

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



Name of service area:	Donegal	
Dates of inspection:	16-19 April 2018	
Number of fieldwork days:	3	
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Support inspector(s):	Ann Delany Grace Lynam	Lisa Horgan
Type of inspection:	<input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced <input type="checkbox"/> Full <input checked="" type="checkbox"/> Themed	
Monitoring event number:	0020090	

About monitoring of statutory foster care services

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

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

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

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

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

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

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

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

1. Inspection methodology

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

During this inspection, the inspectors evaluated the:

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

The key activities of this inspection involved:

- the analysis of data
- interviews with the area manager and one principal social worker
- interview with the chairperson of the foster care committee and review of minutes of the foster care committee meetings
- separate focus groups with fostering social workers, children in care social workers and with foster carers
- review of the relevant sections of 49 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

2.1 The Child and Family Agency

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

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

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

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

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

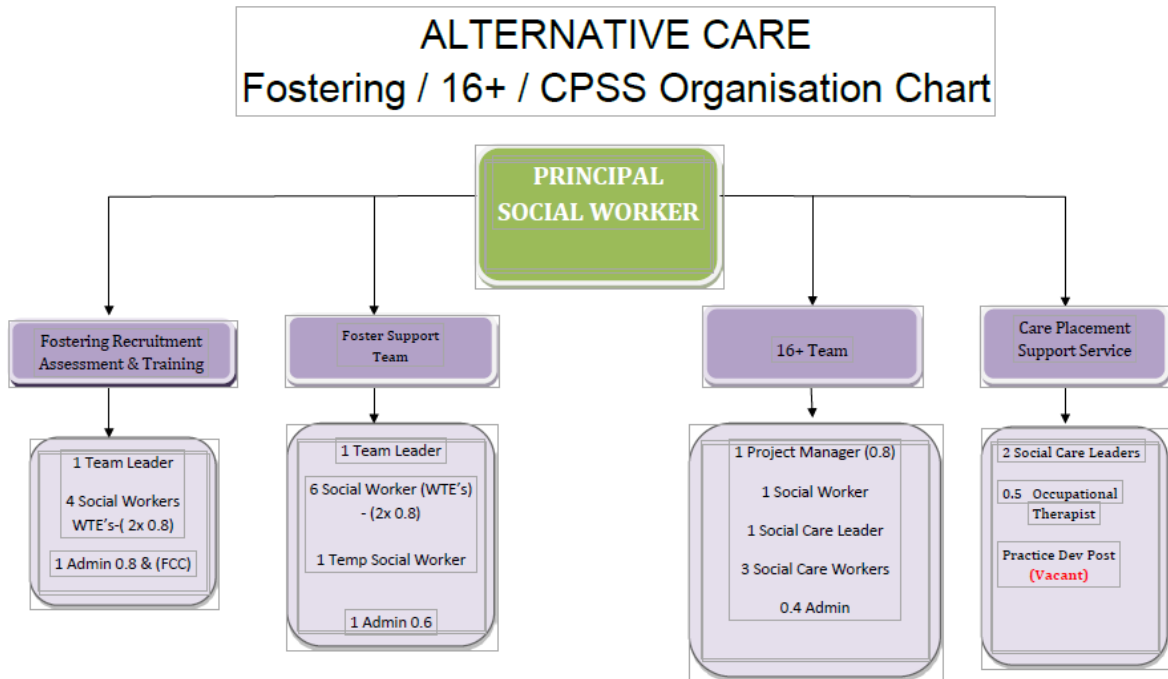
2.2 Service Area

Donegal is one of 17 service areas in the Child and Family Agency. It is situated in the north west of the country and has four main urban areas; Buncrana, Ballybofey, Letterkenny and Donegal. The foster care service is operated from three main offices situated in Buncrana, Letterkenny and Donegal town.

The Central Statistics Office 2016 indicated that the population of Donegal was 158,755. There were 196 children in foster care at the time of the inspection. The area was under the direction of the service director for the Child and Family Agency West Region. The foster care service was made up of two social work teams who were directly line-managed by team leaders who reported to the principal social worker for foster care. The two foster care teams were divided between recruitment and assessment and support and supervision. The recruitment and assessment team carried out preliminary assessments of relative carers and full foster care assessments for both relative and general foster carers. The supervision and support team provided support to the foster carers once they were approved. The principal social worker for alternative care reported the area manager who in turn reported to the regional director. There was a foster care committee for the Donegal area which was chaired by an independent chairperson.

At the time of the inspection, according to the information provided by Tulsa, the foster care service had a total of 132 foster care households, with 111 general foster care households and 21 relative foster care households. The organisational chart in Figure 1 on the following page describes the management and team structure as provided by the Tulsa service area.

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



* Source: The Child and Family Agency

3. Summary of inspection findings

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

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

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

- No standards were compliant
- Four standards were substantially compliant
- Four standards were non-compliant of which one was identified as moderate non-compliant and three were identified as major non-compliances.

While the Tusla protocol for Managing Allegations and Serious Concerns against foster carers was developed in April 2017, it had not been fully implemented in this area until January 2018. Concerns and allegations made in relation to foster carers were managed in line with Children First (2011). However, inspectors reviewed one complaint which would have been more appropriately categorised as a serious concern. As a result, it had not been correctly tracked or notified to the foster care committee in line with protocol.

Safeguarding arrangements were not robust and did not always ensure that children were safe. While all foster carers were allocated a link worker, other safeguarding arrangements were not always effective in managing identified risks. When a risk is identified in a placement, a safety plan should be developed to ensure that the risk was managed in order to safeguard children. In this service area safety plans were called risk management plans. There was a lack of oversight of the implementation of risk management plans which had been developed in order to respond to risks identified within placements. Not all adults who had significant contact with children in placements and young people over 16 living in the foster carer's home had the necessary An Garda Síochána vetting. HIQA requested and received assurances that steps were taken to ensure that appropriate vetting was in place for those outstanding.

Foster carers were trained in line with Children First (2011) and (2017).

The majority of foster care applicants participated in a comprehensive assessment of their ability to carry out the fostering task. The majority of assessments completed of both relative and general foster carers were comprehensive, good quality and had been notified to the foster care committee. However, foster care assessments had not been completed in a timely manner. The area had recently developed a dedicated team who had sole responsibility for recruitment and assessment in order to ensure that assessments were completed in a timely way.

While there was guidance available in relation to steps to be taken in the event of emergency placements, this guidance document had not been implemented. Mechanisms of oversight and monitoring of preliminary checks were not adequate. Following a review of four files where children were placed in an emergency, inspectors found that not all the preliminary checks had been completed as required by regulations.

All foster carers were allocated to a professional qualified social worker. The area also operated a duty system in the event that an allocated social worker was not available then another social worker would be available to the foster family, which was an example of good practice in the area. Foster carers received regular support visits. Formal supervision of foster carers had recently been implemented in the area and the majority of foster carers had received one supervision visit since its introduction.

However, records of support visits completed were not adequate, case notes were brief and did not always reflect what was discussed during the home visit. In addition, some records of support visits were not up-to-date.

There was a range of supports and services in place for foster carers caring for children with complex needs. These services included therapy, an attachment based therapeutic intervention and parenting support service. There were also support groups and a range of specialised training available to foster carers. Foster carers who had left the service had identified that they had received good supports from the service.

There was a training strategy and comprehensive training programmes in place for all foster carers. The service was proactive in encouraging foster carers to attend on-going training. Foster carers were positive about the level of training available. While there was an electronic tracking system in place in order to track the training attended by foster carer, an analysis of training attended by individual carers had not been completed to date.

Reviews had not been completed for all foster carers. 82% of foster carers did not have a foster care review completed. As a result, the area had not assessed foster carers continuing capacity to provide good quality care to children. This was a

missed opportunity to assess foster carers level of training, support needs and to reflect on their experience of fostering to date.

The foster care committee comprised of a range of experienced members who made clear decisions. However, the arrangements for approving foster carers were not in line with policy, practice and best practice, as some general foster carers had been recommended for approval by the foster care committee pending An Garda Síochána vetting. However, the area manager told inspectors that he reviewed all recommendations made by the foster care committee and he did not ratify these recommendations until the necessary An Garda Síochána vetting was in place. Some relatives had been approved without the necessary foundational training.

There was an insufficient number of carers to meet the demands of the service. However, there had been a number of recruitment campaigns and a range of mechanisms in place to ensure foster carers were supported, in order to retain them.

4. Summary of judgments under each standard and or regulation

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

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

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

5. Findings and judgments

Theme 2: Safe and Effective Services

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

Standard 10: Safeguarding and child protection

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

Summary of inspection findings under Standard 10

There was a protocol for Managing Allegations and Serious Concerns against Foster Carers, issued by Tusla in April 2017. According to this protocol, if a report was made against a foster carer or a member of the foster carer's family, these reports were categorised at strategy meetings in order to determine if they met the threshold of an allegation or they were deemed a serious concern. If the report met the threshold for a child protection concern, the allegation was to be managed by the child protection social work team in line with Children First: National Guidance for the Protection and Welfare of Children (2011). If it did not meet the threshold, the fostering team was to oversee the assessment of the concern. The protocol outlined a number of steps to be taken in the management of the serious concerns and allegations of abuse or neglect. The principal social worker acknowledged that this protocol had not been fully implemented in the area; however, the team had recently developed a guidance document in order to assist them to implement this protocol going forward.

Concerns, allegations and complaints made in relation to foster carers were managed in line with Children First (2011). However, one complaint was not categorised correctly. There were five complaints made against foster carers in the previous 12 months. On review of complaints made against foster carers, inspectors identified one complaint which would have been more appropriately categorised as a

concern in line with Children First (2011). As a result, it had not been correctly tracked or notified to the foster care committee in line with protocol.

Where reports were correctly classified as allegations, they were managed in line with Children First (2011). Data received from the area identified that there were two allegations made against foster carers in the previous 12 months. There was also one allegation which had been closed in the previous 12 months. On review of these three allegations, inspectors found that strategy meetings were held within the agreed timeframes in order to discuss the concerns and determine what actions were required. Once it was agreed that the report met the threshold for a child protection response, the allegations were referred to the child protection social work department for investigation in line with Children First (2011). Children were spoken to on their own in a timely way and foster carers were also spoken to when reports or allegations were made.

Notifications of allegations were made to the foster care committee. However, the Tusla monitoring officer was not notified of allegations in line with the interim protocol. Of those that were notified to the foster care committee, inspectors found that there were some delays in notifying the committee within the required timeframes. In one of the three allegations reviewed notification to the foster care committee was delayed by two months.

Appropriate safeguarding arrangements, such as adequate safety plans, were not always put in place. When a risk is identified in a placement, a safety plan should be developed to ensure that the risk was managed in order to safeguard children. In this service area safety plans were called risk management plans. Inspectors reviewed four risk management plans and found that they did not provide sufficient guidance to foster carers in order to ensure children were protected. Inspectors also found that risk management plans were not adequately monitored and records of home visits did not indicate how the allocated link worker ensured that these risk management plans were being implemented.

Inspectors escalated one case where there were insufficient safeguarding measures in place while an investigation of allegation of abuse was on-going. As a result, inspectors requested a review of this case in order to ensure there were sufficient safeguarding measures in place while investigations were on-going. A satisfactory response was received from the service area.

The governance arrangements for the oversight of the management of allegations and serious concerns were not always effective. The principal social worker maintained a log of allegations and complaints received. In addition, she had recently established a tracker in order to track the progress of investigations of allegations and serious concerns. The area manager told inspectors that there was also oversight of the management of allegations through discussion with the team at

a complex case forum. Inspectors reviewed a sample of these minutes and found that not all minutes recorded outcomes or agreed actions. In addition, there was no evidence of oversight of risk management plans at these meetings to ensure that they were being implemented.

The measures in place to ensure that all young people over 16 living in the foster carer's home and other adults who have significant contact with the children placed, had the necessary An Garda Síochána vetting, were not robust. The area had recently put in place a database in order to address this, but it was still being developed at the time of this inspection. During the inspection, inspectors found a number of adults who had significant contact with children and young people over 16 living in the foster carer's home, that did not have appropriate An Garda Síochána vetting. The principal social worker had taken steps to obtain garda vetting for those who had been identified throughout the inspection. HIQA also escalated this matter to the area manager following the inspection. In response to this escalation, the area manager confirmed that following the inspection, there remained two adults who had significant contact with the children in the placement and two young people over the age of 16 living in the foster carers home who did not have garda vetting. The area manager provided assurances that steps were being taken to ensure that appropriate vetting was in place for those outstanding.

Inspectors also found that in one foster care placement, children were temporarily placed with relatives of the foster carers for a period of one week. In these circumstances a local respite assessment which included necessary An Garda Síochána checks should be completed in order to ensure these placements were safe. However, inspectors found that the necessary An Garda Síochána vetting was not in place for these carers. Following the inspection, the principal social worker provided assurances that the necessary preliminary checks and the local respite assessment would be completed in line with the areas procedures for the assessment of respite support placements.

Serious and adverse incidents were promptly notified to the area manager. There were two serious incidents regarding children in foster care in the 12 months prior to the inspection. The area used the Tusla notification system "Need to Know" to escalate these incidents appropriately to the Tusla senior management team.

Foster carers were trained in line with Children First (2011) and (2017). The fostering team had taken steps to ensure that foster carers were familiar with their legal responsibility as "Mandated Persons" in line with the Children First Act 2015 to ensure foster carers were aware of their responsibility to make a referral of a child protection nature, as legally required. The principal social worker told inspectors that they had recently set up a tracking system for training which foster carers had attended. Inspectors reviewed this tracking system and found that the majority of

foster carers had completed the on-line training relating to the Children First Act 2015. The area had also facilitated two face-to-face training sessions in order to accommodate foster carers to complete this training. The area had taken additional steps to ensure foster carers were aware of this role, for example, they had written to all foster carers to inform them of their obligations as mandated persons and this was also sent to foster carers in the Tusla newsletter.

Staff were confident in expressing their concerns and were familiar with the protected disclosure legislation. This policy was discussed at the team meetings and the area manager told inspectors that posters were visible in the department relating to this policy.

Judgment: Non- Compliant – Major

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

Foster care applicants participate in a comprehensive assessment of their ability to carry out the fostering task and are formally approved by the health board* 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, and this was in place and followed for all general assessments in the area. Data received by the area indicated that six general foster carers were approved in the 12 months prior to the inspection. There were 17 general foster care applicants on the waiting list for assessment.

The majority of foster care applicants participated in comprehensive assessments of their ability to carry out the fostering task. Inspectors reviewed three general assessments and found that two of those assessments were comprehensive, good quality and followed the national framework. Several interviews were conducted as part of the assessment with family members, which included both joint and individual interviews. There was good quality analysis of the information gathered throughout the assessment process. Training was provided to general foster carers prior to their approval by the foster care committee. Foster carers received notification of their approval in writing. However, inspectors found that one assessment had some gaps in information and lacked comprehensive analysis of information for example, some medical information had not been adequately considered. Furthermore, assessments were not completed in the 16 week timeframe recommended by the National Standards. The area had recently developed a dedicated team who had sole responsibility for recruitment and assessment in order to ensure that assessments were completed in a timely way.

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

The area had developed comprehensive guidance in relation to the procedures to be followed in circumstances where children were placed with relatives in an emergency. Staff told inspectors that link social workers should complete a joint visit with the child's allocated social worker to the relative carers home. They should also complete preliminary checks which included child protection checks, garda checks, and checks with referees. The relevant principal social workers would then approve these placements based on these preliminary checks. However, following a review of four files where children were placed in an emergency, inspectors found that not all the preliminary checks had been completed as required by regulations. As a result, inspectors were not assured that oversight of emergency placements was robust. Inspectors found preliminary visits to relative carers homes were not always conducted prior to the child being placed. In one case, a preliminary screening visit had not occurred until two weeks after the child was placed. In another case, An Garda Síochána checks were not completed until three weeks after the child had been placed. Child protection checks which identified if the foster family were known to Tusla were not available on the foster carers files. The principal social worker told inspectors that she had responsibility to oversee these preliminary checks and that she approved all emergency placements. However, the system for approving these placements was fragmented. The preliminary assessment, which collated all initial checks, which was to be signed by the team leader was not evident on relative carers files. Inspectors found that preliminary checks were not always evident on the file and it was not clearly documented whether these placements had been approved.

There were three relative care assessments approved in the previous 12 months. Once referred for assessment, relative carers were comprehensively assessed but these assessments were not always timely. There were delays in the commencement of relative care assessments. Inspectors found that for one relative carer who was undergoing an assessment at the time of the inspection, their records showed that the assessment had not started for 11 months following their first enquiry. While this assessment identified that it was delayed due to the complexities of the case, rationales for delays in the other two assessments were not recorded. Inspectors reviewed a further three approved relative assessments and found that they were not always completed in a timely way. Assessments were completed in six to nine months. While emergency placements were notified to the foster care committee and it was also recorded when they were referred for assessment, there was no evidence of how these assessments were tracked in order to ensure they were completed in a timely way.

Relative carers had not completed foundational training at the time of approval. However, these carers received support from a link worker and had completed safe care training.

There was a clear process in place for the approval of foster carers by the foster care committee, however this process was not always followed by the foster care committee. The foster care committee deferred approval and raised queries in relation to certain aspects of the foster care assessment when required. Inspectors reviewed the minutes of foster care committee meetings and found that while there were good thorough discussions in relation to the assessments presented, three general foster carers were approved pending garda vetting. This practice was not in line with policy, procedure and best practice guidance. The foster care committee therefore did not always provide a good level of oversight in relation to foster carers placed on the panel. The chair of the foster care committee told inspectors that they had no formal way of tracking this in order to ensure that those foster carers received the necessary An Garda Síochána vetting as required. However, the area manager told inspectors that he did not ratify the recommendation to place the foster carers on the panel until garda vetting was received.

Contracts were on file for the majority of carers. However, inspectors found that eight files did not have contracts on files for various reasons. Social workers told inspectors that contracts were held on separate files for example on centralised file or on the children's file.

Judgment:

Standard 14a: Substantially compliant

Standard 14b: Non- Compliant - Major

Standard 15: Support and Supervision

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

Summary of inspection findings under Standard 15

All foster carers were allocated to a professionally qualified social worker known as a link worker. In addition to this, there were contingency plans in place should an allocated link worker be unavailable. The fostering team operated a duty system in which a link worker rotated on a weekly basis in order to deal with any issues that arose for foster carers in the absence of the availability of foster carer's dedicated link worker. This was an example of good practice in order to ensure foster carers had supports available to them.

Foster carers received sufficient support visits from their link worker in order to enable them to provide good quality care. Inspectors sampled 33 files and found that 32 foster carers had a home visit in the last six months. However, the frequency of support visits varied.

Records of support visits to foster carers were not consistent and did not reflect the support provided to foster carers. While foster carers told inspectors that they received a good level of support provided by their link worker, not all records of support visits were up-to-date on the foster carer's files. Records which were on files were mixed; some records were brief and did not provide sufficient detail in relation to the level of support provided or items discussed with the carers. The area was in the process of moving from paper files to electronic files at the time of the inspection.

In one case reviewed there were safeguarding concerns with respect to a child in a foster placement. However, records of support visits made to this foster family during this period were not recorded on the foster carers' files. In addition, records on file did not identify when the child in the placement was visited by their allocated social worker. Inspectors requested records of home visits completed by the child in care social worker and these records were provided. The relevant team leader put a plan in place in order to ensure the fostering team made sufficient safeguarding visits to this family.

Foster carers received formal supervision. The principal social worker told inspectors that formal supervision of foster carers had only been recently implemented in the

area and it was anticipated that foster carers would receive three formal supervision visits per year. The area also informed all foster carers of the implementation of formal supervision and the anticipated increase in visits to the foster care homes. The majority of foster carers had received one formal supervision visit in the last three months. Five foster carers had not received formal supervision, however three of those had a supervision visit scheduled. Foster carers spoken to as part of a focus group demonstrated that they were aware of the difference between support and supervision.

Case management meetings between the link worker and the team leader were not carried out consistently and records of case management were not sufficient. The acting team leader told inspectors that she was assured of the quality of support and supervision provided to foster carers through supervision with link workers. However, inspectors found that in the previous 12 months supervision of link workers was sporadic and case management records did not reflect discussions in relation to the quality of supervision by link workers of foster carers. The principal social worker had recently begun completing audits of foster carer's files; however the poor quality of supervision recorded by link workers had not been identified on audits completed to date.

Supports and services were in place for foster carers caring for children with complex needs. Inspectors reviewed 15 files in which additional supports were provided to foster carers. Examples of additional supports included respite, therapeutic professionals working with both children and foster carers, counselling and parenting support. The area manager identified that allocated link workers were proactive in advocating for services on behalf of children and foster carers. There was also a care placement support service operated in this area which was an example of good practice. This service offered support and intervention to children in care and their foster families which included direct work with children, parenting support and theraplay which is an attachment based therapeutic intervention. This team consisted of two social care leaders, and an occupational therapist, who worked half of the week with the team. This team also had access to a play therapist and an independent social worker when required.

There were also community supports available to foster carers and children in care, however, foster carers identified that access to these services was often problematic due to a waitlist. Foster carers also told inspectors that it was their experience that access to these services was also dependent on the care status of children in their care. As a result, they felt that children received more resources if they were in care under a full care order rather than in voluntary care. Social workers also told inspectors that access to these services was often dependent on the care status of children. Inspectors brought this matter to the attention of the area manager.

The service ensured local support groups were available and foster carers were encouraged to attend. The fostering team provided written information to foster carers with respect to the support groups available. Support groups were held quarterly in the form of coffee mornings and evenings. These groups were held in various locations due to the geographical spread of the county in order to facilitate foster carers across the county to attend. Foster carers identified that these groups were not always well attended. The principal social worker told inspectors that details of foster carers' attendance at these groups were collated and attendance was reviewed at team meetings.

Inspectors reviewed four files in which foster carers had left the service. The area had started completing exit interviews with foster carers. Exit interviews sampled indicated that foster carers felt that they had received good support from the service however; support was often dependent on the foster carer's relationship with the link worker. Inspectors also reviewed three files where there had been an unplanned ending in the placement. All three of these files indicated that a good level of support was provided to the placement in an effort to maintain the placement.

Similar to other Tusla operated foster care services; there was no dedicated out-of-hours service to support foster carers outside of office hours. There was a national Tusla social work out-of-hours emergency service in place but, in order to access this service, foster carers would have to phone An Garda Síochána and they would, in turn, contact out of hours social work service. This meant that if a situation arose in a foster carers household it may be dealt with by a social worker who did not have access to the foster carer's files and may not be familiar with the family or child concerned.

Judgment: 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

Training programmes were organised to encourage and facilitate attendance by foster carers. There was a comprehensive training strategy and training programme developed for foster carers. The foster care service had identified the importance of ensuring that there was a co-ordinated approach to training and to develop the foster carer's on-going training needs. A training team had been developed and had included representatives of foster carers and the foster care team. This team met on a monthly basis in order to manage the organisation and coordination of delivery of training to foster carers.

Inspectors found that the area were proactive in ensuring foster carers were informed of all training events. The service had consulted with foster carers in order to develop a programme which facilitated their attendance. A training schedule had been developed for 2018. This training programme was developed in response to a training needs analysis which was conducted in order to identify the on-going training and development needs of foster carers. Training areas identified as priority included social media and bullying, managing conflict and exploring the impact of managing the child's trauma on foster carers. The training programme for 2018 included the above training and identified additional courses such as understanding foetal alcohol syndrome, internet safety, parenting plus and a therapeutic training programme.

General foster carers received the foundational training prior to their approval as foster carers in order to enable them to provide high quality care. This training covered a wide range of topics which included the role of foster carers, safe care, child development, allegations and abuse, attachments and birth families and contact. There were a number of training courses which were mandatory and were delivered to foster carer's over a rolling period. These courses included Children First (2015), safe care and first aid.

Not all foster carers participated in training necessary to equip them with skills and knowledge required to provide high quality care. Relative carers who had children placed with them on an emergency basis did not receive foundational training in a timely way. Inspectors reviewed files of three relative carers who had children placed with them who had not received foundational training. However, inspectors found that the lack of foundational training for relative carers was mitigated against

as those carers had completed safe care training and had completed Children First (2017) training. A specific training programme for relative foster carers was due to be rolled out in March 2018.

Training records were available; however records were not always up-to-date on foster carer's files. The area had recently developed an electronic tracking system to monitor foster carers attendance at training. This training database incorporated a mechanism to collate all training attended by each foster carer as well as facilitated an overall overview and analysis by the foster care service. However, an analysis of individual foster carer's attendance at training had not been completed to date. While the majority of foster carers had certificates of Children First (2017) training on files, other training records were not on all foster carers files. As a result, the allocated social worker did not have convenient access to the records of training attended by foster carers. Foster carers reported that attendance at some of the on-going training events was low.

Foster carers told inspectors that there were good training opportunities. A particular training course which was designed to strengthen and extend therapeutic ways in which foster carers relate to children, that had been piloted in the area in February 2016 and throughout 2017, proved particularly valuable to foster carers. The foster care service identified that this training course would be rolled out to all foster carers. Foster carers told inspectors that the training team was excellent and that training provided was needs led.

Judgment: Substantially compliant

Standard 17: Reviews of foster carers

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

Summary of inspection findings under Standard 17

Reviews of foster carers were not carried out in line with the National Standards for Foster Care. According to the standards foster carers should participate in regular reviews in order to assess their continuing capacity to provide high quality care. The first review should take place one year after the first placement and subsequent reviews should take place at three yearly intervals. Data provided by the area indicated that six foster care reviews had taken place in the previous 12 months, and 109 (82%) of foster carers had not had a review in the three years prior to the inspection. While the risks associated with not holding a review were mitigated against by factors such as oversight of the garda vetting status of carers and 100% allocation of link workers, this was not sufficient in order to adequately assess those foster carers continuing capacity to provide high quality care.

The principal social worker acknowledged the lack of progress with regard to reviews and told inspectors that the backlog of reviews was due to lack of staffing on the foster care team. However, there had recently been an increase in administration staff and four staff had been nominated to chair the foster care reviews, in order to address the backlog of foster care reviews.

The principal social worker provided inspectors with a plan in order to address the backlog of reviews for the remainder of 2018. However, inspectors found that this plan was not sufficient as it did not outline the criteria for prioritising reviews of foster carers. On review of the foster care panel, inspectors found that one foster carer who had been fostering for several years had not yet had a review, and were not included in this schedule of reviews for the remainder of 2018. Inspectors requested and were provided with a revised plan to outline a clear criterion to ensure foster carers were prioritised appropriately for a review.

The quality of reviews was good, however they were not finalised in full and had yet to be notified to the foster care committee. Data provided by the area indicated that six reviews had been completed in the previous 12 months. However, inspectors found that not all of those reviews had been completed in full. The fostering team had been provided with an overview in relation to the procedures for completing reviews and guidance documents were made available to staff to assist them in

completing reviews. Of the six reviews completed in the last 12 months inspectors reviewed four of those reviews. Inspectors also sampled a further review which was completed in 2016 but was submitted to the foster care committee in the previous 12 months. Review meetings were attended by the chairperson, the link social workers and the foster carers. Reviews considered the performance of the foster carers, any significant changes in their circumstances, health and support provided. The views of the child and relevant persons were considered and represented in the review. However, inspectors found that the foster carers training needs were not always specified. While inspectors found that some recommendations following reviews were being implemented there was no mechanism in place to track recommendations made in order to ensure their implementation.

Additional reviews were not always carried out following serious complaints or investigations, where warranted. Inspectors found that reviews were not routinely completed if there was a complaint or serious concerns raised in relation to a foster carer. In two of the complaints reviewed one had a review scheduled for over one year following receipt of the complaint and the other had no review completed.

There was a delay in the foster care committee being informed of the outcome of reviews. Two reviews were presented to the foster care committee in the previous 12 months. Inspectors reviewed one of those reviews and found that there had been a 12 month delay in it being presented to the foster care committee.

Judgment: Non-compliant- Major

Theme 4: Leadership, Governance and Management

Effective governance is achieved by planning and directing activities, using good business practices, accountability and integrity. In an effective governance structure, there are clear lines of accountability at individual, team and service levels, and all staff working in the service is 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

The foster care committee was not fully in compliance with the standards, and the national policy, procedure and best practice guidance on the foster care committee. In particular, four committee members did not have up-to-date garda vetting and foster carers were being approved pending the necessary garda vetting.

The foster care committee comprised of 16 members which included a chairperson, and 15 members with the appropriate experience and qualifications in the area of child protection, child welfare and foster care. The chairperson was qualified in social work and had extensive knowledge and experience of social work practice. There were suitable arrangements for a deputy chairperson to act as chair in the event that the chairperson was unavailable. There was a foster care committee secretary who provided administrative support to the committee.

Not all committee members had up-to-date An Garda Síochána vetting. The secretary kept a log of garda vetting for foster care committee members to ensure they were kept up-to-date. However, 12 of the 16 committee members had up-to-date vetting, while the remaining four did not. The secretary of the foster care

* 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).

committee told inspectors that up-dated garda vetting was being sought for the remaining committee members.

An induction was provided to each of the foster care committee members by an experienced member of the committee. Inspectors were provided with the induction pack which included the relevant standards, regulations and policies. Training was also provided on an annual basis to committee members. Training delivered was informed by the training needs identified by the committee members which included research relating to attachment, disruptions and young people in care.

The foster care committee met eight times in the previous 12 months. The chairperson told inspectors that there was capacity to hold emergency meetings if required and additional meetings could be scheduled if there was a backlog or increase in items to be heard by the committee. There was a schedule for the foster care committee meetings in place for the remainder of 2018. Inspectors reviewed the minutes of foster care committee meetings and found that there was always a quorum of six committee members for each meeting. Minutes reflected discussion in relation to assessments, notifications of placements in which numbers exceeded the standards, consideration of matching long term approvals, disruptions in placements and notifications of allegations. Minutes also reflected that prospective foster carers were given the opportunity to attend the foster care committee meetings.

Inspectors reviewed the minutes of foster care meeting minutes and found that all committee members contributed to the meeting. The chairperson told inspectors that there was a range of professionals on the committee who offered their expertise, for example a medical advisor, director of public health nursing, and a psychologist were on the committee. The foster care committee made timely decisions in relation to assessments of foster carers. Decisions made at meetings were clearly recorded in the minutes.

There was a clear process in place for the approval of foster carers. However, this process was not always followed by the foster care committee. While timely decisions were made, the committee made some decisions relating to the approval of foster carers based on insufficient information. Inspectors found that the foster care committee recommended approval of three foster carers pending garda vetting. They also approved eight updated assessments for the purpose of the long term matching of foster carers pending updated garda vetting. This practice was not in line with policy, practice and guidance. The chairperson acknowledged that this was not formally followed up by the foster care committee in order to ensure this vetting was in place. However, the area manager told inspectors that he reviewed all recommendations made by the foster care committee and he did not ratify these recommendations until the necessary An Garda Síochána vetting was in place.

Furthermore, relative foster carers were approved without having completed the relevant training.

There were some reporting and oversight arrangements between the area manager and the foster care committee. The area manager ratified all recommendations made by the foster care committee. The chairperson of the foster care committee also forwarded an annual report of the foster care committee to the area manager, however, there were no formal meetings between the area manager and the chair of the foster care committee. While the chair of the foster care committee met quarterly with the regional manager of quality risk and service improvement, the area manager was not in attendance at this meeting.

There were appropriate arrangements in place for the approval of foster carers from other services. Based on a review of committee minutes, inspectors found that there were appropriate arrangements in place to ensure that the committee could make decisions in relation to the approval of foster carers from other services. The chair of the foster care committee told inspectors that all relevant information was received by the committee in order to approve foster carers from other services.

Allegations were notified to the committee. Two allegations had been notified to the foster care committee in the previous 12 months. These two allegations were ongoing at the time of this inspection. While inspectors found that the allegations were recorded on a tracker, this tracker was not sufficiently detailed to allow the chairperson to assess the timeliness of the investigation of the allegation. This meant that the foster care committee did not have sufficient oversight of how these allegations were managed. While the chairperson acknowledged that he followed up in an informal basis in relation to the progress of investigations of allegations, this was not a robust mechanism and this information had not been recorded. There was one outcome report presented to the foster care committee in the previous 12 months following the investigation of an allegation.

Reviews were notified to the foster care committee. However; only two reviews which had been completed in 2017 had been notified in the last year. It was noted by the foster care committee that foster care reviews were not being undertaken in line with statutory requirements. The chairperson advised that there was no system in place to track recommendations made at reviews in order to monitor their implementation.

The national guidance for foster care committees required the committee to produce an annual report of its activities. An annual report for 2017 had been recently completed and was provided to inspectors. This report outlined the activities of the committee in the previous year which also contributed to the annual adequacy of child care and family support service report to inform future planning of foster care services. This annual report identified gaps in notification of reviews to the foster

care committee, the quality of information represented to the committee and feedback from foster carers and staff who had attended meetings.

Judgment: Non-compliant –Moderate

Theme 5: Use of Resources

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

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

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

Summary of inspection findings under Standard 21

There were insufficient foster carers in place to meet the demands of the services. As a result, some foster carers had additional children placed with them in order to meet the needs of the service. Data received from the area showed that there were six foster care households where the number of unrelated children exceeded the standards. Data received also identified that there were limited placements for children aged 0-8 years. Sixteen foster carers left the panel voluntarily in the last 12 months, while only six foster carers had been approved which resulted in a net loss of 10 foster carers. The service offered exit interviews to those who had left the service in order to explore foster carers experience of fostering. These interviews gave Tusla an opportunity to gain valuable information in order to improve its service.

There were sufficient resources in place to recruit and retain foster carers. The area had developed a second fostering team in the last 12 months in order to allow the area to focus on recruitment of foster carers and assessment of both general and

* 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).

relative foster carers. Link social workers told inspectors that the establishment of this team allowed them to focus on recruitment and address waiting lists for assessments in a timely way.

There was a service plan which referred to various recruitment and retention strategies to be implemented in the area. Data received showed that there had been three recruitment campaigns, three information and training sessions and two open events in the last 12 months. There was administration staff in place which operated an electronic system in order to monitor the number of enquiries with respect to fostering through to the assessment stage. This system showed that there were eight foster carers applicants under-going an assessment. There were 17 foster carers applicants on the waiting list for assessments. However, this electronic system did not track how long assessments were on-going or how many enquiries had progressed through to the assessment phase. Prospective carers were recently recruited and were awaiting the next stage of the recruitment phase which involved a training event. There were no waiting lists for the assessment of relative foster carers.

There were also a number of retention strategies implemented in the area. Staff identified a number of mechanisms in which the service sought to retain foster carers. These methods included consistency of allocated link worker to the foster family, additional supports in place such as the care placement support service, the development of training needs analysis to identify the on-going needs of foster carers and the availability of foster carers to attend training. Foster carers told inspectors that the supports provided by their link workers were good and that there were additional supports such as training and respite provided to foster carers when required.

A foster care panel was maintained in the area which identified the names of foster carers, addresses and approval status. The secretary of the foster care committee updated this panel once foster carers were approved by the committee. While there was a list of foster carers that were available for fostering, the principle social worker told inspectors that they reviewed the panel prior to recruitment campaigns in order to ensure there was an appropriate range of foster carers to meet the need of children.

Judgment: Substantially compliant

Appendix 1 — Standards and regulations for statutory foster care services

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

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

National Standards for Foster Care (April 2003)

Theme 2: Safe and Effective Services

Standard 5: The child and family social worker

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

National Standards for Foster Care (April 2003)

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* 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

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

National Standards for Foster Care (April 2003)*Part III, Article 9 Contract***Standard 15: Supervision and support**

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

Standard 16: Training

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

Standard 17: Reviews of foster carers

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

Standard 22: Special Foster care

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

Standard 23: The Foster Care Committee

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

Child Care (Placement of Children in Foster Care) Regulations, 1995*Part III, Article 5 (3) Assessment of foster carers****Child Care (Placement of Children with Relatives) Regulations, 1995****Part III, Article 5 (2) Assessment of relatives*

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

National Standards for Foster Care (April 2003)

National Standard for Foster Care (April 2003)**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.

National Standards for Foster Care (April 2003)**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

* 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 24: Placement of children through non-statutory agencies

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

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

National Standards for Foster Care (April 2003)

Theme 5: Use of Resources

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

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

National Standards for Foster Care (April 2003)

Theme 6: Workforce

Standard 20: Training and Qualifications

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

* 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

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

Provider's response to Monitoring Report No:	MON 0020090
Name of Service Area:	Donegal Service Area
Date of inspection:	16-19 April 2018
Date of response:	04 July 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

Major Non- Compliance

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

Not all concerns, allegations and complaints were categorised correctly.

The protocol for managing allegations and serious concerns against foster carers was not implemented in full. There was a delay in notifications of allegations to the foster care committee and the Tulsa monitor in line with the interim protocol.

Safeguarding arrangements were not always adequate. There was a lack of oversight of safeguarding measures.

The arrangements in place to ensure that all young people over 16 years living in the foster carer homes and adults who had significant contact with children in foster care placements had the necessary An Garda Síochána Garda vetting, were not adequate.

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. Interim Protocol for managing concerns and allegations of abuse or neglect against Foster Carers and Section 36. (Relative) Foster Carers has been implemented across the service. Local guidance has been developed to incorporate clear protocols, oversight and review.

Protocols include convening of Categorisation Meeting, Notification to Foster Care Committee, Area Manager and Tulsa Monitor.

A tracker for monitoring investigation of complaints, allegations and serious concerns will continue to be used to enable oversight.

2. Local guidance to be further developed for staff to incorporate ongoing review and oversight mechanisms in respect of Individual Risk Management Plans. In the interim all Individual Risk management Plans will be reviewed to ensure they are robust and effective. Where Individual Risk Management Plans are currently in place they will be considered by the Link Worker and Foster Carers at support and supervision visits reviewed with Team Leader as part of Supervision with the Plan subject to overall monitoring and review through Child In Care Reviewing Process.
3. Tracking database which was developed prior to inspection has the capacity to identify the requirement to have updated Garda Vetting completed within the statutory timeframes. This tracker will be reviewed by each Link Social Worker annually with regard to their caseload and will be reviewed by Team Leaders and Principal Social Worker annually via Garda Vetting Review Forum.

<p>Proposed timescale: Action 1 - 31st March 2018</p> <p>Action 2 - 30th September 2018</p> <p>Action 3 - 30th June 2018</p>	<p>Person responsible: Area Manager & Principal Social Workers</p> <p>Principal Social Worker & Team Leaders in Fostering & Children in Care Team</p> <p>Principal Social Worker & Team Leaders in Fostering</p>
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<p>Standard 14a: Assessment and approval of non-relative foster carers</p> <p>Substantially Compliant</p>	
<p>The provider is failing to meet the National Standards in the following respect:</p> <p>Not all general assessments were completed in a timely manner.</p> <p>Action required:</p> <p>Under Standard 14a you are required to ensure that: Foster care applicants participate in a comprehensive assessment of their ability to carry out the fostering task and are formally approved by the health board* prior to any child or young person being placed with them.</p> <p>Please state the actions you have taken or are planning to take:</p> <ol style="list-style-type: none"> 1. A database has been created to track general foster care applications from enquiry through application stage to approval/non-approval by Foster Care Committee – this will allow for review and oversight of timely completion of assessments as per National Standards for Foster Care. This will be reviewed at supervision between Assessing Social Workers and Team Leader via updated Supervision Record Template which will track time-frames. 	
<p>Proposed timescale: Action 1 - 30th June 2018</p>	<p>Person responsible: Team Leader for Foster Recruitment & Assessment</p>

Standard 14b: Assessment and approval of relative foster carers

Major Non- Compliance

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

Not all relative assessments were completed in line with the 16 week timeline specified within standards.

Preliminary checks of relative carers were not completed in line with regulations.

Contracts were not on all foster carers files.

Action required:

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

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

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

1. A database is being created to track relative foster care applications – this will allow for review and oversight of timely completion of assessments as per National Standards for Foster Care. This will be reviewed at supervision between Social workers and Team Leaders and any reason for delay will be clearly recorded. All Relative Foster Care assessments are allocated as a matter of priority.
2. The new National Policy on Section 36 (Relative Care) Assessments has been implemented and will incorporate updated Local Guidance. The Local Guidance will be developed by the Team Leader for the Foster Recruitment & Assessment Team. Local Guidance will include a checklist to ensure preliminary checks and documentation of same are completed in line with regulations before a child is placed. Team Leaders and Principal Social Worker approval will be clearly recorded on file with bi-annual review of all Relative Care Assessments to monitor compliance.
3. An Audit will be completed by the Team Leader and Principal Social Worker to ensure that contracts are on file for relative carers and ensure compliance with Standards. The audit will also check that all relative placements have preliminary checks in place along with necessary Team Leader and Principal Social Worker approval.
4. Findings from audits will be reviewed at supervision between the Assessing Social Worker and their Team Leader.
5. Findings from audits will also be reviewed at Quality Risk and Service Improvement meetings to allow for any practice deficits to be addressed and reviewed.

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

<p>Proposed timescale: Action 1 - 30th September 2018</p> <p>Action 2 - 30th September 2018</p> <p>Action 3 - 30th September 2018</p> <p>Action 4 - 31st December 2018</p> <p>Action 5 - 31st March 2019</p>	<p>Person responsible: Team Leader for Foster Recruitment & Assessment Team</p> <p>Team Leaders Fostering & Principal Social Worker Fostering</p> <p>Team Leaders Fostering & Principal Social Worker Fostering</p> <p>Team Leaders Fostering</p> <p>Team Leaders Fostering & Principal Social Worker Fostering</p>
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Standard 15: Supervision and support

Substantially Compliant

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

Records of support visits were not consistent, did not reflect the support provided and not all records of support visits were up-to-date.

There was no dedicated Tusla out-of-hours service.

Records of case management were not adequate.

Action required:

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

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

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

1. A template has been created for support visits to ensure consistency in recording of visits. This will be updated to incorporate Review of Individual Risk Management Plans where they are in place.

A Practice Forum will be convened for both Fostering Teams to provide clarity and guidance on the need for consistent recording of Support and Supervision Visits.

Audit will be conducted thereafter to allow for templates to be reviewed.

2. An Emergency Out of Hours Service is currently being devised as part of the Tusla National Business Plan.

3. In particular situations, the Link Social Worker provides their mobile phone number to their allocated foster carers and, when there are foreseeable difficulties, makes prior arrangements for communication out of hours. Link Social Workers have access to Social Work Team Leaders and Principal Social Workers numbers out of hours if required on such occasions.

Proposed timescale:

Action 1 - 31st December 2018

Action 2 - 31st December 2018

Action 3 - Complete

Person responsible:

Team Leaders Fostering & Principal Social Worker Fostering

National Office

Team Leaders & Principal Social Worker Fostering

Standard 16: Training

Substantially Compliant

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

Not all relative carers participated in foundational training in a timely way.

Not all foster carers files contained an up-to-date record of training attended. An analysis of individual foster carer's attendance at training had not been completed to date. Allocated social workers did not have convenient access to records of training attended.

Action required:

Under **Standard 16** you are required to ensure that:
Foster carers participate in the training necessary to equip them with the skills and knowledge required to provide high quality care.

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

1. Relative Foster Care Training will continue to be scheduled by the newly established Foster Recruitment & Assessment Team and will be reviewed and scheduled through Training Team meetings.
2. The Training Database Tracker incorporates a mechanism to collate all training attended by each foster carer as well as facilitating an overview, review and analysis by the foster care service.
This tracker will be reviewed annually at Training Analysis meetings to allow for analysis of attendance by individual foster carers and to ensure Link Social Worker overview of overall training attended by foster carers within the service.

Proposed timescale:

Action 1 - 30th June 2018

Action 2 - 31th December 2018

Person responsible:

Team Leader Foster Recruitment & Assessment Team

Link Social Workers, Team Leader & Principal Social Worker Fostering

Standard 17: Reviews of foster carers

Major Non- Compliance

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

Reviews of foster carers were not carried out in line with National Standards for Foster Care.

There were delays in the notifications of reviews to the foster care committee.

Additional reviews were not always carried out in a timely way following a report of a serious concerns or allegation.

Recommendations made at reviews were not adequately tracked to ensure implementation.

Action required:

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

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

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

1. The Foster Carer Review Schedule for completion of Foster Carer Reviews is being implemented to ensure that all foster carers will have had a Foster Carer Review.
2. The Foster Carer Review Schedule in place allows for tracking of date of review, date review record sent to staff and foster carers and date of notification to Foster Care Committee. If necessary additional Foster Care Committees can be convened to support timely notifications.
3. The schedule for Foster Carer Reviews has the capacity to schedule additional reviews in cases where there have been investigations of complaints/allegations or serious concerns. The criteria on which Foster Carer Reviews are scheduled ensures that these are prioritised.
4. As Foster Carer Reviews continue to be scheduled, recommendations will be reviewed and tracked at subsequent reviews.
5. Each link worker will have the responsibility of ensuring that recommendations from reviews are acted upon – this will be overseen via case management supervision.
6. Supervision visit records by link social workers with foster carers will review and update recommendations from Foster Carer Reviews.

Proposed timescale:

Action 1 - 30th June 2019

Action 2 - 30th June 2018

Person responsible:

Principal Social Worker, Fostering

Action 3 - 30th June 2018	Principal Social Worker, Fostering & Team Leaders
Action 4 - 31st December 2019	Principal Social Worker, Fostering & Team Leaders
Action 5 - 30th September 2018	Team Leaders & Principal Social Worker, Fostering
Action 6 - 30th June 2018	Link Social Workers Team Leaders & Principal Social Worker, Fostering

Theme 4: Leadership, Governance and Management

Standard 23: The Foster Care Committee

Moderate Non- Compliance

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

The foster care committee was not fully in compliance with policy, procedure and best practice guidance. The foster care committee had approved foster carers pending the appropriate garda vetting.

Reporting and oversight arrangements between the area manager and the foster care committee required improvement.

Not all foster care committee members had up-to-date An Garda Síochána vetting.

The Foster Care Committee did not have adequate oversight of the timeliness of the management of allegations.

Action required:

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

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

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

1. The Chairperson of the Foster Care Committee will be instructed not to consider assessments until Garda Vetting is in place.
2. All Foster Care Assessments will have Garda Vetting completed prior to presentation to Foster Care Committee.
3. All recommendations made by the Foster Care Committee continue to be reviewed and ratified by Area Manager to allow for oversight.
4. Annual Report from the Foster Care Committee to continue to be provided by the Chairperson of the Foster Care Committee to the Area Manager.
5. Bi Annual Meetings between the Area Manager and Chairperson to consider functioning of the Committee taking into account national policies and guidance.
6. Garda Vetting of Foster Care Committee members will continue to be reviewed annually and updated as necessary. This will be a standing item within the Annual Report of the Foster Care Committee.
7. A database in respect of notifications to the Foster Care Committee is in place and review of notifications to the Foster Care Committee will be a standing item on agenda at each Foster Care Committee. This database is maintained by the Foster Care Committee Secretary and will be reviewed by the Team Leader and Principal Social Worker for Fostering.

**Proposed timescale:
Action 1 - 30th June 2018**

**Person responsible:
Area Manager**

Action 2 - 30th June 2018

Team Leaders & Principal Social Worker, Fostering

Action 3 - 30th June 2018

Area Manager

Action 4 - 31st March 2019

Chairperson of Foster Care Committee & Area Manager

Action 5 - 31st December 2018

Chairperson of Foster Care Committee & Area Manager

Action 6 - 30th June 2018

Secretary to Foster Care Committee & Team Leader and Principal Social Worker, Fostering

Action 7 - 30th September 2018

Secretary to Foster Care Committee & Team Leader and Principal Social Worker, Fostering

Theme 5: Use of Resources

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

Substantially Compliant

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

There were insufficient foster carers in place in order to meet the demands of the service.

Action required:

Under **Standard 21** you are required to ensure that:
Health boards* are actively involved in recruiting and retaining an appropriate range of foster carers to meet the diverse needs of the children and young people in their care.

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

1. The newly established Foster Recruitment & Assessment Team will continue to facilitate targeted recruitment campaigns in line with service needs. Service needs will be identified via regular review of Placement Forum, Placement Requests and Matching Meetings.
2. We will enhance the capacity of current foster care placements for children with complex needs through Creative Community Alternative Support packages.

Proposed timescale:

Action 1 - 30th September 2018

Action 2 - 31st December 2018

Person responsible:

Foster Recruitment & Assessment Team

Area Manager and Principal Social Worker – Fostering

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