management team consisted of the child care manager and two principal social workers. Inspectors reviewed all three complaints and found comprehensive assessment reports addressing the complaints in detail. Inspectors found one complaint was not resolved in a timely manner but the issue was being addressed.

Inspectors reviewed the allegation and complaint logs and found there was good management oversight. The foster care committee chair told inspectors that the chair and the area manager were informed in writing using a standard reporting form for all allegations/serious concerns and complaints. A review of the foster care committee minutes showed that allegations, serious concerns and complaints were a standing agenda item until they were resolved.

All foster carers had An Garda Síochána (police) vetting as part of the assessment process. Inspectors reviewed files and found that all files sampled had garda vetting completed. The principal social worker told inspectors that since 2015 all relative foster carers were vetted prior to the emergency placement of a child. The principal social worker told inspectors that the fostering social work team leader tracked Garda vetting of all foster carers.

Link social workers told inspectors that the renewal of Garda vetting was part of the three-yearly review process. Inspectors reviewed files and found that the link social workers had a tracking template for each foster carer that tracked due dates for Garda vetting renewals. However, inspectors found that seven general foster carers and four relative foster carers did not have updated Garda vetting. The principal social worker assured inspectors that five forms were with the Garda vetting office and that the other six were with the foster carers for completion at the time of inspection and would be prioritised by the area. The fostering team leader told inspectors that a dedicated link social worker had a computerised log to record Garda vetting details. However, there was no system in place to track and update vetting when required.

There was a policy in place on protected disclosures. Link social workers told inspectors that they were familiar with this policy, that they had a responsibility to act, and that there was an environment of transparency and openness in the area.

There were a number of safeguarding measures in place for foster carers. Link social workers and foster carers told inspectors that safeguarding was covered in training prior to the assessment. Inspectors reviewed files and found that link social workers discussed the safeguarding policy prior to every new placement. Foster carers told inspectors that they develop safety plans for children and that they have received copies of all policies relating to safeguarding the children in their care.

Link workers and foster carers told inspectors that all foster carers had attended core training prior to approval. Foster carers attending a focus group told inspectors that they had attended Children's First (2011) training and were familiar with safeguarding policies. However, Children First (2011) training was not provided in 2014 and 2015 in the area because there was no trainer available to teach the module. While inspectors viewed evidence that 16 foster carers attended Children First (2011) training in 2016, the overall figures of the number of foster carers who had completed Children First (2011) training was not available in the area, therefore the principal social worker was unable to confirm that all foster carers had been trained in Children First.

There were 21 foster carers who had become unallocated just prior to this inspection, due to a link social work post becoming vacant. There was no system in place to ensure that safeguarding visits took place for these carers at the time of the inspection. Inspectors found that ten of these foster carers had not had a visit by a link social worker in over six months. However, following discussions the principal social worker put a plan in place for other link social workers to carry out visits to those foster carers.

Serious and adverse incidents were promptly notified and appropriately managed. The area manager and chair of the foster care committee told inspectors that all

incidents were recorded in the local risk register and that they were both informed in writing when these had occurred. Inspectors reviewed minutes of these meetings and found that incidents were discussed in management and staff meetings.

Judgment: Substantially compliant

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 and this was implemented in the area. There were arrangements in place for all foster carers to attend the foster care committee meeting when recommendations to approve them was considered and foster carers received all relevant information in writing.

The procedures in place to ensure that placements with relative foster carers were safe and appropriate were not always sufficient. Where emergency placements were made with relative foster carers, a number of checks were required to be completed. These included An Garda Síochána (police) vetting, child protection checks and references. Inspectors reviewed files and found that out of four relative foster carers, one file did not have a child protection check, one did not have evidence of any emergency checks and two files did not have evidence of local Garda checks. The principal social worker and link social workers told inspectors that the emergency checks were carried out by the placing social worker in the area and reassured inspectors that these checks had been completed. However, evidence for this was kept on the children's files, and not on the relative carer's files. This meant that the fostering service did not have oversight to ensure that prospective relative carers had all emergency checks completed.

There were four assessments of general foster carers carried out by the area in the 12 months prior to the inspection. Inspectors reviewed all of these assessments and found them to be comprehensive, detailed and of good quality. There was evidence that link social workers interviewed general foster carers several times, including individual and joint interviews. The assessments provided a comprehensive and in-depth analysis of the carer's ability to provide foster care. The files contained Garda

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

vetting for all adults in the households, references, medical assessments, child protection checks, health and safety checks and foster care contracts. However, not all assessments were completed in a timely manner. Inspectors found that out of four general foster care assessments, one was completed within the 16 week time period required by national policy, while two assessments were completed in five months and a fourth was completed in eight months. The files contained reasonable explanations as to why these assessments had been delayed.

There were five assessments completed of relative foster carers in the 12 months prior to the inspection. Inspectors reviewed four relative foster carer's files and found the assessments were of good quality and very detailed. There was evidence that foster carers were interviewed by link social workers and inspectors found evidence of good discussions. However, assessments were not always completed in a timely manner in line with regulations. Inspectors found, while two assessments were completed in the required time frame of 16 weeks, two assessments took five and six months to be completed while a fifth assessment took 14 months.

There was a clear process for approval of foster carers and their placement on a foster care panel. In order to obtain approval, the foster care committee required a comprehensive assessment report, Garda vetting, medical reports, references and health and safety checks. The foster care committee chair told inspectors that they reviewed all the information provided to them by the assessing social worker and sought clarification in some cases. The link social worker and prospective foster parents attended the committee meeting when their application was being heard. The foster care committee chair told inspectors that a decision on approval was only made when all the required information was provided to the committee.

There were no foster carers that had transferred to the area from another service in the 12 months prior to inspection. The chair told inspectors that a robust process was in place, including a handover of all files and a meeting with the referring social worker from the other area. The foster care committee chair told inspectors that requests for approval from outside the area required a comprehensive assessment report, Garda vetting, medicals, references and health and safety checks before it was considered for approval.

Judgment: Standard 14a Compliant

Standard 14b Substantially compliant

Standard 15: Supervision and support

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

The fostering team in the area comprised four link social workers and a team leader. Inspectors found that link social workers were supervised regularly by their team leader who provided support and had oversight of their work with foster carers.

Data provided by the area prior to the inspection indicated that all foster carers had an allocated link worker; however, inspectors found that out of 97 foster carers, 21 did not have an allocated link worker. The principal social worker told inspectors that one link social work position had become vacant on the 9 June 2017. The 21 foster carers were divided between the remaining link social workers and the team leader in a caretaking capacity. The principal social worker told inspectors that recruitment for the vacant position had commenced. The principal social worker described the caretaking role as responding to emergencies and telephone queries but it did not entail home visits. Inspectors found that of the 21 unallocated carers ten had not been visited by a link social worker in the previous six months.

While the remaining foster carers had an allocated link social worker, not all of these foster carers had a social worker visit in the last six months in line with national policy. Inspectors found that further to the ten unallocated carers, another eight allocated foster carers did not have a social work visit in the previous six months. Prior to the conclusion of the inspection, the principal social worker provided inspectors with a plan to ensure that all outstanding foster care visits would be completed within four weeks of the inspection.

From a review of foster care files and interviews with link workers, there was evidence that the majority of link workers were in regular contact with foster carers allocated to them. Inspectors found records of regular phone calls with foster carers and there was evidence that some link workers visited foster homes more frequently than was required by policy. Some foster carers told inspectors that support from link social workers was adequate, while others said they received excellent support and that support had improved over the years. Inspectors reviewed 14 files and found the files to be of excellent quality and well kept. Nine of the files showed clear evidence of comprehensive, detailed case notes and discussion of what extra support for foster carers was required. Inspectors found evidence of respite arrangements for children with behaviour that challenged, as well as 'professionals' meetings, regular phone calls and extra home visits to support foster carers.

However, inspectors found that in four files, foster carers did not receive adequate supports from their link social workers.

There was evidence of formal supervision of foster carers, as set out in the national policy on the role of link workers. Inspectors reviewed 14 files and found that seven files had evidence of excellent formal supervision notes. Inspectors found that the files had comprehensive case notes that detailed the issues that were discussed including follow-up actions and who was responsible, indicating that foster carers received good support from their link social worker. However, seven files did not have evidence of formal supervision on file.

Inspectors found there was a range of support services available to foster carers and foster carers caring for children with complex needs. The principal social worker told inspectors there was a dedicated part-time psychologist available to the team. This psychologist was attached to the child in care social work team and also provided substantial support to foster carers and the children in their care. The psychologist told inspectors that he/she provided a wide range of services to the foster care team. These services included guidance and support, behaviour management, counselling for foster carers and training on the foster care training programme. There was no waiting list for foster carers to access the psychologist and appointments could be made at short notice. Foster carers who attended a focus group told inspectors that the support received from the psychologist was excellent.

Foster carers also received support from the alternative care project leader. The project leader worked closely with the psychologist and link social workers, and his/her role included completing assessments of need and providing supports to manage behaviour that challenged. Inspectors reviewed the job description and found, while the position was designed with a focus on aftercare, the role also included working with foster carers that had children with complex needs between the ages of 12-16.

There was no local area foster care support group available to foster carers. Foster carers told inspectors that a support organisation for foster carers held three coffee mornings a year that were attended by social workers. Foster carers were encouraged to contact a national foster care association if they wished to meet with other foster carers. The principal social worker told inspectors that the foster care team met with a local branch of a national foster care organisation twice a year and discussed issues that had been raised by carers. As a result of these meetings the foster care service set up meetings with foster carers in a more formal setting and discussed some of the issues foster carers had raised. The last meeting outlined the structure of Tusla and services provided by Tusla. A further meeting was due to be held in the autumn to discuss the issue of safe care, at the request of foster carers.

The principal social worker told inspectors, that these meetings were to continue as a mechanism to provide extra support to foster carers.

There was no dedicated out-of-hours service to support foster carers in the area outside of office hours. This meant that foster carers had to rely on calling An Garda Síochána if an incident occurred outside of office hours.

Judgment: Non-compliant – Moderate

Standard 16: Training

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

A comprehensive training needs analysis was developed by the area in conjunction with Tusla's regional workforce development training team. The training needs analysis was developed through consultation with foster carers and a national foster care association, using surveys and focus groups. A three-year plan was implemented that included mandatory training for foster carers. The mandatory training modules included paediatric first aid, cultural awareness and common sense parenting. The principal social worker told inspectors that training for foster carers was a priority in the area.

General foster carers received training in the nationally approved foundations in fostering programme during the period of the assessment and prior to approval. Relative foster carers attended the approved foundation training when training was scheduled for them to attend as children were usually placed with them in an emergency prior to assessment.

Locally the area provided training modules that included paediatric first aid, self-harm/managing risk, safe talk, cultural awareness, attachment, common sense parenting and Children First (2011).

Inspectors reviewed the schedule for the 2016 and 2017 training programme and found it contained 17 training modules, including attachment, caring for a child that has experienced trauma, and managing sexualised behaviours. The alternative care project leader was responsible for informing the foster carers of available training and kept a record of foster carers that had attended the training. The alternative care project leader and link social workers told inspectors that not all foster carers attended training. Training attendance was addressed in reviews but link social workers and the alternative care project worker told inspectors that the area had identified training attendance of foster carers as a deficit and a plan had been developed to address this. The alternative care project leader told inspectors that the training development group was looking at providing training at night and on weekends to make it easier for foster carers to attend training.

Not all foster carers' files contained training records. Inspectors reviewed the training records of eight foster carers and found that one file contained a comprehensive training record and evidence of training needs analysis completed by

the link social worker. Inspectors found that six of these files had limited training records and one file did not have a training section at all. Foster Carer review reports contained a list of training attended by foster carers over the previous three years. A signed attendance list was held by the alternative care project leader and copied to the fostering team leader. The principal social worker told inspectors that management did not have a tracking system of training attended by foster carers in the area. This meant there was no management oversight of the training attended by foster carers.

There was an ongoing programme of training provided to foster carers. Foster carers attending a focus group told inspectors they all had attended Children First (2011) training and that this training programme was offered nearly every year. Inspectors found letters on some foster carers files informing them of the training programme. Foster carers told inspectors that they participated in a consultation process for a training needs analysis in 2014. Some suggested that the most recent training programme was too basic and did not meet the needs of long- term carers or the needs of the children in their care.

The principal social worker told inspectors that the area had established a training and development group in 2014, with the aim to provide ongoing and targeted training to all foster carers. It was envisaged that this group would develop a new three- year training needs analysis in the last quarter of 2017. Inspectors found that training for foster carers was highly valued by link social workers but staff resources had impacted on training development over the last two years. At the time of inspection the link social worker assigned to training had left the service and the position had not been reassigned as the position had not yet been filled.

Judgment: Substantially compliant

Standard 17: Reviews of foster carers

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

Data provided by the area showed that, of 97 foster carers in total, 33 foster carers had been reviewed in the last 12 months prior to the inspection. Reviews were comprehensive, detailed and of good quality and completed in a timely manner. Inspectors sampled eight of the 33 foster care reviews and found that consultation had taken place with all relevant people. The views of children were sought and included. Opinions were sought from the child in care social workers, birth parents and the foster carers themselves. Inspectors found there were five reviews outstanding; however, the delay was due to personal circumstances of the foster carers which were clearly recorded on the files.

There was good practice evident in the review process. Link social workers described the review process to inspectors, which was that the team leader scheduled reviews well in advance. This gave link workers sufficient time to carry out health and safety checks on the foster carer's home, update Garda vetting, medicals and consult with all relevant parties.

Link social workers told inspectors that the team leader chaired the review meetings which were held at the foster carers' homes or the social work offices. The reviews were attended by the foster care team leader, the link social worker and the foster carers. Minutes of the review meetings were added to the foster care social work report and a copy of the review was provided to the foster carers for comments. The child in care social worker was notified of the outcome of the review and a copy of the review report was sent to the foster care committee. The chair of the foster care committee confirmed that the committee was informed of the outcome of all reviews and that they reviewed, approved or added to them when required.

The review reports were comprehensive, detailed and they addressed key issues, including the foster carer's performance, health, support needs and training needs. Inspectors found that decisions made at reviews were followed up in a timely manner and tracked by the foster care committee until completion. Foster carers attending a focus group told inspectors that they received a copy of the minutes of the review report before it went to the foster care committee. Foster carers told inspectors that they found the review process to be fair and considered the review process to be a good system.

Additional reviews were carried out following the investigation of serious complaints or allegations. Four additional reviews were carried out following the investigation of serious complaints or allegations in the 12 months prior to the inspection. Inspectors found that these reviews were of good quality and the outcome was notified and tracked by the foster care committee.

Judgment: Compliant

Theme 4: Leadership, Governance and Management

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

Standard 23: The Foster Care Committee

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

The foster care committee was guided by the standards and the national policy, procedure and best practice guidance on foster care committees. The national guidance was revised in February 2017 and the foster care committee chair told inspectors that the committee had been issued with a copy of the revised policy.

The foster care committee was made up of a chairperson, a coordinator, and 12 other members, including a foster carer, a medical advisor, a psychologist, three non-statutory representatives and Tusla employees. Inspectors found that the foster care committee members included people with appropriate experience and qualifications in the area of child protection, child welfare, and foster care. Inspectors reviewed minutes of committee meetings and found that the committee met on eight occasions in 2016 and four meetings had taken place up to the time of the inspection in 2017. The chair told inspectors that the committee met frequently enough to carry out its business and could hold an emergency meeting if this was required.

The national policy required that the committee meetings should be attended by at least six members to meet the quorum requirement. The foster care committee annual report 2016 showed a 75% attendance rate of members and therefore the quorum was met on all occasions. Inspectors reviewed minutes of 2017 and found the same attendance. The chair of the committee told inspectors that the meeting attendance was very high. Minutes of committee meetings were of good quality,

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detailed and reflected discussions on assessments, reviews and allegations and complaints. Decisions and recommendations were clearly recorded and included timely follow up actions and who was responsible for the follow up.

The chair of the foster care committee was the child care manager in Tusla Mayo service area and was also the chair of child protection conferences. The chair had over 30 years' experience in the area of child protection and social work. The chair had been in the post for three years and was supervised in his capacity as child care manager on a monthly basis by the area manager.

There had been no approvals of foster carers from outside the service area in the 12 months prior to this inspection. The chair of the committee told inspectors that there were appropriate arrangements in place for the approval of foster carers from other services.

The chair of the foster care committee told inspectors that there was no formally recognised national induction programme in place for new committee members. New members were provided with all relevant legislation, policies and procedures and subsequently met two hours before the first meeting and again after the meeting for clarifications and questions that may have arisen. The chair told inspectors that new members usually had extensive child protection experience, learn on the job and can contribute to meetings at first attendance. However, nine members of the foster care committee attended a staff- team building day in June 2016 and a cultural awareness training day in October 2016, as part of ongoing training and development.

Inspectors found that the foster care committee was effective and made clear decisions that were in line with the standards. The committee prioritised assessments of prospective foster carers, reviewed reports of allegations and complaints, considered requests for changes to approval status and reviews of foster carers. The foster care committee also considered disruption reports and long term matching of children.

The chair told inspectors that the foster care committee was notified of all allegations and complaints made against foster carers. Allegations and complaints were a standing item on the meeting agenda and inspectors found that allegations were kept on the agenda until they had been investigated and recommendations had been made. The foster care committee chair told inspectors that they did not have a tracking system for repeat allegations made against foster carers and that this will be raised as an issue in future committee meetings.

The national policy, procedures and best practice guidelines requires the foster care committee to produce an annual report of its activities. The chairperson provided inspectors with a copy of a comprehensive annual report for 2016. The report

contained information about the work of the committee during the year and the foster care chair told inspectors that this information was used to contribute to the strategic planning of the foster care service.

All members of the foster care committee were Garda vetted in relation to their specific roles as members of the foster care committee. Inspectors reviewed foster care committee files and found they all had copies of Garda vetting forms. However, three committee members did not have updated Garda vetting as required. The foster care committee chair told inspectors that the Garda vetting forms had been sent off by the foster care committee coordinator for processing.

The foster care committee coordinator maintained a panel of foster carers in line with national policy, procedure and best practice guidelines. However, the panel information did not contain recommendations of reviews and decisions post child protection assessment/garda investigation. The chair of the committee told inspectors that the foster care panel log was updated after every foster care committee meeting.

Judgment: Substantially compliant

Theme 5: Use of Resources

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

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

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

The area had a recruitment strategy in place and a recruitment campaign was held each year. The area manager told inspectors that recruitment of foster carers has been part of the service plan since the last inspection. Using a data collection tool, the area was able to create a profile of the children coming into care. This was to ensure that children's needs could be matched with the appropriate foster carer. For example, through data collection the area had identified that there was an increase of children coming into care between the age of 0-4 years and that there was an increased need for carers for that age group. The area also identified that it was difficult to find appropriate placements for teenagers that displayed behaviours that challenge. Furthermore it was identified that it was more difficult to recruit foster carers in some areas of the county and a shortage of foster carers from different cultural backgrounds was noted.

The previous recruitment campaign targeted these identified needs and tried to meet those needs. Data provided by the area indicated there were 23 applications from prospective foster carers in the 12 months prior to the inspection and that four information meetings were held during that time. Data also showed that nine foster carers left the panel voluntarily while 11 foster carers had been approved and added to the panel. That was a net gain of two new foster carers.

Social workers told inspectors that the last open day did not generate much interest in prospective foster carers coming forward. The principal social worker told inspectors that advertisements on local radio stations, in doctor's surgeries and churches were more successful in attracting prospective foster carers, after analysing the responses from prospective foster carers, and that this learning would assist the area in future campaigns. The area manager told inspectors that resources had an impact on the consistent recruitment and retention of foster carers. Data

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provided by the area prior to the inspection indicated there was a waiting list in place for general foster care assessments, and that seven general foster carers were awaiting assessment at the time of inspection.

Inspectors reviewed the data provided by the area which indicated that there were 15 available foster care placements and that there was no waiting list of children requiring placements. Link social workers told inspectors that while there were no waiting lists for placements, the available placements were not always the most appropriate placements for the child depending on the needs of the child and the required skills of the foster carer. The area held fortnightly matching meetings to try and match children with appropriate carers. Inspectors observed a matching meeting and found it to be well organised, with good discussion and excellent information sharing between child in care social workers and link social workers.

There was no overall retention strategy in place for foster carers. However, inspectors reviewed minutes of management and team meetings and found that retention of foster carers was discussed and that exit interviews were conducted and analysed when foster carers left the panel. Inspectors reviewed exit interviews and found that seven out of nine foster carers that had left the panel in the previous 12 months had participated in an interview. Six out of the seven carers stated their reason for ceasing fostering, was the children returning home or the children aging out and moving into aftercare services. One foster carer left the panel for personal reasons. Inspectors found the exit interviews were of good quality and detailed. The principal social worker told inspectors that the exit interviews were analysed for trends and as to why foster carers were leaving the panel. This information was then used to inform improvements in providing better foster care services in the area.

Judgment: Substantially compliant

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

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

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National Standards for Foster Care (April 2003)

Theme 2: Safe and Effective Services

Standard 5: The child and family social worker

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

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

Standard 6: Assessment of children and young people

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

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

Standard 7: Care planning and review

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

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

Standard 8: Matching carers with children and young people

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

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

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

Standard 9: A safe and positive environment

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

Standard 10: Safeguarding and child protection

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

National Standards for Foster Care (April 2003)

Standard 13: Preparation for leaving care and adult life

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

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

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

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

Part III, Article 5 Assessment of foster parents

Part III, Article 9 Contract

Standard 14b: Assessment and approval of relative foster carers

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

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

Part III, Article 5 Assessment of relatives

Part III, Article 6 Emergency Placements

Part III, Article 9 Contract

Standard 15: Supervision and support

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

Standard 16: Training

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

Standard 17: Reviews of foster carers

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

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National Standards for Foster Care (April 2003)

Standard 22: Special Foster care

Health boards* provide for a special foster care service for children and young people with serious behavioural difficulties.

Standard 23: The Foster care committee

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

Child Care (Placement of Children in Foster Care) Regulations, 1995
Part III, Article 5 (3) Assessment of foster carers

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

Theme 3: Health and Development

Standard 11: Health and development

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

Child Care (Placement of Children in Foster Care) Regulations, 1995
Part III, Article 6 Assessment of circumstances of child
Part IV, Article 16 (2)(d) Duties of foster parents

Standard 12: Education

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

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Theme 4: Leadership, Governance and Management

Standard 18: Effective policies

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

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

Standard 19: Management and monitoring of foster care agency

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

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

Standard 24: Placement of children through non-statutory agencies

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

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

Theme 5: Use of Resources

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

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

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Theme 6: Workforce

Standard 20: Training and Qualifications

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

Action Plan

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

Provider's response to Monitoring Report No:	MON 0019780
Name of Service Area:	Mayo
Date of inspection:	27 - 29 June 2017
Date of response:	25 August 17

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

Substantially Compliant

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

1. Allegations and serious concerns were not always correctly classified, in order to ensure they received the most appropriate response.
2. An Garda Síochána (police) vetting was not updated for all foster carer's within the required time frame.
3. There was no management oversight of foster carer's attendance and completion of Children First (2011) training.
4. Ten unallocated foster carers had not received safe guarding visits from a link social worker in line with national policy.

Action required:

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

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

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

1. All Allegations and Serious Concerns are now classified in line with the "Interim Protocol for managing allegations of abuse or neglect against Foster Carers and Section 36 (Relative) Foster Carers" (27th April 2017). This Policy has been distributed to all staff and foster carers. The Policy has been discussed at the Social Work Management Meeting and Team Meetings, including the Fostering Team Meeting. The Principal Social Worker will

have oversight of Allegations and Serious Concerns and will agree the initial classification.

2. A new Foster Care Panel format will be designed by the Business Manager. This panel will be administered by the secretary of the Fostering Care Committee. This will include Foster Carer An Garda Siochana Vetting information. The Team Leader for Fostering will identify in her Annual Service Plans those Foster Carers who require An Garda Siochana Vetting in the Service Plan year. The An Garda Siochana Vetting will be audited in the Service Plan Review Meeting and addressed in the Fostering Service Annual Report. This will ensure that Foster Care Garda Vetting is kept up to date and reviewed by the Area Manager and Chair of the FCC. All outstanding Foster Carers who require Garda Vetting in 2017 will be processed by the end of the year.

3. A centralised database of Foster Carer Training will be designed by the Business Support Manager and managed by the Fostering Team Leader. This will include attendance at Children First Training. This database will be accessible to the Principal Social Worker and monitored in Supervision.

4. The Principal Social Worker agreed a schedule of visits for all ten foster carers following the HIQA Inspection. The Principal Social worker will audit the schedule of visits and inform the Area Manager when they are complete.

Proposed timescale:

1. 31/07/17
2. 31/12/17
3. 31/12/17
4. 31/08/17

Person responsible:

1. Principal Social Worker
2. FCC Chairperson
3. Fostering Team Leader
4. Principal Social Worker

Standard 14b: Assessment and approval of relative foster carers

Substantially Compliant

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

1. There was no oversight by the fostering service to ensure that preliminary checks had been completed on relative carers prior to children being placed with them.
2. Not all relative foster carers assessments were completed in a timely manner.

Action required:

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

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

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

1. When it is planned to place a child with relative carers the Child Protection and Welfare Social Worker will contact the Duty Fostering Link Social Worker and notify them of their plan. The Fostering Link Social Worker for the area will complete the preliminary checks and record them on the relative carers file. In an emergency placement with relative carers and where the Child Protection and Welfare Social Worker has carried out the preliminary checks they will notify the Duty Fostering Link Social Worker of the placement within 72 hours. The Fostering File Audit Template will be amended to include Preliminary Checks. This will ensure oversight by the Fostering Team Leader.
2. Where difficulties or complexities arise which requires the relative assessment to exceed the 16 week assessment period, this will notified to the Fostering Team Leader. The reason for the delay will be stated on the relative carers file. The assessment will be tracked and monitored by the Fostering Team Leader in Supervision.

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Proposed timescale: 1. 31/10/17 2. 31/07/17	Person responsible: 1. Fostering Team Leader 2. Fostering Team Leader
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Standard 15: Supervision and Support

Moderate Non- Compliance

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

1. Not all foster carers had an allocated link worker.
2. The frequency of home visits to foster carers was not always adequate or in line with national policy.
3. There was no programme of support groups for foster carers provided by the area.
4. Not all foster carer's received adequate support from their link worker.
5. 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:

1. All foster carers had an allocated link worker up to 9th June 2017, when a Fostering Link Worker resigned. The Business Case and relevant HR recruitment forms have been processed in line with National Policy. In the interim period the Principal Social Worker has identified and distributed the unallocated carers to the fostering team. The Principal Social worker has identified which of those carers are to be prioritised based on level of need. All the unallocated Foster Carers will receive a visit by a fostering Link worker as per the National Policy. These cases will remain formally allocated until the new worker is in post. It is anticipated that this post will be filled by year end.

2. The Fostering Team Leader maintains a database of the last home visit to foster carers. This will be audited by the Principal Social Worker. All visits that are not in line with National Policy will be highlighted and prioritised. This database will be accessible to the Principal Social worker and audited in Supervision. The Principal Social Worker will be responsible for ensuring that Foster Carers are visited in line with National Policy. Foster Carers who require additional supports will be visited more frequently dependent on their need.

3. The Fostering Team will meet with the local Irish Foster Care Association (IFCA) and plan a programme of support groups for foster carers. This will be in addition to the Tusla/IFCA workshops and formal meetings which are currently operating.

4. The Fostering Team will arrange a workshop with staff in relation to the "National Policy and Procedure. Fostering Link Worker's Role". (Feb 2012) This will focus on the identified duties under Supervision and Support and sub categorised as Pre-placement duties, Placement duties and Post-placement duties. This National Policy will be shared with the Foster Carers and the Local IFCA. As part of the Service Planning for 2018, a workshop will be arranged with IFCA on the "Supervision and Support for Foster Carers". The Principal Social Worker will have oversight of this Action and update the Area Manager in their Supervision arrangement.

5. Tusla is actively negotiating the provision of an Out of Hours service for Foster Carers. It is expected that this will operational by the end of the year.

Proposed timescale:	Person responsible:
1. 31/12/17	1. Principal Social Worker
2. 31/08/17	2. Fostering Team Leader
3. 31/03/18	3. Principal Social Worker
4. 31/03/18	4. Principal Social Worker
5. 31/07/17	5. Area Manager

Standard 16: Training

Substantially Compliant

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

1. There was no oversight of foster carers attendance at training.
2. Individual training records on foster carers files were not always complete.

Action required:

Under **Standard 16** you are required to ensure that:

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

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

1. A centralised database of Foster Carer Training will be designed by the Business Support Manager and managed by the Fostering Team Leader. Particular emphasis will be placed on foster carers who are not attending training. The necessity to attend training will be highlighted and monitored in the Supervision and Support visits. The database will be accessible to the Principal Social Worker and audited in Supervision.
2. Individual Training attended by foster carers will be recorded on the foster carers file by the Fostering Link Worker. The file audit currently in use will identify the Training Record as a requirement for checking.

Proposed timescale:

1. 31/12/17
2. 30/09/17

Person responsible:

1. Fostering Team Leader
2. Fostering Link Social Worker

Standard 23: The Foster Care Committee

Substantially Compliant

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

1. The foster care panel did not contain all the information required under the policy, procedures and best practice guidance for foster care committees.
2. There was no system in place to ensure that garda vetting was updated when required.
3. There was no formal induction and training programme in place for new foster care committee members.
4. There was no system in place to track or identify if repeat allegations were made against 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:

1. A new Foster Care Panel format will be designed by the Business Support Manager. This Foster Care Panel will contain the relevant information required under the Policy Procedures and Best Practise Guidelines for Foster Care Committees. This Panel will be administered by the secretary for the Foster Care Committee. Access to the Panel will be available to the Chair of the Foster Care Committee, Principal Social Worker and Fostering

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Team Leader.

2. The Chair of the FCC has oversight of all FCC members Garda Vetting status. All outstanding FCC members Garda Vetting for 2017 has been processed. Garda Vetting for FCC members will be addressed in the end of year report and audited at the Service Plan Review meeting and in Supervision with the Area Manager.

3. The Chair of the Foster Care Committee has developed an "Induction for Foster Care Committee Members" protocol. (June 2017). This is now implemented and will be applicable to new members.

4. The Chair of the Foster Care Committee will agree the training needs with the Foster Care Committee as part of the Annual Service Plan. This will be audited at the Service Plan Review. The Chair of the FCC will have oversight of the training and will be recorded on the FCC file.

5. A new Foster Care Panel format will be designed by the Business Support Manager. The Foster Care Panel will be administered by the secretary of the Fostering Care Committee. This will include allegations, serious concerns, complaints and the outcomes. Repeat allegations will be identified on this panel and highlighted when assessing Approval Status.

Proposed timescale:

1. 31/12/17
2. 31/12/17
3. 30/06/17
4. 31/12/17
5. 31/12/17

Person responsible:

1. FCC Chairperson
2. FCC Chairperson
3. FCC Chairperson
4. FCC Chairperson
5. FCC Chairperson

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

Substantially Compliant

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

1. There was not a sufficient range of foster carer's to meet the needs of the children in the area.
2. The area did not have sufficient resources to assess general foster carers in a timely manner and had a waiting list of general foster carers awaiting assessment.

Action required:

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

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

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

1. At the time of the Inspection all children in care in the area where placed in foster care. A Needs Analysis conducted in Q4 2016 identified certain urban areas which required more available foster care placements. A recruitment campaign in Q1 2017 has targeted these areas and priority will be given to those assessments. This will be reviewed at the Service Plan Review Meeting.
2. The area continues to be involved in the regional "Shared Rearing Project" set up to recruit foster carers from the Irish Travelling Community. The area will continue its commitment to this Project as well as continued links with Mayo Travellers Support Group. This is recognised as a long term project and requiring established links with the Travelling Community.
3. The National Fostering Information Leaflet "Can someone like you, help someone like

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me? Become a Foster Parent” has been translated into Polish, Latvian and Lithuanian. This will be distributed to these communities. The distribution plan will be agreed with the Fostering Team Leader and Mayo Intercultural Action.

4. The Principal Social Worker will audit the waiting list of general foster carers and prioritise their assessments when allocating to the link workers. Any delay in the recruitment of the vacant Fostering Link Worker post will be escalated to the Area Manager and consideration will be given to sourcing an accredited Private Fostering Agency to complete the assessments.

5. The Principal Social Worker will consult with counterparts in other areas to evaluate strategic developments or initiatives for recruitment. Any relevant developments or initiatives will be adopted in the Mayo area to ensure a sufficient range of foster carers are available.

Proposed timescale:	Person responsible:
1. 31/12/17	1. Fostering Team Leader
2. 01/01/17	2. Principal Social Worker
3. 31/12/17	3. Fostering Team Leader
4. 31/12/17	4. Principal Social Worker
5. 31/12/17	5. Principal Social Worker