

**Health Information and Quality Authority
Regulation Directorate**

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



Name of Agency:	Fostering First Ireland	
Dates of inspection:	13 - 16 June 2016 21 - 22 June 2016	
No. of Fieldwork days:	6	
Lead inspector:	Ruadhan Hogan	
Support inspector(s):	Grace Lynam Caroline Browne Sharron Austin	Catherine Vickers Susan Geary
Type of inspection:	<input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced <input checked="" type="checkbox"/> Full <input type="checkbox"/> Themed	
Inspection ID:	754	

About monitoring

The purpose of monitoring is to safeguard vulnerable children of any age who are receiving foster care services. Monitoring provides assurance to the public that children are receiving a service that meets the requirements of quality Standards. This process also seeks to ensure that the wellbeing, welfare and safety of children is promoted and protected. Monitoring also has an important role in driving continuous improvement so that children have better, safer lives.

The Health Information and Quality Authority (HIQA) is authorised by the Minister for Children and Youth Affairs under Section 69 of the Child Care Act, 1991 as amended by Section 26 of the Child Care (Amendment) Act 2011 to inspect services taking care of a child on behalf of the Child and Family Agency (Tusla) including non-statutory providers of foster care.

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

- **Assess** if the service provider has all the elements in place to safeguard children and young people and promote their well being while placed with their service
- **Seek assurances** from service providers that they are **safeguarding children** through the mitigation of serious risks
- **Provide** service providers with the **findings** of inspections so that service providers develop action plans to implement safety and quality improvements
- **Inform** the public and **promote confidence** through the publication of the Authority's findings.

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

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

Theme 1: Child Centred Services	<input checked="" type="checkbox"/>
Theme 2: Safe and Effective Services	<input checked="" type="checkbox"/>
Theme 3: Health and Development	<input checked="" 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 checked="" type="checkbox"/>

1. Methodology

As part of this inspection, inspectors met with children, spoke to parents and or guardians and professionals. Inspectors observed practices and reviewed documentation such as care plans, relevant registers, policies and procedures, foster carers files, children's files and staff files.

During the inspection, the inspectors evaluated the:

- quality of care and safety of the service
- organisation and management of the foster care service
- assessment of foster carers
- safeguarding processes
- effectiveness of inter-agency and multi-disciplinary work
- outcomes for children

The key activities of this inspection involved:

- the interrogation of data
- reviewing of policies and procedures
- reviewing of 36 children's case files
- reviewing of 28 foster carer's files
- visiting 10 foster care homes
- meeting with 16 children
- two focus group meetings with nine link workers
- two focus group meetings with 20 carers
- observation of two team meetings, a review and assessment team and senior management meetings
- observation of carer consultation group
- interview with the managing director, two principal social workers, quality assurance manager, two team managers, business manager, the assessment team, education officer and a therapist
- reviewing of 10 staff personnel and supervision files
- reviewing completed external professional questionnaires from two Child and Family Agency social workers
- telephone interviews with one parent

Acknowledgements

The Authority wishes to thank the children and parents and or guardians, and carers, for the openness with which they embraced the inspection process and welcomed inspectors into their homes. Inspectors also wish to acknowledge the cooperation of everyone from Fostering First Ireland with the inspection.

2. Profile

2.1 The Child and Family Agency

Child and family services in Ireland are delivered by a single dedicated State Agency – the Child and Family Agency - overseen by the Department of Children and Youth Affairs. The Child and Family Agency Act 2013 (No. 40 of 2013) established the Child and Family Agency with effect from 1 January 2014.

The Child and Family Agency have responsibility for a range of services, including the provision of a range of care placements for children including statutory foster care services.

Children's foster care services may also be provided by non-statutory foster care agencies following agreement with the Child and Family Agency. The Child and Family Agency retain their statutory responsibilities to children placed with these services and approve the foster carers through their foster care committees. The foster care agency is required to adhere with relevant Standards and regulations when providing a service on behalf of the Child and Family Agency. Both services are accountable for the care and well-being of children. This inspection focuses on the specific responsibilities of the service provider under the Standards in providing quality and safe care to children.

2.2 The Service Provider

Fostering First Ireland provides a range of services including emergency, short-term, respite, general and special foster care placements. It has been in operation in Ireland since 2005 and is available to provide placements to all but one of the Tusla service areas. Fostering First Ireland is a social enterprise and is part of Key Assets – The Children's Services Provider, an international provider of children and family social services that operates in over 10 countries and whose parent organisation is Core Assets.

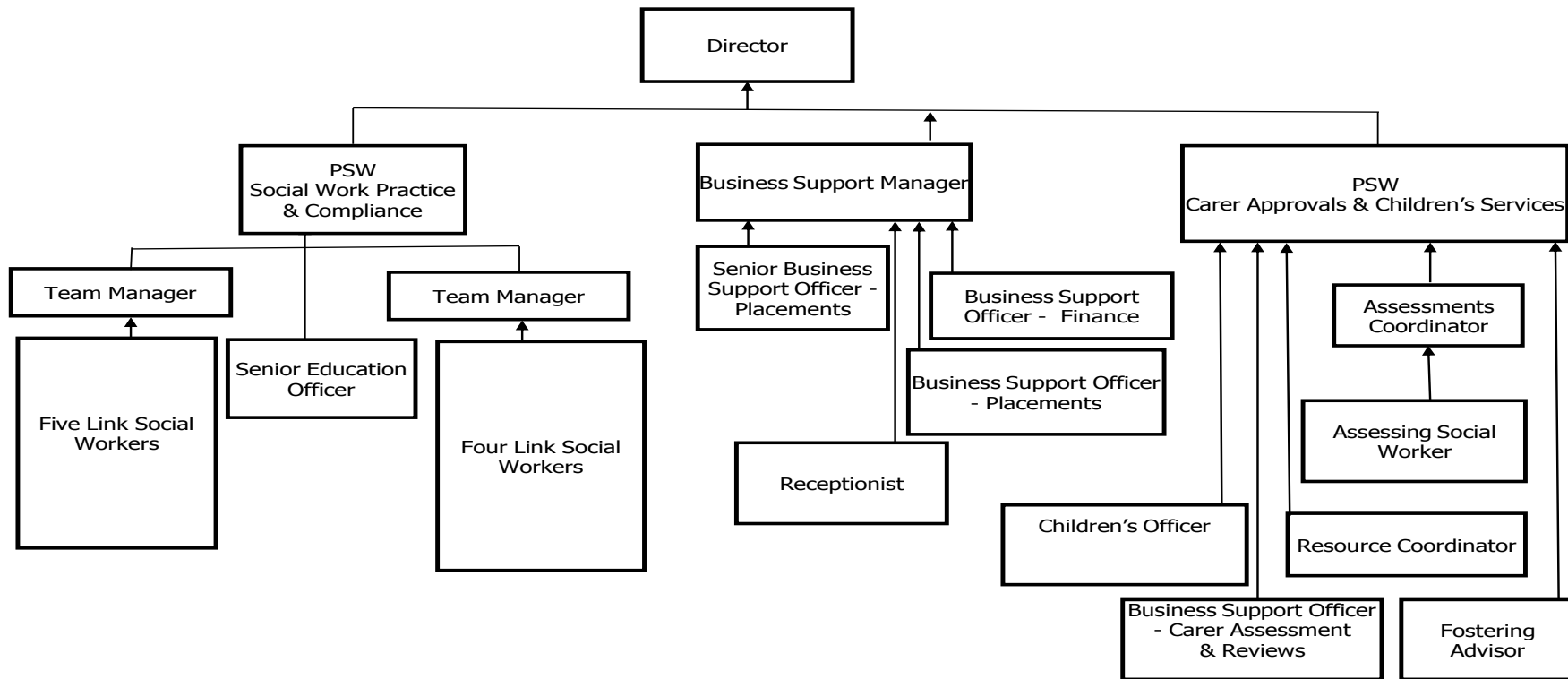
Fostering First Ireland was made up of one director who was supported in her role by two principal social workers and a business manager. There were two principal social workers who oversaw different aspects of the service. A principal social worker for practice and compliance managed two social work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

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

According to the data returned to HIQA from Fostering First Ireland prior to the inspection, the service had 92 foster care households across the country that provided foster care placements for 115 children from across the Tusla service areas. It did not have a service level agreement for general foster carers. This was subject to ongoing negotiations with Tusla and was unresolved at the time of inspection.

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

Figure 1: Organisational structure of the foster care agency¹



¹ Provided by the Foster Care Agency

3. Summary of Findings

Children in foster care require a high quality service, which is safe and well supported by social work practice. Foster carers must be able to provide children with warm and nurturing relationships in order for children to achieve positive outcomes. Services must be well governed in order to produce these outcomes consistently.

Fostering First Ireland is a 'for profit' organisation and its services are monitored by the Child and Family Agency.

In this inspection, the Authority found that of the 19 Standards assessed, the service exceeded 4 Standards, met 8 Standards, and required improvement in 7 Standards. The findings are set out in Section 5 of this report and the action plan is published separately.

Children's physical and emotional needs were met while under the care of Fostering First Ireland foster carers. The service ensured foster carers were well informed, well trained and had high quality support and supervision so high quality care could be delivered. There were appropriate measures in place to safeguard and protect children from abuse. The service primarily provided supports to foster carers so children could be supported; however, the service could have been more child centred.

Fostering First Ireland staff and foster carers were respectful of children and met the cultural/diversity needs along with the needs of children with a disability. Care planning was in line with the children's care plans and the service ensured that care provided was informed by the most up-to-date information from the child in care review process. There were systems in place to inform children about their rights, nonetheless, children didn't consistently know about their rights. The oversight of complaints in the service was poor and not all children felt secure in making a complaint.

The service had effective management structures in place with lines of authority and accountability. Staff were suitably skilled, knowledgeable and experienced. Managers showed strong leadership and ensured there was good oversight of the service to deliver high quality foster care. Improvements were required in the oversight of allegations against foster carers and risk assessment.

Overall Fostering First Ireland provided high quality foster carer to children and exceeded the standards in relation to the assessment and approval of foster carers, supervision and support of foster carers and education through the provision of a high quality educational support service. Children were sometimes placed with carers outside of their approval status and foster carers were not always given the full information about a child when they were first placed which may have impacted on the quality of matching and sustainability of placements.

This report makes a number of findings which the provider is required to address in an action plan. The provider’s action plan is published separately to this report.

4. Summary of judgments under each Standard

During the inspection, inspectors made judgments against the National Standards². They used four descriptors:

Exceeds Standard – services are proactive and ambitious for children and there are examples of excellent practice supported by robust systems.

Meets Standard - services are safe and of good quality.

Requires improvement – there are deficits in the quality of services and systems. Some risks to children may be identified.

Significant risk identified – children have been harmed or there is a high possibility that they will experience harm due to poor practice or weak systems.

National Standards for Foster Care (April 2003)	Judgment
Theme 1: Child Centred Services	
Standard 1: Positive sense of identity	Meets Standard
Standard 2: Family and friends	Meets Standard
Standard 3: Children’s rights	Requires Improvement
Standard 4: Valuing diversity	Meets Standard
Standard 25: Representations and complaints	Requires Improvement
Theme 2: Safe and Effective Services	
Standard 8: Matching carers with children and young people	Requires Improvement

² Please refer to Appendix 1 for full description on National Standards for Foster Care (April 2003) and Child Care (Placement of Children in Foster Care) Regulations, 1995

Standard 9: A safe and positive environment	Meets Standard
Standard 10: Safeguarding and child protection	Requires Improvement
Standard 13: Preparation for leaving care and adult life	Meets Standard
Standard 14: Assessment and approval of foster carers	Exceeds Standard
Standard 15: Supervision and support	Exceeds Standard
Standard 16: Training	Meets Standard
Standard 17: Reviews of foster carers	Meets Standard
Standard 22: Special Foster care	Not applicable
Theme 3: Health and Development	
Standard 11: Health and development	Requires Improvement
Standard 12: Education	Exceeds Standard
Theme 4: Leadership, Governance & Management	
Standard 18: Effective policies	Meets Standard
Standard 19: Management and monitoring of foster care agency	Requires Improvement
Theme 5: Use of Resources	
Standard 21: Recruitment and retention of an appropriate range of foster carers	Exceeds Standard
Theme 6: Use of Information	
Standard 20: Training and Qualifications	Requires Improvement

5. Findings and judgments

Theme 1: Child Centred Services

Services for children are centred on the individual child and his/her care and support needs. Child-centred services provide the right support at the right time to enable children to lead their lives in as fulfilling a way as possible. A child-centred approach to service provision is one where services are planned and delivered with the active involvement and participation of the children who use services.

Inspection findings

Fostering First Ireland staff and foster carers were respectful of children and met the cultural/diversity needs along with the needs of children with a disability. The service primarily provided supports to foster carers so children could be supported; however, while the service did have some child-centred practices, improvements were required. There were systems in place to inform children about their rights, nonetheless children did not consistently know about their rights. Link workers did not engage with children in a meaningful way and foster carers were expected to be the main connection between the service and children. The service was proactive at facilitating children's access with their families. The oversight of complaints in the service was poor and not all children felt secure in making a complaint.

Children's Rights

There were systems in place to inform children of their rights. Children were given booklets called the 'file of facts' that had comprehensive information on: what children's rights were while in care, when leaving care, what their rights were in other situations such as school and their right to information and privacy. Some children spoken with had an awareness of rights while others said they weren't sure. The management team said that on the second visit the link social workers meet with the foster carers and children to explain how to make a complaint. Inspectors found little evidence on the Fostering First Ireland children's files that children were made aware of their rights which meant that inspectors were unable to verify how the service ensured children understood their rights.

Foster carers told inspectors that they were expected to explain to children about their rights and about independent advocacy services. One child said that their foster carer introduced them to an independent advocacy service and supported them to attend meetings. Inspectors found evidence that where some children did not have a

Tusla social worker, the service sent an email to the Tusla management advocating on behalf of children for the allocation of a social worker.

Link social workers told inspectors that they were conscious of not overstepping their role and taking on the role of the Tusla social worker, who had the main responsibility for advocating for the rights and needs of children. The recording of foster carers visits by the link social workers did not consistently evidence engagement with children. For example, link worker visits did not record any conversations with children about their rights and foster carers said they were expected to explain about rights. The overall focus of support to children on their rights from Fostering First Ireland staff was therefore not child centred.

At the time of the inspection, the service had begun to look at ways to improve this. A new children's officer had joined the service. Their role was to enhance the participation of children in the service, develop a charter for children and develop a consultative forum for children. There was evidence on children files that this new staff member had send out letters to all children in the service and was in the process of setting up engagement meetings with them.

Diversity

According to the data returned to HIQA from Fostering First Ireland, 25% of the children placed with the service were from a diverse ethnic, cultural or religious background and 6% had a disability. Not all children were placed with carers from a similar background; however, the service supported foster carers to meet their needs. Inspectors reviewed the files of children and foster carers and found examples of equitable practice.

The service didn't provide any specific ongoing training to foster carers in relation to culture/diversity. However, cultural awareness was part of the introductory foster carer training and inspectors found that carers were well informed around issues relating to culture/diversity. In addition, the service held a cultural awareness day attended by foster carers and children. Foster carers told inspectors that they liaised during peer support groups with each other to exchange ideas and ways of working to meet the cultural/diversity needs of children. Foster carers said they also networked with other carers to cook traditional meals for children in their care, who were from a culturally diverse background.

The service met the needs of children with a disability. Some children with a significant disability were suitably placed with foster carers who were able to meet their needs; for example, the service recruited a qualified nurse as a carer who could

provide specialist care to children. Inspectors found evidence of increased support for children with a disability such as increased link worker visits, regular contact with the child's social worker, attendance at the child's review and advocating to the Tusla social worker when necessary on behalf of the child and carers. Evidence was also seen of extra support to carers, including enhanced payments, weekly supports provided by a child care worker and respite care offered when needed. The service staff were successful in fundraising for an assistance dog for one child. A Foster carer who was visited as part of the inspection had made considerable adjustments to their lives and house including installation of various enhancements to support the development of another child.

Children were given a memory box when they were first placed with Fostering First Ireland. The purpose of the memory box was for children to have somewhere to put personal items such as photos, letters or anything that was important to the child. This remained the property of the child when they left the foster carers.

Communication

There was evidence that the service had some methods of communicating with children to ensure their participation in the service. However, this required further development. The service had a comprehensive and child friendly booklet that was given to children when they were first placed, along with a letter welcoming them to the service. Versions for younger children were also available. These booklets outlined what children's rights were, how they could access information, how to make a complaint and listed various organisations relevant to children in care. The service also had some methods of engagement with children such as 'talkback days' for foster children and carer's children.

Foster carers recorded weekly updates about children, on a template through an electronic system, which were forwarded to the child's social worker. Inspectors reviewed a sample of these recordings and found them to be respectful of children. However, foster carers said the format of questions on the template was not appropriate for children with disabilities. Some of the questions on the template did not address the needs of a child with a disability.

Children had the opportunity to give feedback at child care reviews and foster carers reviews. The primary responsibility for communicating with children, especially about important decisions, was with their Tusla social worker. Foster carers told inspectors that the link workers had a good relationship with children. Inspectors interviewed children who said that they spoke with their social workers and foster carers when they wanted to communicate something they were worried about or about their placement. Inspectors carried out reviews of children's and foster carers' files and

found little evidence of direct communication between the link workers and children. Monthly link social worker visits did not record good quality detail about interactions with children and in many cases, records did not state if a child was there during the visit or if they were spoken to. In addition, some children told inspectors that the link worker was for the foster carer only, they rarely saw them and overall they didn't know much about Fostering First Ireland. Link workers said that they wanted to work collaboratively with the Tusla social worker; however, they didn't want to overstep their boundaries. Consequently inspectors found that the level of engagement with children was not of a good enough standard and required improvement.

Family and Friends

The service was proactive at facilitating children to maintain significant relationships, where appropriate. Inspectors found that children were able to sustain relationships with their parents, siblings and friends.

The service had a significant number of sibling placements within the service. According to the data returned to HIQA, 19 sibling groups had been placed together within the service and a further 11 sibling groups had been placed with separate carers. For example, from a family of five - two siblings were placed with one carer and three siblings with another carer. From the files reviewed, inspectors found this was in line with the care plans of individual children.

The service also had a large number of children who were placed with carers outside of their placing Tusla area. The Dublin area contains a number of Tusla service areas and the service director said that children were placed within these areas. Inspectors found that the service had considered geographical areas when matching children in placements.

The foster carers handbook gave good quality guidance on what to expect and what was required to facilitate access and ongoing contact with family and friends. Foster carers were also provided with attachment training which focused on the sense of belonging for children and the importance of maintaining contact with birth families. Foster carers said that they strongly encouraged ongoing contact with the child's family, if appropriate to do so.

The service had written signed contracts when a child was first placed, that outlined the expectations of the care to be provided. This included details of access arrangements and what transport the foster carer was required to provide. Access arrangements were decided at child in care reviews. Where the minutes and corresponding decisions were not sent to the service in a timely manner, the link

worker attended and recorded the details. Foster carers told inspectors that on occasion, they facilitated access with parents in their homes including important occasions such as birthdays, achievements, first communion/confirmation and seasonal holidays.

A parent who was interviewed as part of the inspection was very happy with the care their child received. They said that they were in frequent communication with the foster carer and had a great relationship.

Inspectors reviewed the respite log maintained by the service. Where a foster carer was given multiple periods of respite over the year, children went to the same respite carer ensuring a continuity of care.

Complaints

The systems in place to manage complaints required improvement. There was no complaints log held in order to monitor complaints and their progress; therefore the oversight of complaints was poor and difficult to track. There also was confusion within the service as regards who held responsibility for the management of complaints.

The policy for the management of complaints was comprehensive and was in line with the standards. The implementation of procedures for complaints required improvement as it was not clear to inspectors and to some children who complaints could actually be made to. Link workers said that a principal social worker was the designated officer for complaints. The principal social worker said that she was not the complaints officer. However, she did manage complaints. The complaints procedure listed a contact in the UK as a complaints officer.

Children were given a child friendly version of the complaints procedure. However, inspectors found that there was confusion over whose responsibility it was to explain complaints procedures to children. While the service told inspectors it was the link workers responsibility, a foster carer said it was their responsibility to explain the complaints procedure to children. One child told inspectors that they were afraid to make a complaint in case it got back to the foster carer. Other children said they didn't need to make a complaint and referred to their handbook if they wanted to know how to make a complaint. There was little evidence that link workers engaged with children in a meaningful way to explain about how to make a complaint.

Information returned to HIQA reported that three complaints were made by children in the 12 months prior to the inspection. Inspectors found there was confusion with how these were categorised. When complaints were made, they were classified on

the system as critical incidents, as were allegations and other incidents, such as physical restraint, assault by a child on a carer and children missing from care. This meant that it was not easy to establish which critical incidents were complaints.

Inspectors reviewed the three reported complaints and found that two of them had not been recorded as critical incidents. One complaint was fully investigated by the service, was comprehensive, with all aspects thoroughly looked into, and a full report was written up. Another complaint was referred to an out of course review and was to be investigated through that process. A third complaint was later classified as an allegation. The information technology (IT) system used by the service was cumbersome and didn't allow for specific reports on complaints to be generated. The service also did not maintain a complaints log. These factors meant inspectors were not assured that all complaints were been classified on the IT system and comprehensively tracked. The system did not record the outcome of the complaint, whether the complainant was satisfied with the outcome, or the length of time it took to investigate the complaint.

Theme 2: Safe and Effective Services

Services promotes 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.

Inspection findings

Children's physical and emotional needs met were while placed with Fostering First Ireland foster carers. The service ensured foster carers were well informed, well trained and had high quality support and supervision. Care planning was in line with the children's care plans and the service ensured that care provided was informed by the most up-to-date information from the child in care review process. Children were sometimes placed with carers outside of their approval status and foster carers were not always given the full information about a child when they were first placed, which may have impacted on the quality of matching and sustainability of placements. The assessment and review process for foster carers was of good quality. However, the oversight of allegations required significant improvement.

Assessment and Care Planning

According to the data returned to HIQA, 15% of the children in Fostering First Ireland placements were placed outside of their approval status during the 12 months prior to the inspection. Foster carers were initially approved at a foster care committee (FCC) to provide care, for example, for general fostering for one child or two siblings. If a change to the approval status was needed, for example, if the service wanted the carer to be approved for long term care or the number of children approved was to be changed to two children or three siblings then the FCC needed to ratify this new arrangement. Inspectors reviewed some foster carers files and found that many children had been placed with carers outside of their approval status, at the time of matching. For example, three children from the same family were placed with foster carers who were approved for one child or two siblings only. Fostering First Ireland subsequently sought approval from the foster care committee to change the approval status of foster carers after children had been placed. This meant that children were initially placed with foster carers who had not been assessed and approved to care for more challenging care arrangements.

Fostering First Ireland used a matching process whereby basic information about a child was screened by email or phone, and available placements were considered for a potential match. Once basic screening took place, matching was informed by an analysis of information available through the service's IT system and through the staffs working knowledge of the foster carers. Phone calls were made to the foster carer discussing the potential placement. If it was deemed appropriate that a child could be placed with the potential carers, then the service sought a full referral form on the child from the respective Tusla area, which was then sent on to the foster carers. If there was agreement that the placement would proceed, a matching form was then completed by the link social worker. This form risk assessed the placement and identified measures to be put in place to promote a stable placement. Inspectors found a number of issues with this process. The service's IT system was fragmented and inspectors were not assured that quality information could be extracted easily and inform matching. The Tusla full referral form was not consistently given to foster carers. The matching form was effectively completed after the match had been made. Consequently, its use in advance of the placement to inform the match, was inconsistent. Therefore the majority of the process was completed on an informal basis and this increased the risk that placements could end in an unplanned manner.

Information returned to HIQA reported that in the 12 months prior to this inspection 27 placements had ended in an unplanned manner. A audit of a sample of these cases found that where foster care reviews had been undertaken, a comprehensive disruption report was completed by the link social worker. An independent reviewing officer (employed on a contractual basis by Fostering First Ireland) compiled all reports from the link worker, social worker, foster carer and any other parties, before submitting it to the respective FCC. Managers in the service told inspectors that where a placement was breaking down, the frequency of link worker visits would be increased, for example, from monthly to every two weeks. Addition supports from the therapy team and a child care worker was also provided.

Inspectors found that foster carers were not consistently provided with all the information on the child prior to placement. Inspectors were told that that FFI requested a full referral form from the Tusla social worker, as part of the matching process. Inspectors reviewed files and found that there was little evidence of this referral on file, or that it was sent to carers. Feedback from foster carers was varied as some foster carers said they received too much information, while others said they had received no information. Other foster carers said they were happy with the level of information given prior to the child being placed. Foster families told inspectors that the lack of information during the matching process subsequently had a negative impact on the family.

The service drew up a contract at the point that the child was placed, that set out what the foster carer was required to do as part of providing a placement for the child. For example, the arrangements for transport to and from access were agreed. This was signed by the foster carer, link social worker and Tusla social worker.

Child care planning and review processes (which were the responsibility of the respective Tusla social work area teams) were undertaken. Inspectors reviewed children's files and found evidence that link workers supported the foster carers to attend statutory child care reviews, submitted a report and recorded the minutes on the service IT system in the event that they did not promptly receive minutes from Tusla. During the course of the inspection inspectors noted that one child with a disability, who required medical intervention from time to time, was without an allocated social worker for over 16 months. The service had written to the relevant Tusla area to highlight this issue. Following the inspection, inspectors escalated this case to the relevant Tusla area. A satisfactory response was subsequently received which outlined that a social worker was allocated to this child and a child in care review had been scheduled.

Some children's files had the most up-to-date care plans and some did not. However, Fostering First Ireland was proactive in seeking the care plans from Tusla. There was a system in place whereby care plans were requested every six months from the relevant social work department. Where there was an absence of care plan, there was evidence that minutes from the child in care review were recorded along with decisions affecting the child. This meant that, while not ideal, the child's plan could still be progressed in the absence of an up-to-date written care plan.

When children's care plans stipulated additional and specialist supports, there was evidence that Fostering First Ireland provided these supports. If the service was unable to provide the supports themselves, there was evidence that funds were made available to purchase supports or services privately.

Quality of Care

At the time of inspection, the majority of Fostering First Irelands resources were allocated to support the placement and focused therefore on supports for foster carers. Children's emotional and physical care needs were mostly met through the interventions from foster carers and the high quality support provided by Fostering First Ireland staff. Inspectors visited 10 foster carers homes and saw warm, respectful interactions between foster carers and children.

The foster carers homes that were visited were homely, warm and comfortable and children appeared to be treated as part of the family. Inspectors spoke with children

who said they were happy and felt safe in their placement. The service had a system in place that ensured a comprehensive health and safety checklist was carried out and there was evidence on the files that this was regularly completed. One foster carer had made significant adjustments to their home to accommodate a child on a long term basis.

Children were encouraged to try new activities, expand their interests and social networks, to develop confidence. Inspectors found children were encouraged to attend local sporting organisations and clubs. Children said they got involved in rugby, soccer and other activities.

The service had systems in place to acknowledge and celebrate children's achievements and significant events. Each child was given a memory box when they were first placed with a carer. As part of the review of files, inspectors saw a secure online record that foster carers completed on a weekly basis. This outlined the child's achievements and significant events. In addition, inspectors saw photos of children celebrating significant events like birthdays, around the foster homes. Staff held family fun days that foster carers and children attended. Life story work with one child had been completed by a child care worker was employed by the service.

Children were appropriately dressed and inspectors saw evidence that children's individual preferences were respected.

According to the data returned to HIQA prior to the inspection, there were 24 young people over the age of 16 years in the service's foster placements.

Seven of these young people were over 18 years and remained in their foster care placement. During the visits to foster care homes, inspectors met with some of the young people over the age of 18 who highlighted the importance for all children of having a written aftercare plan. These young people were supported by their foster carers to continue in education and where a slower transition to independent living was required, foster carers supported the young people at an appropriate pace and level.

Inspectors reviewed children's files and found that there were a number of children over the age of 16 without a leaving care plan. Some of these children had been recently allocated an aftercare worker from Tusla. There was evidence that Fostering First Ireland had requested meetings with the after care service to progress plans for children.

Even though children's preparation for leaving care and after care plans were mostly the responsibility of the respective Tusla social workers, Fostering First Ireland staff and foster carers helped children to prepare for independent living and transition

into life after foster care through a number of ways. The service had recently employed a children's officer and one of her roles was to develop a leaving care package for children and while this service was not fully operational, it appeared to be a promising development. Foster carers said that the link workers completed independent living skills assessment with carers to ascertain the child's level of ability and capacity of skills required for adulthood. This informed the foster carer in how they could help the child in a practical way to develop independence.

Foster carers – assessment training and support

The service had well developed systems in place to ensure that the assessments of foster carers were comprehensive, of a good quality and informed good decision making regarding the supports to be offered to foster carers. Fostering First Ireland had a high expectation of foster carers and provided supervision and high quality foster care supports to maintain, support and stabilise placements. There was evidence of signed contracts in place between the service and individual foster carers that outlined their general roles and responsibilities.

Potential foster carers who contacted the service were screened prior to arranging an initial visit. A representative from the service carried out a home visit and if the candidate was thought to be suitable, the service put them forward for a foster care assessment. According to the data returned to HIQA prior to the inspection, the service received over 1500 new enquiries to foster over the previous 12 months and eight of these completed the assessment process. Inspectors reviewed the assessment process and found that the time frames for completion were between two and nine months, which was timely. The timeframe for the approval of the assessment by the relevant FCC, once the assessment had been signed off by the Fostering First Ireland director, was between one month and nine months. The assessments were completed by qualified social workers, who used a recognised assessment tool. Foster carers told inspectors that the assessment process was thorough and all carer files reviewed by inspectors had medical and reference checks and up-to-date vetting from An Garda Síochána (Ireland's National Police Service). In addition adult members of the foster care household were found to have appropriate Gardai checks completed.

The service had a well developed system to carry out foster care reviews. Link workers were required to complete a report which made recommendations and additional reports were sought from children, foster carers, foster families, social workers and the child's parents. Fostering First Ireland employed four independent reviewing officers on a contract basis to compile these reports into a format for the foster care reviews. This process also was the basis of an appraisal system that was carried out annually. The appraisal system was similar to an annual foster care

review. The independent reviewing officer collated reports from the various individuals listed above. A meeting was held with the foster carer to see how their development was progressing.

From a review of files, inspectors found that foster care reviews were held within timescales, that is, one year after they were first approved and every three years thereafter. According to the data returned to HIQA prior to the inspection, the service had referred 34 reviews back to the respective FCC in the previous 12 months. The reviews were of a high standard, comprehensive and in line with the regulations and standards.

The service carried out additional reviews following incidents such as allegations, complaints and changes in a child's circumstances and if warranted, communicated them to the relevant FCC. These out of course reviews were indicative of good practice and ensured appropriate actions had been taken.

Fostering First Ireland did not automatically provide direct support to children with complex needs, as the director said it was not resourced to provide these supports. The director told inspectors that direct work with children was removed from the overall service offered by them when the Tulsa fee for placements was reduced in 2012. She added that the service was reliant on Tusla, as the corporate parent, to meet these needs of children and that Fostering First Ireland advocated for services from Tusla when required. In the absence of providing direct supports to children, the service did provide high quality support to foster carers.

Foster carers were clear about the difference between support and supervision and they were also clear about what Fostering First Ireland expected of them. They spoke highly about the supports given and said they had a strong relationship with their link workers, as a result of regular visits and phone contact. Inspectors reviewed the records of link worker visits and found that they happened monthly once a placement was established. When the placement was new, supervision took place every two weeks. There was evidence of link worker cover support to foster carers while a link worker was on leave. If a placement was at risk of breaking down, the frequency of link worker visits was increased. The service employed a psychotherapist and psychologist, on a contract basis for five to eight days a month, to provide a specialist support to foster carers. This involved having four to six sessions at the beginning of each placement. The therapist said this was to help foster carers parent in an empathetic way and think reflectively. Inspectors visited foster carers and could see how this service had positively impacted on the parenting skills of foster carers which impacted positively on the quality of care children received. If a referral to the specialist service was required, for example when a placement was breaking down, then the therapist would re-engage with the foster carer to help with difficulties encountered.

The carers attended regular local support groups with other carers and had their membership of an independent fostering association paid for by the service. The service provided training as part of the foundation for fostering which covered behavioural issues. Inspectors reviewed the training records for foster carers and found evidence that foster carers attended specialist training in areas such as attachment, promoting positive behaviour and sexualised behaviour. If foster carers didn't attend support groups or training, the director was clear that no further children would be placed with them. Foster carers confirmed that the service ensured compliance with training and monthly groups in this manner.

Fostering First Ireland provided ten nights per annum of respite to children which provided a break for foster carers. Inspectors reviewed the respite log maintained by the service and found that the same carers were used consistently. The service had a 24 hour 'out of hours' service based both in the UK and Ireland, that foster carers could contact in the event of an emergency. Foster carers said that despite some of the service being based in another country, the person on the phone was knowledgeable, gave good guidance or took appropriate action to respond to the Foster Carers query. They also said they could rely on the 'out of hours' service. Overall carers interviewed as part of the inspection were overwhelmingly positive about the service and it was clear they were valued and treated with respect by the management and staff.

Safeguarding and Child Protection

The measures in place to safeguard and protect children from abuse were appropriate. The service had a comprehensive suite of policies and written procedures that gave guidance to foster carers and staff. These covered the areas of child protection, safe care and missing from care. However, oversight of allegations required significant improvement.

Foster carers had allocated link workers that visited households regularly and one unannounced visit was carried out during the year. Link workers and foster carers told inspectors that link workers had a good relationship with children. However, the quality of recording of the visits required improvement as they did not indicate who was seen during the visit nor was it indicated if the child in placement was seen and spoken with. Inspectors found the quality of the recording of these visits with children was poor, and only listed if a child was seen or not, in a single line.

The service did not provide training on Children First: National Guidance on the Protection and Welfare of Children (2011) as they said there had been difficulties in

sourcing the original training materials. Despite this, staff interviewed had a good understanding of child protection and knew what to do in the event of a concern. Inspectors reviewed a sample of child protection and welfare concerns and allegations over the previous 12 months and found the majority were appropriately referred to the relevant Tusla area in accordance with Children First (2011). While inspectors found that two sets of foster carers did not report a child protection concerns for over two months, foster carers interviewed as part of the inspection demonstrated an understanding of child protection and the appropriate way to report it. Foster carers had been provided with training as part of the foundation for fostering and this covered the areas of safe care, missing from care, safeguarding and child protection. In addition, there was evidence of further or refresher training in these areas and other specialist areas such as internet safety.

Information returned by Fostering First Ireland to HIQA reported that in the 12 months prior to the inspection there had been seven child protection concerns reported against foster carers. A list of all allegations was requested during the inspection. Allegations were recorded as critical incidents and uploaded onto the IT system when received. Since they were recorded as critical incidents, this made tracking allegations difficult, as complaints, children being admitted to hospital, and other incidents were also recorded as critical incidents. Allegations, therefore, did not have a category of their own. In addition, communications regarding the allegations were not always clearly marked as such on the system, therefore it was often difficult to track how the allegation was dealt with and what happened following the allegation being made. This meant that in order to ascertain the status of allegations a trawl through several e-mails, supervision notes and case notes was required, which did not assist timely and informed decision making.

One principal social worker was the designated person with responsibility for child protection and allegations and/or complaints. She kept oversight through a folder on the desktop of her computer and produced a risk report for the senior management team meeting. She did not maintain a central log of allegations and there were no specific criteria that guided what was to be entered into the risk register; entries were based on the judgement of that principal social worker. Inspectors found that some allegations were not included on this report. Furthermore, the other principal social worker who had oversight of foster care reviews did not have access to this folder on the computer. This principal social worker contributed to oversight of allegations at the senior management meeting. Given that management roles were fragmented and the IT system was cumbersome to access, the oversight of allegations required significant improvement to ensure a robust system was in place to respond to, manage and track allegations.

Inspectors reviewed all known allegations against foster carers and found that when allegations were made, they were promptly followed up and appropriate action was taken by Fostering First Ireland including: not placing further children with the carer until the matter was resolved and/or recommending the de-appointment of carers where a concern was substantiated. The service was proactive in holding out of course reviews, which was indicative of good practice. If an allegation was not founded, and if there were some concerns outstanding, the service continued to hold out of course reviews, so as not to take any risks. However, the outcome of allegations were not clearly recorded on the carer files. This meant that if a carer was to apply to a Tusla area or other private foster care provider to become a foster carer, there was a risk that information about these allegations may not transfer with them.

Foster carers notified their link workers or the Fostering First Ireland out of hours service when a child went missing when a child went missing from care

The service had an up-to-date policy on whistleblowing. Staff interviewed as part of the inspection were aware of the policy and said they would be confident in making a disclosure. The foster carer handbook had information on whistleblowing that was not up-to-date as it did not include specific information on the Protected Disclosure 2014 legislation.

Theme 3: Health and Development

The health and development needs of children are assessed and arrangements are in place to meet the assessed needs. Children's educational needs are given high priority to support them to achieve at school and access education or training in adult life.

Inspection findings

Children's health needs were met while in Fostering First Ireland placements. Inspectors found that comprehensive medical records were not maintained including medical consent. The service did not provide adequate guidance or training to foster carers for the safe administration of medicines. Education was highly regarded by the service and a comprehensive and high quality educational service was provided to children.

Health Needs

There was evidence that children's health needs were being met by foster carers. However, comprehensive medical records were not consistently maintained. Children had timely access to General Practitioner (GP) and specialist services.

Medical records on the IT system used by the service did not consistently record children's medical information. Medical consent was found on some, but not all, children's files reviewed. The foster carer handbook explained about consent and foster carers spoken with as part of the inspection were aware of the requirements in relation to medical consent. One foster carer was not aware that medication prescribed by the GP required parental consent.

Fostering First Ireland's system for maintaining children's medical records involved the use of a 'health passport'. The health passport was held by the foster carer, who was expected to maintain a comprehensive record of children's health appointments, immunisations and other medical records. Inspectors reviewed the health passports during foster carer household visits and found the quality varied. . Some children had detailed and up-to-date medical information recorded on the health passport, other children did not have any information. One child, who was initially placed on an emergency basis, had not been issued with a health passport six months into their placement. Inspectors were therefore unable to establish if all children had medical examinations prior to or soon after admission to care. There was also no evidence that link workers were monitoring the health passport system maintained by foster carers.

Foster carers spoken with said that they talked to children about alcohol, smoking, the importance of exercise and diet and promoting a healthy lifestyle. Foster carers

were provided with first aid training and were able to treat minor ailments. The foster carer handbook did not provide guidance to foster carers on management of medicines nor was training provided.

Education Needs

The service provided a high quality educational package to children. It was evident that education was highly valued within the service and children were encouraged to achieve to the best of their ability.

Fostering First Ireland employed an educational officer on a full time basis. This person was highly qualified and had been funded by the service to complete further education in relevant fields such as career guidance, special education and educational leadership. The educational officer was interviewed as part of the inspection and outlined the aspects of the educational service provided. A referral was made by the link worker where difficulties were identified in relation to homework, study or school for a particular child. The educational officer told inspectors that the amount of educational support provided was relative to the identified need of the child and this ranged from a phone call to foster carers, to contacting the respective school to arrange a meeting, to organising home tuition and grinds.

All children spoken with as part of the inspection said that they were supported to attend school by their foster carer. The child's educational needs were set out in their individual care plan. Inspectors reviewed a sample of care plans and found that if the service was assigned a task, it was followed through with. For example, one child was not in school and the service sourced alternative educational supports while the child was out of school.

The service had well resourced the educational aspect of the service. Where a child was in third or sixth year in secondary school and due to complete exams, the service provided study skills and exam preparation sessions. Educational grinds were also offered to children to help prepare them for exams. Inspectors found evidence that the child care worker attached to the service had worked one-on-one with a child to help with communication skills. The educational officer also helped children with their application for a means tested third level educational grant, application for university and aftercare support.

Inspectors sampled a number of files where children were not in full time education and where educational placements had broken down. Where a child was placed

without a full time educational placement, there was evidence that the educational officer contacted local schools and advocated for the child to be given a placement as soon as possible. In the absence of a school placement, the service sourced a local home educator for particular children. Where a child had been excluded from school, there was evidence of correspondence and meetings with the school, to advocate for children's enrolment back into school.

In some circumstances and where appropriate, the service had copies of children's educational assessments and certificates. This meant that children's progress in school was tracked by the service. It was clear that these interventions had positive outcomes for children, sustained their school placement and hence sustained the foster placement.

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 agency levels and all staff working in the agency are aware of their responsibilities. Risks to the service as well as to individual systems are well managed and the system is subject to a rigorous quality assurance system. Services are robustly monitored.

Inspection findings

The service had effective management structures in place with clear lines of authority and accountability. In general, management ensured there was good oversight of the service. However, the oversight of allegations and complaints was fragmented due to the systems of management between two managers. The service provided good oversight of foster carers and had thorough quality assurance mechanisms that ensured the foster carer systems of assessments, reviews, support and supervision were of good quality. Some management roles were fragmented and this impacted on the oversight of allegations and complaints which required significant improvement. Improvements were also required in the development of risk assessment and management.

Management Structures and Systems

While there was an effective management structure in place with clear lines of authority and accountability, improvement was required in the oversight of allegations. The managing director had been in the service since 2005 and in the role of director since 2009. During interviews, the director demonstrated in-depth knowledge and oversight of all aspects of the service including foster carers, children, staff and systems within the service. She reported to the chief operating officer for Key Assets and to the Core Assets board of directors. She was also required to submit comprehensive governance reports on a monthly basis. A sample of these reports was reviewed and all key aspects of the service were described with good quality detail, with the exception of information on allegations against foster carers and risk management, which was not as detailed.

The director and senior management team demonstrated clear and strong leadership and were accountable for their roles. The director and senior management were suitably qualified and had completed management training. There was a high expectation of foster carers and staff to strive towards a high quality service. Fostering First Ireland staff were positive about the governance of the service and said they could approach the management team. External professionals said that the

service was professional and well managed. Inspectors found that staff interviewed as part of the inspection made themselves readily available and were open and transparent. The staff were aware of their individual roles. However, inspectors found that some staff were confused about the roles of the management team, particularly where their roles overlapped following a recent change in management structures.

The management structure within Fostering First Ireland had changed considerably in the 12 months prior to the inspection and this had an impact on how aspects of the service, notably how allegations and complaints were managed. The tasks currently assigned to two principal social workers had previously been carried out by one deputy director. This person had left their role six months prior to the inspection and two principal social workers had assumed responsibility for this role. One principal social worker had responsibility for practice and compliance and the other was responsible for approvals and children's services. The management team acknowledged that the boundaries of these roles were still being defined and work on this was in progress.

For the most part, inspectors found that the roles didn't overlap and gaps were not found. Where allegations and/or complaints were made against foster carers, the outcome of these investigations needed to be fed back to the aspects of the service including the placements team, the foster care review process along with the link workers. As the principal social worker for compliance and practice had oversight of allegations and complaints, there was a risk that essential information was not updated to the relevant aspect of the service due to the fragmented roles of principal social workers. The impact was that the oversight of allegations and/or complaints was not thorough and inspectors were not assured that the service could track the status.

In the other areas, the senior management team had good oversight of the service and ensured that the service was appropriate to meet the needs of children. Fostering First Ireland had a comprehensive suite of policies and procedures that informed all aspects of the service. Staff demonstrated their familiarity with these documents. Foster carers were provided with a comprehensive foster care handbook that guided foster carers with situations as they came up.

Communication systems in the service were well developed and sophisticated. The majority of staff were home based and the service covered almost all of the Republic of Ireland. Some functions of the service were also based in the UK such as human resources. Staff communicated via internal email, internal video conferencing and mobile phones. The service held regular senior management team, local team, review and assessment team, and business team meetings. The minutes were

recorded and made available for staff to read. Inspectors observed some of these meetings and reviewed a sample of minutes and found they were appropriate and informed the smooth running of the service. In addition, weekly updates were circulated that included a summary of the status of all foster care placements in the team. External professionals spoke positively about how service staff communicated and commented that the link workers responded in a timely and appropriate way. The director said she met with each of the individual Tusla area managers annually to discuss how the service could meet the fostering needs of the respective area.

Inspectors were informed that the IT system in use could produce a report on all approved foster carers and the management team said this was used as the foster care register. While navigating through the system was cumbersome, as it was not easy to retrieve key information, the system did hold all information required by the foster care regulations. The management team also said that the service maintained a stand alone foster care register which was stored separately to the IT system and was accessible to all staff.

The notification systems were well developed and reliable. Foster carers were required to notify the link workers or the out of hours service (where applicable) when an incident occurred. They were also expected to record the incidents in the weekly electronic record. The link worker forwarded incidents to the team manager who in turn sent it to the relevant principal social worker. Depending on the severity of the incident, the principal social worker then updated the relevant Tusla area.

Planning the Service

The service was planned to a high standard. The service utilised excellent quality business metrics to plan for the delivery of services. Key stakeholders were engaged with to inform strategic planning. Foster carers were included in the planning for the service through regular carer consultative groups. A member of each of the foster carer peer support groups from around the country was in attendance at the consultative meeting which meant that foster carers across the service were represented at the group. Inspectors observed one of these meetings and found they were relevant and informed how the senior management took decisions and how the service was planned. Children were consulted for planning purposes in a more informal way through the 'talkback' sessions managed by the child care worker.

Inspectors reviewed the 2016 business strategic plan for the service and found it was detailed, very specific and included tangible and realistic targets. Some of the objectives included in the strategic plan included engaging with children in a more meaningful manner and appointing a children's officer to develop services provided

to children. The revenue and profitability targets were also included in the business strategy and specific measures to meet the targets were identified.

Risk Management

The service had some methods to recognise and assess risk. However, the overall identification and management of risk was not developed. The service had developed some appropriate systems for the management of risk that included the matching template, which identified met, partially met and unmet needs for potential placements made with carers. The service then put in place measures to mitigate against the identified unmet needs.

The service used individual policies such as the missing from care, safe care and health and safety to inform management of risk in other areas. A risk policy and procedure was in place; however, the service practices did not reflect how risk was to be identified and managed. The director told inspectors that risk was managed on an ongoing basis and the service was responsive to needs as they present. She referred to the risk register, senior management team risk reports and the monthly monitoring reports produced for the board of directors. Inspectors reviewed each of these methods of managing risk for their effectiveness.

The service risk register was held in the UK and risk alerts generated by Fostering First Ireland were sent to the UK. Inspectors reviewed the risk register and found that some risks were identified on this register. However, other risks were not identified. The risk register did not have any framework to determine the level of risk and hence take an action based on this level of risk. There were also no measures identified to mitigate against identified risks.

The governance reports were reviewed and the information on risk was found to be brief, did not fully capture risks in the service and did not identify any effective measures to reduce risk. The principal social worker for oversight of complaints and allegations produced a report for the weekly senior management team meetings which the service used a method of managing risk. As discussed earlier in this report, inspectors were not assured about the reliability of information in these reports. Furthermore, the reports did not analyse risks using a framework nor was there a way to assign a priority.

Serious and adverse incidents were appropriately managed. Information returned to HIQA reported that in the 24 months prior to the inspection there had been 224 in total of these incidents. These covered a range of type of incidents and included, children missing from care, complaints and allegations, accidents, injuries and illness.

Quality Assurance

Fostering First Ireland had good systems for monitoring compliance with the standards and the quality of the service. The service implemented its own quality assurance framework across the foster care service. This underpinned a range of systems across the service including foster care assessments, link worker recording tools and foster carer recording tools. This quality assurance framework was not reviewed as part of the inspection. However, according to the foster care handbook, the standards set out in this framework corresponded with the National Standards for Foster Care 2003.

A quality assurance officer was employed by Key Assets (the international company that owned Fostering First Ireland). The role of the quality assurance officer was to audit and assist in the quality assurance aspect of the company and her remit covered four countries including Ireland. She had responsibility to carry out an in-depth quality review of the service every two years. At the time of the inspection, this audit had not yet been completed. The service had commissioned an audit of their IT system for compliance with good data protection. Her role also entailed completing a monthly quality assurance of key documents such as police checks, foster carer agreements and contracts on foster carer files. Samples of these audits were reviewed during the inspection and they were appropriate and contributed to improvements within the service.

The team managers carried out monthly audits of one foster carer file and one children's file. An audit report was sent to the responsible link worker for follow up. Individual cases were also reviewed in the supervision of the link workers by the team leaders. This ensured the outcome of audits had been followed up with. Inspectors saw evidence of these audits on the foster carer files. Decisions made during these supervision sessions were also recorded on the services IT system which ensured transparency and accountability.

The foster carer assessments were subject to three levels of quality assurance from the assessments co-ordinator, a principal social worker and the director of the service. Inspectors found that where issues arose during the assessment process, learning was taken and incorporated into future assessments. As described earlier, the foster carer review and appraisal system ensured high quality foster carer reviews took place.

The service had been visited by a Tusla monitoring officer on a number of occasions prior to inspection. The most recent report was dated October 2013.

The service did not have a service level agreement in place with Tusla. This was still an ongoing issue at the time of inspection and had not been identified on the

service's risk register. However, it had been identified on the business strategy 2016, which highlighted risks in relation to data protection, as children's information was held on Fostering First Ireland systems without a service level agreement with the commissioning agency, Tusla.

Theme 5: Use of Resources

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

Inspection findings

Fostering First Ireland had effective and responsive strategies to recruit and retain foster carers. Foster carers were valued and spoke highly of the support given by the service. The service exceeded this standard.

Recruitment and Retention of foster carers

The service was responsive to the changing needs of the areas that sent in referrals for placements. The director met with the Tusla area managers annually and the placements team had comprehensive knowledge of what each Tusla area FCC required, so appropriate referrals to foster could be screened. Initial enquiries were responded to within one week at a maximum. Information returned to HIQA prior to the inspection showed that the service held 39 information meetings with prospective carers in the last 12 months. Over 1500 enquiries to foster were received and 24 were put forward for assessment.

Promotional events, involving a member of staff and a foster carer representative, were organised in public areas such as shopping centres. These were advertised in local newspapers and on social media. They were targeted per area and followed up on by the placements team. Additionally, the Fostering First Ireland website was also marketed by a marketing company and this generated further interest. The service was creative in using different media to recruit foster carers.

The service had a recruitment strategy in existence since May 2015 that was responding to the need of its key stakeholder, Tusla. A decision was taken to respond to the Tusla areas that made the majority of requests for placements. The Dublin service areas were highlighted as the largest referrer to the service, and areas that were accessible by motorways, were highlighted in the strategy, as key areas to recruit from. Inspectors were provided with a target map of areas that the service wished to target and these were primarily based in the Dublin Mid Leinster, Midlands, Galway city surroundings and Cork city surroundings. The service was actively looking to find foster carers in these areas.

The service held a list of vacant carers which at the time of inspection, totalled five carers. The managers of the service outlined that they did not have sufficient foster

carers in place to meet the demand for general foster care services, particularly in the Tusla areas of Dublin; nonetheless, recruitment was ongoing. The director said that Fostering First Ireland had been approached by Tusla to provide specialised foster care placements for children with behaviours that challenge who are in residential care. The service was also actively recruiting to meet this Tusla service need.

The service had resources in place to retain current carers. This included a loyalty payment made to foster carers on a quarterly basis, respite, support groups, consultation groups, family fun days and an 'out of hours' service. Carers interviewed as part of the inspection were overwhelmingly positive about the service and it was clear they were valued and treated with respect by the management and staff.

Theme 6: Workforce

Each staff member has a key role to play in delivering child-centred, effective and safe services to support children. Children's agency recruit and manage their workforce to ensure that staff has the required skills, experience and competencies to respond to the needs of children.

Inspection findings

The service was staffed with a skilled, knowledgeable and experienced mix of individuals. The majority of staff were recruited in accordance with legislation, standards and policies. However, improvements were required in some of the recruitment processes to ensure all staff had robust checks carried out. The service had good quality supervision, performance development and was responsive to the training needs of staff.

Recruitment

Information returned to HIQA reported that 24 staff were employed on a full time basis. In addition, the service employed 30 staff on a contract basis. Staff confirmed with inspectors that each role, including the management roles had written job descriptions.

All full time permanent staff were recruited through the human resources (HR) department which was based in the UK. These staff files were held with the HR department who carried out an audit of staff files to ensure they had up-to-date Gardá Síochána vetting, appropriate registration with the relevant registration body, proof of identification and confidentiality agreements. Inspectors reviewed this audit and sampled a number of staff files to verify the findings and were assured that staff were recruited in accordance with legislation, standards and policies, including up-to-date Gardá Síochána vetting. The service could not find evidence of retrospective police checks for two members of staff who had previously lived in foreign jurisdictions.

Contract workers employed by the service included independent review officers, sessional child care workers, assessing social workers, sessional link workers and educational tutors. Inspectors reviewed a sample of the contract workers files and found that the majority of those reviewed had evidence of appropriate references, qualifications and Gardá Síochána vetting. One of these staff, who had been working with children, had not been Garda vetted by the service and another did not have evidence of qualifications. Accordingly, inspectors were not assured that the system,

to verify that checks had been fully completed on all of the 30 contract workers employed was sufficiently rigorous.

The service had a comprehensive induction process. Link workers told inspectors that they had a good induction process, involving two weeks in the Fostering First Ireland office and that they were given a handover checklist for each carer, completed by previous link worker, with tasks completed and uploaded to the IT system. They were given time to read files and completed an induction checklist.

Sufficient staff and skill mix

There was an experienced and qualified staff team in place to deliver the service. The staff complement included a director, two principal social workers, two team managers, nine link workers, a business manager, educational officer, children's officer, assessment co-ordinator, assessing social worker, finance officer, receptionist and three administration staff. There was consistent staffing in place. At the time of inspection two workers were leaving their posts and the service was advertising to fill one post.

The director and two principal social workers were suitably qualified and had management training. The director had significant experience of starting and managing services for a number of years prior to joining the service; she had also been director of Fostering First Ireland for over six years and had the skills knowledge and experience required to deliver a high quality foster service. At the time of inspection, the director was in the process of leaving her role. A new director had been appointed and inspectors saw that a handover process was underway. The principal social workers had experience of management and displayed the competencies to carry out their role. Inspectors sampled a number of staff files and found that link and assessing social workers had appropriate qualification and were registered with the appropriate professional regulation body.

Supervision and support

The service had appropriate arrangements in place to ensure staff received good quality supervision. The director managed and supervised both principal social workers and the business manager. One principal social worker supervised the team managers and education officer. She also managed the clinical therapy service. The psychotherapist and psychologist in turn received external clinical supervision paid for by the service. The other principal social worker supervised the assessments co-ordinator, the fostering advisor (who screened new enquiries to foster), children's officer and resource co-ordinator (child care worker). The team managers supervised

the link workers. The business support manager managed the finance and placement functions and supervised the relevant personnel. The assessment coordinator supervised the assessing social worker employed on a full time basis and the contract assessing social workers. All of the other 30 contract staff employed on a sessional basis received supervision from either the education officer or principal social worker for reviews and children's services.

Inspectors reviewed a sample of supervision records and found they took place regularly. There was good quality discussion recorded and actions were listed with persons responsible, when required, particularly on the team leaders supervision of link workers. Staff told inspectors that they had online diaries and their times were recorded and accounted for, they had a structured caseload with tasks and it would quickly be evident if their work was neglected. All work was recorded on the IT system and their notes and other work was expected to be put up on the system quickly. In this way, staff were held accountable for their work.

Professional development was considered as part of an annual appraisal that was signed off by a senior manager. Inspectors found evidence that medium and long term development was considered in the organisation and staff were encouraged to up-skill and develop their roles in line with the business objectives. In addition, staff were supported in their roles through practice development days and quarterly staff forums.

Staff meetings were held regularly in central locations around the country. Inspectors observed some of these meetings, along with reviewing the minutes, as part of the inspection activity. Discussions were appropriate and minutes were available for the organisation to review.

Training

Staff received adequate training to carry out their roles. The organisation did not have a formal training needs analysis; however, they did have other methods of identifying the development and training needs of staff. The performance development appraisal system and supervision were the primary methods of identifying individual staff training needs. The service also considered the needs of foster carers when evaluating training needs and if training was requested then it was provided. For example, inspectors observed a discussion at a team meeting where staff requested training on internet safety in response to enquiries from foster carers. Staff also said that the service had an electronic training program where modules could be completed in relation to pertinent topics.

Appendix 1

National Standards for Foster Care (April 2003)

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.

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

Part III Article 8 Religion

Standard 25: Representations and complaints

Health boards have policies and procedures designed to ensure that children and young people, their families, foster carers and others with a bona fide interest in their welfare can make effective representations, including complaints, about any aspect of the fostering service, whether provided directly by a health board or by a non-statutory agency.

Theme 2: Safe and Effective Services

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

Standard 9: A safe and positive environment

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

Standard 10: Safeguarding and child protection

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

Standard 13: Preparation for leaving care and adult life

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

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

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

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

Part III, Article 5 Assessment of foster parents

Part III, Article 9 Contract

Standard 15: Supervision and support

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

Standard 16: Training

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

Standard 17: Reviews of foster carers

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

Standard 22: Special Foster care

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

Theme 3: Health and Development

Standard 11: Health and development

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

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

Part III, Article 6 Assessment of circumstances of child

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

Standard 12: Education

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

Theme 4: Leadership, Governance and Management

Standard 18: Effective policies

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

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

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

Standard 19: Management and monitoring of foster care agency

Health boards 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

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.

Theme 6: Workforce

Standard 20: Training and Qualifications

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