

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:	Dublin North City	
Dates of inspection:	27 November – 30 November and 07 December 2017	
Number of fieldwork days:	5	
Lead inspector:	Ann Delany	
Support inspector(s):	Ruadhan Hogan Susan Geary	Lisa Horgan Tom Flanagan
Type of inspection:	<input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced <input type="checkbox"/> Full <input checked="" type="checkbox"/> Themed	
Monitoring event number:	MON - 0019047	

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
- interview with the two principal social workers
- interview with the area manager
- interview with the chairperson of the foster care committee and review of minutes of the foster care committee
- telephone interview with the monitoring officer
- separate focus groups with fostering team leaders, fostering social workers, children in care social workers and with foster carers
- review of the relevant sections of 90 foster carers' files as they relate to the theme
- observation of a foster care committee meeting

* Always spell out foster care committee in full – delete footnote before finalising

- observation of a foster carer review.

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

Dublin North City Area is one of 17 service areas created when Tusla, The Child and Family Agency was established on 1st January in 2014.

The Area is mainly situated within the north-west part of the Dublin City Council Area, is comprised of 71 Electoral Divisions (2 are in Fingal County Council Area) and is part of Tusla Dublin North East Service Region.

The Area was formed from two Community Care Areas under the HSE Children and Families Directorate, i.e. Dublin North Central (comprising Dublin Postal Codes 1, 3 and 9) and Dublin North West (comprising Dublin Postal Codes 7, 11 and 15). Dublin 15 and surrounding Area (comprising of 12 Electoral Districts in Blanchardstown Castleknock, The Ward and Lucan North) transferred to Tusla, Dublin North Area in October 2014.

The 2016 census showed that the total population was 252,358 with 44,927 0-17 years. 30% of the population live in Electoral Districts classified as MOST DEPRIVED (i.e. with SAHRU Index score of 10). 80% of schools in the Area are designated as DEIS BAND Schools. 75% of all homeless families in Dublin are in temporary accommodation within the Area

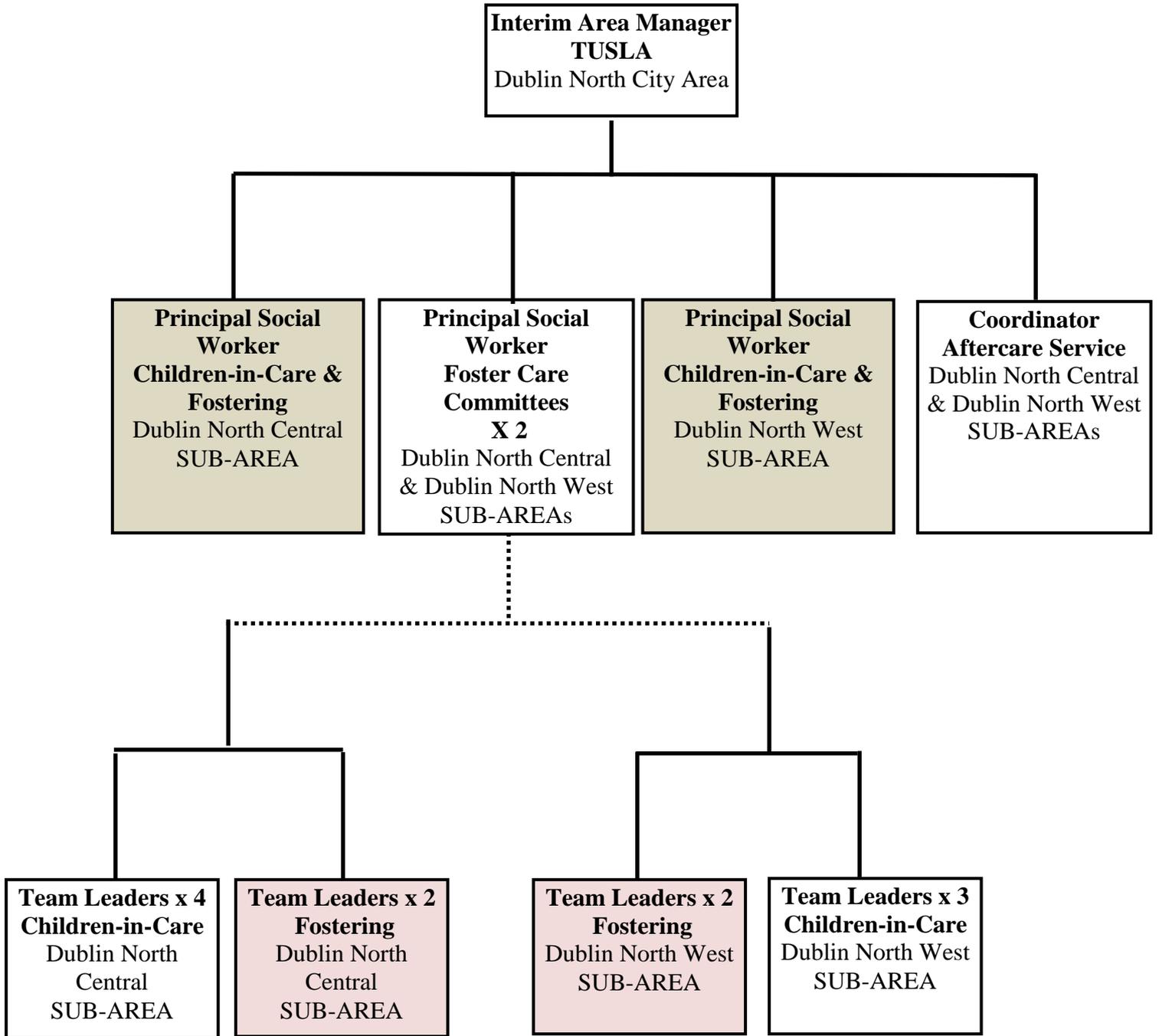
The area was under the direction of the Service Director for the Child and Family Agency Dublin North East region and was managed by the Area Manager. Dublin North City's Foster Care Service is comprised of two Fostering Teams, each managed by a team leader and with a Principal Social Worker for both sub-areas, i.e.-The Dublin North West teams are based in PARK HOUSE, 191 -193 North Circular, Dublin 7. The Dublin North Central teams are based in BALLYMUN CIVIC OFFICE, Dublin 9. There are separate Foster Care Committees in each Sub-area, both chaired by the same Principal Social Worker, but with distinct committee members. Fostering Social Workers (referred to a Link Workers) provide on-going support and training to active carers and carry out assessments of relative and general carers.

However a Regional Fostering Team has been established to conduct recruitment campaigns for the four Areas in the Region and this team has progressively taken over responsibility for the bulk of new carer assessments.

There were 329 foster care households in the service area, 162 general foster carers and 167 relative foster carers

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

Figure 1: Organisational structure of Statutory Foster Care Services, in Dublin North City 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 separate to this report.

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

- Two standards were substantially compliant
- Six standards were non-compliant of which:
 - one was identified as non-compliant – moderate and
 - five were identified as non-compliant – major.

Appropriate safeguarding arrangements, such as An Garda Síochána (police) vetting for adult members of the foster carer household and adequate home visits by link workers, were not in place for all foster carers. Inspectors escalated 13 individual cases sampled to the area manager for review and she responded with identified actions to address the potential risks.

Not all allegations were managed in line with the Children First: National Guidance for the Protection and Welfare of Children (2011) (Children First, 2011). Children were safeguarded where immediate action was required, strategy meetings took place and were used to make decisions and plan investigations. There was good managerial oversight of known reports of serious concerns and allegations. However, inspectors found two allegations against foster carers that were not included on this tracking system and were therefore not subject to the same managerial oversight.

Whilst there was a comprehensive policy in place for placements of children with relatives, this was not always followed and the system of pre-placement check's required improvement.

The assessments of general foster carers were of good quality. However, the service had significant challenges in completing assessments of relative carers and there was drift with some of these assessments. Whilst the assessments carried out by Tusla were of good quality and well managed, there were gaps in Tusla's oversight of relative assessments completed by private agencies. This meant during the course of the assessment there was no formal system of communication, between the two agencies. In addition, relative carers were approved by the foster committee in the absence of undertaking any training and there was no formal process in place to ensure they undertook the training subsequent to the approval.

Not all foster carers had a link worker and the system in place for managing unallocated carers was not always effective. When visits to foster carers took place, the recording of the formal supervision process by link workers with foster carers was not consistent. There were supports in place for foster carers through monthly support groups, however, the uptake on this was poor. The area had direct access to a clinical psychologist as a source of intervention for both foster carers and children which was well used across the fostering department.

The area was developing a training strategy for foster carers, however, training records of foster carers was unsatisfactory. There were also challenges for the team organising training programmes to ensure all foster carers attended and received appropriate training.

Reviews of foster carers were not carried out in line with the regularity required by the standards and 94% (304) of foster carers had not had a review in the past three years. When reviews were carried out, records sampled showed the majority were of good quality. However, they were not always consistent in ensuring the reviews considered the foster carers capacity and compliance with Children First. No additional reviews were held in the last 12 months following a serious complaint, allegation or placement breakdown. During the inspection the area provided a plan to ensure the completion of outstanding foster care reviews within 15 months. However, the plan did not include how the area would prioritise carers, who were not the subject of an allegation, for review.

The two foster care committees comprised of a range of experienced members who made clear decisions. However, some relative carers were approved in the absence of any training, and not all reviews and allegations and serious concerns were notified to the committee.

There was not a sufficient number of foster care placements to meet the demands of the service. There was a three-year recruitment and retention strategy in place that was aimed at increasing the number of local foster placements. The area has been challenged by the limited number of local foster households and was reliant on

private placements outside of the geographical area. Despite recruitment campaigns held in the 12 months prior to inspection, the number of foster carers approved by the area was low. One of the aims of the recruitment strategy was the recruitment of 30 additional foster carers.

The service improvement plan prepared by the principal social workers provided good clarity as to the areas where improvements within the fostering team were required. However, despite a dedicated experienced senior management team, the area continued to be challenged by inadequate resources. While there were some oversight systems established within the area, including a serious concerns and allegations against foster carers oversight group, a number of other oversight systems were in the early stages of development and not embedded into the service. There was a requirement to prioritise the development of these systems as alternatively the service was overly dependent on the knowledge the two principal social workers had of the service, which was not sustainable.

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	Non-compliant — Major
Standard 16: Training	Non-compliant — Moderate
Standard 17: Reviews of foster carers	Non-compliant — Major
Theme 4: Leadership, Governance and Management	
Standard 23: The Foster Care Committee	Substantially Compliant
Theme 5: Use of Resources	

National Standards for Foster Care	Judgment
Standard 21: Recruitment and retention of an appropriate range of foster carers	Non-compliant — Major

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

The measures in place to safeguard and protect children in foster care were not always effective. Inspectors found that not all safeguarding practices were effective and escalated 13 cases, following the inspection, where potential risk was identified. The area manager responded identifying the actions the fostering team were taking to manage the identified risks.

The area had a robust system in place to ensure foster carers had up-to-date An Garda Síochána (police) vetting. However, adult members of the foster carer household did not always have Garda vetting and inspectors escalated five cases to the area manager following the inspection who provided a satisfactory response that Garda vetting applications were being made for these cases. In addition, link workers would identify any other households where Garda vetting may be outstanding and applications would be made.

Not all foster carers were visited in line with Tusla policy. Inspectors sampled 31 foster carers who were allocated a social worker and found that three had not been visited in line with the policy. While 30 foster carers did not have a link worker, there

was no instance of foster care households where there was neither a link worker nor a child-in-care social worker (dual unallocation) visiting. The system established to provide oversight of the unallocated foster carers included a record of when the child's social worker visited. This provided some level of assurance that both the child-in-care care and fostering service were coordinated. In addition audits were carried out by the area to identify which carers had not been visited in over six months. Inspectors reviewed this audit which said that one unallocated foster carer had not received a visit in over six months. However, inspectors found three of the nine unallocated foster carers cases reviewed had not been visited in over six months.

Inspectors escalated these six cases to the area manager who responded identifying that two of these visits had occurred around the time of the inspection and with a plan setting out when the other carers would be visited. In addition, the area manager was requested to complete a full audit to determine how many carers had not been visited in the six months prior to inspection. The area manager responded setting out that 17 carers were identified as not having had a visit in the previous six months and provided a satisfactory plan to address the deficit.

Safety plans were not always being monitored effectively. While safety plans were, appropriately, in place for some children inspectors found, in two of the foster care households sampled, that the implementation of the safety plan was not being monitored effectively. In addition, inspectors sampled another foster carer file where while appropriate safety arrangements were in place these plans were not formally documented in the foster carers file. These cases were escalated to the area manager who responded with an appropriate action to address the risks.

Not all child protection and welfare concerns were managed in line with Children First (2011). A protocol for the management of allegations and serious concerns against foster carers and relative carers had been in use in the area for a number of years with an updated and interim version in use since April 2017. According to this protocol, if a report was made against a foster carer or a member of the foster carers family and it 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 (2011). If it did not meet the threshold, the fostering team was to oversee the assessment of the serious complaint. During interviews and focus groups, social workers and managers demonstrated a knowledgeable and confident application of the protocol.

Data provided by the area prior to the inspection showed there were 19 child protection and welfare concerns made against foster carers in the last 12 months. When allegations, serious concerns, and complaints about foster carers were managed through the Tusla protocol, they had been correctly categorised. Of the 11

child protection and welfare concerns and one complaint selected for review by inspectors, all had been correctly classified in line with the protocol. Inspectors found some good practice in how reports were classified in the area. For example, where there were multiple concerns in a single report such as an allegation of physical abuse along with an allegation of name calling, the area sub divided and classified each concern on its own merit so a clear and objective outcome could be made. Other reports were subsequently re classified from a serious concern to an allegation as investigations progressed, which was good practice.

However, inspectors found two additional cases where allegations or serious concerns had been made against members of foster carer's family and they had not been managed in line with the protocol. These cases had not been included in data provided to HIQA by the area prior to the inspection nor were they included in tracking systems in use by the area management team. This meant that the children's safety had not been fully assessed and managed and these allegations and serious concerns were not subject to the same oversight by area management as those managed through the interim protocol.

In the majority of cases reviewed, the service took appropriate and timely action to protect children in the care of foster carers where child protection concerns or allegations had been made against foster carers. In total inspectors reviewed 13 cases where there had been allegations and serious concerns made against foster carers (11 sampled from a list provided by the area and two further allegations found while reviewing files). Of the 13 cases sampled, 12 had appropriate and timely action taken. Records showed that immediate action was taken to appropriately move children from placements where significant concerns were identified. Initial strategy meetings were held, usually within five days of the allegation being known and were attended by representatives of the child-in-care care social work department, fostering department and where appropriate the duty social work team.

These meetings were used effectively to make decisions and plan the investigations. Reports that had been correctly categorised as child protection concerns had initial assessments undertaken by an independent social worker from the area. Children were spoken to on their own where appropriate and good quality safety plans were put in place while investigations were on-going. Subsequent strategy meetings were held to review progress and to record outcomes. Clear outcomes of investigations were recorded, for example, whether physical abuse was deemed founded or not. Recommendations for further action were also made, which included on some cases, cognitive parenting capacity assessments for foster carers where allegations were founded. These assessments were then used to decide if a foster carer was recommended to continue fostering or not.

Two cases were escalated to the area manager, following the inspection to assess if the fostering team had managed them in line with Children First (2011). The area manager responded with a satisfactory plan to address the identified risks.

Notifications were not routinely being made to the foster care committee and fostering monitor within five days of the report becoming known, in line with the interim protocol. Records showed that the foster care committee was informed, although sometimes when the investigation had been completed. In addition, records did not show that the foster care committee routinely acknowledged notifications. This aspect of the management of allegations and serious complaints compromised the role of the committee as it meant the members were unable to track the progress of the investigation process, so as to fully provide an oversight role.

There was good managerial oversight of reports of serious concerns and allegations once known. The principal social worker in each of the two offices maintained separate tracking systems to follow the progress of investigations. A serious concerns and allegations oversight group met quarterly and was comprised of the area manager, foster care committee chair, principal social workers from each team and the social work team leaders where required. Inspectors were informed that this group was to meet monthly following review in the area. In addition to the oversight of progress of investigations, the group reviewed the implementation of safety plans and discussed complex foster care cases. The foster care committee chair told inspectors that where notifications had not been made to the foster care committee, then these meetings were an additional mitigating measure for the foster care committee to be notified. Audits were also going to be carried out on completion of the investigation and copies were to be forwarded to the foster care committee as part of their oversight.

According to the data returned to HIQA, there had been no serious incidents regarding children in foster care in the 12 months prior to this inspection. The area used the Tusla notification system 'Need to Know' to escalate issues such as a children placing themselves at risk in circumstances outside of the areas control. Other significant events were also escalated within Tusla using this system. For example, a principal social worker in one office escalated the high numbers of unallocated link workers due to staff vacancies and the shortage of foster placements was also escalated.

Disruption meetings did not always occur following a placement breakdown. Disruption meetings occur to determine the impact on the child and the carers and to assess whether the carers require any additional supports or training to safeguard any future placements. Inspectors sampled three of the 12 placements that had ended in the previous 12 months and found that two of the three sampled had had a

disruption meeting while the other had not. For one of the two that had occurred neither the carers nor the child in care had attended and the report identified that there was a requirement to follow up with the carers but this had not occurred at the time of inspection.

New foster carers were required to attend foundational training for foster carers which covered areas of Children First (2011) and safe care. However, a large proportion of foster carers had not been trained in Children First (2011). Following new legislation, the area had a training schedule in place for foster carers along with e-learning modules in the newly revised Children First (2017).

Staff were familiar with the principles of whistleblowing and how to make a protected disclosure. A training day had taken place in November 2017 in relation to the interim protocol for managing serious concerns and allegations against foster carers, the complaints policy and the protected disclosure policy. In addition, the team had used this session to share the learning from serious concerns and allegations investigations. This had included the importance of recording the rationale for classification, close working between the child in care and fostering teams, use of safety plans, the benefits of interviewing all relevant parties including the birth children of foster carers and the importance of foster carer reviews for assessing the carers on-going capacity.

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. There had been six general foster carers assessed and approved in the 12 months prior to the inspection.

The area had arrangements in place for a regional assessment fostering team to carry out general assessments of foster carers in the area; however they contracted some assessments out to a private foster care agency for completion. In addition the fostering social workers completed some general assessments themselves. The findings from other areas already inspected by HIQA in relation to the assessments completed by the regional assessment fostering team were that they were comprehensive and of good quality. They followed the national framework, and all appropriate training was provided to foster carers in advance of approval. In this area inspectors reviewed two general assessments, one completed by the area fostering team, and the other by a private foster care agency on behalf of the regional assessment fostering team. While the assessments took longer than the 16 weeks recommended by the Standards, and it was not always clearly recorded why they took longer, inspectors found that they were comprehensive and of good quality and included all the relevant requirements of the assessment framework.

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

There was a policy and procedure in place for the placement of children with relatives in an emergency, and this was comprehensive. The procedure provided clear guidance to social workers as regards the checks to be completed prior to an emergency placement, or immediately following an emergency placement. There was an assessment template which was to be completed and signed off by the principal social worker for approval.

Inspectors reviewed the files of eight relatives with whom children had been placed in the 12 months prior to the inspection, and found that the policy was not always followed in a timely way. This meant the necessary checks such as Garda checks were not timely, and the oversight of this process required improvement. The placements were not always signed off and approved by the principal social worker in a timely way. For example, of the eight files reviewed by inspectors, three placements were not approved by the principal social worker for between two and five months after the child had been placed. The principal social worker told inspectors that prior to June 2017 there had been a difficulty in obtaining Garda vetting, and that this had been the reason for the delay in approving some emergency placements. However, this issue had been resolved since June 2017, and they now had arrangements in place to obtain emergency vetting when required within 24 hours. Another file outlined that a child was placed with a family friend for two weeks and, despite concerns, immediate Garda checks had not been completed. However, the delays in completing Garda checks, and all other relevant checks meant that the fostering service could not be assured in relation to the safety of the children placed with these carers.

There had been 11 assessments of relative carers completed in the area in the 12 months prior to the inspection. Of these, five were completed by the fostering social work team, while a further six had been assigned to a private foster care agency for assessment. Inspectors were told the reason that six were outsourced to a private foster care agency was due to a lack of resources.

There were delays in commencing the assessment of relative carers. At the time of inspection there were 10 relative carers, caring for children, who had not yet been assessed and approved. Inspectors reviewed nine of these carers files, and found that while four of these had only been placed within the past three months, and one other was placed earlier in 2017, three children were placed since 2016, and one was placed as far back as 2014. Some of these carers were in the process of being assigned to a private agency to complete the assessment.

Inspectors reviewed four of the relative assessments that were carried out by the area team and found that they were not completed in a timely manner. While an understandable rationale was recorded in one case, further delays in this case were not explained. Records showed that the assessment concluded in December 2016,

but the report was not written up and presented to the foster care committee until July 2017. Other relative assessments had been significantly delayed due to changes in social work personnel, in one case the assessment had commenced in 2014, but was not finally approved until June 2017. Another carer approved in June 2017 had a child placed with them since July 2015. Where children remained in unapproved foster placements and delays occurred, this meant the fostering team had not yet determined the foster carers capacity to provide adequate safe care.

While the quality of the assessment was good, some documents, such as the health and safety checks, were poorly completed.

Where private assessments took place of the relative carers, they were not always of good quality. In addition, Tusla did not put a system in place to provide oversight of the private agency's assessments, which was significant considering some of the files, reviewed showed inconsistencies. Inspectors reviewed four of these assessments and found that there were significant delays in commencing some of the assessments and where assessments had commenced, further delays took place. The foster care committee deemed one assessment as not fit for purpose due to, a lack of clarity of significant issues arising during the assessment and the carers had not completed the training as required. The foster care committee therefore did not approve the relative carers when the first report was presented. A second report was subsequently submitted and approved. Similarly, on another relative assessment report inspectors noted comments from the foster committee that the report contained some conflicting information and requested clarity on this.

The principal social worker provided inspectors with a list that was used to track the progress of relative carer assessments, however on review of this list inspectors found that once relatives were assigned to the private agency to complete the assessment, they were then removed from her list. This meant that she did not have any way of tracking the progress of these assessments.

There was a clear process in place for approval of foster carers by the foster care committee. Inspectors reviewed the minutes of foster care committee meetings and found that there were good discussions in relation to reports presented, and that the foster care committee requested further information when required. Inspectors saw several examples of where the foster care committee refused to approve foster carers due to a poor quality assessment or a requirement for further information. Therefore, the foster care committee provided good oversight in relation to foster carers who were placed on the panel. However, some relative carers were approved despite not having attended the required training, and while the foster care committee recommended their approval, there was no follow up to ensure the training had subsequently been completed.

There had not been any foster carers who transferred into the area in the 12 months prior to the inspection.

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

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

Not all foster carers had an allocated link worker. Data provided by the area showed that the majority of foster carers were allocated a link worker. However, of the 329 foster care households, there were 15 general foster care households and 15 relative foster care households without an allocated link worker.

Unallocated foster carers did not always receive adequate support and supervision from the fostering department. Inspectors reviewed the local area protocol for the management of foster carers on a waiting list for an allocated link worker. This document provided guidance to social work teams on the system for managing unallocated foster carers. This was done through a duty system that provided basic support, emergency work and support and supervision visits to carers awaiting allocation. The protocol identified that low to medium priority cases could be managed through the duty system, with carers receiving two support and supervision visits per year and two additional phone contacts.

Inspectors reviewed eight of the 30 unallocated cases whereby children were placed with foster carers. On review of the files, inspectors found three households had not had a visit in the six months prior to inspection; this was in spite of the duty system operating in the area. Of the remaining five households, four had had one visit in the past six months and one household had two visits.

Risk assessment tools were used to identify the rationale for a foster carer not being prioritised an allocated link worker for a period of time. However despite their use, the lack of resources led to some high risk cases remaining unallocated. All eight unallocated cases sampled, had a risk assessment tool on file but they were mainly once off events and had not been reviewed and updated on a regular basis. Inspectors reviewed a foster care household that had no allocated link social worker since September 2017. Records reflected good oversight by the team leader who reviewed the case promptly and identified specific needs relating to the foster carers and the case was followed up by the duty social worker in October 2017. However, inspectors sampled another case where there was an exceptional change of

circumstances for the foster carers, but the support and supervision provided was poor. The team leader had identified the need for this case to be allocated a link worker in August 2017 but it was November 2017 before the foster carers received an allocated link worker. This meant that whilst the area were implementing the prioritising tool and identifying the needs of carers, they didn't always have the resources to meet the needs of the foster carers.

Inspectors also sampled a foster care household where there had been a placement breakdown. Upon review of this file, inspectors found the frequency of visits prior to the placement breakdown was poor. Furthermore, the risk assessment tool score, one month prior to the placement breakdown didn't sufficiently reflect the complexity and range of issues that led to the placement breakdown. This meant that the prioritisation tool did not always facilitate an appropriate timely intervention to address issues that lead to the breakdown of this placement. This case was escalated to the area manager who provided an appropriate action plan to address the risk.

There was a tracking system in place for unallocated carers but it was not up-to-date. Team leaders maintained a list of all unallocated carers with the date of the last home visit and their prioritisation score. However, the tracker did not identify how long the carer had been unallocated and the list was not up-to-date.

The quality of support and supervision was mixed. Not all foster carers were visited in line with the areas policy. The principal social worker informed inspectors there is an expectation that social workers would provide support and supervision visits up to four times a year. Inspectors sampled 40 cases and of these 34 foster carers had been visited in the six months prior to inspection. Inspectors escalated six cases to the area manager, where there was no record of a visit from a link worker in over six months. Inspectors also requested that the area audit their 329 foster carers to determine how many had not had a visit in six months. The area manager responded identifying that 17 carers had not been visited within the last six months and provided an action plan to address the deficit.

From the foster carers files sampled, inspectors found records did not always reflect the link workers role in supporting and or supervising the foster carer during their visits in line with the foster care standards. When support and supervision visits took place with foster carers, the majority of the records of these visits reflected the carers perspective of the child(ren) but did not reflect the support or supervision required, or provided, by the link worker.

The service recognised the need for intensive work and on-going support to children with complex needs and had a range of services they collaborated with to ensure the needs of children were provided for. Inspectors found there was good advocacy for

children who needed additional supports. There was a range of supports in place for foster carers caring for children with complex needs including the provision of respite care, intensive work with child care workers, assistance and guidance from a clinical psychologist and additional services that provided direct work into foster carers households. However, in a small number of cases inspectors found that while the supports provided to the children were good, the fostering service had not provided similar support to the carers. Inspectors escalated one case to the area manager who responded with an appropriate plan to address the deficit.

The service provided local support groups and foster carers were encouraged to attend. Inspectors were provided with a copy of the 2017 support group schedule and found that it was comprehensive and well planned schedule. There was a good variety of workshops/coffee mornings available to foster carers throughout the year. However, inspectors were told by team leaders that the uptake was poor, with 10% of fosters carers availing of this programme. The records reviewed reflected that whilst the files had copies of a notification letter to foster carers, along with the schedule of events, there was little evidence on the files of follow up by link workers during home visits. This impacted on an essential component to help foster carers develop their skills and knowledge required to provide high quality care to the children placed in their care.

The quality of case management on the files sampled was mixed. There were excellent examples of managerial oversight of some cases that were reviewed each month, whilst there were other examples in the files of poor or no records of case management.

Similar to other Tusla operated foster care services; there was no dedicated out-of-hours service to support foster carers outside of office hours. However, some foster carers met with as part of the inspection told inspectors that their link worker had been available to them out of hours if they had a particular issue.

Judgment: Non-compliant — Major

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

The area provided a training programme for foster carers but the take-up of training opportunities was reported to be low. There was no system to track and analyse the training records of all foster carers although such a system was in the process of development. Not all relative foster carers received foundational training and there was no system in place to ensure that all foster carers attended training following their approval. The individual training records of some foster carers were of poor quality.

Inspectors were told that two social care leaders were appointed in 2016 to ensure the consistent coordination of support groups for, and on-going training of, foster carers. Social care leaders told inspectors that they undertook training needs analysis later in 2016. This involved sending questionnaires to foster carers and seeking responses in relation to their training and support needs. They told inspectors that just over 10% of foster carers responded and that they subsequently developed a training programme based on the expressed needs of the foster carers who responded, the input of the link social workers and including training on Children First (2011). They also told inspectors that they were in the process of developing a training strategy. A draft strategy was completed in June 2017 and this was discussed in two foster care focus groups in October and November 2017.

Inspectors viewed the training schedule for 2016/2017 and the proposed schedule for 2018. The training provided included formal training sessions and more informal training or introductions to topics of interest at coffee morning support groups. The monthly coffee mornings included presentations on issues such as cultural diversity, mental health, dealing with loss and separation, managing technology and cyber bullying, and legal issues such as enhanced rights for foster carers. More formal training sessions were also provided. These ranged from short courses such as a one-day course on paediatric first aid to more substantial training such as a six-week course on attachment training and a 10-week course on therapeutic foster care. Several briefings/workshops on Children First Act (2015) were held in November 2017 and six further half-day sessions on this topic were scheduled between January and June 2018. Foster carers were also advised by letter that Tusla had developed

on-line training on Children First (2011) and that this training was essential for foster carers. Foster carers told inspectors that some of the training provided by the area had been very informative, for example therapeutic therapies. The carers who attended the focus groups were in the process of, or had completed, Children First (2017) training in preparation for becoming mandated persons. Foster carers said that the timing of the training sessions and the absence of crèche facilities impacted on attendance.

General foster carers received foundational training prior to their approval and the regional fostering assessment and recruitment team drew up a calendar for the training of applicants throughout the region. In 2017, this team reviewed the training package of foundational training and were in the process of updating it. The training covered a wide range of topics such as the foster care service, the role of foster carers, safe care, the needs of children in care, contact with birth families, behaviour that challenges, child development, abuse and neglect, and allegations. Foundational training for relative carers was provided by members of the fostering team but inspectors found that not all relative foster carers had received this training. Inspectors found that five relative foster carers were approved as foster carers before they had done this training. While some had undertaken this training post-approval, others had not.

The social care leaders told inspectors that the training schedules and invitations to training sessions had been sent to all carers and inspectors saw copies of these on the majority of foster carer files sampled. While there was evidence that some foster carers had been regular attendees at training, there was little evidence that the majority of foster carers whose files were reviewed had attended training in the 12 months prior to the inspection. The training records of the 40 files sampled by inspectors were generally of poor quality. Many foster carers' files contained 2017 training audit sheets but the majority of these were left blank. There were no training records on the files of 15 foster carers and an additional eight carers had no record of attendance at any training in 2017. The social care leaders told inspectors that they proposed to create an individual training portfolio for each foster carer and to facilitate greater attendance by holding some training sessions at weekends or in the evenings. They were also exploring the possibility of operating a crèche to facilitate foster carers caring for young children.

There was little oversight of the overall training records or training needs of foster carers at the time of inspection. The social care leaders told inspectors that the area had created a database for training and that they were working with the information officer to improve this for 2018. However, the individual training records of foster

carers had yet to be inputted and it was not possible for managers to generate reports on training at the time of inspection.

In general, inspectors found that, unless the foster carers had a foster care review, there was no evidence in the files of analysis of the training needs of individual foster carers and of the training they attended. Furthermore, there was no system in place to ensure that all foster carers attended training. The social care leaders told inspectors that they met with the area's children in care and fostering teams in June 2017 and gave a presentation on the training provided and discussed the issue of low take-up of training.

Judgment: Non-compliant - Moderate

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, the first review should take place one year after the first placement and subsequent reviews should take place at three-yearly intervals. Data provided for the inspection showed that a total of 18 reviews took place in the area in the past 12 months. This meant the less than 6% of foster carers had had a foster care review in the past three years. Also, the key elements of reviews including Garda vetting, health and safety in the household, consideration of the foster carers performance, their current circumstances, and evaluation of their training and support needs had not been formally re-evaluated. This meant the area could not be assured that the children placed in foster care were receiving a high quality level of care.

Additional reviews were not carried out following serious complaints, allegations or placement breakdowns.

The areas service improvement plan completed in April 2017 and updated in November 2017, acknowledged the slow progress in relation to the completion of foster care reviews. This document highlighted a lack of social workers on the fostering team to meet the outstanding fostering reviews required. During the inspection the area provided a draft foster care review strategy and plan to ensure the completion of the 304 outstanding foster care reviews within 15 months. However, the plan did not include how the area would prioritise the carers for routine review, other than unallocated carers (30) and the 12 foster care households where the number of unrelated children exceeded the standards. The foster care committee agreed a schedule for 2018 to include an additional foster care committee meeting each month for the purpose of these foster care reviews.

Inspectors found that the fostering team had attended training in November 2017 to support them to develop an assessment framework for the foster care review process. The area manager acknowledged that the objective of the training was to build capacity within the team and get the review process right. She identified that unallocated foster carers would be prioritised for review.

Of the 18 foster care reviews held in the last 12 months, inspectors sampled six files. Inspectors found good quality comprehensive reviews were carried out in four of the files sampled. Five reviews were found to have complied with Children First (2011) and the voice of the child was represented. However, one of the reviews carried out did not sufficiently address the carers capacity. It was noted on the file that, the foster care committee highlighted this as a deficit in the review and requested an amendment to allow for further assessment of the carers capacity. The review was subsequently returned to the committee. Another review sampled did not fully comply with Children First (2011) as it did not reflect the views of the child and lacked clarity with regard to the training needs of the carers. The foster care committee also requested amendments to this review.

Inspectors also attended a review and observed that it was a good quality review. It considered the foster carers understanding of themselves as carers, their performance, supports, changes in circumstances, health, health and safety training, along with a plan of further training needs. In addition the voice of the child was represented by the child's social worker and a report from the child's parents was presented during the review.

Foster carers spoken with as part of the inspection were aware of the requirement to have a review and a small number had experienced a review.

The foster care committee was informed of 11 of the 18 reviews completed in the past 12 months. Of the six reviews sampled, inspectors found five reviews were presented to the foster care committee. However, one of the reviews sampled, whilst it documented a very comprehensive review and post training follow up for foster carers, there was no evidence on the file that this assessment was sent 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 are aware of their responsibilities. Risks to the service as well as to individuals are well managed and the system is subject to a rigorous quality assurance system. Services provided on behalf of the area are robustly monitored. The Foster Care Committee is a robust mechanism for approving both placements and foster care applications.

Standard 23: The Foster Care Committee

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

Summary of inspection findings under Standard 23

There were two foster care committees operating within the service area, one for each sub-area, Dublin North West and Dublin North Central. The chairperson was given the role of chairing both committees.

Both foster care committees complied with the standards and national policy, procedure and best practice guidance on the foster care committee. Inspectors found the committees were well governed and for the most part, had good oversight of the activities relevant to the function of the committee. The chairperson told inspectors she had been in post since January 2016. Inspectors found the chairperson had extensive experience and knowledge across all the functions of the service area.

The foster care committees were comprised of the chairperson and up to 14 members including people with appropriate experience and qualifications in the area of child protection, child welfare and foster care. There was a foster care committee secretary to provide administrative support to the committee. The chairperson developed training for members of the committee in relation to relative foster care

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assessments, general assessments, and they had attended a workshop on attachment theory. Foster care committee members also attended foster care review training in November 2017.

Each of the foster care committees met monthly, with 11 and 10 meetings in the 12 months prior to inspection. Inspectors reviewed minutes of the foster care committee meetings that reflected their work. This included consideration of disruption reports, notifications of serious concerns and allegations and outcome reports, notification of placements over numbers, matching long-term approvals, consideration of assessment reports of foster carers and reviews of foster carers.

The foster care committees were effective and efficient and made clear decisions. Inspectors observed a meeting of the foster care committee which was appropriately attended. Comprehensive reports were provided to the committee in relation the agenda items. Inspectors found this meeting was well managed by the chairperson. All members of the committee contributed to the meeting and showed they were well prepared and had read the necessary reports in preparation for the meeting. The decisions made by the chairperson were clear and in consultation with the committee members. However, inspectors found that some relative carers were recommended for approval by the committee in the absence of undertaking any training. In addition, not all reviews were presented to the foster care committee. In the previous 12 months only 11 of the 18 reviews had been presented to the committee.

Allegations and serious welfare concerns were not notified to the committee in a consistent manner. Inspectors sampled files where allegations were made against foster carers and found that the foster care committee were informed of allegations, but, the notification was often on conclusion of the investigation which was not in line with Tusla's interim protocol for managing complaints and allegations April 2017. Minutes of a foster care committee referred to a case that had been classified as an allegation of physical abuse by the social work team. The committee made a recommendation based on their review of the allegation and advised that this should be re-classified as a serious concern. Inspectors found the conclusion reached by the foster care committee was not in line with Tusla's interim protocol for managing concerns and allegations.

The chairperson told inspectors that the committee had set up a tracking system on complaints and allegations. This meant the chairperson sought updates from social workers. However, as the foster care committee didn't always receive initial notifications this had the potential to compromise the tracking system. Inspectors were told improvements were made since the chairperson joined the monthly governance meetings where all the notifications were discussed.

In addition, a new tracking system for section 36 assessments was to be implemented and its purpose was to ensure the chairperson could get an update on the timescales and progression of each assessment.

The national guidance for foster care committees required the committee to produce an annual report of its activities. Inspectors read the foster care committee Annual Report for 2016. This report outlined their activities in 2016, identified some improvements required in the service and made recommendations for 2017.

Judgment: Substantially compliant

Theme 5: Use of Resources

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

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

Health 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 was an insufficient number of foster carers in the area to meet the needs of children in care. A principal social worker told inspectors that there was a deficit in the availability of foster carers in the area and that there was a huge reliance on private foster care outside the area.

While data submitted to inspectors prior to the inspection showed that there were 10 available foster care placements in the area, there were 85 children in private placements outside of the area at the time of inspection. According to a needs analysis in November 2017, the Dublin North City area had approximately 15% of its children in care in private foster care placements while the national average was 9%. Locating children in placements outside of their own community meant that access to and contact with their families and friends, may be negatively impacted on. It also meant that keeping children of school-going age in their own school may not have been possible.

The needs analysis highlighted the need for placements for 0-5 year old children, which accounted for almost 50% of all admissions to care in the area, and placements for sibling groups, which were also reliant to a large extent on out of area private placements.

The area had developed a three-year recruitment and retention strategy (2018-2021), which aimed to improve local placement choice and stability for children and young people in the area and increase the number of placements available in the

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area, thereby reducing the area's dependence on private placements. The strategy was informed by research commissioned in one of the city's universities and involved extensive consultation with members of the public.

The implementation of the strategy was the remit of the regional fostering assessment team, which was established in 2016 and had the main responsibility for recruitment and assessment in the area, and the local fostering service, which had responsibility for the retention of foster carers. The regional team, two members of which were based in the area, provided one point of contact for prospective foster carers and aimed to provide a timely and consistent approach to recruitment and assessment. The service director for the Dublin North East region chaired a regional steering group, which had representatives from the Dublin North City fostering team, and looked at innovative ways by which foster carers could be recruited.

Data provided by the area showed that there were recruitment campaigns undertaken during the 12 months prior to the inspection. There were 17 applications from prospective foster carers and one information meeting was held during that time. There was also one bespoke on-line recruitment campaign in respect of one child. Information provided to inspectors showed that six general foster carers had been approved for the area during the 12 months prior to the inspection while eight foster carers left the foster care panel voluntarily during that time. One of the targets outlined in the recruitment strategy was the recruitment of at least 30 additional foster carers annually. The current level of recruitment was just over half of this number.

The retention strategy included a number of key elements that required development: the allocation of a link worker to every foster carer, the on-going development of support and training for foster carers, and the implementation of a foster care review strategy. Inspectors found that the area had committed extra resources to the retention of foster carers since the previous inspection. During 2016, support groups had been established and a programme of training had been put in place but the effects of this on the retention of foster carers were not yet evident. Staff told inspectors that the numbers of foster carers attending these events was low but that the area was looking at ways to improve this. The staff responsible for the support and training programmes told inspectors that some of these events were scheduled to take place in the evenings and at weekends during 2018 in order to better facilitate the attendance of foster carers who may not be able to attend during the day time on weekdays. Managers also told inspectors that training on foster care reviews had recently been provided to link social workers, children in care social workers and members of the foster care committee. The area manager identified that the foster carers support and training requirements would be part of the revised review process.

Team leaders sought to meet with foster carers who had left the service. Inspectors reviewed correspondence issued to carers who had left the service inviting them to meet with Tusla to explore their experience as carers and gather information to support Tusla to continue to improve. Of the eight carers who had left the service in the last 12 months, inspectors sampled three. While the three carers had been invited to participate in an exit interview only one had taken up the opportunity. Team leaders told inspectors that they received a minimal response to their invitations.

Judgment: Non-compliant - Major

Appendix 1 — Standards and regulations for statutory foster care services

<i>National Standards for Foster Care (April 2003)</i>
Theme 1: Child-centred Services
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.
Standard 2: Family and friends Children and young people in foster care are encouraged and facilitated to maintain and develop family relationships and friendships.
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.
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.
<i>Child Care (Placement of Children in Foster Care) Regulations, 1995</i> <i>Part III Article 8 Religion</i>
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

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directly by a health board* or by a non-statutory agency.

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

National Standards for Foster Care (April 2003)

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.

National Standards for Foster Care (April 2003)

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

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

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

Part III, Article 5 Assessment of foster parents

Part III, Article 9 Contract

Standard 14b — Assessment and approval of relative foster carers

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

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

Part III, Article 5 Assessment of relatives

Part III, Article 6 Emergency Placements

Part III, Article 9 Contract

Standard 15: Supervision and support

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

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National Standards for Foster Care (April 2003)**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

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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

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

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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.

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.

Provider's response to monitoring report number:	MON - 0019047
Name of service area:	Dublin North City
Date of inspection:	27 November – 30 November and 07 December 2017
Date of response:	26th February 2018

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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:

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

Safeguarding arrangements were not always effective.

Not all child protection and welfare concerns were managed in line with Children First.

Disruption meetings did not always take place following placement breakdowns.

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) Area governance meetings of the Fostering Service, Dublin North City will

take place on a monthly basis chaired by the Area Manager to include governance of themed aspects of the fostering service and updates on the management of Serious Concerns and Allegations. This meeting will track progress of this Action Plan. A new Principal Social Worker post for Fostering and Aftercare has been approved for Dublin North City.

- (2) The Foster Care Register (hereafter 'The Register') will now include names of all adult household members, their date of births and the date of their current Garda vetting. The Register will be reviewed in each supervision between Fostering Link Workers and Team Leaders to track vetting status. Team Leaders will provide a monthly report on Garda vetting status for the Principal Social Worker for the Area governance meeting.
- (3) The Register now contains the date of the last support and supervision visit to each individual family and this will also be tracked by Team Leaders in supervision with Fostering Link Workers.
- (4) Review dates of Safety plans will be agreed at the initial Strategy meeting for Serious Concerns and Allegations and at all future initial Strategy meetings. Safety plans will be reviewed during the course of monthly supervision with the allocated Child-in-Care (i.e. CIC) Social Worker and the allocated Fostering Link Worker and in supervision between Team Leader and Principal Social Worker (i.e. PSW).
- (5) Team Leaders will ensure completion of Initial Notifications of Serious Concerns and Allegations during the Strategy meeting & forward to Area Manager, Foster Care Committee (FCC) & Foster Care Monitor.
- (6) A practice memo has been circulated to remind Social Workers to escalate any concerns and allegations regarding foster carers to their Team Leader and/or PSW.
- (7) An in-house Children First briefing session will be provided to the fostering team on the requirements under the Act and standard business processes for the assessment and management of Child Protection and Welfare concerns. This will include familiarisation with the Dedicated Contact Point details for each Area where a child from Dublin North City is placed in foster care.
- (8) Outstanding placement Disruption meetings where appropriate will be scheduled. Any future placement Disruption meetings will be convened within an appropriate timeframe and all Disruption reports forwarded to the FCC. As per the Policy and Procedure on Placement Breakdown in Foster Care (2017), the time frame for convening this meeting will be informed by professional judgement and determined on a case by case basis. It is the experience of the Child and Family Agency that meetings are best convened within 6 months of the placement ending.

- (9) A Disruption tracker will be incorporated into the Register & this will be discussed & updated in monthly supervision & will also be included in the agenda of the Area Governance Meetings.
- (10) Six Children First (2017) training sessions are scheduled, i.e. 19/1/18, 27/2/18, 10/3/18, 27/4/19, 22/5/18 & 23/6/18. A further four Children First training sessions will be scheduled in Q3 & Q4, 2018. An individual training plan will be completed with those carers that cannot attend on these dates

Proposed timescale:	Person responsible:
<p>Action 1 – 22/01/2018 & monthly</p> <p>Action 2 - 14th February 2018</p> <p>Action 3 - 14th February 2018</p> <p>Action 4 - 26th February 2018</p> <p>Action 5- 26th February 2018</p> <p>Action 6- 12th February 2018</p> <p>Action 7 - 30/4/2018</p> <p>Action 8 - 31/3/2018</p> <p>Action 9 - 31/3/2018</p> <p>Action 10 - 31/12/2018</p>	<p>SD – Service Director AM – Area Manager PSW – Principal Social Worker FTL – Fostering Team Leader FLSW – Fostering Link Social Worker SCL- Social Care Leader FCC – Foster Care Committee</p> <p>AM, PSW, FTL & FCC Chair</p> <p>PSW, FTL & FLSW</p> <p>FTL & FLSW</p> <p>PSW, FTL & FLSW</p> <p>PSW, FTL & FLSW</p> <p>PSW</p> <p>AM</p> <p>PSW, FTL & FLSW</p> <p>PSW & FTL</p> <p>PSW, FTL, FLSW & SCL</p>

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

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

General assessments were not completed within 16 weeks.

Action required:

Under **Standard 14a** you are required to ensure that:

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

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

- (1) Any delays in assessments & rationale for same will be recorded on each applicant's assessment report and notified to the Team Leader. The assessment will be tracked and monitored by the Team Leader in supervision.
- (2) In instances where the general assessment exceeds 16 weeks from the date of application the PSW will seek a status update outlining the reason for the delay & this will be forwarded to the FCC.

Proposed timescale:	Person responsible:
Action 1 – 26/2/2018	FTL & FLSW
Action 2 – 26/2/2018	PSW Regional Assessment team and PSW Area Team

Standard 14b — Assessment and approval of relative foster carers

Judgment:

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

Pre-placement checks were not always robust or completed in a timely manner.

There were delays commencing relative assessments and they were not completed in a timely manner.

Oversight of completion of section 36 assessments was not effective.

The quality of some private assessments was poor and there was no oversight of these assessments by the area.

Some documentation for assessments was poorly completed.

Relative carers were approved in the absence of attending the required training.

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) Briefing sessions on Section 36 Relative Assessment Guidance 2018 will take place for all fostering teams and FCC committee members.
- (2) Prior to placing a child with Section 36 carers, the Fostering Link worker must obtain written emergency approval from the Principal Social Worker who will have oversight that pre placement checks have been completed. The PSW will have oversight that emergency Garda vetting and LHO checks are completed within 72 hours.
- (3) Fostering Team Leaders will meet on a monthly basis to agree timeframe of allocations for assessment, agree a completion schedule & address any issues arising regarding the quality of assessments. Private providers will be requested to this monthly meeting. The FCC has final governance oversight on all assessment reports. In instances where the relative care assessment exceeds 16 weeks from date of application the PSW will seek a status update outlining the reason for the delay & this will be forwarded to the FCC.
- (4) Fostering Team Leaders will review the quality of area assessment reports; confirm that all supporting documentation is available and that any actions requiring follow-up have been addressed, before signing off on assessment reports. This process will be facilitated by completing a documentation checklist on all foster care assessments prior to submission to FCC, who will not accept submissions unless completed. This applies to both area and private providers.
- (5) An audit has been completed of all relative carers approved since 1st January 2017 who have not attended Fostering Relations training. A Fostering Relations course will be delivered in April & October 2018 to those relatives who have not attended this training. Foster carers approved prior to 21/01/2017 who have not completed Fostering Relations training will also be invited to attend. An individual training plan will be completed with those carers that cannot attend on these dates.

Proposed timescale:	Person responsible:
Action 1 - 8/4/2018	PSW, FTL & FLSW
Action 2 – 26/02/2018	FLW, FTL & PSW
Action 3- 13/03/2018	FTL & PSW, FCC

* 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 4- 26/02/2018	FLW, FTL & PSW
Action 5- 30/10/2018	FLW, FTL & PSW

Standard 15: Supervision and Support Judgment:

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

Not all foster carers had an allocated social worker.

Support and supervision of unallocated carers was not adequate.

The oversight of unallocated carers was not always effective.

The quality of support and supervision was mixed.

The quality of case management was mixed.

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) Each carer in Dublin North City currently with children placed have an allocated Fostering Link worker. There is a Protocol for Managing Unallocated Carers should this change.
- (2) The Register now contains the date of the last support and supervision visit to each individual family and this will also be tracked by Team Leaders in supervision. This information is accessible to the PSW and reviewed in supervision with Team Leaders.
- (3) A working group in the local area is reviewing the support and supervision template to ensure that high quality supervision is consistently provided.
- (4) A training session will be provided to the Fostering Team to assist with the provision of high quality supervision of our foster carers. This will focus on the identified duties under Supervision and Support and sub-categorised as Pre-Placement duties, Placement Duties and Post Placement duties.

- (5) PSWs have agreed with Team Leaders that case review sheets will be completed at least bi-monthly on all allocated cases and more frequently when required.
- (6) A reflective session will be provided to the Fostering Management Team to assist with formulating and maintaining the consistent provision of high quality case management to Link Workers.
- (7) A Supervision Audit will take place of all FLSW and Team Leader supervision files from January- December 2017. The purpose will be to examine the quantity of supervision sessions per worker as per the Supervision Policy and the quality of the case management within the supervision forum

Proposed timescale:	Person responsible:
Action 1-31/01/2018	FTL & PSWs
Action 2 – 26/02/2018	FTL & PSWs
Action 3 -30/06/2018	FLSW & FTL
Action 4 – 14/06/2018, 15/06/2018	PSWs
Action 5 – 26/02/2018	FTL & PSW
Action 6 – 15/06/2018	FTL & PSW
Action 7 – 30/06/2018	AM, PSW & Regional Risk, Quality and Service Improvement manager

Standard 16: Training Judgment:

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

Foster carers attendance at training was poor and there was no system in place to ensure that all foster carers attended training following their approval.

Not all relative carers received foundational training.

Training records of foster carers were of poor quality.

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) Our training strategy has been updated following our recent consultation with foster carers.
- (2) A working group in the local area is reviewing the support and supervision template to ensure that high quality supervision is consistently provided, with a robust focus on attendance at training.
- (3) A text alert system has been developed to remind carers regarding training.
- (4) An analysis of the training needs of individual carers will form part of our on-going Foster Care Review Strategy.
- (5) An audit has been completed of all relative carers approved since 1st January 2017 who have not attended Fostering Relations training. A Fostering Relations course will be delivered in April & October 2018 to those relatives who have not attended this training. An individual training plan will be completed with those carers that cannot attend on these dates.
- (6) A review of all foster care training records will be completed and records updated accordingly.

Proposed timescale:	Person responsible:
Action 1 – 22/01/2018	SCL, FLSW, FTL & PSW
Action 2 – 30/06/2018	FLSW & FTL
Action 3 – 26/02/2018	SCL & FTL
Action 4- 31/3/2019	FLSW, FTL & PSW
Action 5 –31/12/2018	FLSW & FTL
Action 6 – 30/4/2018	FLSW & FTL

Standard 17: Reviews of foster carers

Judgment:

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

The majority of foster care households did not have an up-to-date standard review.

Additional reviews were not carried out following serious complaints, allegations or

placement breakdowns.

The foster care committee were not notified of all standard reviews of foster carers in line with the Standards.

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 action you have taken or are planning to take:

- (1) A schedule of outstanding Foster Care Reviews has been drawn up for completion by 31st March 2019. This schedule will be monitored by the Area Governance Meetings and will be extended as necessary.
- (2) An additional FCC meeting will be convened each month for foster care reviews only.
- (3) In line with the priorities detailed in the Area Foster Care Review Strategy additional reviews will be carried out following serious concerns, allegations or placement breakdowns. Priority for Review will also be given on direction of the Foster Care Committee.
- (4) Priorities and progress of foster care reviews will be discussed in supervision between FLSW & FTL and between FTL & PSW each month.
- (5) The Register will track completion of foster care reviews in a timely fashion, based on date allocated, date review completed and date submitted to FCC.

Proposed timescale:	Person responsible:
Action 1 – 31/03/2019	AM, FTL & PSW
Action 2 – 30/09/2019	FCC Chair
Action 3 – 26/02/2018	FTL & PSW
Action 4 – 26/02/2018	FLSW, FTL & PSW
Action 5 – 31/03/2018	FTL

Theme 4: Leadership, Governance and Management

Standard 23 The Foster Care Committee

Judgment:

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

There were gaps in the foster care committees' oversight of the foster care service.

The foster care committee recommended the approval of a number of relative carers in the absence of them undertaking any training.

Allegations and serious welfare concerns were not notified to the committee in a consistent manner.

Action required:

Under **Standard 23** you are required to ensure that: Health boards^{+++*} have foster care committees to make recommendation 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:

- (1) Team Leaders will notify the FCC when an investigation has commenced as per the National Interim Protocol on the Management of Concerns and Allegations. The Secretary of the FCC will formally acknowledge receipt of initial notifications.
- (2) The FCC will track the investigations of Serious Concerns and Allegations to identify if any drift may be occurring. If this should happen the FCC will seek a status update from the PSW.
- (3) The FCC will track completion of assessments to identify if timeframes are being kept. If drift is identified the FCC will seek a status update from the PSW.
- (4) The FCC will adhere to the **Foster Care Committees – Policy, Procedures and Best Practice Guidance (2017)**, which states '*where possible, training must be run in tandem with assessment to augment best practice. Attendance dates or plans to attend must be stated in the assessment report. Approval is contingent on applicants having attended training or making a commitment to do so at identified dates in the future*' (Section 4.22; P. 48). The FCC will track any commitment made by carers to attend at training.

Proposed timescale:	Person responsible:
Action 1 – 26/02/2018	FTL & FCC

* 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 2 – 26/02/2018	FCC & PSW
Action 3 – 26/02/2018	FCC & PSW
Action 4 – 26/02/2018	FCC

Theme 5: Use of Resources

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

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

There was an insufficient number of foster carers in the area to meet the needs of children in care.

The retention strategy was not effective.

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 action you have taken or are planning to take:

- (1) An information evening on Fostering is scheduled for March 2018. A panel of Foster Carers will co facilitate this evening with Fostering Link Workers
- (2) A Fostering Recruitment and Retention Strategy (2018-2021) has been completed with an implementation date of 22/01/2018. This strategy aims to ensure Children-in-Care are placed with good quality foster families that are culturally appropriate and located within the child’s community of origin. Recruitment and retention strategy implementation meetings will take place on a monthly basis & a representative from the Regional Assessment Team will also attend this meeting. A review of implementation will take place in September 2018.

Proposed Timescale: **Person responsible:**

* 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 1 – 13/03/2018	FTL & SW
Action 2 – 21/02/2018 and monthly for review 30/09/2018	SD ,AM, PSW, FTL & FSW