**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

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

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| **Name of service area:** | Wexford Waterford | |
| **Dates of inspection:** | 29 January 2018 – 1 February 2018 | |
| **Number of fieldwork days:** | 4 | |
| **Lead inspector:** | Jane Mc Carroll | |
| **Support inspector(s):** | Caroline Browne<br>Sabine Buschmann | Susan Geary<br>Tom Flanagan |
| **Type of inspection:** | ☒ **Announced**<br>☐ **Full** | ☐ **Unannounced**<br>☒ **Themed** |
| **Monitoring event number:** | 0020279 | |

# About monitoring of statutory foster care services

The Health Information and Quality Authority (HIQA) 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 continual improvement so that children have better, safer services.

HIQA is authorised by the Minister for Children and Youth Affairs under Section 69 of the Child Care Act, 1991 as amended by Section 26 of the Child Care (Amendment) Act 2011 to inspect foster care services provided by the Child and Family Agency (Tusla) and to report on its findings to the Minister for Children and Youth Affairs. HIQA 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, HIQA carries out inspections to:

- **assess** if the Child and Family Agency (Tusla) — 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 HIQA's findings.

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

As part of the HIQA 2017 and 2018 monitoring programme, HIQA is 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 national standards relating to this theme.

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

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

## 1. Inspection methodology

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

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

The key activities of this inspection involved:

- the analysis of data
- interviews with the area manager and two principal social workers
- interviews with the chairpersons of the two foster care committees and review of minutes of the foster care committee meetings
- separate focus groups with fostering social workers, children in care social workers and with foster carers
- review of the relevant sections of eighty one foster carers' files as they relate to the theme
- observation of a foster care review meeting.

## Acknowledgements

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

# 2. Profile of the foster care 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 (Tusla), 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 (Tusla) has responsibility for a range of services, including:

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

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

Foster care services provided by Tusla are inspected by HIQA in each of the 17 Tusla service areas. Tusla also places children in privately run foster care agencies and has specific responsibility for the quality of care these children in privately provided services receive.

## 2.2 Service Area

The Wexford Waterford service area is one of 17 service areas in the Child and Family Agency. It is situated in the southeast of the country and covers a diverse area spanning across two large counties and parts of Kilkenny.

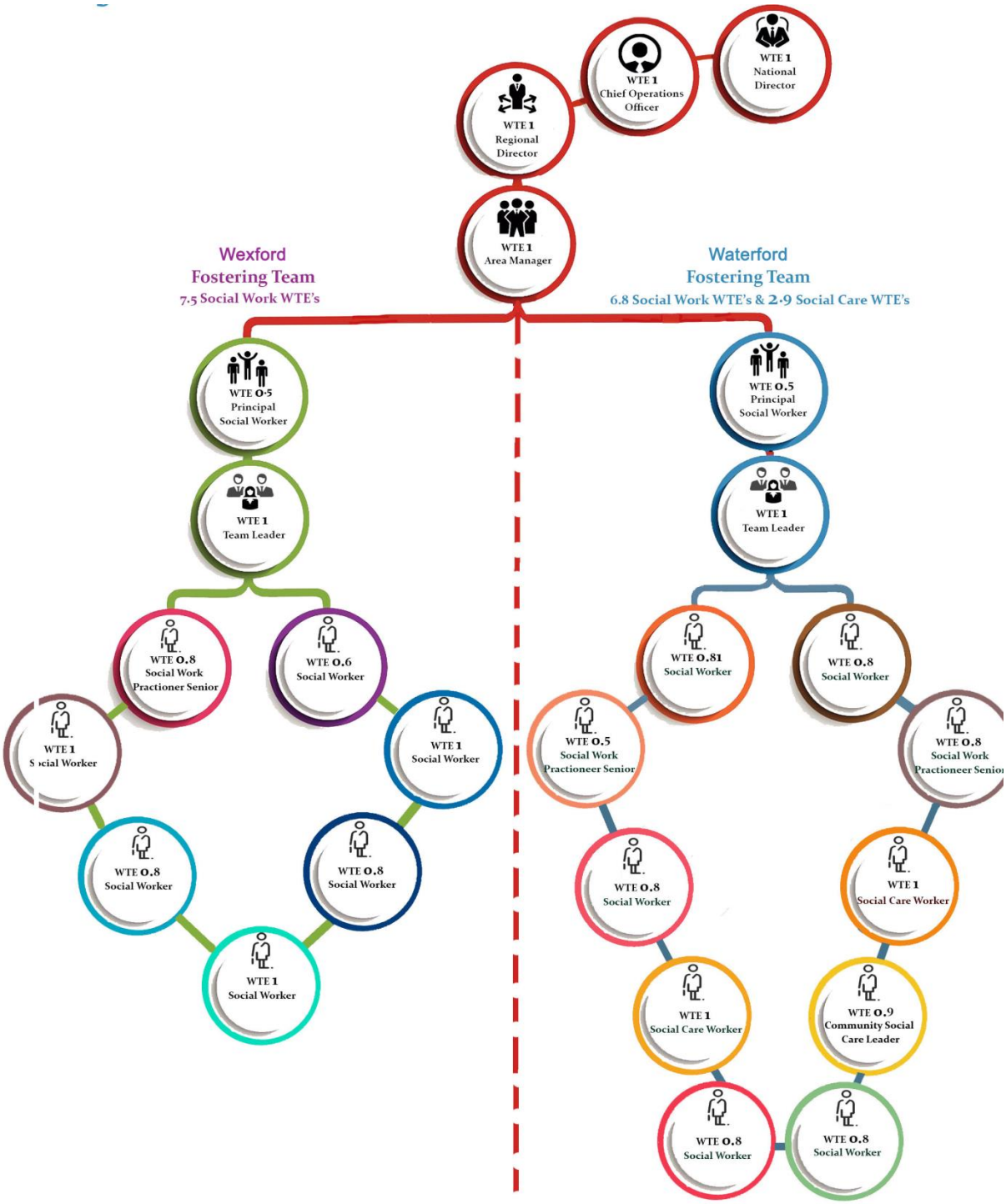
Census figures (2016) show that the overall population of the area was 280,260, which included 79,561 (28%) children and young people between 0-19 years of age. Wexford had a total population of 149,722 and Waterford had a total of 130,538.

Overall, the South East Region is the second most disadvantaged region of Ireland, and Waterford city is the second most disadvantaged local authority area within the region. Wexford is ranked as having the 3rd most disadvantaged local authority in the country. Seven of the 12 unemployment black spots in southeast region are in Waterford City. The area was under the direction of the service director for the Child and Family Agency southeast region and was managed by an area manager. The Wexford Waterford foster care service comprised of two fostering teams which were managed by two social work team leaders, who reported to two principal social workers. The foster care services were located in two offices in Wexford and Waterford respectively. The area had two foster care committees.

At the time of the inspection, the Wexford Waterford service area had 306 foster carer households providing care for children and young people.

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

**Figure 1: Organisational structure of Statutory Foster Care Services, in Wexford Waterford Service Area***




* Source: The Child and Family Agency

## 3. Summary of inspection findings

The Child and Family Agency (Tusla) 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 of this inspection report. The provider is required to address a number of recommendations in an action plan which is attached to this report.

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

- one standard was compliant
- two standards were substantially compliant
- four standards were moderately non-compliant
- one standard was majorly non-compliant

Some safeguarding measures within the foster care service required improvement. The foster care service was taking immediate action to ensure children were safe when allegations were made against foster carers. Safeguarding measures were well informed. There was good practice of interdisciplinary contact and information sharing within the social work service area. At the time of the inspection, all foster carers had an allocated link worker. Garda vetting was carried out on foster carers and any adults living in foster carer households prior to the approval of the foster carers.

However, the system of recording and tracking complaints, allegations and concerns was not robust. Not all allegations and concerns were correctly classified or identified by the foster care service as such. While immediate risk was addressed, actions were not always within the timeframe set out in the interim national policy and procedure. Notifications of allegations to the foster care committee were not always timely. Systems to ensure timely applications and receipt of Garda vetting for foster carers were not efficient. Garda vetting was not always sought for the children of foster carers when they reached the age of 16 years and there were a number of young adults in foster care households that had not been Garda vetted. Garda vetting was not updated for all foster carers within the required timeframe. Inspectors sought assurance in relation to this and a satisfactory response was received.

Assessments of prospective foster carers were comprehensive. Assessment reports were of good quality and contained good analysis of information gathered to inform recommendations. However, there were delays in the completion of assessments for both relative and general foster carers. There were five relative foster carers who were un-assessed and with children placed at the time of this inspection. There were delays in the allocation of link social workers to these families of between three to six months. The oversight of preliminary checks was not robust and there was no system to ensure that this information was imparted to the relevant link social worker. There were gaps in the oversight of the assessment process. Files did not always reflect case management records between link social workers and social work team leaders.

There was some good practice in relation to the support and supervision provided to foster carers. All foster carers, with whom children were placed, had an allocated link social worker. There was effective practice in relation to interdisciplinary contact and consultation between the link social workers and other social workers involved with foster children. This facilitated a coordinated approach to the support of foster carers. The foster care service was responsive to foster carers during times of increased need or risk, through the provision of increased visits and contact by link social workers when required.

However, the frequency of support and supervision visits to foster carers was not always occurring in line with Tusla policy. The majority of foster carers had received a visit from their link social worker in the six months prior to this inspection. Previous to this, some visits were less frequent as there had been staffing deficits in the foster care service in 2016 and 2017. Inspectors escalated one case to the area manager due to the lack of regular and frequent visits to foster carers by a link social worker. A satisfactory response was received.

There were good initiatives which were implemented and evolving in the area in relation to training for foster carers. Foster carers received foundational training as an integral part of the assessment process prior to their approval as foster carers. A certificate in child development, attachment and interventions for foster carers was available at a local third level institute of technology. An attachment based learning programme for foster carers and the fostering staff team was recently developed and foster carers were scheduled to participate in this in 2018. A training needs analysis of foster carers took place in 2017 and at the time of inspection, its findings were being utilised to inform a schedule of training for 2018. Improvements were required in relation to the recording of training provided to foster carers. There was no central system to co-ordinate, track, monitor and audit training provided to foster carers in the area and the training records on foster carers' files were poor.

Reviews of foster carers were not always carried out in line with regulations and standards. A number of foster carers did not have up-to-date reviews. Seventy nine foster care households had not had a review for more than three years. Inspectors were provided with a detailed schedule setting out dates of outstanding reviews which would be cleared by September 2018.

There was some good practice in relation to the process of reviews. Reports contained comprehensive information. In most cases, information and views from all key stakeholders and the child were present and considered. However, the information gathered in the review process was not always utilised to inform evidence based recommendations. Inspectors found that in some cases, recommendations from reviews were generic and did not capture the specific needs of foster carers which were discussed during the review process.

Two foster care committees were in operation in the area. Both committees comprised of a range of experienced members who made clear decisions and carried out its work effectively. However, both committees were not fully compliant with the standards and national policy, procedures and best practice guidance. Garda vetting was not in place for all committee members. One committee did not include a member who had previously been in care. One committee was approving relatives of foster carers as general foster carers in scenarios where relatives were caring for foster children on a short term basis. This was not in line with standards as the assessments were scaled down assessments and not sufficient for consideration for approval as general foster carers.

The area demonstrated a commitment to the recruitment and retention of foster carers and there had been sufficient resources put in place to recruit foster carers. Managers and staff identified that they did not have a sufficient range of foster carers to meet the demands of the service. Ways to address this deficit were being explored and actioned. The foster care service managers were reviewing alternative possibilities to broaden the scope, skills and capacity of their foster cares in the area. The service had engaged in a pilot initiative intended to provide high prevention support to children in care. Therapeutic interventions, through a recently developed multidisciplinary therapeutic service, were accessible to foster placements which required extra support. Foster carers tended to leave the service because children aged out of care or because of changes to their own family circumstances.

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

During this inspection, inspectors made judgments against the National Standards for Foster Care. They used four categories that describe how the national standards were met as follows. We will judge a provider to be compliant, substantially compliant or non-compliant with the regulations and or national standards. These are defined as follows:

- **Compliant**: a judgment of compliant means that no action is required as the provider or person in charge (as appropriate) has fully met the standard and is in full compliance with the relevant regulation.
  **Substantially compliant:** a judgment of substantially compliant means that some action is required by the provider or person in charge (as appropriate) to fully meet a standard or to comply with a regulation.
- **Non-compliant**: a judgment of non-compliance means that substantive action is required by the provider or person in charge (as appropriate) to fully meet a standard or to comply with a regulation.

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

| National Standards for Foster Care | Judgment |
|---|---|
| **Standard 21:** Recruitment and retention of an appropriate range of foster carers | **Compliant** |

## 5. Findings and judgments

**Theme 2: Safe and Effective Services**

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

**Standard 10: Safeguarding and child protection**

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

Data provided by the area indicated that there were 13 child protection concerns or allegations against foster carers in the 12 months prior to the inspection.

The system of recording and tracking complaints, allegations and concerns was not robust. Not all allegations and concerns were correctly classified or identified by the foster care service. During inspection, inspectors found a further three allegations/ concerns which were not identified as such by the foster care service. Two of these allegations were categorised incorrectly as complaints. One allegation was not categorised in any complaints or allegations log. Furthermore, inspectors found another case which contained a complaint and this was not recorded in the relevant complaints log. Inspectors reviewed a total of 11 allegations in detail.

Immediate actions were taken to ensure children were safe when allegations were made against foster carers. There was evidence that visits were carried out immediately when required to children and foster carers following allegations. Interdisciplinary contact between the fostering link social worker and other social

workers involved with foster children was timely and effective. This meant that safeguarding measures to protect children were well informed.

Inspectors found that two of the 11 allegations against foster carers which were reviewed, were not managed and investigated in line with Children First or in line with the interim national policy and procedure for responding to allegations of child abuse and neglect against foster carers. One allegation was categorised incorrectly and as a result, it was not managed through the correct process. This meant that while there was evidence that the foster care service took actions to mitigate risk, these actions were not timely and not in line with Tusla's standard business processes. The second allegation was not categorised in any complaints or allegation log. Records reflected that actions were taken to assess the allegation. However, the foster carers were not informed of the allegation and a notice of the allegation was not completed and sent to the appropriate stakeholders. This was not in line with the interim national policy and procedure for responding to allegations of child abuse and neglect against foster carers.

Link social workers told inspectors that they were aware of the process for managing allegations and concerns in line with the interim policy. Inspectors found that standard report forms were sent to the child protection team and that allegations were investigated promptly. Independent social workers on the child protection teams were utilised to carry out the investigations of allegations. There was evidence in all but one case reviewed, that strategy meetings were held. In all cases, there was good liaison between link social workers and child protection social workers and their respective team leaders and principal social workers, although formal case supervision was not consistently evidenced on file.

Inspectors found deficits in relation to the notification of allegations and concerns to the monitoring officer and the foster care committee. Link social workers were not always clear of their own remit in relation to notifications of allegations and concerns to the foster care committee and monitoring officer. In four cases reviewed, inspectors found delays in the completion of notifications of allegations recorded on file. In these cases, there was no clear chronology of how the allegations were managed from the receipt of information to the outcome and decision stage. This meant that the tracking of allegations and concerns was not robust.

There were a number of safeguarding measures in place for foster carers. Every foster carer was allocated a link social worker. Garda vetting was carried out on foster carers and any adults living in foster carer households prior to the approval of the foster carers.

However, the process in place to ensure that Garda vetting was updated every three years was not adequate and data provided to inspectors showed that 62 foster

carers had not been vetted in more than three years. The foster care service had developed a system for tracking Garda vetting at the end of 2017. Link social workers were notified when Garda vetting was due for renewal for any foster carers to whom they were allocated. Applications for vetting were then centrally logged by administrative staff.

Inspectors also found that no Garda vetting was in place for two young adults in foster carer households. Inspectors sought an assurance from the area manager that all young adults in foster care households were Garda vetted. The area manager told inspectors that there were 12 young adults without Garda vetting in the area and provided an assurance that these would be sought, and in addition, a system had now been put in place to alert the principal social workers and social work team leaders as to the dates when these needed to be renewed and when Garda vetting needed to be sought for the children of foster carers who reached the age of 16 years.

All foster carers were required to complete Children First (2015) training since the full commencement of the Children First Act 2015 in December 2017. Foster carers were provided with a schedule of training dates. Options for e-learning programmes and home training were provided to foster carers to ensure full participation. A system of recording and tracking the completion and non-completion of Children First (2015) training had recently been implemented.

**Judgment: Non-compliant - Moderate**

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

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

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

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

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

The area followed the national framework on the assessment and approval of foster carers. Inspectors found that assessments were generally carried out in line with this policy and they were of good quality. Foster carers did not routinely attend foster care committee meetings when their assessment was being reviewed; however, there was evidence that they did receive all relevant information in writing. The fostering department completed assessments of all foster carers.

Systems to ensure safeguarding of children placed with relatives in emergencies were not adequate. According to data provided by the area, there were five relative carers who were un-assessed and had children placed. Inspectors reviewed all five relative carers' files and found that there was delay in the allocation of link social workers to these families of between three to six months. Four of the five carers attended Children First (2015) training and two carers had attended relative fostering training. Immediate checks such as An Garda Síochána (police checks) and child protection checks were not evidenced on file. A social work team leader told inspectors that immediate checks were completed by the child in care social worker and on occasions when checks were not completed, the link social worker completed these. However, there was no system to ensure this information was imparted to the link social workers and the information was not always contained on the foster carers' files. This meant that the oversight of emergency checks was not adequate.

Assessments of relative foster carers completed in the area were of good quality. One fostering team in the area had two fostering link social workers who worked solely with relative carers from the assessment stage through to approval and also to provide support and supervision. This enabled link social workers to develop expertise in the specific challenges and needs that arose for relative foster carers. According to data returned to HIQA prior to the inspection, the area completed 15 assessments of relative foster carers in the 12 months prior to the inspection. A sample of nine assessments was reviewed. Inspectors found that all nine assessments were comprehensive. The assessments included thorough analysis of all relevant components of the prospective foster carer's circumstances to determine their ability to provide quality care. Five assessments were completed within the timeframe of 16 weeks. Three assessments were delayed and took between six to seven months to complete. Inspectors could not determine the timeframe of one assessment due to poor recording of dates on file.

Assessments of general foster carers were also of good quality. According to data returned to HIQA prior to the inspection, the area completed seven assessments of general foster carers in the 12 months prior to the inspection. A sample of five assessments was reviewed and inspectors found that they were comprehensive. There was in depth information contained in assessments and thorough analysis which informed professional opinion. The assessments, however, were not always

timely as two took eight months to be completed which was not in line with the 16 week timeframe recommended in the standards.

There was no evidence of oversight from social work team leaders in relation to the assessment process recorded on files. Assessment reports were not always signed by the social work team leader. Oversight of the quality of assessments was not always found in records of supervision between link social workers and social work team leaders.

Foster carers were recommended for approval by the foster care committee. This process was clear and was in line with national policy, procedures and guidance. The committee required a comprehensive assessment report, Garda Síochána (police) vetting, medicals, references and health and safety checks to recommend approval. The committee members reviewed the documentation, met with the relevant link worker and sought further clarification where necessary. The chair of the foster care committee then wrote to the foster carers informing them of the decision of the committee. Of the total 14 assessments reviewed by inspectors, the time frame from the completion of assessment to approval by the foster care committee ranged from 3 weeks to 12 months. This meant that assessment reports were not always the most up-to-date reflection of carers' circumstances at the time of approval by the foster care committee.

The process for ensuring that Garda vetting was carried out for all prospective general foster carers and all significant adults was robust and thorough and there was evidence of these checks in the foster carer files.

There were no extracts or minutes from the foster care committee meetings on the foster carers' files. This meant that considerations made by the foster care committee in relation to foster carers during the assessment and approval process were not accessible on file. Furthermore, there was no record on foster carers files of any issues required to be addressed following the presentation of assessments to the committee for approval.

There was a due diligence process in place for all foster carers transferring into the area from another service or from the area to another service. One foster carer had transferred into the area from a private foster care service in the 12 months prior to inspection. Information had been shared appropriately and timely between the foster care service and the private agency. A transfer meeting was held, however, the minutes of this meeting were not contained on the foster carer's file and as such, key information regarding the carer and their circumstances was not readily available to the new link social worker. The case had not yet been presented to the foster care committee at the time of the inspection; however, this delay was due to specific circumstances in this case.

Foster carers told inspectors during a focus group that they were dissatisfied that they had to pay the cost of a medical exam which was required as part of their assessment as carers. Foster carers also told inspectors that they were not invited to attend the foster care committee meeting when their assessment was being considered.

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

**Judgment:**

**Standard 14 (a): Substantially Compliant**

**Standard 14 (b): Non-compliant- Moderate**

**Standard 15: Support and Supervision**

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

All foster carers in the area had an allocated link social worker at the time of the inspection. Inspectors found that the social work fostering service was well resourced in terms of staff. There were two social work fostering teams in the area. One team comprised of seven social workers, a social work team leader and a principal social worker. The second team comprised of two social care workers, one social care leader, seven social workers, a social work team leader and a principal social worker. Both principal social workers had a dual remit in relation to child in care social work teams and foster care social work teams in their respective areas. One team had two designated social workers who worked part time, and worked with relative foster carers exclusively.

The frequency of support and supervision visits to foster carers was not always occurring in line with Tusla policy. Whilst the majority of foster carers had received a visit from their link social worker in the six months prior to this inspection, records on file did not always show that visits were regularly occurring previous to this. For example, in 12 of the 41 files sampled, inspectors found that there were gaps of 12 months or more between previous supervision and support visits. Inspectors were told that there had been a staffing shortage during that time and not all foster carers had been allocated link social workers. This had an impact on the provision of timely supervision and support visits to foster carers in 2016 and early 2017. Foster carers

told inspectors that they required a more consistent approach to supervision and support visits amongst link social workers. The foster care service made progress to address this at the time of inspection by ensuring that all foster carers had an allocated link social worker.

Inspectors escalated one case to the area manager due to the lack of regular and frequent visits to foster carers by a link social worker. At the time of the inspection, it had been eight months since the foster carers had received a visit from a link social worker in this case. The area manager provided a response to HIQA which set out actions undertaken to mitigate any risk.

Foster carers' files reflected a mixed level of quality of supervision and support afforded to foster carers. During inspection, 41 files were sampled. Inspectors found good quality support and supervision in 22 cases. In these cases, there was good quality detailed recording of supervision and support visits. Visits were regular and there was good analysis and recording of the needs of foster carers and the supports required to meet these needs. Inspectors found that link social workers in the area were generally responsive to increased needs and risks by providing more frequent contact and visits to foster carers. For example, in one case reviewed, inspectors found evidence of frequent and timely visits to carers occurring more than once a month. The link social worker was responsive to the needs and concerns of the foster carers in this instance.

Inspectors found that in 19 of the 41 files sampled, the recording of support and supervision provided to foster carers was poor. Records did not capture the professional support, guidance and supervision afforded to foster carers during visits. The recording of subsequent visits did not always review or refer to previous issues discussed. This meant that it was difficult to track what support had been afforded to foster carers to enable them to provide high quality care. In 13 of the 41 files sampled, inspectors found that file records were not up to date, and information was not easily accessible. In one file, there was no record of formal support and supervision visits to foster carers, despite visits taking place. In another file, there was limited contact recorded between the link social worker and foster carers, again, despite visits and contact taking place.

There was good practice in relation to interdisciplinary contact and consultation between the link social workers and other social workers involved with foster children. Of the 41 files sampled, 39 files showed regular interaction and joint working between the fostering link worker and the child in care social worker. For example, joint home visits, professionals meetings, regular communications and joint planning in relation to reviews or access visits. This assisted link social workers in their support and supervision of foster carers as they were enabled to consider the

broad scope and range of support needs for foster carers. It also enabled coordination of services and support for foster carers as required.

Inspectors found that the oversight of support and supervision by link social workers required improvement. Inspectors found that in 19 of the 41 cases sampled, there were records of case management/supervision between the link social worker and the social work team leader. However, in the remaining 22 cases, there was little or no evidence of oversight and case management by social work team leaders. For example, in 17 cases there was no record on file of any case management between social work team leaders and link social workers in relation to their role in the support and supervision of foster carers. This meant that the monitoring and oversight of the quality of supervision and support provided to foster carers was limited and lacked consistency.

There were new innovative initiatives in place and evolving in the area which provided support for foster carers. For example, the foster care service was engaged with a multidisciplinary therapeutic service which was piloted in the area in 2017. One of the functions of this service included direct work with foster children and foster families, paying particular attention to foster placements which required extra support. Inspectors met with the manager of the therapeutic service who provided details of supports offered to foster carers. A schedule of upcoming workshops was also developed and intended to be delivered to foster carers in the coming months. These workshops captured a wide variety of themes including trauma, attachment and behaviour that challenged.

At the time of the inspection, there was one programme of regular support groups for foster carers provided in the area. One support group had been established by one fostering team and were meeting regularly. However, a support group, affiliated with the second fostering team had recently been dissolved due to poor attendance by foster carers.

There was no dedicated out-of-hours service to foster carers in the area. There was a local arrangement in place which intended to afford after hours support to foster carers. Foster carers were provided with the phone number of the area manager who was available to provide emergency out of hours support to all foster carers.

**Judgment: Non-compliant - Moderate**

**Standard 16: Training**

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

Foster carers received foundational training as an integral part of the assessment process prior to their approval as foster carers. This training provided information on areas such as child development, attachment, safe care, family contact and behaviours of children in care. Specific training for relative foster carers was also available.

The area had developed some creative training initiatives which were established or in the process of implementation at the time of the inspection. In 2015, a certificate in child development, attachment and interventions for foster carers was created and launched in partnership with the foster care service, a principal psychology manager in the Health Service Executive (HSE) and a local third level institute of technology. This course provided learning and development to foster carers in caring therapeutically for children. At the time of this inspection, 50 foster carers in the area had completed this course since its commencement in 2015.

Training initiatives for 2018 for foster carers included an attachment based learning programme. This model of practice and care was adopted by the area. The training focused on building relationships and developing understanding of the emotional needs of children. The training schedule was inclusive of all stakeholders within the foster care service including foster carers as well as link social workers and social work management. Training had commenced for the foster care service staff teams and training for foster carers was scheduled for later in 2018.

At the time of inspection, the foster care service was in the process of developing and enhancing their training programme in the area. In January 2017 a training needs analysis was completed. In compiling this analysis, all foster carers were sent a questionnaire. This questionnaire explicitly requested foster carers views on the training they had received and their requests for further training in the future. As part of the areas strategic and operational plan for 2018 to 2020, it was intended that the training needs analysis would inform the 2018 training schedule for foster carers in the area. The training needs analysis however, did not include input from link social workers who could have added another key dimension of knowledge and analysis of the needs of foster carers.

At the time of the inspection, the 2018 training schedule for foster carers, based on the training needs analysis, was not yet finalised. Information reviewed on inspection showed there were training programmes held every month in 2017, some

of which were in conjunction with local support groups. These included training topics such as therapeutic parenting, drug awareness, communicating with children, and mindfulness for carers. Foster carers were notified of all training workshops held in their area and their attendance was voluntary.

During a focus group with foster carers, inspectors were told that suggestions that foster carers had made in relation to training were not always responded to by the foster care service. Foster carers told inspectors that they also required training specific to the role of relative foster carers which may not always be applicable or relevant to general foster carers. Whilst specific training for relative foster carers was available in one part of the service area, it was not consistently afforded to all relative carers across the foster care service.

Improvements were required in the recording, tracking and monitoring of training provided to foster carers in the area. Both foster care teams had recently developed a database to record and track attendance at training and this was put in place in 2018. Previous to this, there was no system of recording training and this meant that there was no chronology or log to determine the training that foster carers did or did not complete over time.

The quality of training records on foster carers' files was poor. While some files contained copies of certificates attained from attending various training, other files had no records of any training completed. Files did not contain an overall log of training which would ensure an overview of the development of skills for foster carers and areas which may require a training input.

Furthermore, inspectors found that, as part of the system of reviews of foster carers, recommendations for specific training were not made explicit. Therefore reviews of foster carers were not always informing the foster care service of the specific training that may be required by foster carers in the area. This was a missed opportunity.

**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.

Reviews of foster carers were not always carried out in line with regulations and standards. Data provided by the area showed that 79 of the 306 foster care households had not had a review in more than three years.

According to the standards, the first review should take place one year after the first placement and subsequent reviews should take place at three-yearly intervals. Data provided by the area showed that 64 reviews had been carried out in the 12 months prior to inspection. The principal social worker told inspectors that the backlog of reviews would be cleared by September 2018 and inspectors were provided with a detailed schedule setting out dates of outstanding reviews.

The quality of review reports was mixed. Review reports contained good comprehensive information however; this information did not always inform evidence based recommendations. Inspectors sampled files and supporting documentation in relation to 13 reviews of foster carers. Two of these reviews took place following an allegation and the remaining 11 reviews were statutory reviews of foster carers. Of the 13 reviews sampled, inspectors found that in 11, the content of review reports was comprehensive. Input into reviews, from other stakeholders, including child in care social workers and parents was also evidenced on files. Inspectors found that, the majority of children's views were reflected well in reports.

The recommendations of review reports required improvement. In 12 of the 13 reviews sampled, the recommendations of the review reports were generic and did not capture the specific needs of foster carers which were identified in review reports. For example, recommendations made in relation to on-going training were broad in cases where particular training needs were identified in reports.

Recommendations of reviews did not always contain timelines for completion and there was no formal system in place to ensure timely follow up of recommendations arising from reviews.

There had been significant delays in convening foster care reviews in the area. Inspectors reviewed 11 statutory reviews which took place 12 months prior to the inspection. In one of these cases sampled, there had been a time frame of 11 years between reviews.

Inspectors observed one foster carers' review on inspection and found good practice. While the foster carers had been approved for several years this was their first review. There was good practice in the preparation and conducting of the review. The meeting was chaired appropriately and attended by the link social worker and foster carers. The link social worker prepared a report which included input from all relevant stakeholders in relation to the child's placement, including the child's view, the child's parent's view and the views of the child in care social worker. The review report was comprehensive and inclusive of all relevant background and current information. Garda vetting and a health and safety statement were both updated for the review. The review also considered long term matching in this case.

The recording of the process of reviews required improvement. The link social work review report was also utilised as a record of review meetings for foster carers' files. There were no minutes of review meetings in foster carers' files and this meant that specific considerations which arose were not recorded. Furthermore, there was not always a record on file to evidence that the child in care social worker was notified of the outcome of reviews. Minutes of the foster care committee meeting where the review was presented were not always on file.

The foster care committee was notified of outcomes of reviews and all reports were submitted. The foster care committee was sent a review pack which included all reports considered at the review. Records showed that the committee chair notified foster carers that their review recommendations had been discussed by the committee and advised them as to the continuation of their status as foster carers.

Foster carers told inspectors that the practice of reviews was not consistent in the area. For example, they told inspectors that some foster carers were required to submit a financial household statement for the purpose of the review, whilst this was not required of other foster carers. In addition foster carers also said that they had to pay €100 each for medical reports to be updated for their review, when this was a requirement by Tusla, therefore they felt this should have been paid for by Tusla.

**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.

There were two foster care committees in operation in this foster care service area. While both committees carried out the majority of its primary functions, they were not fully compliant with the standards and national policy, procedure and best practice guidelines.

Both committees comprised of a chairperson, a full time secretary, and at least nine other members from varying professional backgrounds. These included a principal social worker, a social work team leader, foster carers, clinical psychologist and an assistant director of public health nursing. One of the two committees included a person with experience of being in care, as required by policy.

Committee meeting minutes showed that both committees met on 10 and 11 occasions respectively during the previous 12 months. National policy required that the committee meetings should be attended by at least six members. One committee chairperson told inspectors that one meeting was cancelled at the end of 2017 due to failure to meet the minimum amount of attendees required. The chairperson said that this was rare and occurred due to a combination of factors including resignations from the committee. Both chairpersons told inspectors that generally the committees meet regularly enough to carry out their respective functions.

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

The practice of inviting foster carers to foster care committee meetings in the area was not consistent. Some foster carers who attended a focus group with inspectors reported that they were dissatisfied that they could not attend foster care committee meetings when their assessment was being presented. They expressed being disconnected from this process and told inspectors that they were not aware who sits on the committee. From a review of the foster care committee minutes, one foster carer had attended a committee meeting in the last 12 months to submit an appeal, but otherwise the minutes showed that foster carers were not in attendance when their assessment reports were being presented.

Both chairpersons were competent and managed the committee meetings well. Minutes of the committee meetings were detailed and reflected comprehensive discussion. The committees had a wide ranging remit. They considered assessment reports on prospective foster carers with a view to making a recommendation for their approval. They also reviewed disruption reports following placement breakdown, reports on the investigation of allegations, requests for changes to the approval status of carers, foster care reviews and long term matches. Both chairpersons prioritised agenda items which required more urgent action.

However, the process to ensure quality and oversight of all components of the assessment was not robust. For example, inspectors found that two relative carers had been approved by the foster care committee despite both carers not completing Children First training and one carer not completing relative care training. Inspectors found also, that that these relative carers were approved by the foster care committee without a full health and safety statement reporting on all areas of the carer's home.

At the time of the inspection, one fostering team was presenting scaled down assessment reports to the foster care committee. These assessments were carried out in some cases, on relatives of carers who were due to stay in foster carer houses for short periods of time to care for foster children while foster carers were away. Presenting these scenarios to the foster care committee enabled good oversight and ensured safeguarding of children. However, inspectors found that the foster care committee was approving these relatives as general foster carers. This was not in line with national standards, as the assessments were scaled down assessments and not sufficient for consideration for approval as general foster carers.

One foster care committee had recently appointed two new members to their committee. An induction was facilitated for the new committee members and the principal social worker and foster care committee chairperson provided details of this. Inspectors viewed garda vetting for all members of the foster care committee in the service area. Seven members of the foster care committee were without garda vetting, contrary to the national standards. While Tusla staff, who were also

members of the foster care committee, may have garda vetting for their substantive role, there was no evidence that garda vetting was carried out for their role as committee members. Inspectors sought assurances from the area manager in relation to up-to-date garda vetting for all committee members. The area manager told inspectors that garda vetting was subsequently sought for all seven committee members and that a system had been put in place to alert him when garda vetting needed to be updated.

Both foster care committees had systems of oversight and tracking of allegations which were notified to them by the foster care service. However, the system of information exchange between the foster care service and the foster care committee was not always timely. Inspectors found delays in the notification of allegations and serious concerns in four cases which were reviewed during inspection. This delay impacted on the foster care committees' timely review of allegations against foster carers. It also compromised the foster care committees' ability to track allegations and concerns, from the time of the disclosure of the allegation right through to the outcome of the allegation.

**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.

The area had a recruitment strategy in place and a recruitment campaign was undertaken each year. Information provided to inspectors showed that considerable planning had taken place during 2017 to find new methods of advertising and

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campaigning for the recruitment of new foster carers. Up until 2017, each fostering team ran individual recruitment campaigns supported by Tusla's National Recruitment campaign. In the middle of 2017, the area senior management team decided to engage a public relations and media company to develop a coordinated, research based and targeted approach to recruitment. This campaign commenced in October 2017 and included newspaper articles, radio interviews and various forms of media advertisement and information sessions. In the 12 months prior to the inspection, there had been 12 new foster care applicants.

There were a sufficient number of foster carers in the area. However, information provided by the area indicated that there was not a sufficient range of foster carers available to meet the needs of the service. Of note, there were 28 available foster care placements at the time of the inspection. However, there were also 22 foster care households where the number of unrelated children exceeded the standards. A principal social worker told inspectors that there was a shortfall in the range of foster care placements to address the diverse and wide ranging needs of the foster care service. Inspectors found that the foster care service's management were responding to this shortfall through the developments of various new initiatives in the area.

The area manager and principal social worker told inspectors that the foster care service had engaged in a pilot initiative developed by Tusla, called the Creative Community Alternative. This initiative was largely focused on high prevention support to vulnerable children in the community and children in care. The area manager told inspectors that future progression of this initiative would consider a specialised model of foster care to meet the needs of children and families with complex and high support needs. Furthermore, a principal social worker told inspectors that the provision of attachment training and other initiatives such as the therapeutic team are intended to provide a co-ordinated approach to support foster care households. This meant that foster carers would be enabled and supported to provide care to children with complex needs.

The foster care service had no formal retention policy but the fostering recruitment strategy had included initiatives to promote retention of foster carers in the area.

Inspectors found that exit interviews were not consistently conducted with foster carers who had left the service although a number of these carers were written to and offered exit interviews. Thirty eight foster carers had left the panel voluntary in the 12 months prior to inspection. One foster care team conducted an exit interview analysis in 2017 of 18 foster carers who decided to leave the service. This information was intended to identify areas for development to retain foster carers. The predominant factor influencing foster carers exit from the service was related to retirement or the child in care reaching adulthood. The interviews also highlighted

issues for foster carers which required improvement, such as too many changes of social worker, a lack of weekend and out of hours support and limited provision of respite. Positive practices and supports were also highlighted, for example foster carers reported that the general support they received was very good.

The area manager told inspectors that a survey was conducted in September 2017 requesting foster carers to give their feedback anonymously on the fostering service. At the time of the inspection, the analysis of the results of the survey was being drafted. Inspectors reviewed the survey questionnaire and found that foster carers were asked to give feedback in relation to improvements required by the foster care service.

**Judgment: Compliant**

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

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

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

| ***National Standards for Foster Care* (April 2003)** |
|---|
| **Theme 2: Safe and Effective Services** |
| **Standard 5: The child and family social worker**<br>There is a designated social worker for each child and young person in foster care.<br><br>***Child Care (Placement of Children in Foster Care) Regulations, 1995***<br>*Part IV, Article 17(1) Supervision and visiting of children* |
| **Standard 6: Assessment of children and young people**<br>An assessment of the child's or young person's needs is made prior to any placement or, in the case of emergencies, as soon as possible thereafter.<br><br>***Child Care (Placement of Children in Foster Care) Regulations, 1995***<br>*Part III, Article 6: Assessment of circumstances of child* |
| **Standard 7: Care planning and review**<br>Each child and young person in foster care has a written care plan. The child or young person and his or her family participate in the preparation of the care plan.<br><br>***Child Care (Placement of Children in Foster Care) Regulations, 1995***<br>*Part III, Article 11: Care plans*<br>*Part IV, Article 18: Review of cases*<br>*Part IV, Article 19: Special review* |
| **Standard 8: Matching carers with children and young people**<br>Children and young people are placed with carers who are chosen for their capacity to meet the assessed needs of the children or young people.<br><br>***Child Care (Placement of Children in Foster Care) Regulations, 1995***<br>*Part III, Article 7: Capacity of foster parents to meet the needs of child*<br><br>***Child Care (Placement of Children with Relatives) Regulations, 1995***<br>*Part III, Article 7: Assessment of circumstances of the child* |

| ***National Standards for Foster Care* (April 2003)** |
|---|
| **Standard 9: A safe and positive environment**<br>Foster carers' homes provide a safe, healthy and nurturing environment for the children or young people. |
| **Standard 10: Safeguarding and child protection**<br>Children and young people in foster care are protected from abuse and neglect. |
| **Standard 13: Preparation for leaving care and adult life**<br>Children and young people in foster care are helped to develop the skills, knowledge and competence necessary for adult living. They are given support and guidance to help them attain independence on leaving care. |
| **Standard 14a — Assessment and approval of non-relative foster carers**<br>Foster care applicants participate in a comprehensive assessment of their ability to carry out the fostering task and are formally approved by the health board* prior to any child or young person being placed with them.<br><br>***Child Care (Placement of Children in Foster Care) Regulations, 1995***<br>*Part III, Article 5 Assessment of foster parents*<br>*Part III, Article 9 Contract* |
| **Standard 14b — Assessment and approval of relative foster carers**<br>Relatives who apply, or are requested to apply, to care for a child or young person under Section 36(1)(d) of the Child Care Act, 1991 participate in a comprehensive assessment of their ability to care for the child or young person and are formally approved by the health board.<br><br>***Child Care (Placement of Children with Relatives) Regulations, 1995***<br>*Part III, Article 5 Assessment of relatives*<br>*Part III, Article 6 Emergency Placements*<br>*Part III, Article 9 Contract* |

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| ***National Standards for Foster Care* (April 2003)** |
|---|
| **Standard 15: Supervision and support**<br>Approved foster carers are supervised by a professionally qualified social worker. This person, known as the link worker, ensures that foster carers have access to the information, advice and professional support necessary to enable them to provide high-quality care. |
| **Standard 16: Training**<br>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**<br>Foster carers participate in regular reviews of their continuing capacity to provide high-quality care and to assist with the identification of gaps in the fostering service. |
| **Standard 22: Special Foster care**<br>Health boards provide for a special foster care service for children and young people with serious behavioural difficulties. |
| **Standard 23: The Foster Care Committee**<br>Health boards* have foster care committees to make recommendations regarding foster care applications and to approve long-term placements. The committees contribute to the development of health boards' policies, procedures and practice.<br><br>***Child Care (Placement of Children in Foster Care) Regulations, 1995***<br>*Part III, Article 5 (3) Assessment of foster carers*<br><br>***Child Care (Placement of Children with Relatives) Regulations, 1995***<br>*Part III, Article 5 (2) Assessment of relatives* |

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| ***National Standard for Foster Care ( April 2003)*** |
|---|
| **Theme 3: Health and Development** |
| **Standard 11: Health and development**<br>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.<br><br>***Child Care (Placement of Children in Foster Care) Regulations, 1995***<br>*Part III, Article 6 Assessment of circumstances of child*<br>*Part IV, Article 16 (2)(d) Duties of foster parents* |
| **Standard 12: Education**<br>The educational needs of children and young people in foster care are given high priority and they are encouraged to attain their full potential. Education is understood to include the development of social and life skills. |
| ***National Standards for Foster Care ( April 2003)*** |
| **Theme 4: Leadership, Governance and Management** |
| **Standard 18: Effective policies**<br>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.<br><br>***Child Care (Placement of Children in Foster Care) Regulations, 1995***<br>*Part III, Article 5 (1) Assessment of foster carers* |
| **Standard 19: Management and monitoring of foster care agency**<br>Health boards* have effective structures in place for the management and monitoring of foster care services.<br><br>***Child Care (Placement of Children in Foster Care) Regulations, 1995***<br>*Part IV, Article 12 Maintenance of register*<br>*Part IV, Article 17 Supervision and visiting of children* |

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

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

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

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

**Theme 5: Use of Resources**

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

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

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

**Theme 6: Workforce**

**Standard 20: Training and Qualifications**

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.

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# Action Plan

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

| | |
|---|---|
| **Provider's response to Monitoring Report No:** | MON 0020279 |
| **Name of Service Area:** | Wexford Waterford |
| **Date of inspection:** | 29 January 2018 – 1 February 2018 |
| **Date of response:** | 28 May 2018 (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 – Safeguarding and Child Protection**<br><br>**Moderate Non- Compliance** |

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

The system of recording and tracking complaints, allegations and concerns was not robust.

Not all allegations and concerns were correctly classified or identified by the foster care service.

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

Garda vetting was not updated for all foster carers within the required timeframe.

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

**Action required:**

Under **Standard 10** you are required to ensure that:
Children and young people in foster care are protected from abuse and neglect.

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

**Action 1 & 2**

- All complaints, allegations and serious concerns will be discussed in supervision between the Link Social Worker and the Social Work Team Leader and also between the Social Work Team Leader and the Principal Social Worker. All allegations of abuse and serious welfare concerns will be responded to as per Interim Protocol for managing concerns and allegations of abuse or neglect against Foster Carers and Section 36 (relative) Foster Carers 2017. As per the Interim Protocol and Children First National Guidance for the Protection and Welfare of Children, the classification of the reported complaint, concern or allegation will be clearly agreed and recorded. A strategy meeting will be convened where appropriate.

- Notifications will be made as per the appendices of the Interim Protocol (the notice of serious concern/allegation form and final outcome form) will be submitted to the Principal Social Worker, Area Manager, Foster Care Monitor and Foster Care Committee within five working days.

- These notifications will be a standing agenda item for Foster Care Committee meetings and reviewed on a monthly basis by the Foster Care Committee.

- These notifications will be logged and monitored on the Area database for complaints, serious concerns and allegations and reviewed monthly by the Principal Social Worker.

- A memo will be sent to all staff in the area to advise of this procedure.

**Action 3 & 4**

An electronic tracking system has been put in place to alert the Principal Social Worker's and Social Work Team Leader's as to the dates when Garda vetting needs to be renewed for foster carers and all relevant household members. The alert system includes tracking and alerting Garda vetting for the children of Foster Carers who reach the age of 16 years.

**Action 5**

- The FCC will be notified of allegations and outcomes of allegations against foster carers within five working days of receipt of the report.

| Proposed timescale:<br>Action 1&2- By end of Q2 2018<br>Action 3&4- By end of Q2 2018<br>Action 5- By end of Q2 2018 | Person responsible:<br>PSW |
|---|---|

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

**Substantially Compliant**

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

Oversight of the assessment process by social work team leaders was not always evidenced on files.

There were delays in the completion of general foster care assessments.

There were delays in the time frame between the completion of foster carers' assessments and their approval by the foster care committee.

There were no extracts or minutes from the foster care committee meetings on the foster carers' files to ensure any issues arising were addressed.

The arrangement for the payment of medical checks requires consideration to ensure consistent practice between all areas.

Foster carers were not always invited to attend the foster care committee when their approval was being considered.

**Action required:**

Under **Standard 14a** you are required to ensure that:
Foster care applicants participate in a comprehensive assessment of their ability to carry out the fostering task and are formally approved by the health board prior to any child or young person being placed with them.

**Please state the actions you have taken or are planning to take:**
**Action 1**
Supervision records will be completed each month between the Social Worker and the Social Work Team Leader on each case under assessment, a copy will be held on the applicant file.

**Action 2**
Any delays in assessment (wherein the assessment is not completed within the 16 week recommended time fame) will be explained in writing and held on the applicants

file.
Where applicable the applicants will be notified of the reasons for delay and the expected timescales for completion.

**Action 3**
Any delays in presentation of assessments to the Foster Care Committee will be notified to and reviewed by the Principal Social Worker in supervision with the Social Work Team Leader and notified to the Foster Care Committee. Assessments underway will be tracked through a database system, which will be reviewed monthly by the Principal Social Worker.

**Action 4**
The relevant extracts from the Foster Care Committee meetings will be forwarded to the Link Worker and placed on the foster carer's files. Any issues arising will be actioned by the link worker and referenced in and inform future reviews or reports regarding the carers.

**Action 5**
The issue of payment for medical checks has been escalated to the National Office through the Area and Regional Managers office for direction.

**Action 6**
Foster carers will be invited to attend the Foster Care Committee when their approval, subsequent reviews or appeals are being considered.

| **Proposed timescale:** | **Person responsible:** |
|---|---|
| **Action 1 By end Q3**<br>**Action 2 By end Q3**<br>**Action 3 By end Q3**<br>**Action 4 By end Q3**<br>**Action 5 By end Q3**<br>**Action 6 By end Q3** | **PSW** |

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

**Moderate Non- Compliance**

**The provider is failing to meet the National Standards in the following respect:**
There was a delay in the allocation of link social workers to relative foster carers.

There was no system to ensure that information relating to immediate checks was imparted to link social workers and contained on foster carers files.

There was no oversight of emergency checks to ensure that these were fully

completed when a child was placed in an emergency.

There were delays in the assessment of relative carers.
There were delays in the time frame between the completion of foster carers' assessments and their approval by the foster care committee.

Oversight of the assessment process by social work team leaders was not always evidenced on files.
There were no extracts or minutes from the foster care committee meetings on the foster carers' files to ensure any issues arising were addressed.

The arrangement for the payment of medical checks requires consideration to ensure consistent practice between all areas.

Foster carers were not always invited to attend the foster care committee when their approval was being considered.

**Action required:**

Under **Standard 14(b)** you are required to ensure that:
Relatives who apply, or are requested to apply, to care for a child or young person under Section 36(1) (d) of the Child Care Act, 1991 participate in a comprehensive assessment of their ability to care for the child or young person and are formally approved by the health board[§§].

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

**Action 1**

- Where there is a delay in the allocation of a Link Worker to relative foster carers these cases will be managed through the fostering team duty system , actions of which are prioritised and reviewed by the SWTL on a weekly basis

**Action 2 & 3**

- A comprehensive Standard Operating Procedure (SOP) is under completion, specifically in relation to the process of relative carer assessment for use between Fostering and all relevant Social Work teams. This SOP will outline the following-

— Process for allocation,
— Support to carers,
— Relevant procedures,
— Immediate checks and safeguarding plan pending assessments,
— Roles and responsibilities,

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

- Timeframes and
- Overall case governance.

The SOP will be signed off by the Principal Social Worker and a memo will be issued to all staff along with a copy of the Standard Operating Procedure.

**Action 4**
Any delays in assessment (wherein the assessment is not completed within the 16 week recommended time fame) will be explained in writing and held on the applicants file.
Where applicable the applicants will be notified of the reasons for delay and the expected timescales for completion.

**Action 5**
Any delays in presentation of assessments to will Foster Care Committee be notified to and reviewed by the Principal Social Worker in supervision with the Social Work Team Leader and notified to the Foster Care Committee. Assessments underway will be tracked through a database system, which will be reviewed monthly by the Principal Social Worker.

**Action 6**
Supervision records will be completed each month between the Link Social Worker and the Social Work Team Leader on each case under assessment, a copy will be held on the applicant file.

**Action 7**
The relevant extracts from the Foster Care Committee meetings will be forwarded to the Link Worker and placed on the foster carer's files. Any issues arising will be actioned by the Link Worker and referenced in and inform future reviews or reports regarding the carers.
**Action 8**

The issue of payment for medical checks has been escalated to the National Office through the Area and Regional Managers office for direction.

**Action 9**
Foster carers will be invited to attend the Foster Care Committee when their approval, subsequent reviews or appeals are being considered.

| **Proposed timescale:** | **Person responsible:** |
|---|---|
| **Action 1 By end Q3**<br>**Action 2 By end Q3**<br>**Action 3 By end Q3**<br>**Action 4 By end Q3**<br>**Action 5 By end Q3**<br>**Action 6 By end Q3**<br>**Action 7 By end Q3**<br>**Action 8 By end Q3** | **PSW and SWTL,** |

| | |
|---|---|
| **Action 9 By end Q3** | |

**Standard 15: Supervision and support**

**Moderate Non- Compliance**

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

The quality and frequency of supervision and support for some allocated foster carers was not adequate.

The oversight on all foster carer files was varied and in some cases poor.

The service did not have a dedicated out-of-hours service to support all foster carers outside of office hours.

The provision of support groups for foster carers was not consistent across the foster care service area.

**Action required:**

Under **Standard 15** you are required to ensure that:
Approved foster carers are supervised by a professionally qualified social worker. This person, known as the link worker, ensures that foster carers have access to the information, advice and professional support necessary to enable them to provide high quality care.

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

**Action 1**

As per the National Policy and Procedures on (A) the fostering Link Workers role and (B) the record of supervisory and support group meeting, a standard supervision and support template is now used for all visits. During monthly supervision cases will be discussed and the required frequency of supervision and support visits will be reviewed between the Social Worker and the Social Work Team Leader. It is understood that long established, settled placements with experienced carers may require less formal and regular support, however visits will not be less than twice per year.

**Action 2**

Regular case files audits will be undertaken by managers to provide appropriate oversight of foster care files, the results of which will be notified to the Area Manager.

**Action 3**

The Area Manager provides emergency out of hours support since 2013 over the

phone to all foster carers. Details of this service and contact details have been provided in writing to the carers and will be issued to all newly approved carers along with their approval letter from the Foster Care Committee. At present the Child and Family Agency National Office is establishing a national out of hours service, which will support foster carers outside of office hours.

**Action 4**
The provision of existing support groups for foster cares will continue and details for those groups will be shared with all carers across the area. The area training schedule will be reviewed and opportunities to hold support groups as an extension of these will be considered. Link workers will continue to request feedback from carers about how they would prefer these groups to run.

| **Proposed timescale:** | **Person responsible:** |
|---|---|
| **Action 1 By end Q3**<br>**Action 2 By end Q3**<br>**Action 3 By end Q3**<br>**Action 4 By end Q3** | **PSW** |

**Standard 16: Training**

**Substantially Compliant**

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

The quality of training records on foster carers' files was poor.

There was no central system to co-ordinate, track, monitor and audit training provided to foster carers.

**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:**

**Action 1&2**

- A training database has been established to coordinate, track, monitor and audit training provided to carers. Relevant information from this database will be copied to carer's files and updated biannually.

| **Proposed timescale:** | **Person responsible:** |
|---|---|
| **Action 1&2-By end Q3** | **PSW** |

**Standard 17: Reviews of foster carers**

**Major Non- Compliance**

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

79 of the 306 foster care households had not had a review in more than three years.

Recommendations of reviews were not always individualised to capture the specific needs of foster carers.

Recording of the process of reviews was not inclusive of all key components, such as minutes of the review meeting and minutes of the foster care committee meeting where the review was discussed.

There was no system to monitor and track actions recommended at reviews.

The arrangement for payment of updated medical reports requires consideration to ensure consistent practice between all areas.

The practice of requesting updated financial household statements for reviews requires consideration to ensure consistency within the area and between all areas.

**Action required:**
Under **Standard 17** you are required to ensure that:
Foster carers participate in regular reviews of their continuing capacity to provide high quality care and to assist with the identification of gaps in the fostering service.

**Please state the actions you have taken or are planning to take:**
**Action 1**
A specific database has been established to monitor and track reviews of foster carers. This involves electronic alerts to SWTL and PSW in advance of the need for a review. This is updated following the presentation of each review to FCC.
37 of the outstanding reviews have now been completed and a schedule of completion for the remaining 42 is in place and due for completion by the end of 2018.

**Action 2**
Review recommendations will be individualised to capture the specific needs of foster carers inclusive of time scales for completion. A memo will be issued to all Foster Care Committee Chairs to advise of this requirement.

**Action 3**
Recommended actions will be formally reviewed during monthly supervision.
A record of the review meeting, to include comments and feedback by carers will be

taken by the Social Work Team Leader and held on file.
Relevant section of Foster Care Committee minutes will be included on file and shared with the child's Social Worker. This information will be considered for subsequent reviews and noted in the record of the review meeting.

**Action 4**
The issue of payment for medical checks has been escalated to National Office through the Area and Regional Managers office for direction.

**Action 5**
The practice of requesting updated financial household statements for reviews will be raised at national level to ensure consistency within the area and between all areas.

| **Proposed timescale:** | **Person responsible:** |
|---|---|
| **Action 1 By end Q3**<br>**Action 2 By end Q3**<br>**Action 3 By end Q3**<br>**Action 4 By end Q3**<br>**Action 5 By end Q3** | **PSW** |

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

**Standard 23: The Foster Care Committee**

**Moderate Non- Compliance**

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

There was no Garda vetting for seven members of the foster care committee.

Foster carers were not in invited to attend when their assessment reports were being presented.

Systems to ensure the quality of all components of the assessment were not robust.

Not all notifications of allegations and outcomes of allegations to the foster care committee were timely. This compromised the foster care committees' tracking and oversight of allegations made against foster carers.

The approval of foster carers based on scaled down assessments was not in line with national standards.

**Action required:**

Under **Standard 23** you are required to ensure that:
Health boards*** have foster care committees to make recommendations regarding foster care applications and approve long-term placements. The committees contribute to the development of health boards'*** policies, procedures and practice.

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

**Action 1**
Garda Vetting for all Foster Care Committee members has been applied for and will be tracked by the Secretary/Chair of the Foster Care Committee to ensure timely renewal.

**Action 2**
Foster carers will be invited to attend when their assessment and review reports are being presented.

**Action 3**
The chair of the Foster Care Committee will ensure that all necessary components of the assessment are available and of sufficient quality prior to being heard at the committee. This will include ensuring the submission of completed Child Protection checks, medical reports and references and that the analysis of the information collated is of appropriate standard.

**Action 4**
All notifications are per the "Interim Protocol for managing serious concerns and allegations of abuse or neglect against Foster Carers" and Section 36 (relative) Foster Carers will be made to the Foster Care Committee within five working days.
A memo will be issued to all staff advising of this.
The database for complaints, serious concerns and allegations will be regularly reviewed by the Principal Social Worker.

**Action 5**
'Scaled down assessments' for adults providing short periods of care for children in the event that their carers are unavailable, will not be presented to the Fostering Committe requesting foster carer status. Where appropriate these update reports will continue to be made to the Foster Care Committee by way of information sharing.

| **Proposed timescale:** | **Person responsible: PSW** |
|---|---|
| **Action 1 By end Q3**<br>**Action 2 By end Q3**<br>**Action 3 By end Q3**<br>**Action 4 By end Q3**<br>**Action 5 By end Q3** | |

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