

## 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>	Mid-West	
<b>Dates of inspection:</b>	13 March – 16 March 2017	
<b>Number of fieldwork days:</b>	3	
<b>Lead inspector:</b>	Caroline Browne	
<b>Support inspector(s):</b>	Sharon Austin Patricia Sheehan Susan Geary	Rachel McCarthy Sabine Buschmann Erin Byrne Una Coloe
<b>Type of inspection:</b>	<input checked="" type="checkbox"/> <b>Announced</b> <input type="checkbox"/> <b>Unannounced</b> <input type="checkbox"/> <b>Full</b> <input checked="" type="checkbox"/> <b>Themed</b>	
<b>Monitoring Event No:</b>	<b>0019021</b>	

## About monitoring of statutory foster care services

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

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

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

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

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

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

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

<b>Theme 1: Child-centred Services</b>	<input 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. Inspectors observed practices and reviewed documentation such as case files, foster care assessment files, and relevant documentation relating to the areas covered by the theme.

During this inspection, the inspectors evaluated the:

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

The key activities of this inspection involved:

- the analysis of data
- interview with the Area Manager, a Principal Social Worker, seven social workers and three team leaders
- interview with the Chairperson of the foster care committee
- observation of the foster care committee meeting
- focus group with 13 foster carers
- review of the relevant sections of 100 foster carers files as they relate to the theme
- observing meetings, such as, a foster care review and scheduled foster care training.

## **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 Mid West is the third largest of the 17 service areas in the Child and Family Agency. It is situated in the west of the country. It is an amalgamation of three previous Local Health Office (LHO) areas which comprises of the counties of Clare, Limerick, North Tipperary and the city of Limerick.

Data from the 2011<sup>1</sup> census, collated by the Health Service Executive Intelligence Unit, indicated that the area had a population of 378,410 people, of whom 98,846 or (22.5%) were under the age of 18. Half of the regional population live in Limerick city and county. Of the total child population, Limerick city and county accounted for 13% of the population, Clare had 8% and North Tipperary had 5%.

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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 most recent Pobal Scale indicated that just over 199,000 people in the service area were classified as having experienced high, medium or low levels of deprivation. This in comparison to the national scales, placed the area 2<sup>nd</sup> of the 17 service areas in relation to the population living in an area who are classified as deprived.

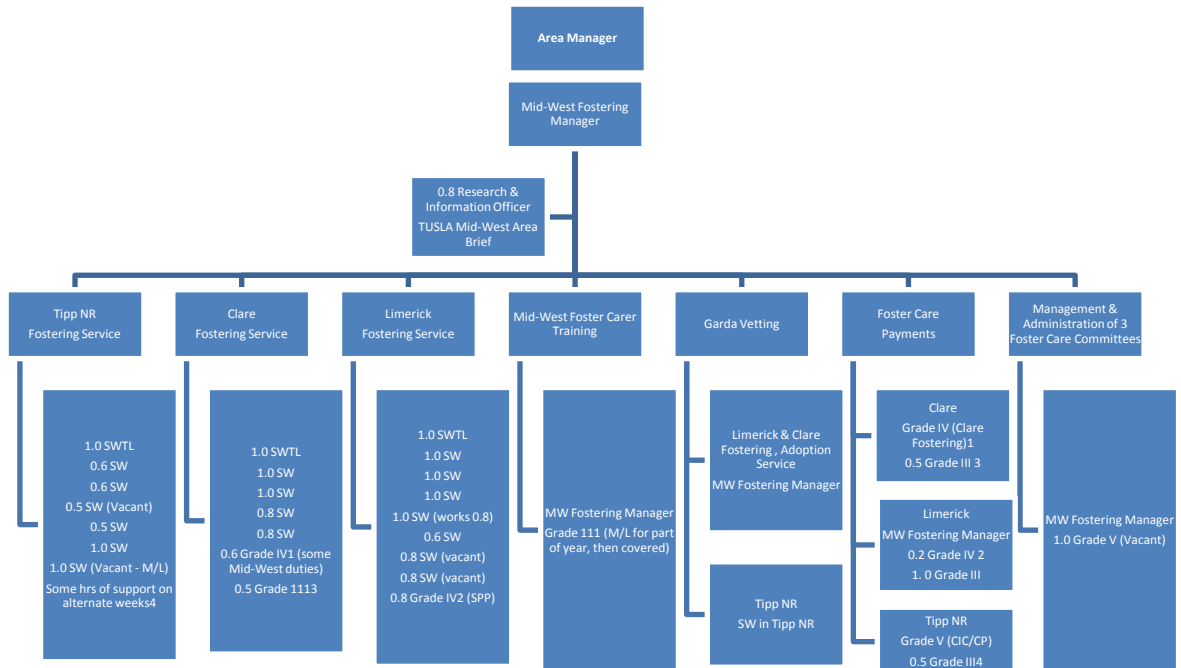
The area was under the direction of the Service Director for the Child and Family Agency West Region and was managed by the Area Manager. The Mid West foster care service was made up of three social work teams who were directly line-managed by team leaders who reported to the Principal Social Worker for foster care. The three social work teams had offices in Ennis, Kilrush, Shannon, Nenagh and Limerick. Foster care social workers carried out assessments and carried out the role of link social workers working with foster carers. The area also used private fostering agencies to conduct fostering assessments due to the number of prospective foster carers on a waiting list for assessments.

The Principal Social Worker had overall responsibility for the administration of the three foster care committees in the area. Key administrative functions, which included the tracking and monitoring of all applications and associated decisions, were undertaken by the regional secretary.

Data provided by the area showed that, in the 12 months prior to inspection, there were 427 foster care households in the area. These foster care households comprised of 287 general foster carers and 140 relative foster carers.

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

**Figure 1: Organisational structure of Statutory Foster Care Services, in Mid-West 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:

- Three standards were substantially compliant
- Five standards were non-compliant, of which two were identified as moderate non-compliances and three major non-compliances.

Allegations were not managed in line with Children First (2011). While allegations were investigated, there were gaps in how the social work team managed them in that not all allegations were comprehensively assessed and some were not assessed in a timely manner. There was a system for formally notifying the foster care committee of an allegation of abuse, but not all allegations were reported to the committee and those which were notified, were not notified in a timely way. While there was a system in order for the foster care committee to track the progress of an investigation, this system was not in operation at the time of the inspection. Therefore there was a lack of oversight of how these allegations were managed to ensure they were not unduly delayed.

There was a system in place but this was not in operation to ensure that all foster care household members had been An Garda Síochána (police) vetted, which posed as a risk to children placed in foster care. Inspectors escalated this matter to the Area Manager. In response, the Area Manager confirmed that there were 30 foster carers who did not have evidence of Garda vetting on files and 116 members of the household aged 16 and over who did not have Garda vetting. The Area Manager provided assurances that Garda Vetting was being processed as a matter of priority.

Foster carers were trained in Children First: National Guidance on the Protection and Welfare of Children (Children First) (2011).

Assessments of prospective foster carers were comprehensive and reports were of good quality. However, due to shortages in staffing, assessments were not carried out within required timelines in line with regulations and Standards. In addition,



there were long delays in the completion of assessments of relative foster carers. There were a number of relative foster carers awaiting an assessment. Due to the backlog of relative foster carers awaiting assessments, the area had sourced private agencies to complete these assessments. There were 17 relative foster carers waiting assessment and 11 relative foster carers undergoing assessments at the time of the inspection. Relative carers who had not yet been assessed were allocated a link worker in the interim, which was an example of good practice in the area.

Supervision and support was not provided to foster carers in line with Standards. 30 general foster carers and six relative foster carers did not have an allocated social worker. There were seven foster care households without a link worker who also had children placed without an allocated social worker, which posed a significant risk. The frequency of home visits to these foster carers was insufficient. Inspectors requested and received written assurances that these foster carers who were dual unallocated have now received appropriate safeguarding visits.

Where foster carers were allocated a social worker, there was not a sufficient level of home visits to ensure supervision and support to foster carers. Records of discussions between foster carers and social workers following home visits were of mixed quality. There were limited support groups available to foster carers in the previous 12 months to the inspection. There was no out-of-hours service available to meet the needs of foster carers.

Foster carers received foundational training before their approval as foster carers and some foster carers undertook relevant training following their approval. There were a number of training events held throughout the 12 months prior to the inspection. However, these training events had limited spaces and not all foster carers attended this training. Relative carers did not always attend training following their approval. The area maintained a central register of training attended by foster carers. However, there was limited evidence of training attended maintained on foster carers' files.

The majority of reviews were not carried out in line with standards. Furthermore, there were 32% of foster carers who had not had a review in over three years. In some cases, foster carers had not been reviewed in a considerable number of years. As a result, foster carers' continuing capacity to care for children placed in their care was not being assessed. For example, Garda vetting had not been updated, training needs and health and safety assessments had not been updated. Inspectors sought and received assurances from the Area Manager regarding a plan to address the backlog of outstanding reviews.

Reviews which had been completed had not been carried out in line with Standards and regulations. Inspectors found that the quality of reviews was poor and were not comprehensive. For example, An Garda Síochána (police) vetting, health and safety

checks and medicals were not included and updated for all reviews. In addition, the majority of reviews did not contain evidence that the views of the child were sought and feedback from key professionals, such as child in care social workers, was brief.

The foster care committee was guided by but was not fully compliant with the Standards and National Policy, Procedure and Best Practice Guidance. There was a range of members on the committee who were experienced and knowledgeable in child care. There were three committees in the area, which were all chaired by one chairperson to ensure standardised procedures and practices were implemented. There was evidence of the committee making efficient and clear decisions. However, there was no formal training programme in place for members of the committee. There was no annual review in the year prior to the inspection due to staffing shortages and there were no quarterly reports submitted to the service in order to ensure learning and effective oversight of the service. Furthermore, there was no system in place in order to track the progress of investigation of allegations in order to ensure these outcomes were not unduly delayed.

Some members of the foster care committee had no updated An Garda Síochána (police) vetting and there was no effective system in place to ensure that updated Garda vetting was sought when required.

There was a lack of effective recruitment and retention strategies. As a result, there were insufficient foster carers in the area to meet the needs of the service and more foster carers were leaving the service than were being recruited. The foster care panel was reviewed periodically.

## 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-Moderate</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>Substantially compliant</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.

### **Summary of inspection findings under Standard 10**

Data provided by the area showed that there were 35 child protection concerns or allegations made against foster carers in the 12 months prior to the inspection. Inspectors reviewed 22 of these and found that they were correctly classified, however, they were not always managed in line with Children First (2011).

There was no national policy document in order to guide the area in responding to allegations of child abuse and neglect against foster carers. In order to address this gap, the Principal Social Worker developed a local Policy, Procedure and Best Practice Guidance document in order to ensure clarity among the staff team in responding to allegations of abuse against foster carers.

Not all allegations were managed in line with Children First (2011) or the local Policy, Procedure and Best Practice Guidance for responding to Child Protection and Welfare concerns in relation to children in foster care. While allegations or child protection concerns regarding foster carers were investigated and dealt with, there was inconsistent practice in the area leading in some cases to delays in completing initial assessments, convening strategy meetings, and inconsistent practice in completing initial assessments and notifying An Garda Síochána. In addition, the records regarding the management of allegations did not always reflect the action taken, and in some instances inspectors had to seek further information from social workers and team leaders in order to be assured in relation to the management of concerns or allegations.

Allegations of abuse were not managed and investigated in a timely way. Inspectors found that children and foster carers were met with in order to assess the concern or allegation. However, in three cases reviewed, there were delays before a child was met with following the allegations. In line with Children First (2011) allegations of physical or sexual abuse or wilful neglect should be notified to An Garda Síochána. In two allegations of physical abuse reviewed, inspectors found that these had not been notified to An Garda Síochána at the time of referral. One of these was escalated to the social work team leader. In the other case, a strategy meeting was due to be held to make decisions regarding the case. Inspectors reviewed two allegations in which the initial assessments of the allegation were significantly delayed. In one of these files there was no risk assessment completed to ensure the children's safety while the initial assessment was ongoing. In another case, inspectors found that there were long delays in responding to concerns of emotional abuse which had been reported to Tusla by An Garda Síochána. Inspectors escalated a further two cases whereby assurances were required regarding the timely management and follow up of allegations. For one case the team leader confirmed that an initial assessment would be completed and a strategy meeting had been requested to collectively consider all information available. In the other case, Tusla provided assurances that a review of this case had been undertaken and measures were put in place to ensure this child's welfare was considered as a matter of priority.

When allegations relating to child welfare concerns were made, strategy meetings were to be held within three days in order to support good communication among professionals and to determine how the concerns were going to be managed. However, inspectors found that there were delays in holding strategy meetings.

There were gaps in the records of investigations of allegations of abuse. In four files reviewed, it was not recorded that children were spoken to at the time of the allegation. For two of these cases, inspectors received assurances from the social work team that the children had been spoken to as part of the investigation. In two other files, while it was not recorded that the child was spoken to, inspectors were satisfied that appropriate actions had been taken in order to be assured that these children were safeguarded. In the majority of the allegations reviewed, while initial assessments were completed they were not always available on the foster carer's files. Furthermore, for five of the files reviewed, while the allegations made against foster carers were investigated, initial assessment reports had not been completed.

Complaints were correctly classified and responded to. However, records of complaints were not always complete. Data provided by the area showed that there were eight complaints made by foster carers and there were two complaints made against foster carers in the 12 months prior to the inspection. Inspectors reviewed the complaints register and found that all complaints were correctly classified and

responded to. However, the complaints register did not always indicate the timeline between the complaint being received and its conclusion. Complaints were appropriately responded to in the first instance by the link social worker. A number of complaints were open and were being followed up at the time of the inspection.

There were insufficient safeguarding arrangements in place for unallocated foster carers. Data provided by the area identified that there were 30 general foster care households and six relative foster care households without a link worker. Five of these did not have children placed with them. Furthermore, there were seven foster families where both the foster carers and the child did not have an allocated social worker. However, on review of eight unallocated foster carers' files whereby there were children placed, inspectors found that there were limited safeguarding visits. For example, in four cases there were no visits by a fostering link worker in over one year. In addition, on review of cases which were dual unallocated, inspectors found that there were no safeguarding visits to these families by a qualified social worker in line with Standards. Inspectors requested and received assurances from the Area Manager that safeguarding visits would be completed for these carers as a matter of priority.

There was no robust system in place to ensure all foster carers and adult members of the foster care household had An Garda Síochána (police) vetting. Data provided to HIQA indicated that all foster carers had been Garda vetted. On review of files, inspectors found that there were a number of foster carers who did not have evidence of Garda vetting on file. Similarly, a large number of adult members of the foster care households did not have appropriate Garda vetting in line with National Standards. Inspectors requested that the area review their files in order to ascertain the number of foster carers and adults living in foster carers homes who did not have evidence of Garda vetting. The Area Manager subsequently confirmed that there were 30 foster carers who did not have evidence of Garda vetting on file and 116 adult members of the foster care households who did not have any Garda vetting. Assurances were provided that Garda vetting was being sought for foster carers and adults living in foster carers homes as a matter of priority.

Foster carers were trained in line with Children First (2011) and safe care practices. General foster carers were required to attend foundational training courses as part of the assessment process, and this training included areas such as safe care and understanding and managing behaviours that challenge.

Foundational training was also provided to relative foster carers once they were assessed. However, in some cases there were long delays in the assessments of relative foster carers. As a result, there was a considerable period when these carers had children placed with them but had not received initial safe care training.

Foster carers were provided with information which included safe care practices such as procedures to follow if a child is missing in care, reporting a serious concern and contacting the duty social work department.

Foster carers also attended training in Children First (2011) following approval, however, there was limited capacity on this course to meet the demand in the area, as there was only 40 available spaces at this training event in 2016. Inspectors found that this training event was well attended. The Principal Social Worker and social workers told inspectors that all foster carers were encouraged to attend Children First training.

There was a national protected disclosure policy. The Area Manager advised that staff were aware of the whistle blowing policy and there was signage displayed in the offices. There was also a meeting held with the staff team where the procedures for making protected disclosures were discussed.

There was a standardised system in place to report serious incidents. All serious incidents were notified to the Area Manager and the National Office. The data provided by the area indicated that there had been two serious incidents in the 12 months prior to the inspection. Inspectors found that reviews of serious events were comprehensive and identified key learning.

There was a formal system for notifying the foster care committees of allegations against foster carers or of serious or adverse incidents. However, inspectors found that not all allegations or serious incidents were notified to the committee, and those which were notified, were not all notified within the timeline required by the national policy. Inspectors also found that there was no system for tracking the progress of any such investigation that took place following notifications. This meant that the foster care committees did not have oversight of the progress of investigations and could not ensure that the relevant manager was held to account when investigations were unduly delayed.

**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.

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

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

There were 22 general foster care assessments completed in the 12 months prior to the inspection. Inspectors reviewed seven of these assessments that had been carried out by link social workers in the area. Inspectors found that general foster care assessments were of good quality. These assessments were in line with the National Assessment Framework for Foster Care and provided a comprehensive analysis of information in order to ascertain their suitability to foster children. However, some assessments were not carried out in a timely manner. Inspectors found that three assessments were completed in seven months. In one assessment reviewed, it was not recorded when the assessment began, however it took 18 months from the time of application to the completion of the assessment report. Team leaders told inspectors that staff shortages had caused delays in completing assessments. Foster carers also told inspectors that the assessment process was too long.

There were eight relative foster care assessments completed by link social workers in the 12 months prior to the inspection. Inspectors reviewed the eight relative foster care assessments and found that these assessments were also of good quality. However, four assessments completed by the local fostering team were not timely and as a result initial emergency checks were outdated. For example, one assessment began in March 2014, was put on hold due to lack of resources, resumed in February 2015 and the date of the final report was December 2016.



Therefore the initial checks which included Garda vetting, references and medical reports completed in March 2014 were outdated by the time the assessment was complete.

Not all checks were completed in line with regulations following emergency placement with relatives. There were 20 relative foster carers who had not been assessed but had children placed with them. The Principal Social Worker advised that when emergency placements were made, the duty and intake team carry out the initial checks of the foster carers. Following this, the fostering link workers continue with a full assessment of the foster carers. However, inspectors found that it was unclear who was responsible for completing these emergency checks. In some areas the link worker advised that they completed the pre-placement checks. However, in other areas the children in care team completed these checks.

The Principal Social Worker advised that they have developed a new screening tool for preliminary enquiries of relatives which would help link workers identify the foster carer's ability to meet the criteria at an early stage. Team leaders advised that all of the team have been trained to use the screening tool. Inspectors reviewed eight files where emergency placements were made with relatives. Five of these emergency placements had been made prior to the new screening tool being developed and inspectors found that the preliminary screenings completed were not comprehensive. In the five cases reviewed there was no An Garda Síochána (police) vetting at the time the child was placed. For example, in one case, the child was placed for one year before Garda vetting was sought for the relative foster carers. This posed a risk to children placed with them as an emergency placement. Two of the five preliminary enquiries which were completed using the new screening tool were comprehensive and considered the suitability of relatives to care for the child, the home environment, parenting capacity and health, child protection checks and references. One did not require completion, as the relatives did not proceed with the application. However, inspectors reviewed two preliminary enquiry tools which did not include Garda vetting in line with regulations.

The area also sourced private fostering agencies to complete assessments in order to manage the backlog of assessments of prospective foster carers. There were 10 relative foster carers who were assessed by private agencies in the last 12 months. Assessments carried out by private agencies were generally carried out in a 5-6 month period and were of good quality.

Data provided by the area showed that 11 relative foster carers were undergoing assessments and 17 relative foster carers were on a waiting list for assessment at the time of the inspection. Team leaders advised that relative foster carers who had not been assessed were allocated link workers to ensure safeguarding of children, which was an example of good practice in the area.

The process for recommending the approval of foster carers was clear and was in line with the national policy, procedures and guidance. Prospective foster carers were given the opportunity of reading their assessment report and could comment on these. Assessment reports and all associated documents were submitted to the foster care committee. The foster care committee made a decision on whether to recommend approval or not.

All foster care applicants were given the opportunity to attend the foster care committee meeting at which their assessment report was being considered. Foster carers also told inspectors that they had attended these meetings. Inspectors observed a foster care committee meeting where applicants attended. Following a decision to recommend their inclusion on the panel of foster carers, they were notified in writing of this. However, inspectors found that some files did not contain evidence that foster carers were notified in writing of their approval status.

Data provided to the authority indicated that there were no foster carers that transferred into the service in the last 12 months.

Not all files contained a contract between the fostering service and the foster carer once a child was placed. On review of files, inspectors found that there were inconsistencies in relation to foster care contracts being placed on files.

**Judgment:**

**Standard 14a: Substantially Compliant**

**Standard 14b: Non- Compliant - Moderate**

## **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.

Not all foster carers had an allocated link worker. Data provided by the area showed that the majority of foster carers were allocated a link worker. However of the 427 foster care households, there were 30 general foster care households and six relative foster care households without an allocated link worker. Further to this, there were seven foster care households that did not have a link worker and the child placed did not have an allocated child in care social worker.

The Area Manager identified that there was a national priority system for allocation of foster carers, but in practice this allocation continually changed due to changing priorities of the case. The Area Manager told inspectors that when there was reduced staffing it made prioritisation for allocation of cases more difficult. In 2016, the Principal Social Worker had made a staffing proposal and highlighted that it had not been possible to provide a link service to all foster carers due to lack of staffing resources.

There was a lack of adequate safeguarding measures for unallocated and dual unallocated cases which posed a risk to the children placed in their care. Inspectors also found that there was no robust system in place whereby the Area Manager could be assured these cases were appropriately managed. Unallocated cases were managed by team leaders in each area. The Principal Social Worker reviewed unallocated cases monthly with the social work team leaders in order to assess their priority level. Social workers also advised that some of the unallocated cases were inactive and needed to be formally removed from the panel of foster carers.

Inspectors reviewed a number of unallocated cases which were active foster carers who had children placed in their care. On review of files, inspectors found that there were no records of visits from a social worker for long periods of time, for example, in a number of cases, foster carers had not been visited by a link social worker in over one year. In one case, the recommendations from a review had not been implemented and there was no effective oversight of this case. There were limited records of case management since the foster carers had been unallocated. In two cases where it had been identified that a child in the placement had high support needs, foster carers had no allocated link worker and there was a lack of adequate supports in place to support this placement.

Inspectors reviewed a sample of dual unallocated cases and found that there were no safeguarding visits to these families in the 12 months prior to the inspection. While there were some visits to dual unallocated cases by other professionals there were no visits by a social worker in line with regulations. The Area Manager told inspectors that he was assured unallocated cases were managed by team leaders. However, inspectors found that there was no case management on unallocated files, one dual unallocated case reviewed had no An Garda Síochána (police) vetting for adult members of the household. In another case, there were high risks in the placement; however, there was no oversight or monitoring of a safety plan developed in order to ensure the child's safety. Inspectors escalated this case to the social work team leader. Following the inspection, HIQA requested and received written assurances that these foster carers who were unallocated have now received appropriate safeguarding visits.

Foster carers did not receive regular support visits and formal supervision. The majority of foster carers had not received formal supervision as set out in the national policy. Inspectors reviewed 14 foster care files and found that despite being allocated a link worker, there were infrequent support visits and limited supervision. There were two foster care households who although allocated to a link social worker these foster carers had not received home visits from their allocated link social worker in over one year. Two of these cases were escalated to the relevant team leaders at the time of the inspection.

Two other foster carers had only received one home visit in the 12 months prior to the inspection. While some foster carers were satisfied with the level of support provided by their allocated link worker this was not evident on files. In the majority of files, case notes were not detailed and they did not specify issues discussed during visits therefore it was unclear whether issues were addressed and actions were to be taken following these visits. A number of link workers told inspectors that their case loads were too busy to ensure home visits were completed in line with regulations.

The three fostering teams in the area comprised of 17 social workers in total and each team had a fostering team leader. On review of files there was very little evidence of case management or oversight by the team leaders in order to support link workers in their roles and maintain oversight of their work with foster carers.

Foster carers received limited supports and services when caring for children with complex needs. The Area Manager told inspectors that there were limited placements for children who require specialist supports. The Principal Social Worker advised that there were two specialist schemes in the mid west area, one of which was a project for children with complex needs and another project was the family intensive scheme which provided respite for families caring for children with special

needs. The Principal Social Worker identified a need for a fostering service for children who were traumatised as they needed ongoing psychological input.

The lack of sufficient supports available to foster carers was highlighted in the 2016 business plan for the mid west area. The foster care committee also provided feedback to inspectors which outlined that there was a need for therapeutic foster care placements for children with complex needs.

Children and foster carers had access to some services in the community. These included child and adolescent mental health service, psychology, and respite care was available to children and carers. The Area Manager also told inspectors that there was a need for a service for children with sexually problematic behaviour. A memorandum of understanding was being developed between the area and a specialist service. However, at the time of inspection allegations of child sexual abuse were managed between the social work department and An Garda Síochána specialist interviewers.

There was no formal programme of regular support groups for foster carers provided by the area. One support group was utilised under the coordination of a local fostering support group, however, this was not facilitated on a regular basis. The Area Manager advised that some support groups were facilitated by the Principal Social Worker. In some cases, groups of foster carers were facilitated through psychology to provide peer support for foster carers with challenging placements. Foster carers told inspectors that there was a need for a support group in the area particularly to support foster carers with children with behaviours that challenged.

There was no dedicated out-of-hours social work service to support foster carers outside of office hours. There was a National Tusla emergency out-of-hours service in place but foster carers would have to phone An Garda Síochána to access the Tusla out of hours social work service. This meant that when a situation arose in a foster carer's household it may be dealt with by a social worker who was not familiar with the fostering service or family involved. Inspectors spoke with a number of foster carers who raised the issue that there was inadequate out-of-hours support. Link workers also told inspectors that formal support was not available out of hours.

**Judgment: Non-Compliant – Major**

## **Standard 16: Training**

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

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

In parallel with the assessment process, all prospective general foster carers were required to undertake a structured foundation programme of training.

Training was provided to relative foster carers, however some foster carers had not received foundational training in a timely manner. For example, in five relative foster care files, training had not been provided in over one year. In these cases, children were placed with relatives on an emergency basis, however these carers had not received the relevant training in a timely way.

Following approval of foster carers, there was an annual rolling programme of training available to foster carers which included Children First, mental health difficulties for young people, therapeutic crisis intervention, parenting plus, farm safety and understanding challenging behaviours. The majority of this training was run at no cost as the area did not have a dedicated training budget. The Principal Social Worker submitted a training proposal in July 2016 for further training.

Training records for foster carers were centrally maintained. There was an overall central register which contained the names of all the foster carers who had attended training in the previous 12 months. This register was updated by an administrative officer once she received certificates of attendance by foster carers.

Not all foster carers participated in the ongoing training following their approval. Foster carers were encouraged to attend training, but not all foster carers attended. Following their approval as foster carers, it was more difficult to ensure that all foster carers participated in regular training and equipped themselves to meet the needs of children in their care. The Area Manager advised that foster carers were encouraged to attend training, however, they cannot insist that foster carers attend training. On review of the register it was evident that some foster carers attended training. However, there was limited attendance by relative foster carers. Foster carers told inspectors that they were offered training and attended when they could.

While training was recorded on a central register there was limited evidence of how this was used to ensure that there was a link between this register and link workers monitoring of attendance by foster carers at training. Social workers advised that

they would discuss training during home visits with foster carers. However, records of home visits did not reflect these discussions.

The last training needs analysis was completed in December 2014. This training needs analysis was updated in 2015 following feedback from foster carers, the Foster Care Committee, analysis of disruption reports and feedback from local support groups. Following this a training plan for 2016 was developed. There was no designated training budget and individual funding requests had been made for a number of courses identified on the training plan. The Principal Social Worker escalated the lack of a training budget in recent months to the workforce development unit. In particular, she highlighted that training was required for over 450 foster care households without a training budget.

Foster care reviews provided the service with an opportunity to formally review the training records of foster carers, undertake an analysis of their current training, and make recommendations in relation to what training they should undertake. Social workers and the Area Manager told inspectors that reviews of foster carers provided an opportunity to monitor attendance at training. However, the fact that many foster carers had not had a review meant that there was a lack of monitoring of foster carers attendance at training. Inspectors found in cases where reviews were held, there was no details recorded of training attended and in many cases further training had not been recommended for foster carers. When there was a recommendation following a review for further training, this was not implemented or followed up in a systematic way by the link social workers.

**Judgment: Substantially Compliant**

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

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

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

There was no effective system in place to ensure that comprehensive reviews of foster carers were carried out in line with the Standards. In line with the standards, the first review should take place one year after the first placement and subsequent reviews are held at three yearly intervals. Data provided by the area showed that, of the 427 foster care households in the area, 140 had not had a review for more than three years.

The Area Manager acknowledged the deficits in reviews of foster carers and identified this was due to the staffing shortage in the area. The fact that there was a backlog of reviews meant that An Garda Síochána (police) vetting, health and safety checks, consideration of the foster carers performance, appraisal of their training and support needs were not being considered in order to review their continuing capacity to provide safe care for children. Inspectors found that there were no other systems in place to ensure that these issues were identified and addressed. The lack of up-to-date reviews posed a risk to children placed with these foster carers.

Link workers interviewed also acknowledged that there were a number of reviews outstanding. The Principal Social worker had made a request for a senior social work practitioner to be recruited to address this backlog. The Principal Social Worker advised that information in relation to outstanding reviews was held on a database, however, tracking of reviews was not consistently maintained in all areas as the database was largely reliant on the input from the Principal Social Worker.

Data provided by the area in advance of the inspection indicated that 96 foster carers had a review in the previous 12 months and three additional reviews were carried out following an allegation or complaint. However, during the course of the inspection fieldwork, inspectors selected a sample of these files to review, and found from the sample selected three of those identified as having had a review, had no evidence of the review on file. It was subsequently confirmed by staff that the reviews had not been held, therefore the data received from the area in advance of the inspection was not reliable.



Reviews completed were not comprehensive and were not in line with National Standards. Inspectors sampled a number of reviews which had been completed in the 12 months prior to the inspection. In line with Standards, three yearly reviews should include updates of An Garda Síochána (police) vetting. Inspectors found that Garda vetting was out of date for a number of foster carers who had been reviewed. The Principal Social Worker identified that updated Garda vetting would be requested when foster carers were reviewed. However, inspectors found that a number of reviews had been undertaken but had not ensured that Garda vetting was updated. Social workers advised that Garda vetting was sought during and after the review but that there was no system for management of this. In addition to this, there were 140 foster care households who had not had a review in over three years. As a result, it was not always evident that the required Garda vetting was followed up by the allocated social worker.

The majority of reviews did not contain evidence that the views of the child were sought. Feedback provided by the child in care social worker in order to inform the review was brief. Reviews did not include training requirements nor did it consider training which foster carers had attended. In one case, a review was carried out without a home visit to assess the foster family's current living circumstances. Recommendations made were brief and there was no evidence that these recommendations were followed up by the social work department.

Team leaders chaired the review meetings which were attended by the foster carers and link workers. Inspectors attended one foster care review which was attended by the link social worker, social work team leader and the foster carers. Inspectors found that this was a good-quality review meeting. However, throughout the inspection, inspectors found that while review reports were signed by the team leader and foster carers, it was not always recorded who attended the review or where the review took place. While foster carers signed review reports, there was no evidence that the foster carer was provided with a copy of this report.

The foster care committee was not notified of all standard reviews of foster carers in line with Standards. Both the Area Manager and the Principal Social Worker acknowledged that standard reviews were not being sent to the foster care committee for oversight.

Additional reviews were not always carried out following complaints, serious incidents or allegations. Inspectors found that reviews were not always carried out when there was an allegation made against the foster carers. While there were 35 child protection and welfare concerns or allegations made against foster carers in the past 12 months, there were only three foster care reviews held following notification of allegations to the foster care committee.

The Principal Social Worker acknowledged that the quality of reviews was mixed and that more detailed reviews were prepared when it was following an allegation and being sent to the foster care committee for oversight. Inspectors reviewed three reviews following allegations and found that the quality of these reviews was also poor and some reviews recorded brief detail in relation to the allegation made against the foster carers. In one case recommendations made were not implemented. In another case the recommendations were not clear. These reviews did not include a report from the child in care social worker or the views of the child. There was evidence that the foster care committee requested reviews of foster carers in certain circumstances such as following an allegation, however, these review reports were not always provided to the committee upon completion.

Following the inspection, HIQA requested and received assurances from the Area Manager in relation to the measures they intended to put in place in order to address the backlog of foster care reviews in a timely way.

**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.

The Foster Care Committee (FCC) was guided by the Standards and National Policy, Procedure and Best Practice Guidance on Foster Care Committees. The Chairperson told inspectors that there was new guidance being developed at the time of the inspection.

There were three separate foster care committees operating in the different regions in the mid west area. The Chairperson was given the role of chairing all three committees in line with the new guidance being developed. The committee members included people with appropriate experience and qualifications in the area of child protection, child welfare and foster care. In particular, the committee comprised of the Chairperson, a secretary, a Principal Social Worker, two foster carers, a public health nurse, a senior medical officer, a member of a voluntary agency, a fostering social worker, and a child in care social worker. The secretary had been on leave for an extended period of time therefore there was an acting secretary in place to enable the committee to operate.

During the 12 months prior to the inspection there had been six foster care committee meetings in the Limerick area, three meetings in the Clare area and four meetings held in the North Tipperary area. While meetings were scheduled to take place every month, inspectors found that these meetings were cancelled a number of times throughout the year due to a quorum not being reached. A quorum of six members was required for meetings to proceed and this requirement was adhered to by the foster care committee. Inspectors also found that committee members declared any conflict of interest in line with policy guidance. The remit of the

committee was wide ranging. Minutes of the committee meetings showed that they considered disruption reports, notifications of serious concerns and outcome reports, notification of placements over numbers, matching long-term approvals and consideration of assessment reports of foster carers. The chairperson advised that they convened emergency meetings, if required, in order to cater for the needs of the foster care service.

The Chairperson was employed by Tusla on a full-time basis and also acted as chair of the child protection conferences in the area. Inspectors interviewed the Chairperson and found that she had considerable experience as a social worker and as a chair to the child protection conferences. She was clear about her role and responsibilities and those of the foster care committee.

Inspectors observed a foster care committee meeting and found that it was chaired well. On review of committee meeting minutes, inspectors found that there were comprehensive records maintained, clear decisions were recorded, and there were good records of foster care committee decisions and outcomes. Committee members were well prepared for meetings and issues such as children's needs and any risks in placements were thoroughly discussed. The Chairperson told inspectors that reports were circulated in advance to members in order for them to have time to understand and analyse the content. Inspectors found this to be the case when observing the foster care committee meeting. All members of the committee contributed to the proceedings. Committee members highlighted gaps in information and reverted to the relevant social work team and requested that this further information be provided. The views provided by external professionals were thoroughly discussed. Inspectors observed a meeting and found that professionals and foster carers who attended were treated respectfully.

The Chairperson told inspectors that there was no formal induction in place. However, members were provided with relevant policies and procedures and she liaised with other foster care committees in the region. There had been one training event in 2016 and the members of all three committees attended this training, which related to the committees analysis of disruption reports in the area.

Members of the committee were An Garda Síochána (police) vetted in relation to their specific roles as members of the committees, in line with policy. However, inspectors found that Garda vetting was out-of-date for a number of foster care committee members. For example, the vetting for the Chairperson and secretary to the committee was not up-to-date. The Chairperson told inspectors that An Garda Síochána (police) vetting was being processed. However, there was no system in place in order to ensure Garda vetting was updated as required.

The National Policy, Procedures and Best Practice Guidance requires the foster care committee to produce an annual report of its activities in order to inform future

planning of the foster care services. The Chairperson told inspectors that no annual report was provided for 2016 due to lack of staffing resources. Inspectors also found that there was no formal mechanism for the committee to comment on the foster care service by way of reports every three months to the Principal Social Worker, as required by National Policy and Guidance. While the Chairperson acknowledged this gap, she also advised that the Principal Social Worker attends the committee meetings and they discuss any issues as they arise.

On review of foster care files, inspectors found that the foster care committee was timely in recommending whether carers should be approved or not. Their recommendations were based on the assessment reports of potential foster carers presented to them by the foster care service and or private agencies. Records showed they requested further information when required.

Data provided by the area showed that there were 10 foster care assessments completed by private agencies which were presented for approval by the foster care committee in 2016. There were appropriate arrangements in place at the time of the inspection for such approval to take place. Private agencies were required to undertake an assessment and complete a series of checks on prospective foster carers. Inspectors reviewed a number of private foster care assessments and found that they were comprehensive, and included all relevant checks.

The Area Manager formally delegated the function of placing foster carers on the area's foster care panel, to the chair of the foster care committee. The Area Manager provided evidence to inspectors of the scheme of delegation, and while this was not the practice in other Tulsa areas, he assured inspectors that this arrangement was acceptable from a Tulsa perspective.

The majority of notifications of allegations and serious incidents reviewed were not made to the foster care committee in line with policy. On review of files, inspectors found that some serious incidents or allegations were not always notified to the committee. In addition, when notifications were made to the committee this was not always done in a timely way. When allegations were made in a formal way to the committee, there was no system in operation for tracking notifications and subsequent investigations or reviews. Inspectors found that while some notifications were sent to the committee, outcome reports following investigations were not provided to the committee. Inspectors also found that when reviews were recommended following an allegation, these reviews once completed were not always notified to the committee. The Chairperson acknowledged that there had been a gap in tracking the progress of these outcome reports due to a lack of staffing resources.

There was no system in operation to ensure that the foster care committee was made aware in a timely manner of other matters as required by the policy, for

example, disruption reports, or breaches in regulations such as when children were placed with foster carers outside their approval status. In line with National Standards, the foster care committee is to be notified of the outcome of standard reviews held at social work department level which recommended the continuing approval status of the foster carer. Where this recommendation was accepted by the foster care committee, the carer should receive a written endorsement by the committee. Inspectors found that the outcomes of standard reviews were not provided to the committee in line with National Standards. The Chairperson told inspectors that this was an issue which would need to be improved in the area.

A panel of foster carers was maintained by the area. However, not all information had been consistently updated on this panel. Inspectors reviewed the panel of foster carers which was maintained by the fostering teams on a database that held detailed information on the foster carers. This database was available to the entire social work team in the area. However, this database was developed in January 2016 and the entry of all information was being completed on a phased basis.

**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.

Data provided by the area identified that there was one recruitment campaign held in the 12 months prior to the inspection. During this campaign there were four information sessions held for prospective carers in the area. Data provided indicated that there were 58 foster care applications received during this campaign. An evaluation of the recruitment campaign was conducted in November 2016. The Principal Social Worker and the Area Manager advised that this campaign was not as successful as expected due to the time of the year that it was held.

In the 12 months prior to the inspection, 37 foster carers had left the panel voluntarily. The Principal Social Worker advised that the majority of foster carers left the panel due to retirement or the aging out of children already placed with them.

There were 21 foster carers approved in the 12 months prior to the inspection. There were two foster carers who were on a waiting list for assessment and two assessments were completed and waiting to be presented to the foster care committee. Therefore there was a net loss of 16 foster carers to the area. The Principal Social Worker outlined that the staff team were concerned about the lack of staff to promote and recruit new foster carers.

The social work teams recorded initial enquiries which were tracked from application stage to assessment stage. However, this information was only being tracked on this central system recently and was not fully implemented at the time of inspection. Inspectors found that different social work offices in the area were using different systems to track the progress of enquiries. The administration officer advised this register was not always populated due to the lack of resources in each area.

A recruitment strategy was developed in autumn 2016 with a plan to roll out a recruitment campaign in 2017. The strategy outlined that it aimed to recruit foster carers for the mid west but with particular focus on the Limerick and Clare areas where social workers would have capacity to follow up on initial enquiries and commence training and assessment in 2017.

There was a support plan in place for the retention of foster carers. This support plan identified 22 actions to be implemented in order to provide ongoing support to foster carers. The Area Manager told inspectors that supports identified will begin to be implemented in 2017.

However, inspectors reviewed files where foster carers had left the service in the 12 months previous to the inspection. These files indicated that exit interviews were not undertaken and closing notes on files were not comprehensive. The Principal Social Worker advised that they did not conduct exit interviews with foster carers due to the lack of resources to complete this task. Therefore, the service was not in a position to put in place mechanisms to learn from foster carers that had left the service.

There was insufficient number and range of foster carers in place to meet the demands of the service. Evidence of this came from a number of sources. Data provided by the area showed that there were 43 foster care households who were providing placements outside of their approval status, for example, foster carers providing care to children on a long-term basis but were only approved for short term. There were 13 foster care households where the number of unrelated children placed exceeded the standards.

Social workers and the Principal Social Worker told inspectors that there were not enough placements to ensure the children and foster carers were matched appropriately. The Principal Social Worker also told inspectors that there was a shortage of placements for teenagers. There was also a gap in specialist foster care to provide care to children who have complex needs. The Principal Social Worker advised that it was a priority for the area to recruit more foster carers so as to not over burden current carers.

There foster care panel was reviewed on a quarterly and annual basis by the Fostering Manager. This review outlined the profile of existing foster carers and the profile of children requiring a placement.

**Judgment: Substantially compliant**



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

<b><i>National Standards for Foster Care (April 2003)</i></b>
<b>Theme 1: Child-centred Services</b>
<p><b>Standard 1: Positive sense of identity</b> 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> 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> 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> Children and young people are provided with foster care services that take account of their age, stage of development, individual assessed needs, illness or disability, gender, family background, culture and ethnicity (including membership of the Traveller community), religion and sexual identity.</p>
<p><b><i>Child Care (Placement of Children in Foster Care) Regulations, 1995</i></b> <i>Part III Article 8 Religion</i></p>
<p><b>Standard 25: Representations and complaints</b> 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*

**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.

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

### **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.

### **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<sup>1</sup>.

### ***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.

### **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***

<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)***

*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 -0019021
<b>Name of Service Area:</b>	Mid- West
<b>Date of inspection:</b>	13 March – 16 March
<b>Date of response:</b>	31 July 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.** Not all allegations of abuse, neglect or suspected abuse or neglect in relation to children in foster care were dealt with in line with Children First (2011).
- 2.** There were insufficient safeguarding arrangements in place for unallocated foster carers.
- 3.** There was no robust system in place to ensure all foster carers and adult members of the foster care household had An Garda Síochána (police) vetting.
- 4.** Garda Síochána (police) vetting was not updated for all foster carers or members of the household who were over 16 within the required timeframe, and there was no effective system in place to ensure that vetting was updated within the required timeframes.
- 5.** Training in Children First (2011) and safeguarding practices was not always provided in a timely way.
- 6.** Not all allegations and serious incidents were notified to the FCC in line with policy.
- 7.** Not all records of complaints were complete.

Action required:

Under Standard 10 you are required to ensure that:

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

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

- 1.** There is a recent policy in place locally to address the allegations against Foster Carers. Training will be provided for all staff on this policy. National Business Processes are being followed as part of this policy. This policy is also in line with the recently launched National Policy. The Principal Social Worker will review all allegations and timelines there in recorded on the database. An audit of allegations against foster carers will be carried out by the National Quality assurance team by q 4 2017 with a report to the Area Manager.

**2.** Where cases are unallocated to a link worker we will make all foster carers aware of the duty system and provide a visit by the duty social worker on a three monthly schedule. The unallocated cases will be reviewed by the PSW and TL through monthly supervision. An additional social worker is required in one county of Mid-West to enable the allocation of carers in this county and this is in the process of approval.

**3.** We will ensure to place a copy of the relevant Garda Vetting on file for all household members. There is a system in place with a dataset which records the ages of children who are members of the foster care household. This is robust in one part of the MW and we are putting a new dedicated administrative resource into another area in the MW to ensure this is robust. We will continue to require in date Garda Vetting on all relevant household members as part of the fostering assessment which is presented for approval to Foster Care Committee.

**4.** We have a system in place to alert administrative staff and link workers that a renewal of Garda Vetting is required. An additional administrative staff member as above is being recruited in one county of Mid-West and another county will require a replacement worker to ensure this work is completed on a rolling basis. Review of this database will be undertaken monthly to ensure compliance. Garda Vetting forms will be brought by Link Worker to the household and completed on next safeguarding visit.

**5.** Safe care practices will continue to be covered in the Foundations for Fostering training that all applicants participate in prior to assessment completion. We will continue to offer Children First training on a rolling basis to all carers. Carers not having attended will be supported to attend and Link workers will ensure that individual work is carried out with the carers who have not attended. The Area Manager will discuss with Workforce Learning and Development possibility of a suitable training events being offered to carers in evenings and weekends to facilitate better participation by carers.

**6.** All allegations and serious incidents will be notified to the FCC in line with revised 'Foster Care Committee – Policy, Procedures and Best Practice Guidance February 2017'. Oversight of this will be held by the Principal Social Worker for Fostering who will review the notifications 3 monthly.

**7.** Recording of timelines will be done on all complaints.

<p><b>Proposed timescale:</b></p> <p><b>1. Timescale Q3 2017.</b></p> <p><b>2. Timescale Q4 2017.</b></p>	<p><b>Person responsible:</b></p> <p><b>, PSWs in Fostering and Duty Intake, Area Manager</b></p> <p><b>Area Manager,</b></p>
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<p><b>3. Timescale Q2 2017.</b></p>	<p><b>PSW &amp; SWTL</b></p> <p><b>SWTL &amp; Link Social Workers; Foster Care Committee Chairperson &amp; Secretary &amp; Link Social Workers. Area Manager, PSW.</b></p>
<p><b>4. Timescale Q4 2017.</b></p>	<p><b>, PSW; SWTL; Fostering Link Workers.</b></p>
<p><b>5. Timescale Q3 2017.</b></p>	<p><b>PSW &amp; Area Manager</b></p>
<p><b>6. Timescale Q3 2017.</b></p>	<p><b>Assessing Social Worker &amp; PSW Fostering</b></p>
<p><b>7. Timescale Q3 2017.</b></p>	<p><b>Administrative staff and Complaints Officer</b></p>

## Standard 14a

### Substantially Compliant

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

1. The assessments of general foster carers were not carried out in a timely manner.
2. Not all foster care files contained a contract in respect of the child placed with them.

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<sup>3</sup> prior to any child or young person being placed with them.

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

1. Some assessments will be necessarily delayed due to issues that emerge during the course of the assessment process. Where assessments are delayed the Principal Social Worker and Social Work Team Leader will review delay and agree a plan for completion of assessment. This will be recorded on the file.
2. The Area Manager will ensure copy of the signed contract will be issued to child's file and foster carers file.

#### Proposed timescale:

1. Timescale Q 3 2017
2. Timescale Q 3 2017

#### Person responsible:

**PSW and TL**

**Area Manager or delegate.**

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<sup>3</sup> Formally known as Health Boards at time of writing Standards, now known as The Child and Family Agency.

## Standard 14b

### Moderate non-compliance

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

1. The assessments of relative foster carers were not carried out in a timely manner.
2. Not all preliminary checks were completed in line with regulations following emergency placements with relatives.
3. Not all relative foster care files contained a contract in respect of the child placed with them.

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

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

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

1. We will seek assistance from private providers to complete assessments with relative carers with contracts to commence in quarter four 2017. In addition we will apply internal link worker time and employ two additional workers to complete assessments for a period of six months.
2. Emergency placements will be carried out with a joint visit by the Link Worker and the Child's Social Worker. Emergency checks will be completed by the Child's Social Worker. This will be sent to the Fostering Team to complete full Garda Vetting and assessment by the Link Worker. Social Work Team Leader for fostering will have oversight and will record on file that the emergency checks have been done and subsequently follow up on the full Garda vetting.
3. Area Manager will arrange to ensure copy of his signed contract will be issued to child's file and relative foster carers file.

#### Proposed timescale:

1. Q 2 2018.

2. Q 3 2017

3. Timescale Q3 2017

#### Person responsible:

PSW

Placing Social Workers & Fostering Link Workers

Area Manager

## Standard 15

### Major non-compliance

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

1. Not all foster carers had an allocated link worker.
2. Link workers did not meet with foster carers regularly in line with National Standards. There was no system in place in the area to ensure oversight of home visits of foster carers.
3. Records of home visits with foster carers were not detailed in line with National Standards.
4. The majority of foster carers had not received formal supervision in line with the national policy.
5. There was no robust system in place whereby the service could be assured that unallocated and dual unallocated cases were appropriately managed.
6. There were limited supports and services available to foster carers caring for children with complex needs.
7. There was no programme of support groups for foster carers provided by the area.
8. There was no dedicated out-of-hours service to support foster carers outside of office hours.

#### Action required:

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

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

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

1. One additional social worker has been approved and will be recruited into the post allowing for the allocation of remaining cases. Vacancies which relate to absence due to sick leave will be proposed for back fill.

2. Oversight of home visits to foster carers and schedule of visits will be monitored in Supervision between SWTL and SW. TL will ensure that records reflect when the visit took place, where it was, who was seen and other significant observations and decisions. Regularity of visits will be reviewed by the Team Leader and visits will take place on a 3 monthly basis. Principal Social Worker proposal regarding staffing levels will be reviewed with Area Manager and Regional Director.
3. Supervision and Support home visits which take place will be recorded on the Supervision and Support Template reflecting key details of where, when, why , who and what was discussed. Other contact outside of this will be recorded as a case note on the foster carers file.
4. The supervision of foster carers will be reviewed in by the Team Leader in Supervision to ensure compliance with the National Standards for Foster care, standard 15, and will be recorded by Link workers on the Supervision and Support Template.
5. Fostering Team Leaders will communicate the list of unallocated foster carers to Children in Care, Child Protection and Duty Intake Social Work Team Leaders once per month. Social Work Team Leaders will determine priority for allocation to ensure that either a link worker or child's social worker are allocated and the appropriate visits will be undertaken.
6. Supports for children with complex needs will continue to be met through a mix of public and private provision. Development of National Strategy for Alternative Care is on-going and will support and inform developments. Plans are underway to create a local psychology and therapeutic service which should go some way in addressing need.
7. 3 support events took place during 2016. In 2017 a further 3 events will take place. PSW will continue to work with a support organisation for foster-carers to re-establish active local branches across the Mid West and re-instate jointly run support groups.
8. Tusla nationally is actively exploring the provision of an out- of- hour's social work support service to foster carers. Planned implementation in q 4 2017, subject to negotiations with trade unions. When issues arise during the day for foster carers in respect of children placed in their care, link social workers and/ or team leaders agree to maintain contact with the carers concerned throughout the evening and until the issue is resolved. This support is currently in place.

<p><b>1. Timescale Q 4 2017</b></p>	<p><b>Person responsible:</b>  <b>Area Manager , PSW.</b></p>
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<b>2. Timescale Q3 2017.</b>	<b>Regional Director, Area Manager, PSW.</b>
<b>3. Timescale Q3 2017.</b>	<b>Link Workers.</b>
<b>4. Timescale Q 2 2017</b>	<b>Link Workers</b>
<b>5. Timescale Q3 2017.</b>	<b>Fostering and Children in Care Team Leaders.</b>
<b>6. Timescale Q1 2018.</b>	<b>National Office, Regional Office.</b>
<b>7. Timescale Q1 2018.</b>	<b>PSW</b>
<b>8. Timescale Q 4 2017</b>	<b>National Office and local teams</b>

## Standard 16

### Substantially compliant

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

1. Relative foster carers had not received foundation training in a timely way.
2. There was no evidence that training records of individual foster carers were monitored by link social workers.
3. There was no training budget in order to ensure that a large number of foster carers received ongoing training a timely manner.

#### Action required:

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

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

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

1. We will ensure training is provided to all relative carers prior to approval and relatives without training will be contacted and facilitated to attend.
2. Training will be discussed with foster carers at reviews. Certificates for attendance at training events will be sent to link workers to be placed on file. Carers who have not attended training will be identified using the data set reviewed by the Principal Social Worker and encouraged to participate in training.
3. Submission for a training proposal to be made and funding will be made available to support same.

1. Timescale Q3 2017

2. Timescale Q 1 2018

3. Timescale Q 4 2017

Fostering Link Workers.

PSW & SWTL's

PSW and Area Manager

## **Standard 17**

### **Major non-compliance**

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

1. 32% foster carers had not had a foster care review for more than three years.
2. There was no effective system in place in order to ensure that foster carer's continuing capacity to foster was reviewed in line with Standards.
3. Not all reviews completed were comprehensive or in line with National Standards, and did not always include the views of the child, or up to date Garda Vetting.
4. There was no evidence that foster carers were given a copy of their review report when it was completed.
5. Foster care committees were not notified of all reviews.
6. Additional reviews were not always held following an incident or allegation of abuse or neglect, or serious complaints.
7. Review recommendations were not always implemented. There was no system in place to track recommendations following reviews to ensure timely implementation.

#### **Action required:**

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

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

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

1. A Senior Social Work Practitioner is to be appointed who will work across the Mid-West area to assist in the completion of out of date reviews. Exploration of other ways of ensuring reviews are completed in a timely manner will be given consideration, eg use of sessional professionally qualified staff.
2. The fostering database is used to track the timelines of foster care reviews. Provision of admin worker in one county as above will ensure accuracy of this system.
3. Responsibility for ensuring the quality of the reviews is held by the the Team Leader. This will be monitored by the PSW. The importance of the child's view will be highlighted



and promoted with the Children in Care Team. Reviews will address issues of supervision, training, health & safety along with recording clearly attendance, visits and locations. The system for updating Garda vetting will be strengthened through additional administrative provision and issues in regard to Garda Vetting will be addressed through review of the database at 3 monthly intervals. An audit of reviews will be carried out in Q 4 2107 to quality assure these improvements also.

- 4.** The template of the Foster Care Review Report will be amended to reflect evidence that this report was given to the Foster Carers.
- 5.** The Foster Care Committees will be notified of all reviews that have taken place and of any significant issues that arise.
- 6.** Additional Reviews will be held in line with the National Standards for Fostercare 2003 and always where there is a founded outcome to an allegation.
- 7.** Recommendations of Reviews will be tracked and monitored through supervision between SWTL and Link Worker.

<b>1. Timescale Q 2 2018</b>	<b>Area Manager, Principal Social Worker</b>
<b>2. Timescale Q4 2017</b>	<b>Principal Social Worker</b>
<b>3. Timescale Q3 2017.</b>	<b>Area Manager, PSW</b>
<b>4. Timescale Q3 2017</b>	<b>PSW</b>
<b>5. Timescale Q4 2017</b>	<b>Fostering Team Leaders</b>
<b>6. Timescale Q3 2017</b>	<b>Fostering Team Leaders</b>
<b>7. Timescale Q3 2017</b>	<b>Fostering Team Leaders</b>

## **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 formal induction in place for members of the foster care committee.
- 2.** Not all members of the committee had up-to-date An Garda Síochána (police) vetting on file, and there was no system in place to ensure that vetting of committee members was kept up-to-date.
- 3.** No annual report had been produced by the committee in 2016 and there were no regular reports from the foster care committee to the principal social worker.
- 4.** Notifications of allegations, serious or adverse incidents, or breaches of the national Standards, were not always made to the foster care committee, and those that were notified were not always notified in a timely way.
- 5.** There was no formal system for tracking allegations against foster carers or of serious or adverse incidents to the foster care committee of in order to provide oversight of the investigations that were carried out.

#### **Action required:**

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

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

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

- 1.** An induction will be given on an individual basis also given the small numbers referred to.
- 2.** The updates of Garda Vetting for Fostering committee members will be centrally held and reviewed by the Chair of the FCC and PSW on a 3 monthly basis to ensure that vetting for all current members is up to date.
- 3.** We are awaiting an appointment of a replacement Foster Care Committee Secretary. As soon as this appointment is made the work will commence on the 2016 Foster Committee Report. The Principal Social Worker attends every committee meeting.

**4.** We will follow the new FCC Policy & Guidance 2017 for notifications within 5 days as appropriate through implementation of the Midwest guidance on dealing with child protection and welfare concerns for children in care.

**5.** To provide oversight the Chair of the FCC will ensure that all notifications are recorded and will set a date for the return of the investigation report. While these may take a considerable time, e.g. due to Garda involvement, on completion these will be forwarded to the FCC. Following presentation at the committee, decisions re approvals or recommendations for further actions will be made by the committee. While care planning remains with the Social Worker for the child any need to vary with the recommendations of the FCC must be returned to inform the FCC of the reasons for same and of any safety plans in place to address concerns. This will then be considered by the FCC. A register of serious concerns and allegations will be kept by the PSW and outcomes will be tracked every 6 months with a report to the Area Manager. This report will also be sent for oversight to the Chair of the FCC.

<b>Proposed timescale:</b>	<b>Person responsible:</b>
<b>1. Timescale Q3 2017</b>	<b>PSW</b>
<b>2. Timescale Q3 2017</b>	<b>PSW</b>
<b>3. Timescale Q3 2017</b>	<b>Chair FCC &amp; PSW</b>
<b>4. Timescale Q4 2017</b>	<b>Assessing Social Workers&amp;PSW</b>
<b>5. Timescale Q 3 2017</b>	<b>Principal Social Worker &amp; Chair of the FCC.</b>

## Theme 5: Use of Resources

### Standard 21

#### Substantially compliant

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

1. Exit interviews had not been conducted in order to learn from foster carers who had left the service.
2. There was an insufficient number and range of foster carers in place to meet the demands of the service.

#### Action required:

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

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

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

1. Exit interviews will be held in order to learn from carers which will inform future planning
2. A recruitment drive will be organised in 2017 to take into account the gaps in fostering service provision.

#### Proposed timescale:

1. Timescale Q4 2017
2. Timescale Q4 2017

#### Person responsible:

PSW & TL'S  
PSW & Team leaders