

**Health Information and Quality Authority
Regulation Directorate**

Monitoring Inspection Report -

**Non-statutory Foster Care Services under the
Child Care Act 1991 (as amended)**



Name of Agency:	Foster Care Ireland	
Dates of inspection:	25 – 26 February 2020	
No. of Fieldwork days:	2	
Lead inspector:	Niamh Greevy	
Support inspector(s):	Tom Flanagan	Leanne Crowe
Type of inspection:	<input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced <input type="checkbox"/> Full <input checked="" type="checkbox"/> Themed	
Inspection ID:	0028649	

About monitoring

The purpose of monitoring is to safeguard vulnerable children of any age who are receiving foster care services. 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 lives.

The Health Information and Quality Authority (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 services taking care of a child on behalf of the Child and Family Agency (Tusla) including non-statutory providers of foster care.

In order to drive quality and improve safety in the provision of foster care services to children, the HIQA carries out inspections to:

- **Assess** if the service provider has all the elements in place to safeguard children and young people and promote their well-being while placed with their service
- **Seek assurances** from service providers that they are **safeguarding children** through the mitigation of 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 HIQA's findings.

Monitoring inspections assess continuing compliance with the regulations and Standards, can be announced or unannounced.

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

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

1. Inspection methodology

As part of this inspection, inspectors met with the relevant professionals involved in Foster Care Ireland foster care service and had discussions 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,
- management and governance of the service
- supervision, support and training of foster carers,
- recruitment and retention of foster carers.

The key activities of this inspection involved:

- the analysis of data,
- interviews with a director of the company, chief executive officer, the fostering support lead and two link social workers
- focus group with foster carers
- review of the relevant sections of foster carers' files as they relate to the theme
- observation of a training event for foster carers
- interviews with four children in care social workers.

Acknowledgements

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

2. Profile of the foster care service

The Service Provider¹

Foster Care Ireland (FCI) is an independent private provider of respite, short-term and long-term foster care services operating since 2016 as a subsidiary of Sorcha Homes Ltd. With a background in children's residential services, the directors established the fostering service to meet the evident need for more foster placements and to provide opportunity for early intervention for children in need of care. After an initial period of recruitment of foster carers, FCI has been providing placements since early 2017 and is continuing to grow. The service is based in Santry, Dublin, and sees its main area of focus being Dublin North and surrounding counties. At the time of inspection there were 16 children in foster care and 12 foster care households.

The organisational chart in Appendix 2 describes the management and team structure as provided by the service.

¹ Based on information provided by Foster Care Ireland

Summary of inspection findings

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

–

Tusla have responsibility for a range of services, including the provision of a range of care placements for children such as statutory foster care services.

Children's foster care services may also be provided by non-statutory foster care agencies following agreement with Tusla. Tusla retain their statutory responsibilities to children placed with these services and approve the foster carers through their foster care committees. The foster care agency is required to adhere to relevant standards and regulations when providing a service on behalf of Tusla. Both services are accountable for the care and wellbeing of children.

Private foster care services are monitored by the Child and Family Agency. Foster Care Ireland were last inspected by Tusla's monitoring service in October 2019 and the report was made available to inspectors at the time of inspection.

This report reflects the findings of the thematic inspection, relating to seven standards including, safeguarding, assessment and approval, supervision and support, training, reviews, recruitment and retention of foster carers and the leadership, governance and management of the service, , which are set out in Section 5 of this inspection report. The provider is required to address a number of recommendations in a compliance plan.

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

- Six standards were compliant
- One standard was substantially compliant.

This was the second inspection of Foster Care Ireland by HIQA, the first having taken place in 2018. The service was adequately resourced and well-managed. There were systems in place to ensure that children were protected and that foster carers were well-supported.

There was good practice in relation to the support provided to foster carers. Each foster

care household had an allocated fostering link worker social worker, who visited frequently, was in regular communication with them, and provided good supervision and support. In addition to this, a social care worker was available to provide additional identified support. Many of the foster carers in the service attended training on a weekly basis which was also an opportunity for formal and informal peer support. Foster carers were also facilitated to become members of a national organisation for foster carers. As a short-term measure, the fostering support lead and link social worker were providing support to foster carers, if required in an emergency, outside of usual office hours.

Foster carers were reviewed regularly in line with the standards. Reviews were thorough and review reports were comprehensive and well-written.

Recommendations arising from reviews were followed up in a timely way.

Systems were in place to ensure good governance and management of the service.

Some improvements were required to improve policies in place to guide staff in relation to the management of child protection and welfare concerns, and the management of risk within the wider service. It is important to note that these policy issues had not impacted on the quality of service provision at the time of inspection.

The service was committed to the recruitment and retention of foster carers. There were sufficient resources to deal with applications from prospective foster carers and the service demonstrated a willingness to learn from feedback provided by children, carers and other services.

Safeguarding arrangements included regular An Garda Síochána (Irish police) (Garda) vetting for foster carers. Vetting for adults in households was up to date in the majority of cases. The service had appropriately reviewed the health and safety of foster carers' homes and as a further safeguarding measure a system of unannounced visits to foster care households was also in place.

Child protection and welfare concerns were appropriately reported by foster carers through Tusla's portal system and appropriate action was taken to safeguard children. However, records did not consistently record the date referrals were made to Tusla, so while information was promptly shared with relevant social workers by phone, it was not consistently evident that the mandated report was made in a timely way.

Assessments of prospective foster carers were comprehensive and timely, and there was good oversight by managers.

Foster carers reviewed as part of this inspection received foundational training before their approval as foster carers and there was a programme of regular training events in place for all foster carers. Attendance at training was good and training records were well-maintained.

Issues outlined above and other issues identified during the inspection are contained in the compliance plan which can be found at the end of this report.

3. 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	Compliant
Standard 14a: Assessment and approval of foster carers	Compliant
Standard 15: Supervision and support	Compliant
Standard 16: Training	Compliant
Standard 17: Reviews	Compliant
Theme 4: Leadership, governance and management	

Standard 19: Management and monitoring of foster care services	Substantially compliant
Theme 5: Use of Resources	
Standard 21: Recruitment and retention of an appropriate range of foster carers	Compliant

4. 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 service showed that there were no allegations or serious concerns made against foster carers in the 12 months prior to the inspection. There had been six child protection or welfare concerns reported in the 12 months prior to inspection that did not relate to foster carers. Inspectors found that foster carers made mandated reports using Tusla's portal system, in line with Children First: National Guidance on the Protection and Welfare of Children (2017), in all of these cases. In two of six cases, the report was submitted through Tusla's portal in a timely way. However, there was a lack of clarity around how timely the referrals to Tusla were in three of these cases. Where foster carers had difficulty accessing the portal, their link social worker made the referral on their behalf. In one case, issues accessing the portal resulted in a three-month delay between the incident occurring and being formally reported to the social work department. However, it is important to note that the foster carer had promptly shared the information with the allocated social worker verbally. In two other cases it was unclear from records how promptly the concerns were reported through the portal, as the records showed that the service had confirmed the mandated report was made, but not the date that it was made. Inspectors found that there was evidence of appropriate follow up with Tusla in relation to five of the six child protection and welfare concerns.

Appropriate actions were taken to safeguard children. Children's views and concerns were taken seriously by the service and the service liaised with the allocated social worker to manage any concerns reported by children. Strategy meetings were

scheduled in two cases where this was required and there was evidence that the service followed up with Tusla to seek the outcome of child protection and welfare concerns. The service were informed in one case that the information would be considered as part of care planning but there was no clear outcome in relation to the five other referrals made to Tusla. The fostering support lead was the designated liaison person for child protection. She maintained child protection records and had oversight of child protection and welfare concerns. It was evident that these records supported the fostering support lead to ensure that child protection and welfare concerns were reported by foster carers through Tusla's portal, and followed up with Tusla, but did not provide oversight in relation to timeliness of referrals.

The policy in place did not provide adequate guidance to staff in relation to the management of child protection and welfare concerns or in relation to escalation procedures in the event of an inadequate response from Tusla, and this will be addressed further under Standard 19.

Good safeguarding practices were in place. Foster Care Ireland had prepared a safeguarding statement in line with the Children First Act 2015 and Children First, 2017. Useful information and guidance to foster carers on keeping children safe was included in the foster carer handbook. The service also conducted an unannounced visit to all foster carers, as an additional safeguarding measure.

The service had a policy of updating Garda vetting for foster carers and other relevant persons every two years. The fostering support lead maintained a tracker for this purpose. All foster carers had up to date vetting and all but three vetting records had been updated within two years for other relevant people.

There was one complaint relevant to this inspection which was managed appropriately by the service. The service had a complaints policy in place and details of this were made available to foster carers in their foster care handbook. The service also had a policy on protected disclosures.

All foster carers had up to date training on Children First (2017) at the time of inspection. The handbook for foster carers gave appropriate guidance to foster carers on their responsibility to report any child protection and welfare concerns to Tusla through the portal.

Child protection and welfare concerns were managed in line with Children First (2017). Concerns were reported to the social work department through Tusla's online portal. Garda vetting for three adults in a foster care household needed to be updated, but otherwise appropriate safeguarding arrangements were in place to ensure the safety of children. Complaints were well-managed.

Judgment: Compliant

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

Foster care applicants participate in a comprehensive assessment of their ability to carry out the fostering task and are formally approved by the health board³ prior to any child or young person being placed with them.

Summary of inspection findings under Standard 14a

There was a written policy on the assessment and approval of foster carers and there was detailed supervision in place to support good oversight of assessments. Assessments were carried out by the link social worker, a small number of contracted social workers and in exceptional cases, by the fostering support lead.

Data provided by Foster Care Ireland showed that five foster carers were approved in the 12 months prior to inspection. Inspectors reviewed a sample of two of these assessments. At the time of inspection three assessments were in progress or awaiting approval.

The assessments reviewed by inspectors were comprehensive and contained good analysis. There was evidence that the assessing social workers visited the family homes and interviewed the applicants several times, including individual and joint interview, and interviews with other relevant people. Files also showed that applicants had completed foundational training. Records showed that all relevant information and up-to-date checks and reports were on file as required, including Garda vetting, child protection checks, medical reports, references and health and safety checks.

Assessments reviewed by inspectors were completed within the 16-week timeframe set out in the standards. The fostering support lead told inspectors that they had changed the timing of seeking supporting documentation and monitored progress closely through supervision, which had a positive impact on adherence to timeframes.

There was good oversight of the assessment process by the fostering support lead, who tailored supervision to the assessment process. This meant that each supervision session dealt with the specific stage of the assessment, checked in on issues arising in the assessment and identified any causes of delay.

³ 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).

There was a clear process for the approval of foster carers by the relevant local foster care committee. There was evidence that foster care applicants were given the opportunity to read and comment on their assessment reports prior to them being presented to the foster care committee. The assessing social worker and foster carers then attended and presented at the committee where the assessment was discussed. The chair of the committee then wrote to the foster carers and Foster Care Ireland informing them of the decision of the committee and their approval status.

Assessments reviewed by inspectors were of good quality and completed in a timely way. Appropriate arrangements were in place to ensure adequate oversight of the assessment process. Therefore, the service was judged to be compliant with this standard.

Judgment: Compliant

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.

Summary of inspection findings under Standard 15

Foster Care Ireland provided support and supervision to foster carers primarily through home visits, advice, training and opportunities to meet with other foster carers.

All foster carers were allocated to a link worker who was a professionally qualified social worker. The service had employed a second link worker but the fostering support lead was allocated to a number of foster carers until this worker was in a position to take over link working these carers. Inspectors reviewed five of 12 foster carers' files and found that foster carers were visited regularly. Records showed that visits were good quality and foster carers told inspectors that they found the link worker and fostering support lead to be supportive. While the policy on support and supervision of foster carers did not specify how often carers would be visited, staff told inspectors that they visit carers at least every six weeks and this was evident on most files reviewed. Children in care social workers who spoke to inspectors said that they found carers were well supported by the service.

The service had previously used a template to record supervision of foster carers. Inspectors found these records to be comprehensive in covering key areas such as training, the needs of children, any issues arising in placements, the needs of foster carers and the broader circumstances within the foster care family. However, the fostering support lead told inspectors that they made a decision to move away from this format as the requirement to complete all sections of the paperwork was negatively impacting on the quality of visits with foster carers. Instead, link workers continued to visit foster carers with the same frequency and recorded their discussion and observations on these visits, including their observations of children in the placement, as case notes. It was evident from records that there was more frequent phone contact and home visits from the link worker when needed.

In order to ensure appropriate supervision of placements, the service recently introduced a system whereby the link social worker held a placement review meeting to formally review placements. The plan for the service was to hold these reviews three times a year for each foster family. These were scheduled for all placements for the coming year. Inspectors reviewed records relating to one of these meetings and found they were comprehensive in identifying the child's needs, the foster carer's needs and any changes in the placement.

A social care worker was employed by the service to provide support to children or foster carers, depending on the identified needs. This included practical support to foster carers, or direct work with children. The social care worker worked closely with the link social worker and was supervised by the fostering support lead.

Foster Care Ireland did not provide any enhanced placements but where children presented with additional needs, appropriate supports were put in place. In some circumstances, Foster Care Ireland covered the cost of expenses associated with assessments required by children.

The service ran support groups when there was a break in their training schedule. Training offered by the service will be outlined under Standard 16. Foster carers told inspectors that there was a supportive aspect to meeting with other foster carers while attending training. Training was used as an opportunity for foster carers to reflect on the challenges they were facing within the framework of an identified model and to get support and advice from other foster carers. The fostering support lead outlined a recent example whereby the training session had helped stabilise a placement that was at risk of ending, by providing a space for the foster carer to seek support but also gain insight into the needs of the child and their own attachment style. In addition to this, social events were organised around Christmas and summer that provided an opportunity for all foster carers to come together. The fostering support lead also told inspectors that the service paid the fees for all foster carers for membership of a national foster carers' association and this provided foster carers with an additional source of information, training and support.

Support was available to foster carers outside of office hours. Previously this was provided by a residential service owned by the director of the service. However, due to data protection issues this support was suspended and until this issue was

resolved, the fostering support lead and link social worker were providing support to carers outside of office hours, in the interim. The foster carers' handbook also provided foster carers with useful information, such as how to manage children who were missing.

It was evident that foster carers received appropriate levels of support and supervision from the service.

Judgment: Compliant

Standard 16: Training

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

Summary of inspection findings under Standard 16

Foster Care Ireland provided regular training to foster carers. There was a policy on training and carers had individual assessments of training needs on their files, along with plans to meet these needs.

Files reviewed showed that all foster carers had attended training in relation to Children First (2017) and first aid. The service also held weekly attachment training for foster carers, which was well-attended. This training was based on an identified model and the fostering service lead told inspectors that that helped foster carers and the service to develop a shared language and understanding of the issues that arise. Children in care social workers who spoke to inspectors commented on the value of this training. It was evident that foster carer's training needs were considered during some link worker visits and in the placement review meeting. Training needs were considered as part of foster carer reviews in the context of the presenting needs of children in their care.

Training was held at times to facilitate the most number of attendees. The service had a large training room and kitchen facilities on the premises. The service used video conferencing to facilitate carers to engage in training, which meant that those living further away from the office could still attend. A schedule of training was in place for 2020 and included training in areas such as attachment, children's rights, cultural awareness and online safety.

An overall tracker of attendance at training was maintained, in addition to individual records on foster carers' files. The fostering support lead told inspectors that there was an expectation that carers would attend at least one training event per year and this had been adhered to.

Judgment: 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

Foster Care Ireland had a system in place to ensure that good quality reviews of foster carers were carried out in line with the Standards. According to the Standards, the first review should take place one year after the first placement and subsequent reviews should take place at three-yearly intervals. Provision should also be made for reviews to be carried out in other circumstances, such as following an allegation against foster carers. Data provided by the service showed that four foster carers had a review in the past 12 months.

The administrator for the service held a tracker which supported good oversight to ensure reviews were carried out in a timely way. The fostering support lead received updates on preparation of reviews from the link worker in supervision. Due to a delay in one case, the fostering support lead told inspectors that they reviewed their practice to improve the system so that documents are now issued at an earlier stage and the escalation policy regarding delays in receiving documents from Tusla is more effective. The tracker for foster carer reviews contained relevant information to ensure reviews were conducted in a timely way but did not include all aspects of the process such as notifications to the foster care committee and submission of the final reports.

The fostering support lead chaired the review meetings which were held in the office or foster carers' homes, and were attended by foster carers and the link social worker. Following a review, the link worker updated the review report to include the discussion and decisions taken at the review meeting. The foster carers then reviewed the final reports before they were submitted to the foster care committee.

Inspectors reviewed two of four foster carer reviews and found they were good quality. Carers had signed both reports and they had been reviewed by the relevant foster care committee. The reports included considerations of the foster carers' performance, health, circumstances, training needs, support needs and any health and safety issues. These reviews also considered the reports relating to the child in care, though one review was updated eight months after the original review to include information that was submitted late. Both reviews were one-year reviews. Medical reports, health and safety assessments and Garda vetting were updated for foster carer reviews.

Recommendations arising from reviews were clearly set out and there was evidence of follow through. For example, in relation to exploring how respite may support a placement.

The service was judged to be in compliance with this standard as foster carer reviews were found to be good quality and improvements had been made to ensure that reviews were held in a timely way.

Judgment: Compliant

Theme 4: Leadership, Governance and Management**Standard 19: Management and Monitoring of Foster Care Services.**

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

Summary of inspection findings under Standard 19

Foster Care Ireland was led by the chief executive officer (CEO) who, along with the fostering support lead, reported directly to the board six times a year. In between board meetings, the CEO and fostering support lead met with the director. The fostering support lead reported to the CEO in weekly meetings and managed two link social workers and a social care worker.

The board meeting minutes showed that these meetings were used to ensure oversight and clear decision making in relation to resources, marketing, policy changes, priorities for the service, complaints and risks. Records showed that information provided to the board was clear and accurate. The decisions and response of the board was also evident in minutes. Inspectors did not see records of discussions that took place directly with the director but the CEO told inspectors these meetings were primarily used to discuss resource management and planning.

The CEO and fostering support lead met weekly to discuss updates in relation to placements, assessments, risk, complaints and new enquiries. Minutes from these meetings showed that items were followed up for completion.

Team meetings were held on a monthly basis between the fostering support lead, link worker, social care worker and administrator. These meetings showed an overview of the activities of the team in the previous month including requests for placements, risk management issues, complaints, enquiries, foster carer reviews, and training. This supported the fostering support lead to have oversight of the activities and key issues for the team. Communication of decisions made in management meetings and changes to policy were evident in these minutes, in addition to evidence of communication between team members to ensure the smooth running of the service.

Supervision was held regularly though it did not take place every month in line with Foster Care Ireland's policy. Records reflected the issues arising and showed clear decision making, but it was not consistently evident that actions were tracked for implementation. Separate supervision records were used to ensure good oversight of the assessments of foster carers and inspectors found these to be comprehensive.

Risks were identified, monitored and received an appropriate response. Risks on individual cases and risks to the service were discussed in management and board meetings. Inspectors found evidence that effective controls were put in place to manage risks.

Improvements were required in relation to some policies, but at the time of inspection this had not negatively impacted on service provision. Foster Care Ireland had a suite of policies in place that had been consolidated in January 2020. While the service had a policy on risk assessments for individual cases, practice regarding overall risk management within the service was not supported by policy. In addition to this the policy in place to guide staff in relation to the management of allegations and serious concerns required revision as it did not reflect Children First (2017), the Children First Act, 2015, or Tusla's *Interim Protocol for managing concerns and allegations of abuse or neglect against Foster Carers and Section 36 (relative) Foster Carers*. The information provided in the handbook for foster carers was, however, in line with Children First (2017) and the Children First Act, 2015, and as a result child protection and welfare concerns had been managed appropriately by foster carers and Foster Care Ireland staff. Aside from these issues, policies were in place to guide staff in relation to a range of matters and it was evident from management meeting minutes that these policies were reviewed and amended as needed.

Inspectors found evidence that file audits and reviews were effective in identifying areas for improvement. In the two reports relating to audits and reviews provided as part of the inspection, it was evident that progress was being made against the actions identified. The fostering support lead conducted a review of compliance with Foster Care Ireland's escalation policy with respect to foster carer reviews. This review collated the findings from five cases, identified learning and actions to address the issues identified. The fostering support lead also collated the findings of file audits under a number of headings including medical consent, supervision template, observation logs and unannounced visits. The report of this review made clear recommendations which were being followed up appropriately at the time of inspection.

Foster Care Ireland met with the area manager for the Dublin North City service area twice a year. The purpose of the meeting was to provide assurances to the area manager in relation to safeguarding within Foster Care Ireland and it was also an opportunity to communicate in relation to areas of joint working.

Overall, there were good governance arrangements in place to support managers to have good oversight of the service. There was evidence that managers identified learning and implemented improvements as a result of findings from audits and feedback. Improvements were required in the area of policies to ensure staff had clear

and consistent guidance in the management of risk and child protection and welfare concerns, but this issue had not negatively impacted on the provision of the service at the time of inspection. In addition, improved tracking of the timeliness of child protection and welfare referrals was required, as detailed under Standard 10. Therefore, the service was judged to be substantially compliant with this standard.

Judgment: Substantially compliant

Theme 5: Use of Resources

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

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

Health boards⁴ are actively involved in recruiting and retaining an appropriate range of foster carers to meet the diverse needs of the children and young people in their care.

Summary of inspection findings under Standard 21

In an effort to drive recruitment, the service had redeveloped their online presence in the third quarter of 2019, arranged for a leaflet drop in North Dublin and were involved in local sponsorship. The fostering support lead told inspectors that the re-development of the website had been successful in increasing the number of enquiries received by the service. There was a system in place to ensure enquiries received a timely response. Data provided to inspectors showed that there was one recruitment campaign held in the 12 months prior to inspection, and seven applications to foster in the same period. Five carers were approved in the 12 months before this inspection.

There were sufficient resources to recruit, assess and train prospective foster carers. The fostering support lead allocated the enquiries to team members for a response and a social care worker undertook screening home visits in order to ensure they received a prompt follow up. Following the screening visit, the fostering support lead and social care worker decided whether to send an application pack and invite the prospective carers to attend training.

⁴ 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).

While there was evidence that the requests for placements by Tusla exceeded the number of placements available in the service, there was no legal requirement on the service to meet this demand. Data provided to inspectors showed that there was one placement available at the time of inspection.

The retention strategy of the service took the form of a commitment to support foster carers in line with Standard 15. The service had taken steps beyond their obligations to support children to access assessments and services to ensure their needs were identified and met. This meant that carers better understood the needs of children, and appropriate supports were in place to respond to these needs. The service had recruited a second link social worker in order to ensure staff had manageable caseloads in order to provide carers with optimum levels of support. When placements of children came to an end, the service held a disruption meeting to reflect on the unplanned ending and identify learning. When foster carers left the service, they were offered exit interviews but this offer was not taken up.

Managers projected that they would continue to increase the capacity of the service over the coming 12 months. Effective recruitment and retention strategies were in place to support this.

Judgment: Compliant

Appendix 1 — Standards and regulations for statutory foster care services

National Standards for Foster Care (April 2003)
Theme 1: Child Centred Services
<p>Standard 1: Positive sense of identity</p> <p>Children and young people are provided with foster care services that promote a positive sense of identity for them.</p>
<p>Standard 2: Family and friends</p> <p>Children and young people in foster care are encouraged and facilitated to maintain and develop family relationships and friendships.</p>
<p>Standard 3: Children’s Rights</p> <p>Children and young people are treated with dignity, their privacy is respected, they make choices based on information provided to them in an age-appropriate manner, and have their views, including complaints, heard when decisions are made which affect them or the care they receive.</p>
<p>Standard 4: Valuing diversity</p> <p>Children and young people are provided with foster care services that take account of their age, stage of development, individual assessed needs, illness or disability, gender, family background, culture and ethnicity (including membership of the Traveller community), religion and sexual identity.</p> <p><i>Child Care (Placement of Children in Foster Care) Regulations, 1995</i> <i>Part III Article 8 Religion</i></p>
<p>Standard 25: Representations and complaints</p> <p>Health boards⁵ 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>

⁵ 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).

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.

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 board⁶ prior to any child or young person being placed with them.

Child Care (Placement of Children in Foster Care) Regulations, 1995*Part III, Article 5 Assessment of foster parents**Part III, Article 9 Contract*

⁶ 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).

Standard 14b — Assessment and approval of relative foster carers

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

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

Part III, Article 5 Assessment of relatives

Part III, Article 6 Emergency Placements

Part III, Article 9 Contract

Standard 15: Supervision and support

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

Standard 16: Training

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

Standard 17: Reviews of foster carers

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

Standard 22: Special Foster care

Health boards⁷ provide for a special foster care service for children and young people with serious behavioural difficulties.

⁷ 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).

Standard 23: The Foster Care Committee

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

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

Part III, Article 5 (3) Assessment of foster carers

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

Part III, Article 5 (2) Assessment of relatives

Theme 3: Health and Development**Standard 11: Health and development**

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

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

Part III, Article 6 Assessment of circumstances of child

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

Standard 12: Education

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

Theme 4: Leadership, Governance and Management

Standard 18: Effective policies

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

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

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

Standard 19: Management and monitoring of foster care agency

Health boards⁸ 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

⁸ 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).

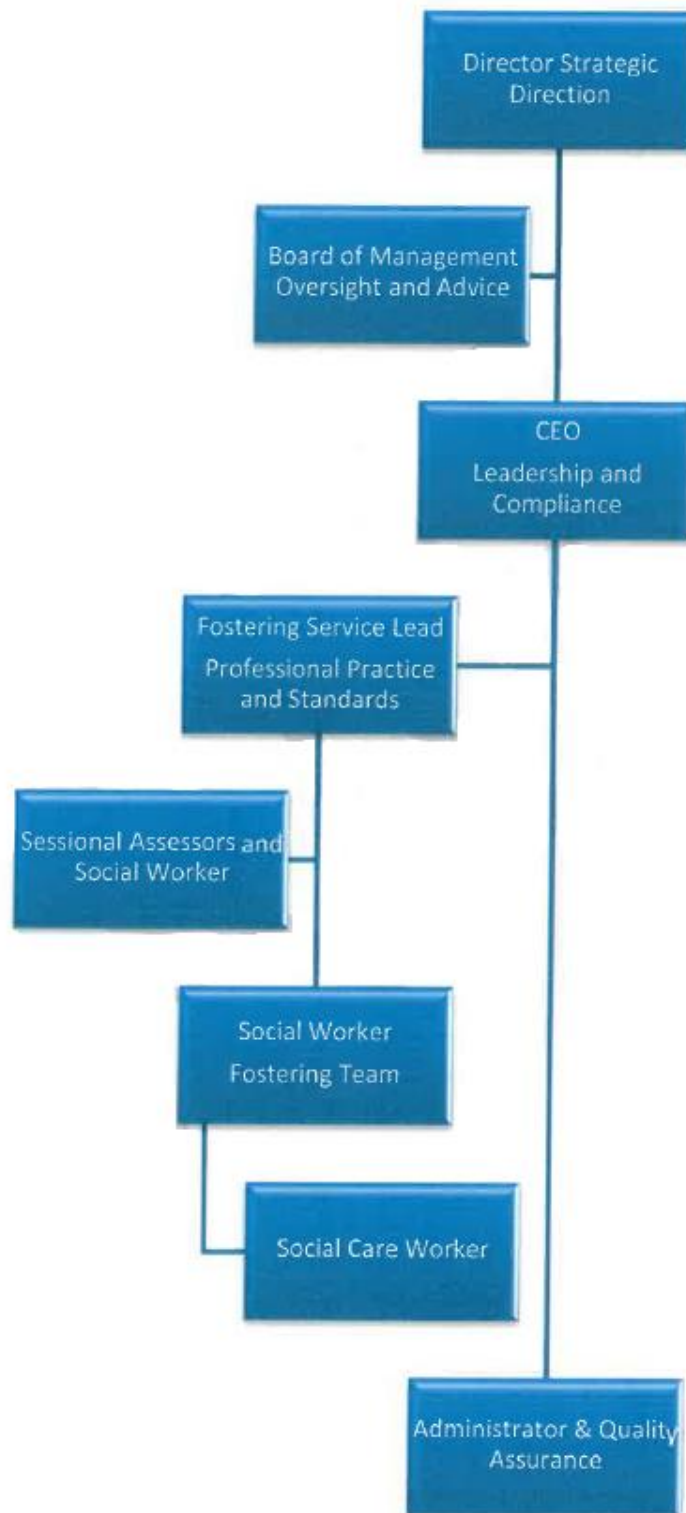
people in their care.

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.

Appendix 2: Organisational structure of Foster Care Ireland*



* Source: Foster Care Ireland

Compliance Plan

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

Provider's response to Report Fieldwork ID:	MON 0028649
Name of Provider:	Foster Care Ireland
Date of inspection:	25 – 26 February 2020
Date of response:	9th April 2020

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

Theme 4: Leadership, governance and management

Standard 19 – Management and monitoring of foster care services

Substantially compliant Non-compliant Moderate Non-compliant Major

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

Policies did not provide sufficient guidance to staff in relation to risk management practices within the wider service and to ensure that the management of child protection and welfare concerns was in line with national policy and legislation.

Tracking of the timeliness of child protection and welfare referrals required improvement.

Action required:

Under **Standard 19** you are required to ensure that: Health boards have effective structures in place for the management and monitoring of foster care services.

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

1. Foster Care Ireland's (FCI's) child protection and welfare concerns tracker will record the **dates** of;
 - Receipt of report by FCI
 - Report made via the Tusla Portal
 - Acknowledgement, including reference from Tusla
 - Any follow up with Tusla
 - Receipt of notice on outcome of referral
2. FCI's policy and procedures will provide for the management of child protection and welfare concerns and their escalation in the event of an inadequate response from Tusla. The policy will indicate a clear;
 - Timeframe for escalation
 - Escalation pathway in Tusla of SWTL, PSW and AM in the originating referral area
 - Parallel route up FCI's governance structure i.e., FSL, CEO and Tusla DNC AM
3. FCI's Foster Care Review (FCR) tracker will record the **dates** of completion of the following;
 - Notification to the Foster care Committee (FCC)

Health Information and Quality Authority

- Submission of final report
- Receipt of decision of FCC on FCR

4. FCI's staff supervision policy has been amended to state that supervision will happen at not more than six-week intervals.

5. FCI's policies and procedures will be further developed to support and ensure that there is prudent risk management within the service with emphasis on Safeguarding, Safe Care and Child Protection and Welfare.

6. FCI's current policy will be reviewed and updated with a view to giving clear guidance to staff in the management of allegations and serious concerns. The updated policy will fully reflect the relevant requirements of Children First (2017), the Children First Act, 2015 and Tusla's Interim Protocol for managing concerns and allegations of abuse or neglect against Foster Carers and Section 36 (relative) Foster Carers (2017).

Proposed timescale:

Actions 1 to 3: 30th April 2020

Action 4: Complete

Action 5: 30th April 2020

Action 6: 30th April 2020

Person responsible:

FSL

CEO

CEO

FSL / CEO