

## 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>	Cork Area	
<b>Dates of inspection:</b>	20 February 2017 – 23 February 2017	
<b>Number of fieldwork days:</b>	4	
<b>Lead inspector:</b>	Patricia Sheehan	
<b>Support inspector(s):</b>	Ruadhan Hogan Caroline Browne Una Coloe	Susan Geary Rachel McCarthy
<b>Type of inspection:</b>	<input checked="" type="checkbox"/> <b>Announced</b> <b>Unannounced</b> <input type="checkbox"/> <b>Full</b> <input checked="" type="checkbox"/> <b>Themed</b> <input type="checkbox"/>	
<b>Monitoring Event No:</b>	MON-0019020	

## 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 HIOA 2017 Monitoring programme, HIOA 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 type="checkbox"/>
<b>Theme 2: Safe and Effective Services</b>	<input checked="" 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 foster carers. Inspectors observed practices and reviewed documentation such as case files, foster carers assessment files, and relevant documentation relating to the areas covered by the theme.

During this inspection, the inspectors evaluated the:

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

The key activities of this inspection involved:

- the analysis of data
- meeting with the area manager, alternative care services manager, two team leaders and six link social workers
- meeting with the chairperson of the foster care committee
- observation of a foster care committee meeting
- focus groups with children in care social workers
- focus group with 14 foster carers
- speaking with nine foster carers and one parent on the telephone
- review of the relevant sections of 80 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
- 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**

The Cork Area is the largest of the 17 service areas of Tusla, The Child and Family Agency. It is an amalgamation of four previous Local Health Office (LHO) areas.

North Cork LHO includes North County Cork (includes the suburbs of; Fermoy, Mallow, Mill street and Kanturk) and the local social work office is located in Mallow.

West Cork LHO includes West County Cork (includes the suburbs of Castletownbere, Bantry, Skibbereen, Dunmanway and Clonakilty). The local social work office is located in Skibbereen.

North Lee LHO includes Cork City north of the River Lee (includes the suburbs of Fairhill, Gurrabraher, Farranree, Knocknaheeny, Hollyhill, Blackpool, The Glen and Mayfield. Also parts of County Cork including; Middleton, Youghal, Cobh and Macroom). The local social work office is located in Blackpool.

South Lee LHO includes Cork City south of the River Lee (includes the suburbs of Douglas, Carrigaline, Mahon, Kinsale and parts of the County including; Kinsale and Bandon) with its office in St. Finbarrs Hospital, Douglas.

Data from the 2011<sup>1</sup> census showed that the area has a population of 519,032 people, and the number of young people 0 - 18 in Cork is 26%. The percentage of 0 -18 years olds in Cork City is 19.2%, while the proportion in the County is 28%.

In Cork City disadvantage is found primarily in the North side of the City but also in some areas in the South. Deprivation in Cork City is of a much higher degree than in the County and certain areas reveal a convergence of factors that compound disadvantage. In Cork County deprivation is focused in the North and West of the County.

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 foster care service in the Cork area is provided by one Fostering Unit located in the city with two outreach offices, based in Mallow and Skibereen. The fostering unit has responsibility for the recruitment, assessment, support and supervision of all foster carers. The fostering unit was made up of two social work teams line-managed by team leaders who reported to a principal social worker, who in turn reported to the alternative care services manager. The chairperson of the foster care committee was also one of the principal social workers in a child protection and welfare team. The foster care social workers carried out assessments of foster carer applicants and carried out the role of link social workers supporting and supervising foster carers.

The principal social worker for fostering was on leave during this inspection.

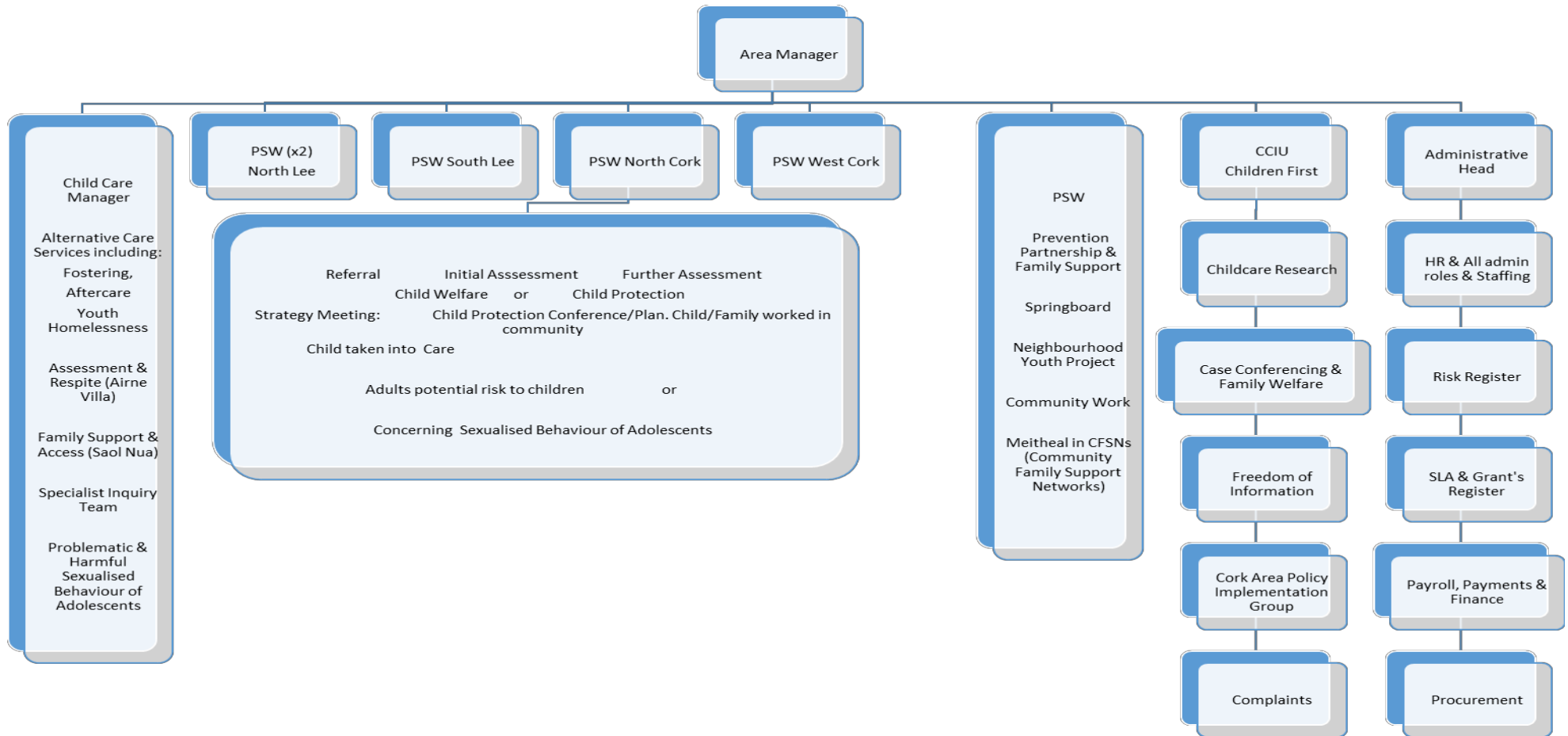
There were 517 foster carer households in the service, 377 general foster carers and 140 relative foster carers.

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<sup>1</sup> A breakdown of data relating to the 2016 census was not available at the time of writing.

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 Cork 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 substantially compliant
- six standards were non-compliant, of which one was identified as moderate non-compliance and five as major non-compliances.

While there were immediate actions taken as required to ensure children were safe, not all child protection and welfare concerns or allegations about foster carers were managed and fully investigated in line with Children First (2011). In addition, child protection and welfare concerns and allegations about foster carers were not consistently responded to in the appropriate manner. There was not always evidence that strategy meetings were held to plan the next steps. Decisions as to whether the concerns or allegations met the threshold of abuse and the procedures to be followed as a result were not always clear on files reviewed. There were no formal systems in place to ensure the Foster Care Committee were notified of child protection and welfare concerns or allegations. Appropriate safeguarding arrangements, such as Garda Síochána (police) vetting and adequate home visits by link workers, were not in place for all foster carers.

Assessments of general foster carer applicants were comprehensive, though not always timely, and the reports were of good quality. The process of recommending the approval of foster carers was clear and was in line with national policy, procedures and guidance.

There were significant delays in the commencement and completion of relative assessments with many children placed for several years with unassessed relative carers and a lack of evidence of adequate safeguarding measures in place. A small number of children, 0.47% of the total number of children in care, were living with relative carers who had not been approved by the foster care committee.

While 40 foster carers, or 8% of the total number, were unallocated the majority of approved fosters carers had an allocated link worker. Nevertheless, there was

evidence that the level of support and supervision provided to foster carers varied and the frequency of home visits was not always sufficient. There were some supports in the community and specific services funded by the area. Monthly support groups facilitated by social workers were available. While there was no national out-of-hours service for foster carers, the fostering unit did provide out-of-hours telephone support to foster carers during bank holidays, and Christmas and Easter holidays.

General foster carers received foundational training before their approval as foster carers and training programmes to assist carers in maintaining the necessary skills and knowledge required to provide high quality care were provided. A new training event, piloted by the fostering unit, which aimed to improve foster carers capacity to provide trauma healing was being rolled out in 2017. However, there was no system in place to either ensure relative carers attended foundation training or that foster carers following approval attended ongoing training. Training records for foster carers were not well maintained and with so many foster carers who had not had a review this meant that the opportunity to address training needs was missed.

Comprehensive reviews of foster carers were not carried out in line with regulations and Standards. Although there had been an improvement in the number of reviews completed in the previous 12 months, 43% of carers had not had a review for more than three years and as a result their Garda Síochána (police) vetting was not updated. Reviews following concerns or allegations were of good quality but the quality of standard reviews varied. Garda Síochána (police) vetting, medicals or health and safety updates were pending although the review still went ahead.

The foster care committee comprised a range of members who were experienced in childcare and their work was effective. However, it was not fully compliant with the Standards and national policy, procedure and best practice guidance. In addition, there was no training programme for foster care committee members, and no annual report since 2014 as a means of contributing to the development of the service. There was no system in place for the committee to track the progress of investigations of allegations.

There was an insufficient number and range of foster carers in place to meet the demand for services and more foster carers were leaving the service than were being recruited. Furthermore, there were insufficient staff resources in place to progress assessments and increase the pool of potential foster carers. There was no evidence that the foster carer panel was reviewed periodically to ensure there was an appropriate range of foster carers to meet the needs of children in the area.

Due to the number of significant issues arising from this inspection, inspectors were concerned that managerial oversight and monitoring was not sufficient. There was no designated authorised person to undertake formal monitoring of the foster care service. The long delays in commencement and completion of relative assessments and subsequent lack of sufficient safeguarding measures was an area of risk in the last HIQA inspection in 2013. While this was on the area risk register, these relative carers had not been allocated a link worker to mitigate the risks. Systematic audits were not carried out and there was little evidence of case management and improvements were required regarding record keeping. Interim management arrangements while the principal social worker for fostering was on leave were not clear.

35 of 80 cases reviewed by inspectors were escalated to the alternative care services manager, and he was asked to address the risks and concerns arising. These concerns were as follows:

- the adequacy of investigations following a child protection or welfare concern or allegation about foster carers and unclear outcomes to strategy meetings, and the lack of a system to ensure that a child would not be placed with foster carers for whom there was an open concern or allegation
- unassessed and unapproved relative carers without Garda Síochána (police) vetting
- significant delays in the commencement and completion of relative assessments with many children placed for several years
- a lack of evidence of adequate safeguarding measures in place for these relatives and for foster carers without link workers
- adults living in foster carer households without Garda Síochána (police) vetting
- relative carers who had not been approved by the foster care committee
- inadequate support and supervision of foster carers
- foster carers where the number of unrelated children in placement exceeded the standards
- record keeping, information governance, and due diligence when foster carers transfer from one area to another.

A response was received from the alternative care services manager in relation to all of the cases escalated, and this response included the assignment of a link social worker to all unassessed and unapproved relative carers, and assurances that a process had commenced to ensure Garda Síochána vetting was completed and updated for all foster carers.

Due to the level of non compliance with standards, five of which were of major non compliance, the Chief Operating Officer of Tusla was written to regarding these

concerns. A meeting was held with the Service Director following the inspection. At that meeting, the service director confirmed what immediate action had been taken and the further actions that were in progress. The actions outlined by the Service Director consisted of new posts being created, including senior practitioners and a team leader, and a review of the management structures which he indicated would be completed by the end of quarter two.

This report reflects the findings of the inspection, which are set out in Section 5. The provider is required to address a number of recommendations in an action plan which is published separately to this report. The plan submitted by the service did not include specific timeframes to ensure that the backlog of foster carer reviews is addressed in a timely manner. This was brought to the attention of the service director.

#### **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	<b>Non-compliant - Major</b>
<b>Standard 14a:</b> Assessment and approval of non-relative foster carers	<b>Substantially compliant</b>
<b>Standard 14b:</b> Assessment and approval of relative foster carers	<b>Non-compliant – Major</b>
<b>Standard 15:</b> Supervision and support	<b>Non-compliant - Major</b>
<b>Standard 16:</b> Training	<b>Substantially compliant</b>
<b>Standard 17:</b> Reviews of foster carers	<b>Non-compliant - Major</b>
<b>Theme 4: Leadership, Governance and Management</b>	
<b>Standard 23:</b> The Foster Care Committee	<b>Non-compliant - Moderate</b>
<b>Theme 5: Use of Resources</b>	
<b>Standard 21:</b> Recruitment and retention of an appropriate range of foster carers	<b>Non-compliant – Major</b>

## 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.

#### **Inspection findings under Standard 10**

Data provided by the area showed that there were 17 child protection and welfare concerns or allegations about foster carers in the 12 months prior to the inspection. However, on reviewing the child protection concerns and allegations log, inspectors found that there had been 29 such concerns or allegations. While these concerns or allegations were categorised correctly, they did not consistently receive the appropriate response.

Link social workers and team leaders described to inspectors the process when concerning information was received about a foster carer. Unless home visits were required immediately to ensure the children were safe, a strategy meeting took place between the fostering and children in care teams. At this meeting the concern would be categorised as a complaint, or a serious concern or allegation that met the threshold for a statutory response. A notification template recently introduced to improve communication between teams was seen by inspectors on files. Further meetings would then take place to conclude the process and record an outcome. Inspectors saw evidence of some strategy meetings that were comprehensive with clear decisions and actions but there was not always evidence that these strategy meetings were held. Team leaders said that they asked for strategy meeting minutes but did not follow up if such minutes were not received. Decisions as to whether the allegations met the threshold of abuse and the procedures to be followed as a result were not always clear on files reviewed.

There was no national policy on managing serious concerns or allegations about foster carers. Inspectors reviewed 13 complaints or serious welfare concerns or allegations against foster carers and found they were not all managed and investigated in line with Children First (2011). When initial assessments were

required, inspectors did not always see evidence of these assessments. Eight cases required escalation as link workers and team leaders were not able to provide assurances that, for example, there had been adequate follow up and a comprehensive investigation, or clear outcomes to a strategy meeting, or that all children had been sufficiently interviewed. In one case, a risk assessment as requested by the foster care committee had not been completed. While inspectors saw examples of an 'on hold' status applied to the database of foster carers, inspectors were not fully assured that a child would not be placed with foster carers for whom there was an open allegation. The team leaders said they didn't have a system to ensure children were not placed on a day-to-day basis with foster carers where there was an ongoing complaint or serious concern. One case was escalated where the safeguarding arrangements were insufficient and despite a previous allegation and recent complaints, a fourth child was placed with these carers during the inspection. The response back from the area manager regarding necessary actions following these escalations was satisfactory.

There were examples of good practice in relation to safeguarding. For example, inspectors reviewed concerns about the quality of care a foster carer was providing and saw evidence that the issues were appropriately addressed with the carer. Team leaders and the area manager informed inspectors that all children in foster care had an allocated social worker. However, appropriate safeguarding arrangements were not in place for all foster carers. The records of nine relative carers were reviewed by inspectors where the assessment and approval from the foster care committee had not taken place despite some children in placement with them as far back as 2011. In addition, either there was no Garda Síochána (police) vetting for these relative carers or their adult children, or there were no home visits by link workers, no case management and a lack of case notes. These cases were escalated and the response back from the area manager regarding necessary actions following these escalations was satisfactory. The area manager told inspectors that all home visits by either the child's social worker or the link worker should activate an electronic summary of that visit and he confirmed that this had not been happening in practice.

While inspectors found that all general foster carers were initially Garda Síochána (police) vetted as part of the assessment process, this vetting was only updated as part of foster carer reviews. There was no other mechanism in place to ensure that Garda vetting was updated in a systematic way. Files reviewed showed that foster carers were fostering without up-to-date vetting and data provided by the area confirmed that 43% of all carers without a review for over three years had out-of-date vetting. For a number of carers, the dates since they were last vetted were in 2011 and 2012. The absence of up-to-date vetting for all foster carers posed a risk for the service. In addition, inspectors found from sampling reviews and interviewing link workers and team leaders that reviews went ahead without assurances that all vetting requirements were in place due to delays in processing vetting requests. Therefore, the only mechanism in place to update vetting was not effective.

A review of files showed that all general foster carers were required to attend foundational training prior to approval by the foster care committee and inspectors were told that such training was also available to relative foster carers. This training was in line with Children First (2011) and addressed issues including safe care practices and understanding and managing behaviour that challenges. Foster carers who met inspectors in a focus group were aware of what to do if a child went missing from care. In addition, both specific Children First (2011) training and safe care training had been delivered throughout the year. Some link workers kept their own Children First (2011) training records for foster carers whom they supervised. However, due to the long delays in completing relative carer assessments, the majority of relative carers had children placed with them for lengthy periods of time without having received any safe care training. While link workers told inspectors that on their home visits safe care practices were reviewed with foster carers, there were 20 approved relative carers without a link worker and 73 unassessed and



unapproved relative carers without a link worker. This resulted in serious risks associated with a lack of training in safe care practices for relative carers.

The chairperson of the foster care committee told inspectors that there was no formal system to ensure the committee were notified of serious concerns or allegations about foster carers within the five days as required by the national policy, procedures and guidance on foster care committees. The committee became aware of allegations formally when a special review took place. There was no formal system in place for the committee to track the progress of any investigations that might take place. This meant that the foster care committee did not have oversight of the progress of investigations and could not ensure that the social work department was held to account when investigations were unduly delayed.

In addition, there was inadequate monitoring and oversight within the service of the management of concerns or allegations to ensure they consistently received the appropriate response and were all managed in line with Children First (2011), and that necessary safeguarding arrangements were in place including effective mechanisms to update vetting.

**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<sup>3</sup> 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.

## **Inspection findings under Standard 14**

Inspectors reviewed six files where emergency placements were made with relatives. Evidence of pre placement checks carried out prior to placement of a child, such as verbal checks with the local Garda Síochána and public health nurse, were not always found by inspectors. The fostering team said that these checks were the responsibility of the children in care social workers and this was confirmed by the latter. The fostering team were notified of the placement and a request for an assessment was made. There was a lack of case supervision by fostering team leaders in order to monitor these cases.

There was a national policy on the assessment and approval of foster carers and seven files reviewed by inspectors demonstrated that general foster carer assessments were carried out in line with this policy. While foster carer applicants did not routinely attend foster care committee meetings when their assessment was being reviewed, there was evidence that they did receive all relevant information in writing. Assessments were comprehensive with good team leader oversight and contained details of the assessing link worker's analysis and professional opinion. However, they were not always carried out in a timely manner. For example, while one assessment was completed within the timeframe of 16 weeks, others took between six months and three years to complete. There were often long delays between the application being received and the start and completion of the assessment. Link workers said an average assessment took between three to four months and that it was only possible to do one assessment at a time given their high caseloads. In four files reviewed the process for ensuring Garda Síochána (police) vetting for all adults in the home was not sufficiently robust and these cases were escalated. An assurance was received from the area manager that appropriate action had been taken on foot of the escalation.

Inspectors reviewed four out of the 11 assessments of relative carers carried out in the previous 12 months. These assessments, while demonstrating good case notes and communications between social work teams, were not carried out in a timely manner. For example, one assessment took a year and two assessments took 24 months to complete. A fourth assessment, which evidenced good practice in assessing risks, was prioritised for assessment in January 2016 but the assessment did not begin until May 2016. Data provided by the area showed that 18 assessments of relative carers were ongoing and 73 relatives were on a waiting list for assessment. The area manager gave inspectors a draft template and said that a more streamlined assessment for relatives was in progress to increase efficiency.

Inspectors reviewed the system for prioritising assessments of relative carers and found that 51 of the 73 relatives awaiting assessments were high priority with many children placed with these carers for several years. Team leaders told inspectors that there was not sufficient capacity within the fostering team to allow for timely allocation for assessment. The area manager confirmed that two new social work posts had been approved in 2016 but only one was filled with the remaining one to start shortly. A further two posts had been agreed in the 2017 business plan. These long delays in the commencement and completion of relative assessments and the lack of evidence of safeguarding measures in place were escalated. This was an area of risk in the last inspection in 2013 and inspectors did not see much improvement. While the risk was on the area risk register, these relative carers had not been allocated a link worker to mitigate the risks. Following on from the escalation, assurances were received that all relative carers would be allocated a link worker to ensure safeguarding measures were in place and that agency social workers would be sought while the 2017 posts were being recruited. Furthermore, approval from senior management for social work practitioners and an additional team leader post would be requested.

Three cases were escalated where children were living with relative carers who had not been approved by the foster care committee. The reasons why these three relative households had not been approved varied, and the reasons were outlined in the files reviewed by inspectors. Team leaders said that all the children had a social worker but they confirmed the lack of oversight by the fostering unit and lack of a policy to provide guidance in such cases. Assurances were received that safeguarding measures were in place.

The process of recommending the approval of foster carers was clear and was in line with national policy, procedures and guidance. Assessment reports and all associated documentation such as Garda Síochána (police) vetting, medicals, references and health and safety checks were submitted to the foster care committee. Inspectors observed a foster care committee meeting and saw that the foster care committee sought further information or clarification of reports when necessary and made the

decision to recommend approval or not. Foster care applicants did not routinely attend the foster care committee meeting at which their assessment report was being considered but could do so if they wished. Following a decision to recommend their inclusion on the panel of foster carers they were notified in writing of this.

Adequate due diligence was not evident for foster carers transferring into the area from another service area. Inspectors reviewed the file of a relative foster carer who had been approved in April 2011 by a foster care committee in a different service area and then moved to the Cork area in January 2012. The last visit on file was in April 2013 and until November 2016 there had been no allocated link worker and no review. Since the case was allocated the link worker had not yet visited. Inspectors were told the foster carers still remained on the other area panel and had not been formally transferred to the Cork panel. Neither team leaders nor the foster care committee chairperson were aware of the process for foster carers transferring, as outlined in the policy, procedures and guidance for foster care committees. This case was escalated and inspectors received an assurance from the area manager that specific actions had been taken on foot of the escalation.

The majority of files reviewed by inspectors did not have foster care contracts in place between the fostering service and the foster carers. This meant that there was no legal contract between the foster carers and the service. Link workers told inspectors that the child's social worker gets the foster carer to sign the contract but the fostering unit does not always get a copy.

The lack of improvement in relative assessments since the 2013 inspection and a failure to allocate link workers to mitigate the risks arising from unassessed and unapproved relatives over such long periods of time demonstrated a lack of accountability and poor governance. The service director stated that a review of management structures by the end of quarter two would take place.

**Judgment: Standard 14 a: Substantially compliant**

**Judgment: Standard 14 b: 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.

### **Inspection findings under Standard 15**

Data provided by the area showed that the majority of approved foster care households had an allocated link worker and 8% were unallocated. Team leaders told inspectors that these unallocated foster carers were due to one of the link workers leaving in October 2016 and a replacement link worker was not yet in post. There was no duty system operating for foster carers who were unallocated as a means of responding to their issues. Inspectors reviewed four of the unallocated cases and found a lack of safeguarding arrangements as a result. In the four cases there had been no home visits by a link worker since March 2015, August 2016, September 2016 and October 2016 respectively. There was no evidence of supervision or case management on file, or of the foster carers attending support groups or training. In addition, some reviews and health and safety checks were out of date. In two cases there was no evidence of liaison with the children's social workers.

Inspectors reviewed one file where foster carers were unallocated because there were no children placed with them since 2010 but they remained on the foster care panel. A case management record in the file from 2015 stated that a link worker planned to meet the carer, who only wanted respite placements going forward, to discuss future plans. There was no evidence that this was followed up. The team leader told inspectors that there were 37 carers who needed to be deregistered for a variety of reasons. As these carers had not been formally removed from the panel, there was a risk that children could be placed with them. Inspectors reviewed the list of 37 carers and received an assurance from the team leader that this was being actively progressed.

Inspectors found that the level of support and supervision provided to foster carers by their link workers varied. Three of 16 cases were escalated where there was insufficient supervision and support given the significant challenges experienced by carers arising from having a number of children in excess of the standards. One household had two sets of siblings and sometimes a respite placement also, one had one child and two aftercare placements and in the third overcrowded placement

there had been no routine review. The response back from the area manager regarding necessary actions following these escalations was satisfactory.

From a review of files and interviews with link workers, there was evidence that the majority of link workers were in telephone contact with the foster carers but did not visit their homes regularly enough. When home visits did occur the quality of the support provided also varied, which was confirmed by the focus group of foster carers. There was no evidence of formal supervision of foster carers as set out in the national policy on the role of the link worker. There was a lack of case supervision of the link worker for the purpose of oversight of the frequency of home visits and quality of support being provided to foster carers. Audits of files did not take place and inspectors found that the quality of record keeping and case notes required improvement. For example, in one case there was no file made up and just loose sheets were contained in an unmarked brown folder. In the absence of any case notes confirming home visits, the link social worker did a yearly summary which was seen in the folder. A number of link workers told inspectors that their caseloads were 30-40 foster carers and as a result they can't offer the level of support and supervision required and often can only make one visit per year. A focus group of children in care social workers confirmed that if there were no ongoing issues home visits by link workers were less likely.

Inspectors found that there were supports in place for foster carers caring for children with complex needs. Services included medical specialists, child and adolescent psychiatry services and early intervention teams that comprised a range of professionals, including psychologists, occupational therapists and speech and language therapists. A social care leader in the fostering team supported foster carers with specific pieces of work, such as problem solving and negotiating solutions when there were issues of placement stability, and also carried out group work with birth children of foster carers. There was evidence that children and their foster carers were supported by services in the community although a number of foster carers did not consider that there was adequate coordination between services. In particular, they said that accessing child and adolescent psychiatry services was often difficult. The area manager told inspectors that regular meetings were held with the Health Service Executive heads of mental health and disability and that this led to greater accountability for the provision of services to individual children. He also told inspectors that the area funded private therapies for children in care when none were available otherwise. Respite care was provided when necessary although a placement meeting observed by inspectors demonstrated the difficulties in providing the right kind of respite at the time it was needed. Team leaders said that requests for respite placements exceeded the supply of respite carers available to them.

The service ensured a number of local support groups for foster carers were held and foster carers were encouraged to attend. Link workers told inspectors that some foster carers attended these groups regularly and that emails were exchanged between team members to keep up-to-date with which foster carers were attending. Inspectors found that details of these support groups were sent to foster carers. Foster carers who met with inspectors confirmed this and affirmed how such support groups, facilitated by the link workers and team leaders, gave them the opportunity to meet other foster carers and share experiences. It was also an opportunity they emphasised to see their link worker in person if it was difficult to reach them by phone. 9 foster carers were spoken with on the phone as they had telephoned the dedicated number made available by inspectors as part of the inspection. Two were happy with the service, one was dissatisfied with a special review and its outcome, one recent relative carer felt it was difficult to contact the fostering unit, and one had wanted to become a relative foster carer but said nobody had responded to her inquiries. 4 foster carers were unhappy with how serious concerns about them had been managed.

The fostering unit provided an out-of-hours telephone support to foster carers during bank holidays, Christmas and Easter holidays but there was no national service to support foster carers. Proposals for such a service were under consideration. The current national out-of-hours service had as its sole function the support of emergency action by An Garda Síochána.

**Judgment: Non-compliant – Major**

## **Standard 16: Training**

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

### **Inspection findings under Standard 16**

All general foster carer applicants were required to undertake a structured three day foundation programme of training which included topics such as safe care, child development and attachment, and common behaviours of children in care, as part of the approval process. Inspectors reviewed the training calendar and saw that this preparation training was scheduled five times a year in addition to post approval training run twice yearly. This foundation training was also offered to all relative carers but team leaders stated that even with a lot of encouragement from the fostering unit attendance was poor.

Training programmes to assist carers in maintaining the necessary skills and knowledge required to provide high quality care were organised to encourage and facilitate attendance by foster carers. Foster carers in the focus group confirmed that the training content was communicated to them by their link workers and in the annual newsletter and they were positive about the training. Fostering social workers said training needs were discussed at team meetings, and sub-committees set up then to plan the training. Training programme content was based on feedback from foster carers directly, and from assessment reports and foster carer reviews.

Inspectors reviewed both the 2016 training and 2017 training plan and saw that modules on topics such as safe care, internet safety, life story work and cultural training were provided or due to be provided. In addition to the training programme, the monthly support groups were a forum for peer learning.

A pilot of psycho educational programme on trauma-informed care for foster carers took place in 2015 followed by a research partnership between Tusla and the local university in 2016. The pilot and research study aimed to improve foster carers capacity to provide trauma healing to children in care with stabilisation of foster placements at the earliest possible point thus improving outcomes for children. Foster carers who had participated in the pilot told inspectors that the programme had significantly changed their perceptions and understanding of the child's behaviour.

Inspectors reviewed the 2017 training programme and saw that there was a plan in place to roll out this trauma training to all foster carers commencing September 2017.

There was very regular Children First (2011) training provided with three sessions in 2016 and an attendance log showed typically 25 attendees in each session.



Inspectors did not see evidence of this training in all files reviewed and link workers said that foster carers were not always able to complete it as planned due to time commitments. Inspectors found that there was no system in place to ensure relative carers attended foundation training or that approved foster carers attended regular ongoing training. Link workers stated that if foster carers did not attend training it was discussed during a phone call or home visit. A comprehensive training needs analysis had not been carried out. The area manager gave inspectors a recently developed training audit for foster carers and said this would be introduced over the next month in an effort to improve take up of training.

Training records for foster carers were not well maintained. The majority of files reviewed by inspectors did not contain any specific records regarding training. When foster carers had a review, their training history was recorded and their training needs outlined and, in some cases, there were recommendations that they undertake certain training. However, there was little evidence that they subsequently undertook this training. Foster carer reviews were an opportunity to formally review the training records of foster carers, undertake an analysis of their current training needs, and make recommendations in relation to what training they should undertake. For foster carers who had not had a review this meant that the opportunity to address training needs was missed.

## **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.

### **Inspection findings under Standard 17**

Comprehensive reviews of foster carers were not carried out in line with regulations and Standards. According to the Standards, the first review should take place one year after the first placement and subsequent reviews should take place at three-yearly intervals. The purpose of the review is to assess the foster carers continuing capacity to provide high quality care and identify gaps in the service as a whole. While a number of foster carers told inspectors during a focus group that they had experienced reviews, data supplied by the area showed that, of 517 foster care households, 240 or 46% had not had a review for more than three years.

While there was no formal system in place to prioritise reviews, in the previous 12 months there had been an improvement in the number of reviews completed. Data supplied by the area showed 68 reviews of foster carers had been carried out. From a review of 19 files, inspectors found that 15 of these were standard reviews and four were additional due to a serious concern or allegation about a foster carer. Team leaders confirmed that reviews were held following concerns or allegations. The four reviews that arose from concerns were of good quality and took into account, for example, changes in circumstances, the impact of fostering, a safe environment and training provided. Decisions were clear and outcomes were typically the identification of specific training. In one case, there was good communication between social work teams as reflected in professional meeting minutes.

Link workers confirmed the process by which all stakeholders received their standard review forms. The child's social worker was always invited to the review meeting, which was confirmed by child in care social workers during a focus group, and they sent in a report if they were unable to attend. Team leaders chaired the review meetings which were held in the fostering unit, and were attended by the foster carers and link social workers. However, inspectors found that the quality of standard reviews varied with the majority very brief and did not adequately cover the foster carer's continuing capacity. In some reviews, the report from the child's social worker was also brief and if there was no report, the views of the child were not always considered as part of the review. The alternative care services manager also acknowledged that reviews were brief and that this was an area the management team were aiming to improve.

A summary of the review meeting was signed by the team leader but these summaries were not always fully completed to reflect that Garda Síochána (police) vetting, or medicals or health and safety checks had been updated. Inspectors found from reviewing files and interviewing link workers and team leaders that Garda Síochána (police) vetting, medicals or health and safety updates were typically pending at the time of review, but the review went ahead anyway. Team leaders acknowledged that this was not in compliance with the requirements of this Standard and said the volume of reviews was a challenge and was the result of insufficient resources.

The foster care committee wrote to foster carers following consideration of the review report confirming their continuance on the panel, which foster carers confirmed to inspectors and this was also seen on files. The committee received the full review report and recommendations when an additional review took place but only received a two page synopsis of standard reviews which did not include any reference to Garda Síochána (police) vetting, or medicals or health and safety updates. As a result, the committee was also signing off on reviews without ensuring these updates were completed.

There was no formal process in place for following through on recommendations from reviews in a timely manner and follow up in relation to review reports seen by inspectors varied. There was evidence that the recommendations from some reviews were implemented but recommendations did not always contain timelines for completion.

**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.

#### **Inspection findings under Standard 23**

The foster care committee was guided by the Standards and 2012 national guidance on foster care committees which was being revised at the time of inspection.

Excluding the Chairperson, the foster care committee was comprised of 12 members and there was part time administrative support. The committee members had suitable expertise in child welfare and included three foster carers, a medical advisor and an independent professional. The committee met ten times in the course of a year and a quorum of six members was required for meetings to proceed. Additional meetings were held as required and one such additional meeting was held during the inspection. Inspectors found that with one exception, which was being progressed, members were Garda Síochána (police) vetted in relation to their specific roles as members of the committee.

Inspectors interviewed the chairperson, who had considerable experience as he was a principal social worker in child protection, and had previously been a committee member. He was clear about his responsibilities and those of the committee members. Inspectors observed a committee meeting and found that he managed the meeting well. Both the chairperson and the area manager considered that there were advantages to the chairperson also being a full time principal social worker in terms of experience and accountability.

Observation of a foster care committee meeting and review of the minutes of foster care committee meetings for the 12 months prior to the inspection supported the view that the foster care committee was effective in the business it conducted and made clear decisions. Committee members were well prepared for meetings and issues were thoroughly discussed. Three assessment reports, two standard reviews, three reviews that were additional based on concerns, and one deregistration were the main business items observed by inspectors. All members of the committee contributed to the proceedings. Professionals and foster carers who attended the meetings were treated respectfully. At additional reviews, the child's social worker was invited to the meeting to ensure the whole picture was presented. Inspectors reviewed the database holding all the information relating to the foster carer panel and found that it contained all the relevant information.

However, the chairperson told inspectors that the main work of the committee was; approving foster carer applicants based on consideration of their assessment reports, making recommendations on carers approval status following receipt of reviews, and hearing any initial appeals by foster carers following a decision. He acknowledged that the committee was not carrying out all of their functions as covered in the national guidance and that this was due to a capacity issue.

Disruption reports following placement breakdowns were only received from private agencies which limited the learning by the committee from disruptions within their own service into the decision making process. Although the committee were aware of serious concerns or allegations about foster carers when additional reviews took place, the committee was not formally notified within five days. There were deficits in the committee's oversight of foster carer reviews as the system was not identifying when vetting checks were not updated. The foster care committee were notified of any breaches of the Standards, such as when the number of children placed with foster carers exceeded the standards, but there was no discussion of these breaches or exploration of why they were occurring. Quarterly reports to the fostering unit regarding the level of compliance with the standards were not made. The committee did not receive matching reports and so were not approving placements over six months and ensuring children were appropriately placed.

The national guidance requires the FCC to produce an annual report of its activities. The chairperson told inspectors that no annual report had been produced since 2014 which meant there was no formal mechanism of contributing to the planning of foster care services. While the chairperson stated that there were good working relationships between the FCC and the fostering principal social worker and team leaders, there were no routine reports to the principal social worker as a means of commenting on the quality of the foster care service. He told inspectors that he had discussed a number of issues with the fostering principal during 2016. These

included issues such as timeliness of assessments and the number of available foster carers.

The chairperson told inspectors that there was no induction programme for new members. They were given the relevant policies and best practice procedures when they were appointed and then they observed a meeting initially and then contributed to the work of the committee. There was no routine programme of training in place for the foster care committee although two training sessions on trauma informed practice and the national quality improvement framework did take place during 2015 and 2016.

There were appropriate arrangements in place for the approval of foster carers from private services. Private services were required to undertake comprehensive assessments and complete a series of checks on prospective foster carers. Inspectors reviewed three such assessments and found that they were of good quality and that all relevant checks had been completed. The assessment and all associated documentation were presented to the foster care committee for consideration of whether to recommend approval. Inspectors who observed the committee in operation found that it met with staff from these services and sought further information or clarification when necessary.

**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.

### **Inspection findings under Standard 21**

Specific targeted recruitment campaigns, focusing on cultural diversity and caring for older children, had been run between 2014 and 2016. However, there had been no general recruitment campaigns during the previous 12 months and there was no overall recruitment strategy in place in the area. Data provided by the area showed that six public information meetings were held during that time, with a further seven scheduled for 2017, and that there were 146 enquiries from prospective foster carers in the previous 12 months. 33 applicants were at the screening stage and a further 29 applicants were awaiting a home interview. 22 applicants were at the referencing stage and 10 were currently being assessed. However, data also showed that 26 foster carers left the foster care panel voluntarily during the previous 12 months while only 16 foster carers had been approved and added to the panel during that time, a net loss of 10 foster carers.

There was an insufficient number and range of foster carers in place to meet the demand for services. Data provided by the area showed that there were 17 foster care households who were providing placements outside of their approval status, for example, foster carers providing long-term placements although they were approved for short-term placements and 29 foster care households where the number of unrelated children in placement exceeded the standards. Inspectors escalated one of these cases. Inspectors received an assurance from the area manager that specific actions had been taken on foot of the escalation.

Link workers, team leaders and children in care social workers, all told inspectors that there was a shortage of foster carers and that finding a suitable placement for a child could be difficult, especially in emergencies. Children in care social workers confirmed during a focus group their frustrations that there was no shortage of applicants waiting to be assessed but there were not enough assessments taking place resulting in a lack of available placements. As a result, they rarely could plan a placement, which led to emergency placements. In one case reviewed, a fourth child

was placed with carers because the child was attending pre-school in the area and as it was an emergency placement this was the only one available in the area. Children in care social workers frequently resorted to consulting between themselves in regards to finding placements for children and there was constant pressure on both childrens social workers and link workers. Inspectors observed a weekly placement meeting during the inspection and found that of the 19 requests from childrens social workers, many of which were for respite, the majority had to be carried over to the next meeting as placements to meet their needs were not available. Team leaders said there had been ongoing discussion with the principal social worker of the fostering unit about recruiting carers for teenagers and respite, which were areas of high demand, but there was no plan in place to further this issue. Both the alternative care services manager and area manager told inspectors that there were enough enquiries from 2016 that still required follow up, making further recruitment campaigns for general carers unnecessary. They considered that the ability to complete assessments in a more timely manner and increase the pool of carers was a matter of capacity and current staff resources were not sufficient.

While there was no overall retention strategy in place for foster carers, which was confirmed by link workers and team leaders, the provision of monthly support groups facilitated by social workers was highly valued by the foster carers. These well attended support groups, held throughout the area, assisted with the retention of foster carers. Some foster carers whom inspectors met in the focus group had received great support from their link workers while others did not and a number of foster carers felt that the lack of support outside the hours of 9am to 5pm and at weekends was a problem.

There was no evidence that the foster care panel was reviewed periodically to ensure there was an appropriate range of foster carers to meet the needs of children in the area. The area manager told inspectors that the principal social worker reviewed the lists of foster carers and knew what placements were available. However, no needs analysis had been carried out.

**Judgment: Non compliant - Major**



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

<i>National Standards for Foster Care (April 2003)</i>
<b>Theme 1: Child-centred Services</b>
<p><b>Standard 1: Positive sense of identity</b></p> <p>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></p> <p>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></p> <p>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></p> <p>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></p> <p><i>Part III Article 8 Religion</i></p>
<p><b>Standard 25: Representations and complaints</b></p> <p>Health boards<sup>¥</sup> 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>

<sup>¥</sup> Where reference is made to Health Boards these services are now provided by the Child and Family Agency.

***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*

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

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

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

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

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

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

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

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

Foster care applicants participate in a comprehensive assessment of their ability to carry out the fostering task and are formally approved by the health board<sup>2</sup> 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 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.

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<sup>2</sup> Formally known as Health Boards at time of writing Standards, now known as The Child and Family Agency.

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

#### **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.

### **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.

**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 -0019020
<b>Name of Service Area:</b>	Cork Area Foster Care Services
<b>Date of inspection:</b>	20 February 2017 – 23 February 2017
<b>Date of response:</b>	27 June 2017 (accepted response)

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

## Theme 2: Safe and Effective Services

### Standard 10

#### Major non-compliance

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

1. Child protection and welfare concerns or allegations about foster carers were not consistently managed and investigated in line with Children First (2011).
2. Appropriate safeguarding arrangements, such as Garda Síochána (police) vetting; home visits by link workers, and case supervision were not in place for relative carers.
3. Summaries of all home visits, whether by the child's social worker or the link worker, had not been activated in line with area policy.
4. Garda Síochána (police) vetting was not updated for all foster carers within the required timeframe and the system in place to ensure updated Garda vetting was not effective.
5. There was no evidence that all foster carers with children in placement were trained in Children First (2011) and in safe care practices.
6. There was no formal system for notifying the foster care committee of allegations against foster carers or of serious or adverse incidents, in order to provide oversight of the investigations that were carried out.

#### **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:**

##### **Actions:**

1. All Child Protection and Welfare concerns or allegations about foster carers are managed and investigated in line with Children First (2011). To ensure compliance and monitoring of this, the Fostering Management Team (FMT) with a Children First Implementation Officer are undertaking an audit and reviewing all child protection, welfare concerns and allegations about foster carers for the period March – June 2017. As of 1<sup>st</sup> July 2017, the Fostering Resource Unit will be following, the new guidelines for managing allegations against foster carers.

The National Interim Protocol for dealing with complaints and allegations in respect of children in foster care issued in May 2017 and is being adopted in the Cork Area. The ongoing implementation of this policy will be overseen by the Cork Area Alternative Care Governance Group (ACGG) and the Area Management Team (AMT).

Implementation will be supported by - a briefing on the policy with staff, training with all social work teams, (North Lee, South Lee, West Cork, North Cork, Fostering Team, Aftercare Team; Liberty Street House); briefing sessions for foster carers. Implementation support will be completed by end Q4 2017. The FMT with a Children First Implementation Officer will continue auditing and reviewing all child protection, welfare concerns and allegations about foster carers on a quarterly basis throughout 2017.

2. Garda Vetting for all Carers has been progressed - all outstanding vetting for relative carers are now either (a) currently Garda Vetted or (b) being processed by National Garda Vetting Bureau; this includes all Garda Vetting not renewed within the stipulated three year time-frame. An update database on Garda Vetting has been established and will be reviewed in October 2017. Garda database will be updated ongoing and reviewed bi-annually (Quarters 1 and 2). From the beginning of March 2017, each un-assessed relative carer was allocated a link worker to ensure that Garda Vetting, Contracts, Health & Safety Checks, Appropriate match with children already in placement, any risks assessed and safety measures were in place and recorded.
3. A template has now been developed whereby all visits by a Child Protection social worker or Fostering Link social worker into a home requires that an email to be sent to the CPW or Link-SW outlining the nature of the visit and outcome. Monthly, randomly selected, file audits by FMT will check that information is being shared. Thematic file audits will address the matter of sharing information between departments and check for compliance.
4. Note: Action #2 above
5. Garda Vetting for all Carers has been progressed - all outstanding vetting for all carers are now either (a) currently Garda Vetted or (b) being processed by National Garda Vetting Bureau; this includes all Garda Vetting not renewed within the stipulated three year time-frame. An update database on Garda Vetting has been established and will be reviewed in October 2017. Garda database will be updated ongoing and reviewed bi-annually (Quarters 1 and 2).
6. The FRU foster carer training log is complete and up-to-date for 2016. Thirteen training sessions were offered on Children's First Guidelines in 2016, with attendance by 158 foster carers. Training certificates and record of trainings attended by foster carers during 2016 have now been placed in each section of individual foster carer files. Compliance of Children First training by all foster carers is currently being audited June 2017.
  - The FRU PSW will ensure that FCC is notified of compliance on Children First training on a regular basis.
  - Targeted campaign on Children First Training will be undertaken in Quarter 3 & 4 2017 to ensure that anyone not trained in Children First as per audit of June 2017 will be offered training. A record of training will added to the data base and the foster carer's file on completion. A report will issue to Chairperson of FCC and to the



Alternative Care Manager regarding uptake in October 2017 and January 2018, respectively. This will be the responsibility of PSW & of the FRU Management team.

7. The FCC Chairperson has been sent a list of all current/open complaints/allegations made against foster carers and any updates regarding the assessment of same by the Fostering & CPW teams on these cases. The FCC chairperson and the Fostering Monitoring officer will be notified, with immediate effect, of all new allegations against foster carers. In addition, the FRU complaints and allegations log on foster carers is submitted to the chairperson of the Foster Care Committee on a monthly basis. A progress report on the status of current investigations will be presented to the Foster Care Committee on a quarterly basis by the Fostering PSW. The quarterly audit and reviews highlighted in *Action #1* above will include the notification requirements, including the notification to the FCC Chairperson.

**Monitoring of Implementation:**

The Cork Area is establishing “The Cork Area Alternative Care Governance Group” (ACGG). The primary function of the ACGG is to oversee the Cork Area delivery of quality assured alternative care services. The group will be chaired by the Alternative Care Services Manger and will have representation from the Children in Care Teams, Foster Care Team, Family Support, Liberty Street Services, Aftercare Service and Implementation officer. Representation from other key stakeholders, such as, Chair of the FCC, IFCA, Epic and Care Leavers will be sought as needed. The Terms of Reference (TORs) of the ACGC will be (a) to guide and support high quality alternative care services and (b) tracking actions from HIQA inspections and reviews and (c) dissemination of learning. We will refer to it throughout this Action Plan. Q3 2017 and ongoing. All actions will be monitored and reviewed on a quarterly basis by the Fostering Management Team and the ACGG.

<b>Proposed timescale:</b>	<b>Person responsible:</b>
Q3 & Q4 2017	1. FRU management team (FMT)
Q3 & Q4 2017	2. FMT & AMT & ACGG
Q3 & Q4 2017	3. FMT & FCC
Q3 & Q4 2017	4. FMT, ACGG
Q3 & Q4 2017	5. FMT, ACGG
Q3 & Q4 2017	6. FMT, ACGG
Q1 2017	7. PSW
The Cork Area Alternative Care Governance Group” (ACGG) to be established and first meeting by end of Q3 2017	Alternative Care Manager

## Standard 14a

### Substantially compliant

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

1. Not all assessments of general foster carers were carried out in a timely manner.
2. The process of ensuring Garda Síochána (police) vetting for all adults in the foster carer home was not sufficiently robust.
3. There were not always contracts in place between the fostering service and the foster carers.

#### **Action required:**

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

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

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

#### **Actions:**

1. The Fostering Management Team is conducting a review of the foster care services, including, team structure and operational procedures in terms of its key functions of Assessments, Linkwork, Recruitment, Training and Placements and Administrative support requirements. This process will include a systemic review of its current practice around the management of general foster care assessments in order to identify potential barriers to their timely completion and ensure that remedial action is implemented. The review will be completed by Q4 2017.

To assist in meeting this target two extra social workers have been assigned to both link with, and assess, un-assessed relative carers. Outstanding un-accessed relative carer's will have been assessed by March of 2018. Oversight of the placement during the first four weeks will be provided by the placing Child Protection Social Worker and the Team Leader of the Fostering Resource Unit. This time-frame will also allow the Area to decide if the placement with a relative carer is a temporary measure or if it is to become a more medium to long-term placement.

Two additional Social Work post have been approved for Quarter 4 2017.

2. It is current FRU and Tusla policy in respect of Garda Vetting as per *the National Vetting Bureau (Children and Vulnerable Persons) Act 2012*. An audit of all adults and children over 16 years living in the fostering households will be conducted in Quarter 3 2017 and any adult not currently Garda vetted will be processed in Q4 2017. A database on Vetting has been established. Compliance in this area will be reviewed as per (*Action 2 – Standard 10*).

3. Contracts: In practice the contracts between foster carers and Tusla are maintained on children in care files. These contracts will be copied to foster carer files and completed by end of Q3 – 2017. Going forward a copy will be requested contemporaneously at the time of placement by Fostering Link social workers, and will be placed in the foster carer's file.

**Monitoring of Implementation:**

All actions will be monitored and reviewed on a quarterly basis by the Fostering Management Team and ACGG in line with Tusla's Quality Improvement Framework Policy 2017 (QIF)

<p><b>Proposed timescale:</b></p> <ol style="list-style-type: none"> <li>1. By end of Q4 – 2017</li> <li>2. Audit by end of Q3 – Action on Garda Vetting by Q4 2017</li> <li>3. Q3 – Q4 2017</li> </ol>	<p><b>Person responsible:</b></p> <ol style="list-style-type: none"> <li>1. FMT</li> <li>2. FMT &amp; ACGG</li> <li>3. FMT &amp; ACGG</li> </ol>
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## Standard 14b

### Major non-compliance

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

1. The arrangements and oversight in place to ensure pre placement checks carried out prior to placement of a child with relatives in an emergency were not sufficiently robust.
2. There were long delays in the commencement and completion of relative assessments.
3. There was insufficient oversight by the fostering unit of placements with relatives who were not approved by the Foster Care Committee.
4. The due diligence process for foster carers transferring into the area was not adequate.

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:**

#### **Actions:**

1. Pre-placement checks: With effect from 29<sup>th</sup> Jan 2016 in line with *the National Vetting Bureau (Children and Vulnerable Persons) Act 2012*. no child is placed with any potential carer including relative carers until the person has been fully Garda Vetted - This policy has been operational in the Cork Area since 29<sup>th</sup> of April 2016.

From the beginning of March 2017, each un-assessed relative carer was allocated a link worker to ensure that Garda Vetting, Contracts, Health & Safety Checks, Appropriate match with children already in placement, any risks assessed and safety measures were in place and recorded. From Q3 2017, the Placing Social Worker along with the Duty Placement Officer in FRU will ensure that all pre-placement checks are in place. Documentation of these actions to be reviewed by FRU management team as part of standing monthly agenda item from October 2017.

2. All unassessed relative carers have been allocated a fostering link social worker. (Note: *Action 3, Standard 10 and Action 1, Standard 14a*). The FRU management team will monitor and review on a monthly basis commencement and completion of assessments as part of their supervision of staff. The target is that all outstanding un-assessed relative carers will be completed by quarter 1 of 2018, as a dedicated,

experienced social worker has been assigned to specifically concentrate on doing these assessments. It takes between 8/9 weeks, all going well, to complete an assessment. Appropriate safeguarding arrangements including a safeguarding plan will be put in place in respect of any identified risk with the relevant Child Protection & Welfare (CPW) team and the review and implementation will form part of the quarterly audits.

3. Relative carers who have not been approved by the Foster Care Committee but continue to have a child in care reside with them; has had a fostering link social worker assigned to them with from May 1<sup>st</sup> 2017. Six-monthly update reports will issue to the FCC from Q4 2017.
4. The Cork area will operate to best practice in case transfer from the area. The implementation of the due diligence process for foster carers transferring into the Area will be raised by the Regional Fostering Group South in Q 3 2017 to address any issues pertaining to the interaction between Areas and any problems that may be contributing to delaying the due diligence process.

**Monitoring of Implementation:**

Area Management Team & Regional Monitoring & Quality Assurance Officer and ACGG. All actions will be monitored and reviewed on a monthly basis by the Fostering Management Team.

<p><b>Proposed timescale:</b></p> <ol style="list-style-type: none"> <li>1. Ongoing</li> <li>2. Q3 – Q4 2017</li> <li>3. Q3 – Q4 2017</li> <li>4. Q3 – Q4 2017</li> </ol>	<p><b>Person responsible:</b></p> <ol style="list-style-type: none"> <li>1. AMT</li> <li>2. FMT</li> <li>3. FMT, FCC</li> <li>4. Regional Fostering Group South</li> </ol>
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## Standard 15

### Major non-compliance

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

- Not all approved foster carers had an allocated link worker which resulted in a lack of sufficiently frequent home visits and support and supervision.
- There were a significant number of foster carers that required deregistering but they remained on the approved panel of foster carers.
- The quality of support to foster carers and the frequency of home visits was not always sufficient.
- Formal supervision of foster carers was not carried out in line with the national policy.
- There was a lack of case supervision for the link worker for the purpose of oversight of the frequency of home visits and quality of support provided to foster carers.
- There were no audits of files taking place and the quality of some record keeping and case notes was poor.
- 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:**

### **Actions:**

1. All unallocated general foster carers have a fostering link social worker as of the 15<sup>th</sup> of May 2017. All un-assessed relative carers have been allocated a fostering link social worker. Home visit appointments have been made and/or scheduled. Case notes are in place. Staffing to meet this standard has now been put in place:
  - Two new permanent social work posts approved in 2016 are now filled.
  - Two further permanent social work posts have been approved and sanctioned for filling in 2017 in the interim two agency staff, one has started as of the 22<sup>nd</sup> of May 2017, and the other temporary agency will be in post by end of Quarter 2.
  - Currently we have backfilled a permanent post with a temporary Tusla appointment of

a full time Basic Grade Social Worker, and this person is in post since the 15<sup>th</sup> of May 2017.

2. All documentation on foster carers awaiting deregistration was submitted to the Foster Care Committee at their meeting on the 12<sup>th</sup> June last, and were signed off on by the Acting chairperson. That decision has been contained in the recorded minutes of the Foster Care Committee and the Foster Carers database has been updated accordingly. There were 41 such deregistrations approved and a signed letter to each former foster care home will issue after the next meeting of the Fostering Care Committee, to be held on the 10<sup>th</sup> July, with the relevant families received their letters by the 13<sup>th</sup>/14<sup>th</sup> July at the latest.
3. The FRU management team composed of Principal social worker, team leaders will carry out scheduled selected random audits on a monthly basis, and thematic audits on a quarterly basis, to ensure full compliance with relevant National Policies and Standards including Tusla staff supervision policy in line with QIF. In addition to support provided through training, support groups, phone support and home visits as required, the fostering link social worker will carry-out, annually, one scheduled home visit, one unscheduled home visit, and one scheduled or unscheduled visit with the CPW social worker. However, with new foster carers or foster carers who are struggling with a particularly difficult placement, those families will be identified and greater contact and support will be provided to them to assist them in the challenges that they face. Such families will be reviewed by the ACGG quarterly. All staff in the FRU will be met with by the incoming PSW to review their current work in the department. Supervision of all staff will be in accordance with the Tusla Supervision Policy and all records will be maintained to this standard, which will include monitoring of support and home visits to foster carers. Schedule of monthly audits to be in place by September 2017. Thematic quarterly audits to be scheduled from Q3 2017.
4. Formal supervision of foster carers (As per *Action 3, Standard 15* above) an audit of foster carers supervision will be conducted and completed in the last quarter of 2017. Any actions or recommendations arising out of this audit will be subject to quarterly reviews and updates going forward.
5. Case supervision (As per *Action 3, Standard 15*) a review of Team Leaders case supervision will be conducted and completed in December 2017. While this is a stand-alone exercise, it is also to help monitor any actions that arose out of audit of foster carer's supervision. An additional social work post, taken on to assess relative carers, will be kept in post to the end of 2017. The Business Plan to be submitted for 2018 will contain an action to have a third Team Leader assigned to the FRU, subject to resources made available. A Senior Practitioner will also be in place by quarter 4, and this will give an extra managerial support to follow through on aspects of this action plan, and sustain same.
6. File Audits (As per: *Action 3, Standard 15*) SWTL and PSW of the FRU will review 60 foster carers files – i.e. c. 10 foster carers files per month September 2017 – March 2018. Record of audits will be maintained on foster carer's file and also populate a file

audit data base. Clear actions to be recommended and any themes or patterns emerging to be raised to the ACGG for further discussion and progress.

7. The current Out of Hours service has as its sole function to support emergency action by Garda Síochána under Section 12. The expansion of the current out of hours remit, including support for foster carers, is being progressed at a National Level by Tusla.

**Monitoring of Implementation:**

Area Management Team & Regional Monitoring & Quality Assurance Officer; ACGG and All actions will be monitored and reviewed on a quarterly basis by the Fostering Management Team.

<b>Proposed timescale:</b>	<b>Person responsible:</b>
1. Q3 – 2017	1. FMT
2. Q3 – Q4 2017	2. FMT & FCC
3. Q3 – Q4 2017	3. FMT
4. Q3 – Q4 2017	4. FMT
5. Q3 – Q4 2017	5. FMT
6. Q3 – Q4 2017	6. FMT
7. 2018	7. National Office, Tusla



## Standard 16

### Substantially compliant

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

1. There was no overall training strategy for foster carers.
2. A comprehensive training needs analysis had not been carried out.
3. There were no overall training records for foster carers and the training records of individual foster carers were not well maintained.

#### **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:**

#### **Actions:**

1. Current training programme: The Fostering Resource Unit commenced a Trauma Informed care training programme for foster carers in 2015. As part of a joint research partnership between Tusla and UCC, the Fostering Resource Unit is the lead in designing, developing and evaluating an Irish trauma informed programme. This will be rolled out to all foster carers commencing in September 2017.

Currently the Fostering Resource Unit runs five compulsory three-day core training programme 'Preparing to Foster' for all fostering applicants each year. A 'Post – Approval' training is run twice yearly for foster carers approved within the previous two year period. In addition, since 2013 the FRU has developed a rotating three year training strategy for all foster carers. The training programme on key identified topics has been developed based on training feedback sheets; input from social workers; foster carer reviews; fostering assessment reports and is run throughout the year. In addition, the FRU runs ten fostering support groups on a monthly basis throughout the year. The support groups are facilitated by social workers and a core element of this group-work is peer learning.

2. The FRU has initiated a training audit and training needs analysis among foster carers, fostering link social workers and CPW social workers which will inform the next three year training strategy for foster carers.
3. The FRU training log for all foster carers is complete and up-to-date for 2016. (Note: *Action 6, Standard 10*)

**Monitoring of Implementation:**

Area Management Team & Regional Monitoring & Quality Assurance Officer; ACGG. All actions will be monitored and reviewed on a quarterly basis by the Fostering Management Team.

**Proposed timescale:**

1. Q3 – Q4 2017
2. Q3 – Q4 2017
3. Q3 – Q4 2017

**Person responsible:**

1. FMT
2. FMT
3. FMT

## Standard 17

### Major non-compliance

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

1. Comprehensive reviews of foster carers were not carried out in line with the Standards and the majority of foster carers had not had a foster carer review for more than three years.
2. Standard reviews of foster carers were not always sufficiently comprehensive.
3. Standard reviews were completed without Garda Síochána (police) vetting, medicals and health and safety checks always being updated.
4. There was no system in place for following through on recommendations from reviews in a timely manner and not all recommendations had clear timeframes for their completion.

### 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:**

### Actions:

1. A foster carer review Audit & Planning Form is currently being completed by all fostering social workers with respect to each foster carer and will be completed by Q3 2017. This information will inform the scheduling and progressing of Standard Foster Carer Reviews for the next three years and onwards. A dedicated foster carer review coordinator (A/SWTL post) will be in place from Quarter 3, 2017 to ensure that the team address both back-logs in reviews and maintain capacity going forward. The coordinator will have responsibility for chairing and management of the review process. A third SW team leader has been identified as a service priority for 2018, subject to resource allocation. Quarterly updates on these reviews will issue to the Chairperson of the FCC and to the Area Manager from Q4 2017. Any issues or difficulties encountered will be referenced in these reports along with suggested remedial actions.
2. The FRU management will ensure that full documentation of foster carer reviews together with summary reports outlining assessment of foster carers' continuing capacity to meet the competencies for foster care will be submitted to the FCC and update information on Health & Safety checks (accommodation), Medical reports and

Garda vetting compliance. The Review Coordinator to be appointed Q3 will have a specific role in this area of work.

3. Response as per 2 above
4. With immediate effect, all recommendations in respect of Foster Carers made by the Foster Care Committee will be actively followed through by the fostering link social worker and a progress report will be sent to the FCC by quarter 4, and annually thereafter. This report will also be shared with the Review Coordinator. Compliance will also be monitored in staff supervision and monthly and quarterly audits by the fostering management team and quarterly by the ACGG.

**Monitoring of Implementation:**

All actions will be monitored and reviewed on a quarterly basis by the Fostering Management Team & ACGG.

<b>Proposed timescale:</b>	<b>Person responsible:</b>
1. Q3 – Q4 2017	1. FMT & FCC
2. Q3 – Q4 2017	2. FMT & FCC
3. Q3 – Q4 2017	3. FMT & FCC
4. Q3 – Q4 2017	4. FMT & FCC

## Theme 4: Leadership, Governance and Management

### Standard 23

#### Moderate non-compliance

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

1. There was no induction programme or training programme in place for members of the foster care committee.
2. Following placement breakdowns disruption reports were not sought in line with national guidance.
3. The committee did not seek matching reports in order to approve placements over six months.
4. The committee's oversight of foster carer reviews did not identify whether Garda Síochána (police) vetting, medicals and health and safety checks had been updated.
5. There was no system in place for tracking the progress of allegations against foster carers.
6. Notifications of allegations, serious or adverse incidents, or breaches of the national Standards, were not always made to the foster care committee in a formal way and in a timely manner.
7. There were no regular reports from the foster care committee to the principal social worker.
8. No annual report had been produced by the foster care committee

#### **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:**

#### **Actions:**

1. A briefing session on the Revised FCC Policy, Procedures and Best Practice Guidance document was held in 21<sup>st</sup> June 2017 for Foster Care Committee members and Fostering Social Teams. All new members of the FCC will receive an Induction pack, and will be invited to attend the FCC as an observer in advance of becoming members of the FCC. An Induction Pack is to be compiled and be ready for being handed out,

by October 2017. The content and process of induction for new FCC members to be decided between the Chair of FCC, PSW of FRU and the Alternative Care Manager, with final sign-off by the Area Manager. A discussion with Chairperson of FCC as to appropriate training and support to be offered to FCC will be kept under annual review. An action plan and training schedule for FCC members to be in place for 2018.

2. Placement disruption reports will be submitted by the fostering link social worker to the FCC with immediate effect. A copy of this will be sent to the child protection social worker. These disruption reports will be reviewed as part of the thematic audits carried out by the FRU Management team. The implementation will be monitored through monthly audits and supervision.
3. With immediate effect, the FCC chairperson will request Matching reports from fostering & CPW social workers in order to approve placements over six months.
4. The FRU management will ensure that full documentation of foster carer reviews together with summary reports outlining assessment of foster carers' continuing capacity to meet the competencies for foster care will be submitted to the FCC and update information on Health & Safety checks (accommodation), Medical reports and Garda vetting compliance.
5. The FRU management team will, introduce a tracker log of all allegations against foster carers. This will be provided to the FCC Chairperson on a monthly basis as to the status and progress of allegations against foster carers. Tracker to be approved by ACGG by September 2017 with immediate use in FRU.
6. The FCC Chairperson has been sent a full list of all current/open complaints/allegations made against foster carers and any updates regarding the assessment by the Fostering & CPW teams on these cases. The FCC chairperson and the Fostering Monitoring officer will be notified immediately of all new allegations against foster carers. In addition, the FRU complaints and allegations log on foster carers is submitted to the chairperson of the Foster Care Committee on a monthly basis. A progress report on the status of current investigations will be presented to the Foster Care Committee on a quarterly basis by the Fostering PSW. The quarterly audit and reviews highlighted previously will include the notification requirements, including the notification to the FCC Chairperson
7. The FCC chairperson will provide quarterly reports to the FMT on the compliance of fostering social workers with National Standards for Foster Care and FCC guidance policy.
8. The chairperson of the FCC will complete annual report for 2015 and 2016 by Q3 2017. The FCC chairperson will have quarterly governance meetings with the Area Manager commencing Quarter 3 2017.

**Monitoring of Implementation:**

Fostering Management Team, Area Management Team, Regional Monitoring & Quality Assurance Officer and ACGG

**Proposed timescale:**

1. Q3 – Q4 2017
2. Q3 – Q4 2017
3. Q3 – Q4 2017
4. Q3 – Q4 2017
5. Q3 – Q4 2017
6. Q3 – Q4 2017
7. Q3 – Q4 2017
8. Q3 – Q4 2017

**Person responsible:**

1. Tusla National Directorate
2. FCC, FMT & ACGG
3. FCC, FMT & CPW Team
4. FCC, FMT
5. FMT & FCC
6. FMT & FCC
7. FMT & FCC
8. FCC

## Theme 5: Use of Resources

### Standard 21

#### Major non-compliance

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

1. There had been no recent recruitment campaign and there was no overall strategy in place for the recruitment of foster carers.
2. There was no overall retention strategy in place for the retention of foster carers.
3. There was an insufficient number and range of foster carers in place to meet the demands of the service.
4. There was no evidence that the panel of foster carers was reviewed periodically to ensure that there was an appropriate number and range of foster carers to meet the needs of children.

#### **Action required:**

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

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

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

#### **Actions:**

1. Tusla is currently in process of developing a National Alternative Care Strategy. The cork area has representation on a Regional Fostering Strategy Group. This group has given consideration to what best recruitment strategy needs to be in place. It is expected that recommendations on this subject will issue in Q4 2017. This part of the consideration of this group is focused on undertaking a needs assessment and developing a targeted recruitment campaign reflecting a growing need for foster carers, reflecting ethnic diversity and caring with children with a disability and challenging adolescents.
2. Retention of foster carers is a difficult task within the public sector. Consideration has been given to a range of supports to foster carers particularly Out of Hours. This has resource implications but the Regional Foster Group is due to bring forward recommendations in the regard in Q4 2017. It should be noted that a recognised trend in the recruitment and retention of foster carers can be reflective of changes in economic circumstances, e.g. in recessionary times there is an increase in applications. When the economic tide goes the other way, there is less applications and more difficult to retain foster carers in this environment.



3. See no. 2 above regular review of Panel of Foster Carers, changes in status and type
4. The Foster Care Management Team, the A.C.G.G. and Fostering Approvals Committee will have reviewed the foster care panel in full by Q2 2018.

**Monitoring of Implementation:**

All actions will be monitored and reviewed on a quarterly basis by the Fostering Management Team, ACGG

<b>Proposed timescale:</b>	<b>Person responsible:</b>
<ol style="list-style-type: none"> <li>1. Q3 – Q 4 2017</li> <li>2. Q3 – Q4 2017</li> <li>3. Q3 – Q4 2017</li> <li>4. Q3 – Q4 2017</li> </ol>	<ol style="list-style-type: none"> <li>1. FMT</li> <li>2. National Office, Tusla</li> <li>3. FMT &amp; National office</li> <li>4. FMT &amp; National office</li> </ol>