

## Statutory foster care service inspection report

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



<b>Name of service area:</b>	Louth Meath	
<b>Dates of inspection:</b>	7 – 9 March 2017	
<b>Number of fieldwork days:</b>	3	
<b>Lead inspector:</b>	Niamh Greevy	
<b>Support inspector(s):</b>	Tom Flanagan Susan Geary	Grace Lynam Catherine Vickers
<b>Type of inspection:</b>	<input checked="" type="checkbox"/> <b>Announced</b> <input type="checkbox"/> <b>Unannounced</b> <input type="checkbox"/> <b>Full</b> <input checked="" type="checkbox"/> <b>Themed</b>	
<b>Monitoring Event No:</b>	MON-0019200	

## About monitoring of statutory foster care services

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

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

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

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

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

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

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

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

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

## 1. Inspection methodology

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

During this inspection, the inspectors evaluated the:

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

The key activities of this inspection involved:

- the analysis of data
- meeting with 10 fostering social workers, one fostering support worker, two team leaders, one principal social worker
- interview the area manager, who was also the chairperson for the foster care committee
- focus groups with foster carers and social workers for children in care

- review of the relevant sections of 64 foster carers files as they relate to the theme
- observing meetings, such as a foster care committee meeting and a foster care review.
- phone contact with five foster carers and two parents of children in care.

## **Acknowledgements**

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

## 2. Profile of the foster care service

### 2.1 The Child and Family Agency

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

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

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

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

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

### 2.2 Service Area

Louth/Meath is one of 17 service areas in the Child and Family Agency. It formed as an area in 2014, with the amalgamation of the two counties. It is situated in North Leinster and forms part of the Dublin North East region.

Data from the 2011<sup>1</sup> census showed that the two counties had a total population of 307,032 people, with 27% of the Louth population and 29% of the Meath population being comprised of young people aged under 18 years.

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

According to the 2011 census, Louth had the 4<sup>th</sup> highest unemployment rate and 5<sup>th</sup> highest rate of female lone parents in the state. Based on the Pobal HP relative index scores for 2011, Louth rated as the 5<sup>th</sup> most disadvantaged local authority in the country.

While Meath was the 9<sup>th</sup> most affluent local authority area in Ireland, the HP Pobal index scores from 2011 indicate that it was not characterised by particular extremes with regard to affluence or deprivation. According to the census in 2011, it had the 11<sup>th</sup> highest rate of lone parent families in the state.

The area was under the direction of the Service Director for the Child and Family Agency Dublin North East region and was managed by the Area Manager.

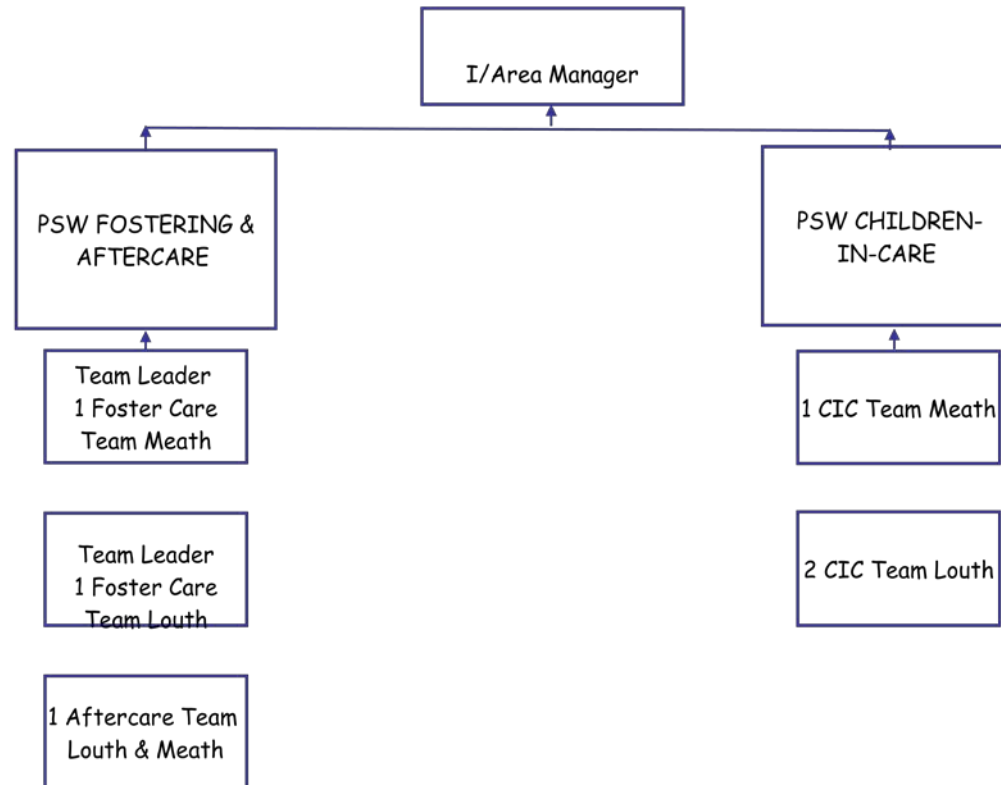
Louth/Meath foster care service was comprised of two fostering teams who were line managed by two team leaders, who reported to the Principal Social Worker. The teams were located in Navan, Co. Meath and Dundalk, Co. Louth. The area had a foster care committee in both Louth and Meath and the area manager had recently taken up the role as chair for both of these committees. Fostering social workers carried out assessments of relative and general carers, in addition to providing support and supervision to foster carers. There was also a regional team who carried out assessments of general foster carers for the Dublin North East region.

There were 217 foster care households in the service area, 159 general foster carers and 58 relative foster carers.

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

Figure 1: Organisational structure of Statutory Foster Care Services, in Louth Meath Service Area\*

**Louth/Meath Area: Fostering and Children in Care Staff Structure**



\* Source: The Child and Family Agency

### 3. Summary of inspection findings

The Child and Family Agency has the legal responsibility to promote the welfare of children and protect those who are deemed to be at risk of harm. Children in foster care require a high-quality service which is safe and well supported by social workers. Foster carers must be able to provide children with warm and nurturing relationships in order for them to achieve positive outcomes. Services must be well governed in order to produce these outcomes consistently.

This report reflects the findings of the thematic inspection, relating to the recruitment, assessment, approval, supervision and review of foster carers, which are set out in Section 5. The provider is required to address a number of recommendations in an action plan which is published separately to this report.

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

- One standard was compliant
- Six standards were substantially compliant
- One standard was found to be a major non-compliance

Allegations and complaints were classified appropriately. In addition, allegations were managed in a way that prioritised the safety of children. While appropriate actions were taken to safeguard children, all allegations had not been investigated by an independent social worker. This was contrary to regional policy and inspectors found that a new process had been implemented to rectify the issue. The area manager told inspectors that this process would be implemented for all further allegations in the area. Systems were in place to formally notify the foster care committee of allegations but these were not consistently implemented in a timely way. The foster care committee had recently begun tracking notifications, which would enable them to improve oversight in relation to appropriate follow up of allegations.

Where carers had an allocated social worker, they were well supported and supervised. Six per cent of foster carers had no allocated social worker and inspectors found that adequate arrangements were not in place to support and supervise these carers. The area had a range of services and resources in place to support carers looking after children with complex needs but in two cases reviewed by inspectors, these supports were not put in place in a timely way. In the year prior to inspection, the area had offered a range of training to carers. However, due to a lack of administrative resources, the area had not compiled overall figures in relation



to training attended, and managers had not conducted an analysis of the training needs for the area.

Safe practices and processes were in place in relation to the assessment and approval of both relative and general foster carers. While assessments were not always completed within the 16 week timeframe set out in the standards, inspectors found that assessments were of good quality. A regional team supported the area in relation to recruitment and assessment of general foster carers, but in the year prior to inspection, the local area had taken responsibility for assessing the majority of prospective carers identified through local recruitment campaigns.

Over half of foster carers in the area had not had a foster carer review in over three years. Inspectors sampled a number of foster carer reviews that had taken place in the months prior to inspection and found they were comprehensive, included an update of relevant checks and considered relevant issues such as health, performance and training. However, recommendations had not always been followed up in a timely way. While the area had a schedule in place for the remaining foster carer reviews, inspectors were provided with written assurances that all reviews would be updated by March 2018.

In January 2017, the area manager took over the role of chairperson for the two foster care committees in the area. In the same month, the chairperson completed a review of both committees that identified the strengths of each committee, but also found that they had not been functioning in line with national policy. Inspectors found that while the committees were not yet functioning in line with national policy, progress was underway to address the deficits identified.

The area had been proactive in recruiting foster carers in the year prior to inspection. However, managers and staff continued to identify that they did not have a sufficient range of foster carers to meet the demands of the service. Plans were in place to manage this while further recruitment of foster carers was ongoing. Inspectors found that the area retained its foster carers well, and carers who left the panel were doing so because they had reached a natural end, such as children aging out of care.

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

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

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

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

## 5. Findings and judgments

### **Theme 2: Safe and Effective Services**

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

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

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

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

Data provided by the area showed that there were 23 child protection concerns or allegations against foster carers in the 12 months prior to inspection. Inspectors reviewed nine of these concerns and found that they were correctly classified, and received an appropriate response to ensure the safety and welfare of children.

The national policy in place for managing allegations was in draft form but the Dublin North East region had its own policy which was being implemented by the area. This policy outlined that an independent person should carry out assessment of allegations to ensure objectivity. In the cases sampled in one office, inspectors found that these were managed in line with Children First (2011) and the regional policy, in that a standard report form was sent to the duty social work team who then undertook the assessment. However, in another part of the area, allegations were not consistently managed in line with Children First (2011) and policies and procedures for responding to allegations of child abuse and neglect. Assessments of allegations were undertaken by the child's allocated social worker. This posed a risk that the person completing the assessment may be biased by their prior relationship with the foster family. Inspectors found that the most recent allegation in this office had been referred to the duty social work team, in line with national policy, and the area manager told inspectors that this was how all further allegations would be managed.

Inspectors found that regular strategy meetings were held to support good communication between link workers, children in care social workers and their

respective team leaders. In the cases sampled inspectors saw evidence that children were interviewed on their own as part of the assessment of allegations. Some foster carers told inspectors that they had found the allegations process a difficult experience. Although carers described allegations being managed in a timely and appropriate way, they felt isolated while the investigation was ongoing.

Of the files reviewed, the majority of allegations were notified to the foster care committee, but not within the five-day timeframe required by the national policy. In one case the committee were only notified of the outcome of the allegation so there was a four month delay in notifying the committee, and in another case, no notification had been sent to the committee. While some notifications were made in the days following an allegation, most notifications of allegations were made to the foster care committee a number of weeks afterwards. Inspectors found that while most files contained evidence of acknowledgements of notifications, they were not consistently found on all of the files. Up to the week prior to inspection, there was no system for tracking the progress of any investigations that took place. This meant that the foster care committee did not have oversight of the progress of investigations throughout 2016. However, the chair for the foster care committees told inspectors that a review was completed of these notifications and updates were sought in relation to two notifications as a result. In addition, a system was set up to track all future notifications. This was viewed by inspectors but it was not possible to determine how effective it was functioning given that it had only recently been established.

There were five complaints made by foster carers and seven made against foster carers in the 12 months prior to inspection. Complaints were correctly categorised, taken seriously and investigated. Inspectors found that some complaints had been resolved but this was not evident for all complaints.

Inspectors found that all new foster carers had Garda Síochána (police) vetting as part of the assessment process, but the principal social worker told inspectors that one in four foster carers had not had their Garda vetting updated in over three years. Garda vetting was updated as part of foster carer reviews. While over half of foster carers in the area had not had reviews in over three years, inspectors found that Garda vetting had been updated for some carers in preparation for upcoming reviews, and a small number of carers had vetting updated outside of the review process. The absence of up-to-date Garda vetting for all foster carers posed a risk for the service. Since the inspection, the principal social worker outlined to inspectors that there is a plan in place to update vetting for all carers where this is outstanding.

Foster carers usually attended training as part of their assessment process but this was not always the case for relative foster carers. Training covered areas such as safe care, child protection and managing behaviour that challenged. For those who

had not attended this training, it was because training was not available during the assessment or carers did not attend for other reasons. Not all foster carers were trained in Children First (2011). While training records were collated in one office, they were not available for the whole area so it was not possible to obtain figures for the number of carers who had completed up-to-date training in Children First. However, it was evident from training records reviewed that not all carers had attended Children First training.

Appropriate arrangements were not in place to provide support and supervision to carers without an allocated link worker. Data provided by the area showed that there were 14 foster carers without an allocated link worker, but a small number of these did not have children placed with them at the time of inspection. Inspectors reviewed a sample of these files and found that while foster carers were advised to contact a duty fostering social worker if they had any issues, arrangements were not in place to carry out routine support or supervision visits. The area had recently carried out a risk assessment on each of these cases to determine the level of risk and identify any follow up action required. It was evident from records and discussion with the team leader that there was a plan to allocate these cases in the coming months.

Staff were familiar with protected disclosure policy and legislation but had not received formal training in this area. Staff told inspectors they were confident that they knew who to contact if they had any concerns.

Serious and adverse incidents were promptly notified and well-managed. Inspectors reviewed 'need to know' documents and found that they contained adequate information and outlined the plan in place to respond to the presenting issues.

**Judgement: Substantially compliant**

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

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

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

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

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

There was a national policy on the assessment and approval of foster carers. There were arrangements in place for all foster carers to attend the foster care committee meeting when recommendation to approve them was being considered and to receive all relevant information in writing. A regional assessment team was in place to undertake assessments of general foster carers, but in the year prior to inspection, most assessments of general foster carers had been undertaken within the local area. Inspectors found that assessments of both relative and general carers were of good quality.

Inspectors found that measures were in place to ensure that placements with relative carers were safe and appropriate. Inspectors found that where emergency placements were made with relative carers, appropriate checks were completed. These included Garda vetting, child protection checks, a home visit and references. Where Garda vetting was outstanding, inspectors found that fostering social workers had completed verbal checks with An Garda Síochána. In addition to checks, fostering social workers interviewed prospective carers. Social workers then compiled comprehensive preliminary assessment reports based on their meeting with the carers and the checks completed. These reports were signed off by team leaders and the principal social worker before being presented to the foster care committee and they made recommendations if required. For example, inspectors found the principal social worker put additional safeguarding measures in place after reviewing of one of these reports. Management oversight of good quality preliminary assessments ensured that emergency placements were safe and suitable to the needs of children.

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

Inspectors found that the majority of relative assessments were comprehensive and of good quality. With the exception of one file reviewed by inspectors, assessments were detailed and addressed all aspects of the assessment framework. Inspectors found that assessments included a good analysis of the carers' ability to meet the needs of children in their care and any additional support or training needs. Of the sample of relative assessments reviewed by inspectors, a small number were completed within the 16-week timeframe set out in the standards. The majority of assessments took longer than this but reasons for delays were usually recorded on files. Where children were placed historically (over one year ago), there had been significant delays in starting some relative foster care assessments, in one case up to one year. However, in recent months, where the local team did not have sufficient resources to progress assessments of relative carers, the area had arranged for relative carers to be assessed by a private agency. The timeframe from application to become a relative foster carer to commencement of assessment was difficult to track because application forms for fostering were missing from a number of files.

Inspectors reviewed a sample of general assessments and found them to be of good quality. Assessments reviewed by inspectors were comprehensive and included good verification of information and analysis of the carers' strengths and needs as foster carers. The Principal Social Worker told inspectors that of the general assessments undertaken in 2016, the majority were completed by the local team, and two were completed by the regional team. Half of the assessments reviewed were completed within the 16 week timeframe set out in the standards. Where there were delays in the completion of the assessment, there were clear reasons for this recorded on files and inspectors found evidence of good team leader oversight to ensure that assessments were concluded as quickly as possible.

Of the files reviewed, inspectors found that Garda vetting was completed for all adults in the foster care home.

The process of recommending the approval of foster carers was clear and in line with national policy, procedures and guidance. In order to obtain an approval, the foster care committee required a comprehensive assessment report, Garda vetting, medicals, references and health and safety checks. The foster care committee members reviewed the documentation and discussed any arising issues. The committee met with the relevant link worker and prospective carers, and sought further clarification where necessary. The committee then made decisions to approve carers or not, and attach any relevant conditions.

There was a due diligence process in place for foster carers transferring into the service but no foster carers had transferred into the area in the 12 months prior to inspection. Inspectors observed a foster care committee meeting where carers were transferring out of the service and found that it followed the same process as the one in place for carers transferring into the service. This should ensure that the

service taking over responsibility for the carers should have the information they need to support and supervise any future placements.

Contracts were not in place for all relative foster carers who had children placed with them. Inspectors reviewed a sample of files and found that while some files had contracts, others did not.

**Judgement:**           **Standard 14a: Compliant**

**Standard 14b: Substantially compliant**



## **Standard 15: Supervision and support**

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

### **Summary of inspection findings under Standard 15**

Inspectors found carers with allocated link workers received good quality supervision. Arrangements were in place to support carers looking after children with complex needs but supports were not always put in place in a timely way. The area ran support groups in each county but did not provide a formal out of hours service.

Where foster carers had an allocated link worker, inspectors found the majority of these carers received regular and good quality supervision and support. The area had a template for the supervision of foster carers and managers told inspectors that link workers were expected to do formal supervision visits with foster carers at least four times a year. This template was evident on some, but not all files sampled. Where the template was in use, inspectors found supervision was of good quality. In the majority of files without the formal supervision record, inspectors found evidence in casenotes that link workers were in regular contact with foster carers to support and supervise them, as appropriate. However, inspectors did review one case of an unapproved relative carer who had not had regular home visits from their link worker. Social workers for children in care told inspectors that link workers needed to better reinforce expectations with carers, giving examples of recurring issues around foster carers not doing school runs or having poor understanding of the importance of access for children.

Inspectors found that supports were put in place for foster carers caring for children with complex needs but not always in a timely way. The area relied on Child and Adolescent Mental Health Services, private family support style services, professionals with specialist knowledge and counselling services to support children and foster carers. While inspectors found some respite arrangements were in place to support foster carers, carers told inspectors that there was a fear of asking for respite support in case it appeared they were not coping. Inspectors reviewed a small number of files where supports were put in place just prior to placement breakdown, months after the carer had identified that they were struggling to manage. Social workers for children in care told inspectors that carers needed additional support and training for managing children who had experienced childhood trauma. Inspectors found the area had begun to provide foster carers with training in this area. In addition, the region had developed a strategy in conjunction with a private fostering agency to provide specialist placements for children with

complex needs but no children had been placed in this arrangement at the time of inspection. Inspectors found that where a number of services were involved in supporting families, multidisciplinary and strategy meetings were held to ensure good communication between professionals.

Regular support groups were held in both Meath and Louth to facilitate carers to attend. While support groups were an opportunity for carers to discuss issues, they were also used to present on topics including self care, drugs and substance misuse, internet safety and roles in the social work department. This meant the area used support groups well as an opportunity to both support and train foster carers in the area.

The area did not provide a dedicated out-of-hours service to foster carers. Managers told inspectors work was underway to develop this service but it was not in place at the time of inspection. This meant that foster carers had to rely on calling An Garda Síochána if an incident occurred. Staff and foster carers told inspectors that if there were particular issues, social workers would take calls out of hours to provide support to carers.

**Judgement: Substantially 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**

While the area provided varied training, there was no overarching strategy that took account of the needs of the area. Some action had been taken to enable managers to get an overview of training attended by foster carers but training records on carers' files needed improvement. The area struggled to ensure ongoing attendance at training by foster carers.

The majority of foster carers received foundational training before their approval as foster carers, but there were no systems in place to ensure that foster carers participated in ongoing training. This foundational training included information on areas such as child development and attachment, safe care, family contact and behaviours of children in care. Specific training for relative foster carers was also available.

In the 12 months prior to inspection, the area provided training in introduction to fostering, attachment, self care, first aid, stress management, supporting children with emotional difficulties and supporting children with behaviour problems.

The area had started to collate electronic training records for all foster carers but the Principal Social Worker told inspectors this was not in place in one office due to a lack of administrative support. In this office, the central records held showed attendance at individual training sessions. This meant that the area were beginning to develop oversight of the training undertaken by foster carers but at the time of inspection the area had not conducted a training needs analysis in relation to foster carers. The area did have training planned for 2017 and inspectors found evidence that training was offered in response to feedback from foster carers. However, there was no overarching strategy in place to inform a training plan for the area.

The area struggled to ensure ongoing attendance at training after foster carers were approved. Managers and staff told inspectors that it was often the same group of carers who attended training. As part of the assessment process, foster carers were expected to sign a declaration of their intention to attend training, and inspectors found a copy of this on most files reviewed. Apart from reviews of foster carers, inspectors did not see follow up with foster carers around poor attendance at

training. Foster carers also told inspectors that it was difficult to attend training that was further away, for example, in Dublin.

The quality of training records on foster carers' files was mixed. While some files showed training attended and scheduled for carers, others did not have any training records. There was no evidence on files of carers being informed of a training schedule for the year, although some files did contain letters to foster carers in relation to one-off training events.

**Judgement: Substantially compliant**

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

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

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

Reviews of foster carers were not up to date for a significant number of carers. While the area had a schedule in place, inspectors sought assurances in relation to foster carer reviews and were informed that reviews would be up to date for all carers by March 2018. When foster carer reviews did occur, inspectors found they were of good quality but recommendations were not always implemented in a timely manner.

Over half of the foster carers in the area had not had a review in over 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. As such, reviews did not occur in a timely way, even where it was a direct recommendation of the foster care committee. Reviews function as an opportunity to update Garda vetting, health and safety assessments, medicals, review training and support needs and to consider any changes in circumstances. The absence of up-to-date reviews meant that the service was not addressing these issues for over 50% of carers. However, inspectors found there were a number of carers where work was under way in order to prepare for upcoming reviews. At the time of inspection, the area had a schedule in place to update reviews of foster carers and the principal social worker provided written assurances to inspectors that all reviews would be updated by March 2018.

Managers told inspectors that the carers who had an allegation made against them were priority for review, but inspectors did not find that this was the case. In practice reviews were held for the purpose of making a long-term match, often where the courts were waiting for matching to take place before granting a care order. No foster carer reviews had taken place for foster carers where there were serious concerns or allegations in the previous 12 months but inspectors found that reviews were scheduled for some of these families. In one case, there had been a significant delay and the principal social worker had identified that a review needed to take place as a matter of priority. This was necessary in order to review the capacity of the carers to meet the needs of children placed in their care and identify any supports required.

Inspectors found that the majority of reviews were comprehensive and included the voice of the child placed with carers. A regional policy was in place to provide guidance in relation to reviews and ensure they were of good quality. Inspectors found that reviews involved updated health and safety checks, financial information,

medicals, Garda vetting, a report from the children in care social worker, and input from children in placement and birth parents, where possible. Reviews sampled included a number of visits to the foster carers to discuss any changes in circumstances or issues arising for foster carers. Inspectors found that discussions held in foster carer reviews were thorough and appropriate recommendations were made. In all but one file reviewed by inspectors, the views of children had been taken into account. Inspectors observed one review and found the discussion to be child centred.

The foster care committee were informed of the majority of reviews. Apart from one case sampled, reviews of foster carers had been notified to the foster care committee on their completion. Inspectors found the quality of reports relating to reviews of foster carers were comprehensive and dealt with the wide range of issues outlined in the regional policy. During the foster care committee meeting observed by inspectors, the committee identified that one report did not adequately reflect the views of children. As a result, the committee decided to defer the decision in relation to continuing approval until the input of the child placed and their parents were included in the review report. Inspectors found that the committee made appropriate recommendations on receipt of review reports but there was no system in place to track the implementation of recommendations. In some cases link social workers presented foster carer reviews to the committee, but this did not occur for all cases.

Decisions made following reviews were not consistently followed up on in a timely manner. In one case reviewed, the recommendations were followed up in a timely manner but in other cases recommendations had not been followed up at all, or there was a significant delay before recommendations were implemented.

**Judgement: Major non-compliance**

#### **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.

#### **Summary of inspection findings under Standard 23**

While the foster care committees were not functioning in line with standards and national policy, the chair of both committees was working to address this. There were two foster care committees in the area, one located in Meath and the other in Louth. The foster care committees in each area were chaired by the Area Manager who had conducted a review of both committees in January 2017 that identified how each committee had not been functioning in line with Standards and national policy. From this, the chair had developed an action plan and was making progress to address the identified deficits.

At the time of inspection, both panels comprised a chairperson, secretary, fostering team leader, psychologist, area medical officer, someone who had experience of growing up in care and a person with experience as a foster carer. One committee had introduced a child protection social worker and there was a plan to do the same for the second committee in order to bring both committees in line with the national policy. One committee had a member from the voluntary sector and efforts were underway to introduce this for the second committee. In addition, the chair had arranged to include members of the adoption authority as members on both committees.

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Induction training was scheduled for the five panel members due to join the committees and current members were also welcome to attend this training. The chair of the committee had developed a comprehensive induction pack for new members. In addition, inspectors observed that new panel members who had no previous experience of attending the committee were given the opportunity to observe a meeting prior to taking up their role formally. Committee members had not attended training in the year prior to inspection but the chair had identified training needs for the coming year.

While Garda vetting was up to date for some committee members, the chair had sent out forms to the remaining committee members to update vetting. While Tusla staff who were also members of the foster care committee may have had vetting for their substantive role, there was no evidence that Garda vetting was conducted for their role as committee members. As a result, inspectors sought assurances from the chair of the committee in relation to up-to-date Garda vetting for all panel members. Inspectors received assurances that application forms had been submitted for all panel members where up-to-date Garda vetting was outstanding.

Throughout 2016, one committee met 11 times, had good attendance by committee members and had sufficient numbers of attendees in order to support robust decision making, while the other committee met five times and did not have sufficient attendees for every meeting. The national policy requires that the committee meetings are attended by at least six members but one committee did not meet this requirement for every meeting during 2016. The chair told inspectors that they were addressing this by increasing the number of members of the committee and meeting with existing panel members individually to discuss how to improve the functioning of the committee.

Both committees dealt with a wide range of issues. These included considering and making recommendations on assessment reports for prospective carers, long-term matches, foster carer reviews, and notifications. One committee had a significant level of work related to private agencies. The chair told inspectors that the committees had the capacity to meet on an emergency basis if needed and one committee had done so in January 2017. Inspectors observed one committee meeting and it was evident that where committee practices had previously deviated from the national policy, the chair was trying to standardise practices, in line with national policy. The chair's review of each committee also identified that exit interviews and disruption reports were not routinely provided by the local area.

The area manager took on the role of chairing both foster care committees in January 2017, after there had been inconsistent chairs for both committees throughout 2016. As such, they were full-time employees of Tusla. Inspectors interviewed the chair who had previous experience on a foster care committee and



significant experience as a social work manager. The chair was clear about their role and responsibilities connected with the committee and managed meetings well. The Standards state that the foster care committee should recommend to Tusla whether or not to put applicant's names on their panel of foster carers. Given that the chair also filled the role of area manager, decisions made by the committee were made with the approval of the chair, and as such, the area manager. The chair told inspectors that should they decide in future to hand over responsibility for chairing one or both committees to another person, they would maintain responsibility for ratifying the recommendations of the committees, in their role as area manager.

Based on the observation of one committee meeting and a review of documentation, inspectors found that both foster care committees made clear decisions but had only recently begun to track notifications. Inspectors found that the committee received notifications in relation to allegations and where there was a breach of standards, but these were not consistently provided in a timely way. The chair told inspectors that they went through the records from 2016 and followed up on two notifications where the committee had not received a notification of the outcome. A tracking system was established for one committee in February 2017 and was due to commence for the other committee in March 2017. This should support the committee's ability to track notifications and follow up where there are delays. Inspectors found from a review of minutes and attendance at one meeting that there was good discussion of issues in the committees' meetings and clear recommendations were made.

The national policy, procedures and best practice guidance requires the foster care committee to produce an annual report of its activities. The chair told inspectors that as a result of not being the chair during 2016 they were not in a position to compile an annual report relating to that year, but instead carried out a review of both committees. The chair told inspectors it is her intention to compile an annual report from 2017 onwards. While quarterly reports to the principal social worker were not evident throughout 2016, since taking up their role as chair in January, they had circulated a memo to the principal social worker outlining what issues were arising for the committee. This memo addressed issues such as the need to include the opinion of the child and parents in foster carer reviews and long term matches, guidance in relation to making notifications to the committee and highlighted the importance of signatures on reports.

Inspectors found that requests for approvals for foster carers from external agencies made up a significant part of the work for one foster care committee. Based on a review of files and observation of the committee, inspectors found that appropriate arrangements were in place to ensure the committee had sufficient information at their disposal in order to make a decision. Inspectors reviewed some assessments

completed by private agencies and found them to be comprehensive. External agencies were required to submit an assessment with supporting documentation in relation to relevant checks. The committee then met with staff and prospective foster carers so they had an opportunity to clarify any issues. Inspectors observed that where there was insufficient information, the committee discussed the identified issues with the assessing social worker and requested that the case be re-submitted at a later date, with additional information or documentation.

The secretary for the foster care committee maintained a log of approvals of private foster carers, in addition to the area's log of foster carers. These logs contained information in relation to contact information, who foster carers were approved to care for and any approval conditions.

**Judgement: Substantially compliant**

## **Theme 5: Use of Resources**

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

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

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

### **Summary of inspection findings under Standard 21**

Inspectors found sufficient resources were in place to recruit and retain foster carers. While the area did not have a sufficient range of carers, they had identified what types of placements were needed and had plans in place to manage this while further recruitment was ongoing.

The area was supported by a regional team covering Dublin North East who were dedicated to conducting assessments of general foster carers. Inspectors interviewed the team leader and principal social worker of the regional team and were advised that arrangements were in place for social workers to take enquiry calls, arrange home visits to potential carers and proceed with an application to foster, where the carers appear to be suitable. The regional team were then responsible for carrying out the assessment, or contracted out the assessment to a private fostering agency to carry out where they did not have capacity within their own team. Once the carers were approved by the local foster care committee, they took on the responsibility of the local fostering team leader and files were transferred to the local area in which the carer lived. However, the majority of general assessments underway during 2016 were conducted by local staff in Louth/Meath, rather than through the regional team.

Inspectors found that there were sufficient resources in place to recruit carers. There were two campaigns held locally in the 12 months prior to inspection, with information evenings in each area, in addition to an ongoing campaign at the time of inspection. These campaigns involved visits to local shopping centres, radio interviews and advertising in a publication targeted at a particular ethnic group.

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While the regional team supported the area with campaigns, managers told inspectors that all of the local activities were organised and facilitated by local staff. The area had a significant response to the campaign in 2016 and from the enquiries that resulted from this, six carers were approved and a further 19 carers were in assessment at the time of inspection.

The area manager told inspectors that the area did not have sufficient placements to meet their needs. Staff identified a need for more general carers, culturally-appropriate placements and placements for teenagers. There was some evidence that the area targeted their campaign in 2016 to encourage applications from a specific cultural background but the plan was to re-double these efforts during the ongoing campaign. In addition, the area had identified that they had 26 placements with more than two children placed and intended to use the carers coming on stream to address this issue. Social workers told inspectors that the shortage of placements made it very difficult to place children, especially when there was a disruption, which led them to place children in whatever placement was available. This meant that children were placed with carers on the basis of who was available, rather than the capacity of carers to meet the assessed needs of children.

While there was no overall retention strategy in place for carers, the area manager told inspectors that their priority was to provide sufficient supports for placements in order to retain carers. Data for the area showed that 11 foster carers had left in the 12 months prior to inspection. The principal social worker told inspectors that retention of foster carers was not a particular difficulty for the area and a sample of files of carers who left showed that the reasons carers stopped fostering included retirement and children aging out of care. Inspectors found that exit interviews were not consistently conducted with foster carers who had left the service. Some foster carers told inspectors that they were considering giving up fostering due to their experience of the allegations process.

While the foster care panel was not formally reviewed or analysed, the area had identified deficits in the range of carers available. The principal social worker told inspectors that these deficits were identified based on the profile of children being admitted to care and the struggle to find suitable placements for certain children. In addition, the area manager told inspectors that they received notifications where the number of children in a placement exceeded two. On this basis, the area conducted an analysis of placements where there were more than two children placed and it became clear that there was an issue with overcrowded placements. As a result, managers had identified that they required greater numbers of foster carers generally, and in particular, placements for teenagers and children from culturally diverse backgrounds. The area had begun to address these issues in their last

recruitment campaign but there continued to be a shortage of placements at the time of inspection.

**Judgement: Substantially compliant**

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

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

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*National Standards for Foster Care (April 2003)*

**Theme 2: Safe and Effective Services**

**Standard 5: The child and family social worker**

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

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

**Standard 6: Assessment of children and young people**

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

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

**Standard 7: Care planning and review**

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

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

**Standard 8: Matching carers with children and young people**

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

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

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

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

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

**Standard 10: Safeguarding and child protection**

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

*National Standards for Foster Care (April 2003)*

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

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

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

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

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

*Part III, Article 5 Assessment of foster parents*

*Part III, Article 9 Contract*

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

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

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

*Part III, Article 5 Assessment of relatives*

*Part III, Article 6 Emergency Placements*

*Part III, Article 9 Contract*

**Standard 15: Supervision and support**

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

**Standard 16: Training**

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

**Standard 17: Reviews of foster carers**

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

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

### **Standard 22: Special Foster care**

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

### **Standard 23: The Foster Care Committee**

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

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

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

## **Theme 3: Health and Development**

### **Standard 11: Health and development**

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

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

### **Standard 12: Education**

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

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## Theme 4: Leadership, Governance and Management

### Standard 18: Effective policies

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

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

### Standard 19: Management and monitoring of foster care agency

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

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

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

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

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

## Theme 5: Use of Resources

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

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

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## **Theme 6: Workforce**

### **Standard 20: Training and Qualifications**

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