

**Health Information and Quality Authority  
Regulation Directorate**

**Monitoring Inspection Report -**

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



<b>Name of Agency:</b>	Fostering First Ireland	
<b>Dates of inspection:</b>	19-21 June 2018	
<b>No. of Fieldwork days:</b>	3 days	
<b>Lead inspector:</b>	Sabine Buschmann	
<b>Support inspector(s):</b>	Caroline Browne Niamh Greevy	Ruadhan Hogan
<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>Inspection ID:</b>	0024075	

## 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:

<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 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 Fostering First Ireland 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,
- 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 and the business support manager,
- interviews with the two principal social workers, two team managers for the link social work team and the coordinator for the assessments,
- focus groups with foster carers and the link social work team,
- review of the relevant sections of foster carers' files as they relate to the theme.

## **Acknowledgements**

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

## 2. Profile of the foster care service

### The Service Provider<sup>1</sup>

Fostering First Ireland provides a range of services including emergency, short-term, respite, general and specialist foster care placements. It has been in operation in Ireland since 2005 and receives referrals from all 17 Tusla areas. Fostering First Ireland is a social enterprise and is part of Key Assets – The Children’s Services Provider, an international provider of children and family social services that operates in over 10 countries and whose parent organisation is Core Assets.

Fostering First Ireland was made up of one director who reports to the CEO of Key Assets Europe. She was supported in her role by two principal social workers and a business support manager. There were two principal social workers who oversaw different aspects of the service. A principal social worker for practice and compliance line managed two social work team leaders who in turn line managed the link social work teams. The education officer and the children’s officer also reported to this principal social worker. A second principal social worker with responsibility for carer approvals had oversight of foster carer recruitment, the screening of potential foster carers, foster care assessments and foster care reviews. The finance, reception and placements functions were managed by the business support manager.

The service operated out of a Dublin office. At the time of inspection, 17 of the 24 full time staff were home based and the internal communication was facilitated through phone, video conferencing and meetings held in the Dublin office, along with various locations in other venues around the country.

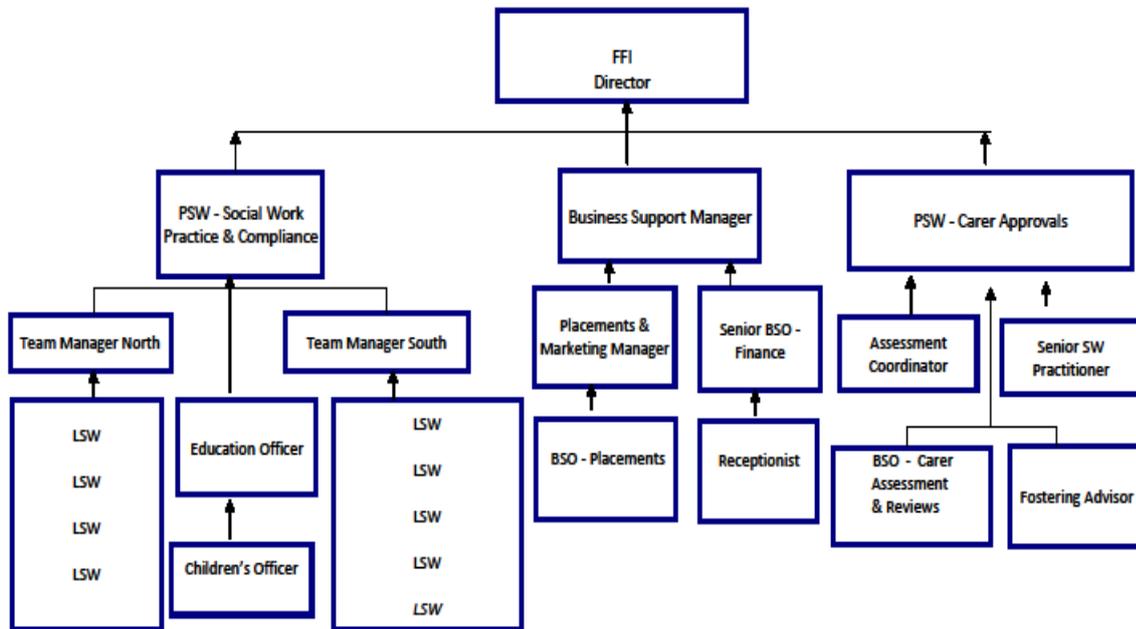
According to the data returned to HIQA from Fostering First Ireland prior to the inspection, the service had 99 foster care households across the country that provided foster care placements for 120 children from across the Tusla service areas. Fostering First Ireland did not have a service level agreement for general foster carers. This was subject to on-going negotiations with Tusla and was unresolved since the last inspection in 2016.

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

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<sup>1</sup> Based on information provided by Fostering First Ireland

Figure 1<sup>2</sup> Organisational Chart:



*BSO = Business Support Officer  
 LSW = Link Social Worker  
 PSW = Principal Social Worker*

<sup>2</sup> Provided by Fostering First 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 delivering a range of services and care placements for children. While Tusla promote statutory foster care services they also contract private agencies to deliver non-statutory foster care services on their behalf.

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. Fostering First Ireland provided annual data, reports on individual children in their care, and updates on assessments being carried out on behalf of the Child and Family Agency.

This report reflects the findings of the thematic inspection, relating to six standards including, safeguarding, assessment and approval, supervision and support, training, reviews, and recruitment and retention, which are set out in Section 5 of this inspection report. The provider is required to address a number of recommendations in an action plan attached to this report.

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

- five standards were compliant
- one standard was substantially compliant.

This was the second inspection of Fostering First Ireland by HIQA, the first having taken place in 2016. The service was well-resourced, well managed and there was good oversight 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 social worker, who visited regularly, was in weekly communication with them, and provided good supervision and support. Specialist support to foster carers and children in care was provided by two therapists and an educational officer and carers could avail of a respite service. The majority of foster carers attended a monthly support group that was facilitated and supported by a link social worker. Foster carers were facilitated to become

members of a national organisation for foster carers. There was also a dedicated out-of-hours service available to foster carers.

Foster carers reviews were completed in a timely manner in line with the standards and additional reviews took place, following allegations or concerns. Reviews were detailed and review reports were comprehensive and of good quality.

The service held a yearly internal review/appraisal of foster carers as a monitoring tool of foster carer's continued capacity to provide good care to children.

The service was committed to the recruitment and retention of foster carers. There were sufficient resources to deal with applications from prospective foster carers.

Safeguarding arrangements included regular An Garda Síochána (Garda) vetting for foster carers and adults who had significant contact with the children in care. Each foster care household had a safe care policy which was reviewed regularly. A system of at least one unannounced visit per year to foster care households was also in place.

Allegations, serious concerns and complaints were well-managed and appropriate action was taken to safeguard children. However, inspectors found through a review of complaints that one complaint was categorised incorrectly. In addition, there were some delays in relation to the investigation of allegations and the service did not have a mechanism in place to escalate cases that were not being followed up in a timely manner by Tusla. 98 foster carer households were trained in Children First (2017) and policies on child protection and complaints were up-to-date.

Assessments of prospective foster carers were comprehensive, completed in a timely manner and there was good oversight by the management team. There was a clear process for the approval of foster carers by the relevant foster care committee.

All foster carers received foundational training before their approval as foster carers and there was a programme of regular training events in place for all foster carers. Foster carers were well-informed about the training schedule and all foster carer's file contained training records. Foster carers were expected to attend seven core modules of training in the first year after approval and continue with on-going training thereafter. In addition, the service facilitated training in different parts of the country and made use of online training and training in the foster carer's home.

### 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
<b>Theme 2: Safe and Effective Services</b>	
<b>Standard 10:</b> Safeguarding and child protection	Substantially compliant
<b>Standard 14a:</b> Assessment and approval of foster carers	Compliant
<b>Standard 15:</b> Supervision and support	Compliant
<b>Standard 16:</b> Training	Compliant
<b>Standard 17:</b> Reviews	Compliant
<b>Theme 5: Use of Resources</b>	
<b>Standard 21:</b> 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**

Allegations and serious concerns were well managed by Fostering First Ireland and children were safe and protected from abuse and neglect. Inspectors reviewed the provider's policy on managing allegations against foster carers and found that it followed the requirements set out in Children First: National Guidance for the Protection and Welfare of Children 2017 and the Children First Act 2015.

Data provided by the service showed that there were three allegations and serious concerns against foster carers in the 12 months prior to the inspection. Inspectors reviewed all three allegations in detail and found that that they received an appropriate response and were categorised correctly. Fostering First Ireland reported allegations and serious concerns to Tusla. There was evidence of good communication and collaboration between Fostering First Ireland and the children's social workers. When Fostering First Ireland had responsibility for investigating concerns that did not require intervention by Tusla, these were carried out quickly to ensure that children were safe and protected.

There was evidence that the foster care committee was notified of all allegations and serious concerns. Notification forms were signed by social workers from both Fostering First Ireland and social workers from Tusla. However, there were some delays in waiting for notification forms to be returned by Tusla social workers which led to some completed notifications not being forwarded to the foster care committee within the appropriate timeframes. In addition, the provider did not notify

the monitoring officer when allegations or serious concerns had been made as required.

Fostering First Ireland maintained good oversight of allegations and serious concerns. A principal social worker was the designated liaison person for child protection. She maintained the child protection log, a monitoring and oversight system for the progress of allegations and concerns that included the details of all key elements of the process and the outcome. Link workers notified managers of allegations and concerns in writing. Inspectors reviewed minutes of senior management meetings and found that all allegations and serious concerns were communicated to the senior management team and were a standing item on the agenda of all management meetings.

However, the monitoring and oversight system did not trigger actions when something on the system was delayed or drifted and as a result issues that needed to be raised with Tusla were not always escalated in a timely manner. For example, a Tusla foster care committee chair requested an outcome letter for an allegation in January 2018. While the principal social worker of Fostering First Ireland had requested this outcome letter in May 2017 the issue was not escalated further and was still outstanding at the time of the request in January 2018.

Statutory responsibility for the investigation of allegations lay with Tusla. Inspectors found that there were delays in processing allegations/serious concerns when they were deemed to have met the threshold for child protection intervention by Tusla. In two out of three allegations reported to Tusla, strategy meetings did not always take place in a timely manner and the records of strategy meetings did not always reflect how decisions were reached. While this was outside the control of Fostering First Ireland, there was no formal escalation process in place to address delays in Tusla's response to reported concerns. Inspectors brought this to the attention of the director and the principal social worker who was also the designated liaison person during the inspection. Following the inspection, Fostering First Ireland developed an escalation policy and advised inspectors that the policy had been implemented.

There were a number of good safeguarding practices in place for foster carers. Fostering First Ireland had implemented their own comprehensive safeguarding statement in line with the Children First Act 2015 and Children First: National Guidance on the Protection and Welfare of Children (Children First) (2017). The foster carers handbook provided information and guidance to foster carers on how to manage allegations and serious concerns and their responsibilities as mandated persons. Each foster care family had their own safe care policy, which was a detailed account of the family rules around keeping the children in care, the foster carers and their own children safe. The safe care policy was reviewed at foster carers reviews and when there was a new placement of a child. In addition, in order to ensure that

foster carers were meeting their responsibilities, the provider ensured that one visit a year either by the link social worker or a member of the management team was unannounced.

The service had an effective system in place for updating Garda vetting for foster carers and other relevant persons every three years. An administrator maintained a data base for this purpose and alerted all link social workers when their updates were due. Data submitted prior to the inspection showed that all foster carers and relevant others had Garda vetting and all except six had been updated within three years. The foster carers, whose updated vetting was outstanding, were on hold and were not actively fostering.

Fostering First Ireland had a complaints policy and the details of this were made available to foster carers in their foster carer handbook. Complaints were managed well by the area and addressed appropriately. Data received prior to the inspection showed that 13 complaints had been made against foster carers in the 12 months prior to the inspection and two complaints had been made by foster carers during that time. Inspectors sampled seven out of 13 complaints and found six were correctly categorized and addressed appropriately. However, one record which was categorised as a complaint was in fact a serious concern and was not managed in line with the provider's policy on managing allegations and serious concerns.

Inspectors found evidence that all complaints were discussed with foster carers and that outcomes were clearly recorded on foster carer's files. A principal social worker had oversight of all complaints and maintained a complaint log. From a review of files inspectors found that as part of the induction process all children placed with foster carers received a copy of the complaints procedure. In addition link social workers met with children in foster care placements and discussed with them how to make a complaint which was recorded in the foster carers file.

There was a policy in place on protected disclosure (whistle blowing). Staff and managers told inspectors that staff felt confident in raising any concerns they might have.

All foster carers received training on Children First (2011) and safeguarding policies as part of the foundational training before they were approved. Foster carers attending a focus group told inspectors that training in Children First was mandatory and that they were aware of their role and responsibilities as mandated persons under the Children First Act (2015). The principal social worker had oversight of training and maintained a record of attendance at training through the use of a monitoring and oversight system. This was an electronic spread sheet that contained all the relevant information about foster carers training attendance and was updated regularly. Inspectors reviewed the electronic spread sheet on Children First (2017) training and found that 98 out of 99 foster care households had completed the e-

learning module and appropriate arrangements were in place for the remaining carers to complete the training. In addition training records for the completion of the training were held on foster carers file. Fostering First Ireland provided a comprehensive training programme throughout the year to foster carers and inspectors found that Children First training and mandatory reporting for foster carers was offered every month in different locations in Ireland.

**Judgment: 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<sup>3</sup> 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 guidance for the social workers carrying out the assessments. Assessments were carried out by independent social workers employed on a contractual basis by the provider, for the sole purpose of carrying out foster care assessments. The assessment coordinator and principal social worker had oversight of all completed assessments for the purpose of quality assurance.

Data provided by Fostering First Ireland showed that 11 general foster carers were assessed and approved in the 12 months prior to the inspection and inspectors reviewed a sample of four assessments of foster carers who had been approved during that time. In addition, 13 assessments were in progress at the time of inspection. Inspectors found that the four assessments sampled were detailed, comprehensive and of good quality. There was evidence that the assessing social worker visited the family home and interviewed prospective foster carers several times, including individual and joint interviews, and also met with birth children of the foster carers. The assessments provided a comprehensive in-depth analysis of the foster carers' ability to provide good quality care to children and included key areas such as a previous history, training needs, employment, education and why foster carers wanted to foster children. The files sampled contained all of the documentation for approval, including references, medical assessments, garda vetting, health and safety checks and child protection checks. Each file contained a copy of a generic foster care agreement between the foster carers and Fostering First Ireland service.

There was good oversight of the assessment process by the assessment co-ordinator who supervised the assessing social worker and oversaw the quality of the assessments. The provider held recruitment and assessment meetings every two months where assessments were discussed in detail and these meetings were used as an additional oversight system to ensure timely completion of assessments.

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<sup>3</sup> 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).

When an assessment was completed and quality assured by the assessment co-ordinator, it was reviewed by the principal social worker who maintained a monitoring and oversight system for all assessments. This system was used as a supervision tool and a tracker of progress. The assessment coordinator and the assessing social worker discussed the assessment in face to face supervision, emails and phone calls. A midway meeting was held to discuss timelines and progress and issues that may delay the assessment process. Inspectors found that all four assessments were completed within the timeframe of 16 weeks, as required by regulations.

Fostering First Ireland also conducted relative fostering assessments on behalf of Tusla. The agency had contracted 43 assessing social workers to complete these assessments and the assessment co-ordinator maintained oversight of the quality of these assessments. Data provided by Fostering First Ireland indicated that three relative foster carers were assessed in the 12 months prior to the inspection. A further 13 foster carers were undergoing assessments.

There was a clear process for the approval of foster carers. Foster carers were afforded the opportunity to read and comment on their assessment reports. Assessment reports were then presented to the relevant foster care committee which operated within the foster carer's local area. The assessing social worker attended the foster care committee meeting when their assessments were being discussed. Foster carers were notified in writing by the chair of the foster care committee of the decision in relation to their approval as foster carers.

There was a process in place for foster carers transferring from another service into Fostering First Ireland. Data provided by the service to inspectors indicated that only one foster care household had transferred over to Fostering First Ireland in the 12 months prior to the inspection. Inspectors reviewed this file and found that this process was not followed as they did not obtain the full fostering file from the previous provider. This meant that Fostering First Ireland did not have the full history of the foster carer.

Inspectors were informed that individual foster care contracts for each child were completed by the placing social worker of the child and while inspectors did not see copies of those on foster carers file, inspectors were told that they were kept on the children's files.

**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.

Data provided by the area prior to the inspection indicated that all foster carers had an allocated link social worker and inspectors found that to be the case. The fostering team comprised of nine link social workers and two team managers. As a national service, the two teams provided support to foster carers across the entire country. From a review of foster carers files and interviews with link social workers, there was evidence that all link social workers were in regular contact with the foster carers allocated to them. Link workers provided a variety of supports, including training, the sourcing of respite when required, facilitating monthly support groups as well as monthly home visits in accordance with the service's supervision policy. These supports were evidenced on file and were set out in the service's policy and procedures for support and supervision of foster carers.

There was evidence of good formal supervision of foster carers in line with the service's policy and procedures for support and supervision of foster carers. This policy described the minimum level of supervision which was expected to be afforded to foster carers by link social workers. Inspectors found good practice in all 14 files that were sampled. A supervision contract was in place on all files which set out the frequency, duration and content of supervision and support visits between foster carers and link workers. A formal supervision template was used to record supervision visits. These templates included key components of good supervision, such as the needs of carers, the needs of their family and the needs of the children in their care. Inspectors found comprehensive supervision records that described issues that were discussed. Records also included follow-up actions and identified who was responsible for this action, indicating that foster carers received good supervision from their link workers.

Inspectors found that there were good supports available to foster carers caring for children with complex needs. Fostering First Ireland had a therapeutic team, consisting of two part-time therapists that provided additional support to foster carers, the link social workers and to biological children of carers. There was evidence that the therapeutic team provided a wide range of services, including behavioural supports, critical incident debriefing and support after a placement break down. In addition, the therapists provided formal training as part of the induction process, on-going training as well as support for birth children and support to link

social workers in their role. Foster carers told inspectors that they were provided with good quality support and supervision. From the review of files inspectors found that all foster carers met the therapists as part of the induction process.

All of the 14 files reviewed by inspectors showed clear evidence of comprehensive, detailed case notes and discussions on what extra support for foster carers was required. Inspectors found evidence of respite arrangements for children with complex needs, as well as professionals meetings, regular phone calls and extra home visits to support foster carers.

Link social workers and managers told inspectors that link social workers were supervised regularly by their team manager who provided support and had oversight of their work with foster carers. However, inspectors sampled 14 foster carer's files and found that they did not hold link social worker case supervision records. Inspectors were told that all case supervision records were held on the confidential staff files and that major decisions were recorded on a case decision template which were found on four of the files.

There were foster care support groups available to foster carers around the country that were facilitated by link social workers and attendance was part of the contractual agreement with the foster carer. While the attendance was not mandatory link social workers told inspectors that carers were expected to attend.

Fostering First Ireland provided a number of opportunities for foster carers to meet and support each other. Three social events were organised each year for foster carers and their families. Foster carers were recognised for achievements and received cards on birthdays and other relevant occasions. Regular training events were organised and they included opportunities for foster carers to meet and to share issues of interest and concern. Link social workers told inspectors that foster carers were encouraged to join a national foster carers' association to provide foster carers with an additional source of information, training and support. The details of the organisation were also outlined in a foster carer's handbook.

Twenty-four hour support was accessible to foster carers. This service was operated by link social workers and the team managers on a rotational basis, and was available to foster carers for advice and support when the office was closed, including at weekends. A foster carers' handbook provided information on the on-call service and contained useful advice for foster carers on a range of issues. Foster carers who spoke with inspectors said that they were very satisfied with the out-of-hours service and that they received a high level of support from Fostering First Ireland.

**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**

Fostering First Ireland had a training strategy in place and the service was committed to the provision of good quality training for its foster carers.

Inspectors reviewed the training strategy and found it included a comprehensive training needs assessment of all carers a month after approval. Link social workers developed a personal professional development plan (PPDP) with all foster carers that provided a framework for supporting the learning and development of foster carers. Inspectors sampled management meeting minutes and found that the training strategy was reviewed regularly, to ensure the training provided met the changing needs of children and foster carers. The three yearly foster carer review process and the internal yearly appraisals informed the personal professional development plan to identify gaps, needs and what supports foster carers required to provide a high standard of care to children. From the review of foster carers' supervision records and review reports inspectors found that training needs were discussed as a standing item and these discussions informed what training carers needed to attend.

Inspectors reviewed training records of 14 foster care households and found that all files contained comprehensive training records. All foster carers received foundations in fostering training prior to approval. In addition foster carers were required to attend core modules of training preferably during their first year of fostering. The modules included training in team work, attachment, promoting positive behaviour, good recording, safeguarding and safer caring.

The principal social worker had oversight of training and maintained a record of attendance at training through the use of a monitoring and oversight system. This was an electronic spread sheet that contained all the relevant information about foster carers training attendance and was updated regularly. Inspectors reviewed the monitoring system and found it recorded the training attended by foster carers, the dates training was attended and when training such as Children First (2017) required renewal.

The director told inspectors that most staff members had undertaken 'train the trainer' courses and that staff internally provided the majority of training to foster carers. The principal social worker told inspectors that as a national service finding

convenient training locations for all foster carers can be a challenge. However, the service provided training in the foster carers' homes when necessary and had developed a range of e-learning programmes and web seminars to ensure easier access to training.

Training events were held at different locations around the country, on weekdays, evenings and at weekends in order to facilitate attendance. Inspectors viewed the training schedule for 2017 and 2018 and found it contained 63 modules for the year, including Children First (2017), working with children who have been abused, safe caring, health and safety, valuing diversity, allegations, missing in care, First Aid and managing behaviours that challenge. The administrator was responsible for informing the foster carers of available training and kept a record of foster carers that had attended training as well as a record of why foster carers were unable to attend training.

**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**

Reviews of foster carers were carried out in line with regulations and standards. According to the standards, the first foster care review should take place one year after the first placement and subsequent reviews should take place at three-yearly intervals. Additional reviews should take place following an allegation of abuse or a serious complaint. Data provided by the area showed that, of 99 foster care households in total, 39 had a review in the 12 months prior to the inspection.

There was good practice evident in the review process and the service had a system in place to ensure that good quality and timely reviews of foster carers were carried out in line with the standards. In addition, Fostering First Ireland held yearly internal reviews or appraisals to monitor the performance of foster carers.

An administrator maintained a tracker for foster carer reviews and yearly appraisals which were scheduled for each year in advance. Six weeks prior to a review a reminder was triggered alerting the link social worker and team manager that a review was due. A further two reminders were triggered four and two weeks prior to the review. The monitoring system ensured that team managers had oversight that foster carers had a review when required and that reviews were completed in a timely manner. Team managers told inspectors that they received updates on progress of preparation for reviews from the link social worker in supervision.

Inspectors reviewed minutes of foster carers reviews and found that they were chaired by an external independent review officer who collated the information provided by the link social worker. Review meetings were held in the Fostering First Ireland offices or other locations convenient to the carer. The child in care social worker was notified of the outcome of the review and the review report was sent to the appropriate foster care committee in the area. The team managers told inspectors that there were significant delays in the reviews being heard by some foster care committees in different areas.

Inspectors sampled six foster care review reports and found them to be of excellent quality. The reports were comprehensive, detailed and addressed key issues including the foster carers performance, health, support needs and training requirements. The reports also reflected the views of the foster carers, the child and

birth parents and reports from the child in care social worker. In addition, the review reports focused on how foster carers were best able to meet the needs of the child in their care. There was evidence of discussing complexities and extra supports required for children with complex needs.

Inspectors found there were some delays in review reports being submitted to the foster care committee. Inspectors reviewed six files and found that on three files review reports to the foster care committee had not been submitted. Team managers told inspectors that the child in care reports from the Tusla social workers were not always completed in a timely manner and that this delayed some review reports going to the foster care committee. Inspectors viewed correspondence from foster care committees which acknowledged receipt of a review report but indicated that it would not be considered until the contribution of the child in care social worker was included.

**Judgment: 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<sup>4</sup> 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**

The recruitment of new foster carers was a central part of the work of Fostering First Ireland. Data returned to HIQA showed there were 11 recruitment campaigns and 41 information meetings held in the 12 months prior to the inspection. The response to the campaign resulted in 36 foster care applications. The recruitment co-ordinator told inspectors that 24 foster carers had either been assessed or were undergoing assessment and that eight of those applicants were a direct result of the information evenings. Fostering First Ireland had a well-developed recruitment strategy that was overseen by a principal social worker, who met regularly with the placement/marketing manager and the fostering advisor and recruitment co-ordinator. The placement team tracked all referrals and fed this information to the recruitment team to identify gaps, for profiling and targeting specific regions for recruitment, due to increased demand.

The recruitment strategy involved advertising regularly in a range of media outlets. Fostering First Ireland had a website which provided information to prospective foster carers and a web based initial inquiries form. There was a system in place to ensure that enquiries were responded to within 24-48 hours. The foster care advisor/recruitment co-ordinator carried out the initial home visit and completed an initial assessment of prospective foster carers. The assessment coordinator made the final decision whether to proceed to assessment stage.

Fostering First Ireland had sufficient resources to recruit, assess and train prospective foster carers. The service had contracted 43 assessing social workers that carried out assessments including relative assessments for Tusla at the time of

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<sup>4</sup> These services were provided by former health boards at the time the standards were produced. These services are now provided by the Child and Family Agency (Tusla).

the inspection. Foundations of fostering, mandatory training and core training modules were provided by link social workers and other members of the staff team, for example the therapists provided training in “sexualised behaviours”.

Data provided by Fostering First Ireland indicated that requests for placements by Tusla exceeded the number of placements available in the service. The service had received 378 placement requests between June 2017 and March 2018 and provided 33 placements for children. However, there was no legal requirement on the service to meet this demand. Data provided to inspectors showed that there were five placements available at the time of inspection.

Fostering First Ireland had a carer retention strategy in place and this was evident throughout the policies and procedures of the provider. Inspectors reviewed the carer retention strategy which outlined that Fostering First Ireland had a philosophy of valuing their carers. The strategy stated that the provider recognised the dedication that was required of foster carers to ensure that children in their care were looked after to a high standard. In order to reach these high standards of care the provider developed a supervision and support policy that specified that carers received regular support visits, attended monthly foster care support groups and that carers were provided with additional supports during crisis and could access an out of hours service. In addition the provider recognised foster carers achievements, hosted fostering excellence awards and facilitated a carer mentor buddy system that enabled experienced foster carers to mentor new carers.

Data provided by the area indicated that six foster carers left the service in the 12 months prior to the inspection. When foster carers were leaving the provider, they were offered exit interviews. Two foster carers took up the opportunity of an exit interview. Inspectors reviewed the exit interviews and found that the foster carers left the service for personal reasons.

Fostering First Ireland had a strategy whereby placements at risk of break down were closely monitored. These placements were discussed in team meetings. Inspectors reviewed minutes of meetings and found that they endeavoured to provide additional supports to foster carers where placements were at risk, including increased home visits, therapeutic supports and respite when required.

**Judgment: Compliant**

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

<b>National Standards for Foster Care (April 2003)</b>
<b>Theme 1: Child Centred Services</b>
<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.
<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.
<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.
<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. <i>Child Care (Placement of Children in Foster Care) Regulations, 1995</i> <i>Part III Article 8 Religion</i>
<b>Standard 25: Representations and complaints</b> Health boards <sup>5</sup> have policies and procedures designed to ensure that children and young people, their families, foster carers and others with a bona fide interest in their welfare can make effective representations, including complaints, about any aspect of the fostering service, whether provided directly by a health board* or by a non-statutory agency.

<sup>5</sup> 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 board<sup>6</sup> prior to any child or young person being placed with them.

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

*Part III, Article 5 Assessment of foster parents*

*Part III, Article 9 Contract*

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<sup>6</sup> 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 boards<sup>7</sup> provide for a special foster care service for children and young people with serious behavioural difficulties.

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<sup>7</sup> 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 boards<sup>8</sup> 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

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<sup>8</sup> 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).

and young people in their care.

## **Theme 6: Workforce**

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

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

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\* 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).

# Action plan

Please note that this action plan has been completed by the provider and accepted by HIQA.

HIQA has not made any amendments to the provider's comments and commitments in this action plan.

<b>Provider's response to monitoring report number:</b>	0024075
<b>Name of Provider:</b>	Fostering First Ireland
<b>Date of inspection:</b>	19-21 June 2018
<b>Date of response:</b>	15 <sup>th</sup> August 2018

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

## Theme 2: Safe and Effective Services

### Standard 10: Safeguarding and Child Protection Judgment: Substantially compliant

**The provider is failing to meet the national standards in the following respect:**

There were delays in notifying allegations and serious concerns to the foster care committee.

There was no system in place to escalate delays or other issues that arose to the appropriate person within Tusla.

Strategy meetings were not always held in a timely manner.

The monitoring officer was not notified of allegations as required.

**Action required:**

Under Standard 10 you are required to ensure that:

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

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

1. There were delays in notifying allegations and serious concerns to the foster care committee.

**Action** – FFI will forward all available information on allegations and serious concerns to the relevant foster care committee until immediate clarification from Tusla on the classification of any concern or allegation. If this is not available within 2 weeks FFI will send all available information to the foster care committee and copy the relevant PSW in Tusla into the correspondence. FFI will simultaneously notify the monitoring officer.

2. There was no system in place to escalate delays or other issues that arose to the appropriate person within Tusla.

**Action** – an escalation policy has been developed and implemented

3. Strategy meetings were not always held in a timely manner.

**Action** – FFI will escalate non adherence to Tusla’s internal policies for holding a strategy meeting to the relevant personnel in Tusla as outlined in FFI’s escalation policy.

4. The monitoring officer was not notified of allegations as required.

**Action** – see number one above

<b>Proposed timescale:</b>	<b>Person responsible:</b>
<ol style="list-style-type: none"><li>1. Immediate</li><li>2. Completed</li><li>3. Immediate</li><li>4. Immediate</li></ol>	<ol style="list-style-type: none"><li>1. PSW – Carer Approvals</li><li>2. Director</li><li>3. PSW – Social Work Compliance</li><li>4. PSWs</li></ol>