

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:	Sligo/Leitrim/West Cavan	
Dates of inspection:	10 – 13 April 2017	
Number of fieldwork days:	3	
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Type of inspection:	<input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced <input type="checkbox"/> Full <input checked="" type="checkbox"/> Themed	
Monitoring Event No:	0019025	

About monitoring of statutory foster care services

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

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

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

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

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

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

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

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

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 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
- meetings with the area manager, one team leader and four link workers
- interview with the chairperson for the foster care committee
- focus groups with foster carers, link workers and child-in-care social workers
- review of the relevant sections of 39 foster carers files as they related to the theme.

Acknowledgements

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

2. Profile of the foster care service

2.1 The Child and Family Agency

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

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

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

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

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

2.2 Service Area

The Sligo, Leitrim and West Cavan service area is one of the smallest of the 17 service areas of Tusla, The Child and Family Agency. The area covers the communities of counties Sligo, Leitrim and a small section of West Cavan. The West Cavan area includes Gob, Glengevlin and Blacklion. The most recent Pobal Scale indicated that the area of Sligo/Leitrim/West Cavan deprivation score is marginally below average. According to data from the 2011¹ Census, there was a population of 23,060 (0-17 years) in the Sligo/Leitrim/West Cavan Area.

The area was under the direction of the service director for the Child and Family Agency West Region and was managed by the area manager.

The Sligo, Leitrim and West Cavan foster care service was made up of one social work team who was directly line-managed by one team leader who reported to the principal social worker for foster care. The principal social worker and the chairperson of the Foster Care Committee reported to the area manager of the service.

The main roles of all foster care social workers was to carry out fostering assessments and to act as link workers with approved foster carers.

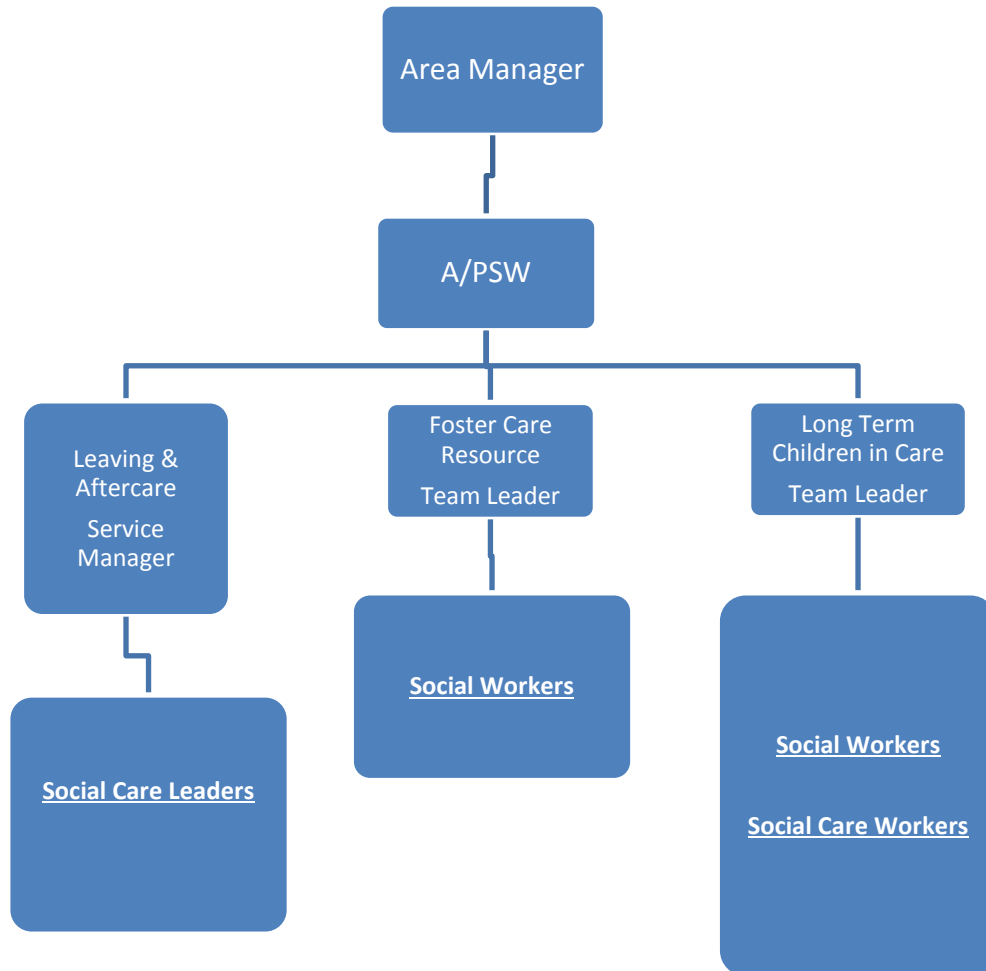
During the 12 months prior to this inspection, there had been significant changes in management and staffing, including several changes of principal social worker and a large turnover of link workers. This led to some periods of staff shortages and an inconsistent service for foster carers. A process of restructuring the service had been implemented three weeks prior to this inspection, with a view to providing a more streamlined approach.

There were 87 foster carer households in the area, 17 relative carers and 70 general foster carers.

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

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

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



* Source: The Child and Family Agency

3. Summary of inspection findings

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

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

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

- two standards were substantially compliant
- six standards were non-compliant of which three were identified as moderate non-compliances and three as major non-compliances.

Immediate actions were taken as required to ensure children who made allegations were safe. Child protection and welfare concerns and allegations about foster carers reviewed by inspectors were all managed and investigated. However, it was not always clear if this was carried out in line with Children First: National Guidance on the Protection and Welfare of Children (2011) due to the poor quality of some records. Initial assessments were carried out in relation to all allegations which were reviewed by inspectors. However, decisions about whether concerns or allegations met the threshold of abuse and the procedures to be followed as a result were not always clearly recorded on files. Due to gaps in foster carer files, critical information and the rationale for decision-making in relation to allegations was at times difficult to establish. Two of the four cases reviewed required escalation to the area manager as link workers and the team leader were not able to provide assurances in relation to allegations that, for example, there had been a comprehensive investigation, clear outcomes or adequate follow up. Subsequent to this, inspectors sought assurances that all child protection concerns in relation to children in foster care over the last 24 months, including allegations against foster carers, were all managed in line with Children First (2011), and that necessary safeguarding arrangements were put in place. The area manager provided an appropriate action plan in relation to this.

There were some appropriate safeguarding measures in place. At the time of this inspection, all children in care had allocated social workers and all approved foster carers had allocated link workers. However, over the previous 12 months there had

been a high level of staff turnover and periods of staff shortages. The frequency and quality of home visits to foster carers varied as a result. While relatives were waiting on their assessment to be carried out, records did not show that these carers were provided with supervision and support from the fostering service, despite children being in placement with them.

Data provided by the service area showed that while all foster carers had Garda Síochána (police) vetting, this needed to be updated for 34% of foster carers. Inspectors found on inspection that two foster carers did not have evidence of appropriate Garda vetting on file. The area manager provided assurances that Garda vetting for these carers would be immediately obtained.

While training in line with Children First: National Guidance on the Protection and Welfare of Children (2011) was provided by the service area on a yearly basis, records did not show that all foster carers had attended.

Complaints made against foster carers and by foster carers were not appropriately categorised, recorded or notified to the Foster Care Committee. Because of this, there was no system for management to track and have oversight of all complaints about the service or to conduct a collective analysis in relation to complaints for learning purposes.

There had been a high turnover of staff on the fostering team over the previous 12 months and there were periods where the fostering team was understaffed. The level of support and supervision provided to foster carers and the frequency of home visits over the course of the year had varied and was not always in line with local policy.

There was a foster care support group operating in the area but this was facilitated and run by foster carers themselves, with limited involvement from the social work department. The support group coordinators were provided with the opportunity to meet with the principal social worker and team leader on annual basis to discuss issues that arose over the course of the year.

Foster carers received appropriate foundational training before their approval as foster carers. However, the provision, attendance and recording of ongoing training for approved foster carers varied. While relevant training sessions were organised and offered to approved foster carers, there was no system in place to ensure that foster carers attended ongoing training to ensure that they equipped themselves to meet the needs of the children in their care.

Reviews of foster carers were not carried out in line with regulations and standards. Over 50% (45) of foster carers had not had a review for more than three years. As a

result of this, a high number of foster carers had not had their Garda Síochána (police) vetting updated.

There was a foster care review schedule in place for 2017 in order to attempt to increase the number of foster carer reviews being carried out. Inspectors sought and received an assurance from the area manager that the area's action plan on foster carer reviews had commenced and that quarterly progress reports would be submitted to HIQA in relation to the achievement of the targets set out in the plan.

Due to such a small number of foster carer reviews taking place, the opportunity provided for the updating of Garda vetting, consideration of foster carers' performance and current circumstances and assessment of their training and support needs was missed. Some performance issues were addressed through mechanisms such as disruption meetings and Garda Vetting and training were addressed by the long-term assessment matching process. However, the gaps identified in relation to the updating of Garda vetting and training needs were not effectively addressed by the current systems in place. Due to the small number of foster carer reviews that took place, there was little learning from reviews that would assist in the identification of gaps in the foster care service as a whole.

The Foster Care Committee was guided by Standards and national policy, procedure and best practice guidance. The chairperson had relevant expertise and was clear about her responsibilities as chair and those of the committee members. Committee members had an appropriate mix of experience and expertise. Members were well prepared for meetings and issues were thoroughly discussed. There were some specific deficits identified. While allegations were notified to the committee, there was no system for the committee to track the progress of investigations of allegations. There was little evidence that the committee made recommendations in relation to specific further training for approved foster carers. There were foster carer reviews carried out which did not include any reference to updated Garda vetting, medicals or health and safety checks. The committee subsequently recommended approval following reviews without ensuring that these updates were completed. However, overall the committee was effective in the business it conducted and made clear decisions.

While staff had mixed views in relation to the sufficiency of the number of foster carers on the panel, there was a consensus that the range of foster carers in place to meet the demand of the service was inadequate. While there were a number of foster carers on the panel listed as being available to accept a placement, these were limited in terms of their availability and the type of care they could provide. While formal reviews of the foster care panel did not take place periodically, it had been identified at a foster care recruitment planning meeting that more carers were

needed from different ethnic and minority backgrounds as well as those who could care for sibling groups and children in the 15-17 year age bracket.

A foster care recruitment action plan was drawn up in 2016 and this included a plan for poster and leaflet circulation in the local community, recruitment stands at supermarkets and local events and advertisements in newspapers. Despite these efforts, only three general foster care assessments had been carried out and approved in the previous 12 months. Data provided by the area showed that four general foster carers were undergoing the assessment process and three general foster care applicants were on the waiting list for assessment. There had been insufficient staff resources in place to carry out ongoing recruitment strategies and conduct assessments in order to increase the pool of potential foster carers.

During the course of the inspection, there were concerns about the recording systems and different individual practices of link workers in relation to recording, IT and filing systems. Due to inconsistencies in these practices, it was often difficult to access and establish critical information on files. While some audits of files took place to ensure necessary documents were in place, inspectors found that the quality of record keeping and case notes was inconsistent and at times, poor. Thorough and systematic audits were not carried out and there was little evidence of case management and oversight. Due to this, inspectors were concerned that managerial oversight and monitoring was not sufficient. The issue of inconsistencies in record-keeping and IT systems was escalated for review and an action plan was provided by the area manager to address these concerns.

4. Summary of judgments under each standard and or regulation

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

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

National Standards for Foster Care	Judgment
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 – Moderate
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	
Standard 21: Recruitment and retention of an appropriate range of foster carers	Non Compliant – Moderate

5. Findings and judgments

Theme 2: Safe and Effective Services

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

Standard 10: Safeguarding and child protection

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

Summary of inspection findings under Standard 10

Data provided by the area showed that there were four child protection and welfare concerns or allegations about foster carers in the 12 months prior to the inspection. At the time of this inspection, there was no national policy on managing serious concerns or allegations about foster carers. The area manager told inspectors that they were guided by the national policy on managing allegations against adults and also by local policy on managing allegations.

The four allegations about foster carers which were reviewed by inspectors were managed and investigated by the social work department. However, in some cases it was not evident that investigations were fully carried out in line with Children First (2011) due to the absence or poor quality of some records on foster carers files.

Immediate actions were taken as required to ensure children who made allegations were safe. There was evidence that home visits were carried out to children and foster carers following allegations. Children were interviewed following allegations but the details and outcomes from children's interviews were not routinely held on foster carers' files.

Link workers, children's social workers and the fostering team leader said that when allegations were made against foster carers, they were referred to the child protection team to be independently investigated and for an initial assessment to be carried out. Initial assessments were carried out in relation to the four allegations

reviewed. However, the quality of initial assessments varied. Three of these cases had initial assessments which contained comprehensive details but there were delays in one of these assessments taking place. Appropriate safeguarding measures had been implemented in the case where there were delays in the initial assessment commencing. One initial assessment was of poor quality as it did not take historical allegations against the foster carer into consideration in order to inform the outcome of the assessment.

One of the cases where an allegation had been made was fully investigated and managed in line with Children First (2011) and inspectors found evidence of this in a review of the foster carer's file. In this case, children were interviewed, intake records and comprehensive initial assessments were completed and strategy meetings took place in a timely manner. Good joint working between the link worker and child's social worker was also evident.

However, in the three other cases reviewed there were gaps in information on foster carer's files in relation to the investigation process. Decisions about whether concerns or allegations met the threshold of abuse and the procedures to be followed as a result were not always clearly recorded. Inspectors found that concerns or allegations were not consistently categorised correctly and did not consistently receive the appropriate response. Inspectors saw evidence of some strategy meetings that were comprehensive with clear decisions and actions but it was not always evident on foster carer's files that strategy meetings were held. While appropriate safeguarding measures were taken to safeguard children who made allegations, on some files there was no evidence that risk assessments were carried out in relation to other children in the placement. In one case there were unexplained delays in the implementation of a safety plan for children who remained in a placement following an allegation. Foster carer reviews were either held or scheduled to take place following three of the four allegations reviewed. One of these did not take place in a timely way. A foster carer review had not yet been scheduled for the most recent allegation.

Due to gaps in foster carer files, critical information and the rationale for decision-making was at times difficult to establish. Two of the four cases reviewed required escalation to the area manager as link workers and the team leader were not able to provide assurances in relation to allegations that, for example, there had been a comprehensive investigation, clear outcomes or adequate follow up. Subsequent to this, inspectors sought assurances that all child protection concerns in relation to children in foster care over the last 24 months, including allegations against foster carers, were all managed in line with Children First (2011), and that necessary safeguarding arrangements were put in place. The area manager provided an appropriate action plan in relation to this.

Data provided by the area showed that there were no complaints made by or against foster carers in the previous 12 months. However, inspectors found that complaints had been made both verbally and in writing on six files reviewed. These complaints were not recorded on the complaints log. There was evidence that foster carers were informed of the formal complaints process "Tell Us" by link workers. The team leader and area manager told inspectors that complaints were only recorded on the register if they were made formally through the "Tell Us" process. Foster carers who attended a focus group told inspectors that they were reluctant to make formal complaints as they felt this might negatively affect them. Complaints in relation to the foster care service were not appropriately categorised, recorded or notified to the Foster Care Committee. Because of this, there was no system for management to track and have oversight of all complaints about the service or to conduct a collective analysis in relation to complaints for learning purposes.

Allegations, concerns and complaints were not well recorded on individual foster carer files. There was no single place on either the file or IT system to maintain records of all allegations, concerns and complaints. There were no chronologies on files to highlight critical information and significant events. This meant that there was room for key information to be missed or overlooked. This was a particular risk for this service given the high turnover of staff in the previous 12 months.

There were some examples of good practice in relation to safeguarding. Team leaders and the area manager informed inspectors that all children in foster care had an allocated social worker. At the time of this inspection, all approved foster carers had an allocated link worker. The Foster Care Committee were notified of allegations and the outcomes of investigations. All assessments of general and relative carers were notified to the Foster Care Committee for recommendation of approval. There was evidence that the committee would defer the recommendation of approval of foster carers until all Garda vetting was provided. However, appropriate safeguarding home visits by the foster care service were not carried out to foster carers during periods where they did not have an allocated link worker. Over the previous 12 months there had been a high level of staff turnover and periods of staff shortages. The frequency and quality of home visits to foster carers varied as a result. This had been identified by the service as a risk and the recent restructuring of the service sought to address this by increasing resources on the fostering team.

There was a lack of evidence that sufficient safeguarding measures were in place while relatives were undergoing the assessment process. There were no records on relative foster carer files that verbal child protection and Garda checks had been carried out prior to children's placements with relatives. The team leader and link workers said that this was the responsibility of the child's social worker who placed the child in the relative placement and that these checks were carried out prior to the case being referred to the fostering team. There was no oversight of this

safeguarding step by the fostering service. Inspectors found that Garda vetting was often not received until after the child was already placed with relative carers.

During the course of their assessment, relative carers did not have allocated link workers to provide them with supervision and support despite having children placed in their care. While the assessing fostering worker met with foster carers for the purpose of the assessment process, records did not show that routine home visits and telephone calls were carried out in order to offer support and supervision to carers. Due to delays in the commencement and completion of relative carer assessments, there were sometimes significant periods where relative carers did not receive support and supervision. As a result, there was a lack of case notes on file to document the progress of the placement. Case management from the fostering service was not evident on these files. The lack of support and supervision for unassessed and unapproved relative carers at an early stage was an area of risk for the service.

Data provided by the service area showed that all foster carers had Garda vetting. However, during the review of files, inspectors found two cases where appropriate Garda vetting was not on file. The lack of Garda vetting for these carers was escalated to the area manager. The area manager provided assurances that Garda vetting for these carers would be immediately obtained. Inspectors found that all new foster carers had Garda vetting carried out as part of the assessment process.

Data provided by the area showed that 34% of all foster carers had not had their Garda vetting updated in more than three years. The administration team was responsible for applying for Garda vetting for foster carers and there was no management oversight of this. Garda vetting was updated as part of foster carer reviews but these reviews had not been taking place as required. There was no other formal mechanism in place to ensure that Garda vetting was updated in a systematic way. The absence of up-to-date Garda vetting for all foster carers posed a risk for the service.

A review of files showed that all general foster carers and relative carers were required to attend foundational training prior to approval by the foster care committee. This training was in line with Children First (2011) and addressed issues including safe care practices and understanding and managing behaviour that challenges. Specific Children First (2011) training and a briefing in Joint Protocol on Missing Children and Safe Care Policy had been delivered throughout the year. Foster carers who met inspectors in a focus group said that they attended training and had an awareness of Children First (2011). However, training records for individual foster carers were not well maintained and there were no evidence to show that all foster carers had up-to-date training in Children First (2011) and in safe care practices.

There was a formal system for notifying the Foster Care Committee of allegations against foster carers. Records showed that over the previous 12 months, the Foster Care Committee were notified of the four allegations made against foster carers, which were reviewed by inspectors. The committee was also notified of the outcomes of these investigations. However, this was not always done within the five days as required by the national policy, procedures and guidance on foster care committees. There was no system for the committee to track the progress of investigations of allegations. This meant that the committee did not have oversight of the progress of investigations and could not ensure that the social work department was held to account when investigations were unduly delayed.

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 board³ 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

Inspectors reviewed three files where emergency placements were made with relatives who were not yet fully assessed. Evidence of pre-placement checks carried out prior to placement of a child, such as verbal checks with the local Garda Síochána and public health nurse, were not on foster carer files. The fostering team said that these child protection checks were the responsibility of the children's social workers and this was confirmed by children's social workers. The fostering team were notified of the placement by the child's social worker when they were asked to carry out a relative fostering assessment. The fostering team leader did not maintain oversight of the checks required by the regulations regarding the placement of a child in an emergency. While relative carers were waiting on their assessment to be completed, they did not have an allocated link worker to provide them with support and supervision, despite having children placed with them. There was a lack of case supervision and oversight by the fostering managers in order to monitor these unassessed and unapproved relative carers.

There was a national policy on the assessment and approval of foster carers. In the previous 12 months, only three general assessments of foster carers were carried out in the service area, two by a private fostering agency and one by the service area. The team leader and link workers said that the low number of general assessments carried out by the service area was due to a lack of staff resources. The process for ensuring that Garda vetting was carried out for all new prospective general foster carers and all significant adults was robust. There was evidence of police clearances from other jurisdictions when this was required.

The general fostering assessment which was carried out by the service area was comprehensive and of good quality. However, it was not carried out within the recommended timeframes. The assessing fostering social worker said that the delays

were due to a lack of staff resources at that time. The assessment went to the Foster Care Committee for recommendation of approval. The committee did not give a recommendation for approval until all adults were appropriately Garda vetted. Following their approval, foster carers received relevant information in writing.

Inspectors reviewed two general foster care assessments carried out by private agencies. These were generally of good quality but lacked detailed analysis of certain issues. The assessment reports went to the Foster Care Committee for recommendation of approval and they sought further clarification in relation to these identified issues. The committee required that all Garda vetting and foundational training was in place prior to the recommendation of approval. Records showed that approval for one of the applicants was deferred by the committee until the applicant attended foundational training.

The process for foster carers transferring from one service area to another, as outlined in the policy, procedures and guidance for foster care committees, was partially but not fully followed. One foster carer transferred into the area from another service area in the previous 12 months. A formal transfer meeting took place between the two areas and the complete foster carer file was transferred to the Sligo/Leitrim/West Cavan area. The case had an allocated link worker and home visits had been carried out. However, information about the transfer was not brought to the Foster Care Committee. Inspectors brought this to the attention of the team leader who said that this issue would be addressed.

Data provided by the service area showed that four assessments of relative carers were carried out in the previous 12 months and these were reviewed by inspectors. These assessments were comprehensive and of good quality. However, they were not all carried out in a timely manner. For example, one assessment took one year and one took nine months to complete. One assessment did not commence until four months after the child was placed and the application was received. Link workers told inspectors that delays were due to a lack of staff resources at that time.

Data provided by the area showed that three assessments of relative carers were ongoing and records showed that these were not being carried out in a timely manner. There were no relative carers on a waiting list for assessment.

The process of recommending the approval of foster carers was clear and was in line with national policy, procedures and guidance. Prospective foster carers were given the opportunity to read their assessment reports and could comment on these. Assessment reports and all associated documentation such as Garda vetting, medicals, references and health and safety checks were submitted to the Foster Care Committee. The committee routinely deferred the decision to recommend approval until foster carers attended foundational training and Garda vetting was returned.

There was evidence that the committee sought further information or clarification of reports when necessary and made recommendations about approval. The committee forwarded their recommendations about approval to the area manager who would then ratify the decision.

All foster care applicants were invited to attend the Foster Care Committee for a discussion about their application to foster. Foster care applicants could choose not to attend if they wished.

Following a decision to recommend their inclusion on the panel of foster carers they were notified in writing of this.

The majority of files reviewed by inspectors had foster care contracts in place between the fostering service and the foster carers. However, five files that were reviewed did not have contracts on file.

Judgment: Standard 14 a: Substantially Compliant

Judgment: Standard 14 b: Non compliant – Moderate

Standard 15: Supervision and support

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

Summary of inspection findings under Standard 15

Data provided by the area showed that at the time of inspection all 87 approved foster carer households in the service area had an allocated link worker, including both relative and general carers. There were four link workers on the fostering team and one vacancy at the time of inspection. However, there had been periods in the previous 12 months where there had been high staff turnover and staff shortages. During periods where foster carers did not have an allocated link worker, the team leader held cases and responded to issues as they arose. However, the team leader was not in a position to provide comprehensive support and supervision and home visits to foster carers as required. The team leader and link workers said that there was a duty system in operation for foster carers for periods when there was no allocated link worker and when their link worker was unavailable. The team leader said that during periods of staff shortages, high priority cases were allocated to a link worker and lower priority cases, such as foster carers who were on the panel but without children placed with them or foster carers with long term stable placements, would be held by the team leader.

Inspectors reviewed five files which had been held by the team leader, had a high turnover of link workers or were newly allocated in the 12 month period prior to inspection. One of these was a foster carer without children placed with them, three were general foster carers with long-term placements, and one was a long-term relative carer. Inspectors found that during periods where foster carers did not have an allocated link worker or experienced a high turnover of link workers, there were minimal records of support and supervision on file. Home visits were often not carried out within the required timeframes. In one case where the child was placed with long-term general foster carers, there was a gap of seven months between home visits by a link worker and in another case where a child was placed with relative carers there was a period where a link worker did not visit for 10 months. There was no system of oversight in place to ensure that all foster carers were being visited in line with requirements. Case notes were sporadic and brief and files lacked detail. There were little to no records of up-to-date training or attendance at fostering support groups on these files. There were limited or no records of communication with children's social workers on files.

When link workers were allocated to foster carers, the frequency of home visits varied. The local policy on the frequency of link worker visits outlined the minimum frequency of mandatory visits required. General and relative foster carers approved for less than 12 months with children placed with them were to be visited at a minimum of not less than eight weeks, and those approved for more than 12 months with children in placement were to be visited at a minimum of not less than 16 weeks. There was evidence that some foster carers received more frequent home visits from link workers than required by the local policy, while some received the minimum number of visits required. Records on some files showed that joint home visits with children's social workers took place. There was evidence that the majority of allocated link workers were in regular telephone contact with foster carers.

Inspectors saw evidence on some files of good quality support and guidance being offered to foster carers on home visits. These included discussions about children's needs and guidance in relation to behaviour management. However, due to the lack of detailed case notes on many files reviewed, it was difficult to establish if link workers consistently provided appropriate support to foster carers. Where issues or support needs were identified, it was not always clearly recorded if these were fully explored at home visits or if adequate follow up was provided. For example, in one case, there was a safe care plan in place for children in foster care. There was no evidence in the case notes that support and advice was given to the foster carers in relation to implementing this. In another case, a foster carer requested respite, but the file did not indicate if this was sought or provided. Inspectors spoke to link workers and they said that that support was provided to foster carers around these issues. However, the records on files did not reflect the work being carried out.

Formal supervision of foster carers did not take place as set out in the national policy on the role of the link worker. Link workers who attended focus groups said that there was more of a focus on support than supervision. A template was used by some link workers to record home visits and this contained headings such as support needs identified by the carer, any issues of concern for the link worker, updates on training and learning outcomes, training needs identified by the foster carer, relevant policies and procedure updates and a record of issues discussed. This template provided the opportunity to record more formal supervision of foster carers. However, even when these templates were used to record visits, they were not fully completed and often contained brief details about the home visit. Actions that needed to be implemented and timelines for their completion were not clearly recorded on foster carer's files.

While the care planning process considered long-term matching for children, the rationale for decision-making in relation to long-term matching was not clear on foster carer's files due to the low number of home visits carried out and a lack of case notes documenting discussions with foster carers.

Link workers attended supervision with their team leader and discussed individual cases. Records of staff supervision were held by the team leader and there was no evidence of case management by the team leader held on files.

While some audits of files took place to ensure necessary documents were in place, inspectors found that the quality of record keeping and case notes was inconsistent and at times, poor. There were concerns about the recording systems and the different individual practices of link workers in relation to recording, IT and filing systems. Due to inconsistencies in these practices, it was difficult to access and establish critical information on files. There was a lack of oversight of this by fostering managers. This issue of poor record-keeping was escalated to the area manager following the inspection due to the level of risk this posed.

Inspectors saw evidence of good practice in a number of cases in relation to supports in place for foster carers caring for children with complex needs. For example, in one case a foster carer was in receipt of support from a private therapist to support them with behaviour management. In another case, a foster carer requested support for a child in their care with a disability and there was evidence that the link worker followed this up with the child's social worker. However, on other files there was limited or no information about supports offered to or provided to foster carers.

There was a limited availability of respite care as a form of support for foster carers. Foster carers who attended a focus group with inspectors said that they thought that a request for respite was deemed to be an indication that the placement was in difficulty rather than a request for support. There was evidence that respite for individual children was regularly discussed and reviewed by link workers and the team leader at team meetings. Minutes of these meetings showed that respite placements were requested for children by link workers but that there were sometimes difficulties in identifying available and appropriate respite placements.

There was no programme of regular support groups for foster carers provided by the service area. There was a foster care support group operating and this was facilitated and run by foster carers themselves, with limited input from the social work department. The team leader described this as an informal support group where foster carers could drop in and drop out as they wished. Two foster carers facilitated the group and drew up a schedule of meetings which the link workers would circulate to foster carers. Inspectors found evidence on some files that the support group schedule was sent to foster carers but this was not evident on the majority of files reviewed. There were no central records of foster carer's attendance at the support group. The support group coordinators were provided with the opportunity to meet with the principal social worker and team leader on annual basis to discuss issues that arose over the course of the year. The team leader said that

she recently met the support group facilitators regarding suggestions about training and policies and procedures. However, these meetings were not formal or regular and there was no management oversight of the support group.

There was no dedicated out-of-hours service to support foster carers outside of office hours. There was a national Tusla out-of-hours service in place but, in order to access this service, foster carers would have to telephone An Garda Síochána and they would, in turn, contact the out-of-hours social work service. This meant that a situation that arose in a foster carer household outside of working hours may be dealt with by a social worker who was not familiar with the fostering service or the family concerned.

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

All general and relative foster carers received foundational training before their approval as foster carers. There was evidence that the recommendation of approval of foster carers was deferred by the Foster Care Committee until foster carers received this training. Foundational training included topics such as safe care, child development and attachment, and common behaviours of children in care.

Inspectors reviewed the foster care training plans in place for 2016 and 2017. Modules offered included topics such as safe care and children missing from care, disenfranchised grief, understanding children in foster care, internet safety, resilience and aftercare. Children First (2011) training was provided on an annual basis. Such training programmes were organised and offered to foster carers in order to support them to develop skills and knowledge in order to meet the needs of the children in their care. The team leader and link workers said that foster carers were encouraged to attend training. Foster carers who attended the focus group with inspectors said that they attended regular training. However, they said that they had not yet received the training plan for 2017.

There was a local policy in place in relation to training for foster carers which stipulated that foster carers were required to attend a minimum of one training programme every 36 months. The area manager told inspectors that this policy was out-of-date and insufficient. However, the team leader and link workers said that this remained the current policy. Inspectors found that there was no overall training strategy or system in place to ensure approved foster carers attended regular ongoing training. The area manager said that the training needs of foster carers were considered as part of the long-term matching process, disruption meetings and the care planning process.

There was a central training record which held information about each training programme offered and which foster carers attended. These records reflected that there was relatively low attendance at some training sessions. The central record did not track foster carer's lack of attendance at training. There was evidence that some foster carers attended regular training sessions, while there was no evidence that the majority of foster carers did. A comprehensive training needs analysis had not been carried out. Training records for individual foster carers were not well

maintained. Due to the lack of a clear individualised training strategy and delays in foster carer reviews taking place, the opportunity to identify and address particular training needs was often missed.

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

Comprehensive reviews of foster carers were not carried out in line with regulations and Standards. 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. The purpose of the review is to assess the foster carers continuing capacity to provide high quality care and to identify gaps in the service as a whole.

Data supplied by the area showed that of 87 foster care households, over 50% (45) had not had a review for more than three years.

Four reviews of foster carers had been carried out in the previous 12 months. However, two of these were carried out in relation to foster carers with private agencies. Therefore, only two were carried out by the service area in the previous 12 months. Both of these reviews were held following either an allegation or a complaint.

The foster carer review following the allegation was held almost four months after the completion of the investigation. Three other allegations had been made over the previous 12 months. Two of these cases were scheduled for a foster carer review. In one of these cases, the scheduled review date was over one year following the completion of the investigation. In the other case, the scheduled review date was four months following the completion of the investigation. In a case where the investigation was completed three months previously, there was no evidence on the file that a review had yet been scheduled

The two foster carer reviews carried out by the service area were of mixed quality. Formal review meetings were held and these included attendance by the foster carer, link worker, team leader and principal social worker. The child's social worker was in attendance at the review following an allegation but was not in attendance at the other review. Therefore the views of the child who had previously been in placement were not reflected in the second review. Reviews took into account changes in circumstances, ability to care, experience of fostering, complaints or allegations and training needs. The reviews identified that the foster carers should attend specific training in relation to behaviour management as a form of support. While one foster carer availed of this, the other foster carer did not. There was no

clear follow up if a foster carer chose not to engage in the recommended supports. While clear decisions were made at reviews, it was difficult to find the rationale for what informed these decisions due to the general lack of information on files. All issues raised at one of the reviews were not subsequently adequately analysed and addressed. While outcome reports of reviews were sent to the Foster Care Committee, records on files did not indicate that the committee were provided with all relevant information.

Some recommendations from reviews included updating Garda vetting and health and safety checks, instead of the review process including these as standard. Therefore, the Foster Care Committee received reports from reviews which did not include any reference to updated Garda vetting, medicals or health and safety checks. The committee subsequently recommended approval following reviews without ensuring that these updates were completed.

There was no formal process in place for following through on recommendations from reviews in a timely manner and the follow up in relation to reviews varied. There was evidence that some but not all recommendations from reviews were implemented. For example, specific training was recommended for one foster carer at their review but there was no record of their attendance at this. Recommendations did not always contain timelines for completion.

The Foster Care Committee wrote to foster carers following consideration of the review report regarding their continuance on the panel.

Due to such a small number of foster carer reviews taking place, the opportunity provided for the updating of Garda vetting, consideration of foster carer's performance and current circumstances and assessment of their training and support needs was missed. Some performance issues were addressed through mechanisms such as disruption meetings and Garda Vetting and training were addressed by the long-term assessment matching process. However, the gaps identified in relation to the updating of Garda vetting and training needs were not effectively addressed by the current systems in place. Due to the small number of foster carer reviews that took place, there was little learning from reviews that would assist in the identification of gaps in the foster care service as a whole.

The implementation of a strategy for reviews to take place was identified by the area manager and team leader as a core activity for the team going forward. They told inspectors that reviews had not been taking place due to a lack of staff resources. There was a foster care review schedule for 2017 in place in order to attempt to increase the number of foster carer reviews being carried out. This prioritised reviews where there had been allegations and serious incidents and cases where reviews were overdue.

Inspectors sought and received an assurance from the area manager that the area's action plan for foster carer reviews had commenced and that quarterly progress reports would be submitted to HIQA in relation to the achievement of the targets set out in the plan.

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.

The Foster Care Committee was guided by the Standards and 2012 national guidance on foster care committees, which had been revised just prior to this inspection.

The committee was comprised of 17 members and there was good quality administrative support. The committee members had suitable expertise in child welfare and included a medical professional and professionals from mental health and community services. There was also one member who had experience as a foster carer and one member who had experience of being a child in care. A review of membership was carried out in 2016 and this had sought to further broaden the scope of experience on the committee.

The committee was scheduled to meet on a monthly basis but several of these meetings were cancelled due to lack of business. Overall, the committee met seven times in the course of the previous 12 months. The committee chair told inspectors that attendance of members at the meetings was good and there were no issues with having an appropriate quorum at each meeting. Inspectors found that members were Garda vetted in relation to their specific roles as members of the committee.

Inspectors interviewed the chairperson, who had considerable experience in the areas of child protection, foster care and adoption. She had previously been a committee member and vice chair of the committee before taking on the role of chair. She was clear about her responsibilities as chair and those of the committee members.

The committee chairperson told inspectors that the induction process for new members consisted of a meeting with the chairperson. The new member signed a confidentiality agreement and copies of these were kept on file. New members were provided with an induction pack and inspectors reviewed a copy of this. The induction pack included copies of relevant legislation, standards and best practice procedures.

The chairperson told inspectors that the main functions of the committee were; approving foster care applicants based on consideration of their assessment reports, making recommendations regarding long-term matching, as well as being notified in relation to allegations and outcomes of investigations, exit interviews and placement disruptions. The chairperson said that the committee had the capacity to convene emergency meetings but this had not been required over the previous 12 months.

A training needs analysis of the committee was carried out in 2015. The committee were involved in one training event in 2016 with another training event planned for 2017. Records showed that research material of relevance was regularly circulated to members and there had been presentations about relevant topics made at meetings.

Inspectors conducted a review of the minutes of committee meetings for the 12 months prior to the inspection. Minutes of discussions about business matters at meetings were held in a central folder. Minutes of the meetings showed that the committee made recommendations based on consideration of reports in relation to assessments of prospective foster carers, allegations against foster carers, long-term matching, foster carer reviews, and feedback from foster carers leaving the service.

A review of committee records supported the view that the committee was effective in the business it conducted and that it made clear decisions. Committee members were well prepared for meetings and issues were thoroughly discussed. Inspectors found the committee was timely in recommending whether carers should be approved or not. Their recommendations were based on the assessment of potential foster carers presented by the fostering team. There was evidence that the committee sought further information and clarification about cases before making decisions. The committee routinely deferred the approval of prospective foster care assessments until all appropriate Garda vetting and foundational training was completed. This was evidence of good practice. The committee reported their recommendations to the area manager who in turn would ratify decisions.

There were some deficits in the Foster Care Committee process identified. Records showed that allegations and the subsequent outcome following an investigation were formally notified to the committee. However, there was no system in place for the committee to track the progress of investigations of allegations. There was little evidence that the committee made recommendations in relation to specific further

training for approved foster carers. When recommendations for specific training were made, there was no system to ensure that this took place. The Foster Care Committee did not identify whether Garda vetting, medicals and health and safety checks had been updated as part of foster care reviews.

The dataset provided to inspectors indicated that there were no foster care placements in breach of the standards in terms of the number of children placed with foster carers. However, while on inspection, inspectors found two cases where the number of children placed exceeded standards. Inspectors did not find evidence on the foster carer's files that the Foster Care Committee were notified of these breaches of the Standards or if there was a discussion or exploration of why this occurred. Inspectors were informed after the inspection that one of these cases had been notified to the committee.

There were appropriate arrangements in place for the approval of foster carers from private services. Private services were required to undertake comprehensive assessments and complete a series of checks on prospective foster carers. These were generally of good quality but lacked detailed analysis of certain issues. The assessment and all associated documentation were presented to the committee for consideration of whether to recommend approval. Further information or clarification was sought by the committee in relation to issues identified in both of these assessments. Approval was deferred for one of these until appropriate foundational training took place. Another was deferred due to personal circumstances of the foster care applicant. While clarification was sought in relation to several issues, inspectors found that approval was later granted without evidence that one of these issues had been resolved.

The national guidance requires the foster care committee to produce an annual report of its activities. The committee in this area produced annual reports for 2015 and 2016. These reports provided an overview of all the work carried out by the committee over the year and an analysis of their activity. The production of annual reports provided a formal system by which learning from the committee could contribute to the development of the service.

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

While staff had mixed views in relation to the sufficiency of the number of foster carers on the panel, there was a consensus that the range of foster carers in place to meet the demand of the service was inadequate. While there were a number of foster carers on the panel listed as being available to accept a placement, these were limited in terms of their availability and the type of care they could provide.

Data showed that there were four recruitment campaigns held in the previous 12 months and this was ongoing. A foster care recruitment action plan was drawn up in 2016 and this included a plan for poster and leaflet circulation in the local community, recruitment stands at supermarkets and local events and advertisements in newspapers. Despite these efforts, there were only nine foster care applicants in the previous 12 months. Three general foster care assessments had been carried out and approved. Two foster carers voluntarily left the foster care panel during the previous 12 months. This meant that there had only been a net gain of one general foster carer within the year. Data showed that there were four general foster carers undergoing assessment and three general foster carers on the waiting list for assessment.

The area manager and team leader said that there had been insufficient staff resources in place over the previous 12 months to carry out more recruitment strategies and conduct assessments in order to increase the pool of potential foster carers. The area manager told inspectors that they were working with local support services in the community in an attempt to recruit foster carers locally. The team leader said that recruitment has been a challenge for the service and there had been limited interest expressed.

At a focus group, children's social workers told inspectors that there was a shortage of foster carers and that finding a suitable placement for a child could be difficult, especially for teenagers. Link workers said at a focus group that there were enough

foster carers to meet demand but that more foster carers were needed to ensure effective matching could be carried out. The team leader said that while the data provided identified that there were 13 foster carers on the panel who were available to provide a placement, in reality this was very limited in terms of what type of placement these carers could provide. When a placement was requested, it was a struggle to find one and a particular struggle to conduct a matching process despite endeavours to do so. The inability to conduct appropriate matching was identified by staff as a difficulty for the service.

While there was no overall retention strategy in place for carers, the area manager told inspectors that their priority was to provide sufficient supports for placements in order to retain carers. Data for the area showed that two foster carers had left the panel in the previous 12 months. One of these foster carers chose to leave the panel due to their age and current circumstances. In their exit interview, they identified that support for foster carers could be improved. The other foster carer left the panel but chose not to complete an exit interview but did accept the offer to meet with the Foster Care Committee to express their views. A review of their file indicated that they chose to leave the panel due to what they felt was a lack of support from the fostering service and a lack of adequate training. The dissatisfaction expressed by foster carers was not recorded as a complaint against the service. Inspectors found that the service endeavoured to conduct exit interviews with foster carers who had left the service but that foster carers could choose not to engage in this. There was no system in place to formally review exit interviews in order to improve the service.

The service carried out an analysis of foster care placement disruptions in 2016 and this identified learning from each placement breakdown. Some key learning identified included the need for greater placement choice in the area to provide specific support to teenagers, more comprehensive emotional and mental health supports for children, more support and training for foster carers, more respite options, allegations to be dealt with in a timely manner and access arrangements to be improved. This analysis of placement breakdowns and its findings was incorporated into the area service plan for 2017.

While formal reviews of the foster care panel did not take place periodically it had been identified at a foster care recruitment planning meeting that more carers were needed from different ethnic and minority backgrounds as well as those who could care for sibling groups and children in the 15-17 year age bracket.

Judgment: Non-compliant – Moderate

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

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

[¥] Where reference is made to Health Boards these services are now provided by the Child and Family 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

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.

National Standards for Foster Care (April 2003)

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 board² prior to any child or young person being placed with them.

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

Part III, Article 5 Assessment of foster parents

Part III, Article 9 Contract

Standard 14b: Assessment and approval of relative foster carers

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

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

Part III, Article 5 Assessment of relatives

Part III, Article 6 Emergency Placements

Part III, Article 9 Contract

Standard 15: Supervision and support

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

Standard 16: Training

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

² Formally known as Health Boards at time of writing Standards, now known as The Child and Family Agency.

National Standards for Foster Care (April 2003)

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

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

Standard 24: Placement of children through non-statutory agencies

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

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

Part VI, Article 24: Arrangements with voluntary bodies and other persons

Theme 5: Use of Resources

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

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

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.

Action Plan

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

Provider's response to Monitoring Report No:	MON -0019025
Name of Service Area:	Sligo/Leitrim/West Cavan
Date of inspection:	10-13 April 2017
Date of response:	12 July 2017

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

Major non-compliance

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

Child protection and welfare concerns or allegations about foster carers were not consistently managed and investigated in line with Children First (2011).

There were gaps in information about the investigation of allegations process on foster carer files.

Notifications of allegations were not always made to the Foster Care Committee in a timely manner.

Foster carer reviews following allegations were not carried out in a timely way.

The fostering service did not have oversight of safeguarding arrangements in place for relative carers, such as verbal Garda Síochána (police) checks and child protections checks.

Relative carers did not have allocated link workers while undergoing the assessment process, despite having children placed in their care.

Appropriate safeguarding arrangements, such as home visits, were not in place during periods when foster carers were unallocated a link worker.

Complaints were not appropriately categorised, recorded or notified to the Foster Care Committee.

Due to a lack of information on foster carer files, the rationale for decision making was not always clearly recorded.

There was no single place on either individual files or the IT system to maintain records of allegations, concerns and complaints.

It was the responsibility of the administration team to apply for initial Garda vetting and there was no management oversight of this.

Garda Síochána (police) vetting was not updated for all foster carers within the required timeframe and the system in place to ensure Garda vetting was appropriately updated was not effective.

There was no evidence that all foster carers with children in placement were trained in Children First (2011) and in safe care practices.

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. Compliance with actions under Children First and referral to Foster Care Committee to be included in tracker for allegations and complaints against foster carers. A plan to be put in place with foster carers identified from this audit to attend/ receive Children First Training. A system to ensure Foster Carers attend/receive Children First Training at least every 3 years to be put in place. All Investigations into allegations against foster carers will be overseen within the newly established Quality Risk and Service Improvement forum which is chaired by the Area Manager and attended by the Principal Social Workers. All investigations into allegations against foster carers will be independently examined by the PSW for CPNS prior to final sign off to ensure Children First compliance.
2. A Full review of the Foster Care file structure will be undertaken followed by implementation of a new file structure based on a best practice model. Pending implementation of the new file structure dedicated supervision, allegations and complaints sections have been placed in existing Foster Carer files. Tracking templates for allegations and complaints have been inserted into these dedicated sections of the Foster Carer files in order to ensure a clear chronology for ease of reference. Existing Foster Carer files will be reviewed in order to identify all allegations, complaints and any outstanding actions in respect of processing same. Outstanding actions required in respect of allegations and complaints from tracking templates on individual Foster Carers files will be inserted on the dedicated trackers in the dedicated section of files. Outstanding actions from file reviews in respect of complaints and allegations will be completed. Senior management to review all foster carer files to quality assure completion of trackers re allegations and complaints as well as to ensure all outstanding actions are completed.
3. All allegations will be reported to the Foster Care Committee within 5 working days and the Principal Social Worker (AC) will have core responsibility for ensuring this takes place. Children First compliance with actions under Children First and referral to Foster Care Committee will be included in an allegations tracker. Dedicated Admin support to be created to monitor and review allegations tracker on a monthly basis and highlight any issues regarding delay or poor compliance to Area Manager. A dedicated Quality, Risk and Service Improvement forum will be established to design, implement and monitor Quality Assurance systems to include, file audit, monitoring of tracking mechanisms and review of policy implementation and compliance.
4. Foster Carer Reviews will take place within twenty working days following completion of investigations into allegations. The Principal Social Worker for Alternative Care will be responsible for ensuring compliance with this timeframe. This information will also be included in the allegations tracker allowing oversight by the Area Manager and the

Quality, Risk and Service Improvement Forum.

5. Responsibility for initial checks on relative carers including Garda Vetting and Child Protection will continue to be completed by the social worker who is considering placing the child with oversight from their Team Leader. Where possible Garda Vetting on relative carers is to be completed by Social Worker prior to placing the child. In emergency situations the foster care service will ensure that a disclosure statement at point of placement is signed by the relative carers and priority vetting will be requested by the authorised signatory for Garda checks. A template will be developed to indicate what checks have been carried out, when and by whom. This will be maintained at the front of each relative and general foster carer file and kept up to date by fostering link social workers with oversight from their Team Leader.
6. The Social Worker undertaking the fostering assessment of relative carers will also have link working responsibility in terms of formal supervision and support. All relative carers now have link workers.
7. A system for ensuring on-going safeguarding visits to Foster Carers at times when they may not be allocated a Link Worker will be established. The local service will ensure that link workers are allocated to each foster carer and in so doing ensure safeguarding such as monitoring of foster carers.
8. All complaints will be categorised as per the guidance provided in the newly implemented Interim National Policy relating to the investigation of Allegations against foster carers. Frontline workers and Team Leaders will consider all concerns expressed about the service to determine how they should be categorised taking the guidance from our own complaints procedure (Tell US) and the new National Policy. Social Workers will address any dissatisfaction expressed to them about the service with their Team Leader to ensure correct categorisation of complaints and concerns. All Social Workers and Team Leaders in the fostering service will receive training in this regard. Once an issue has been categorised as a complaint it will be notified to the foster care committee within 5 working days.
9. A review of case recording to be undertaken on foster carer files. In the interim the quality of case recording to be examined in supervision through audit of one file prior to each monthly supervision of individual social workers. Actions from monthly file audit and rationale for case management decisions to be agreed in supervision and recorded on the Foster Carer file in a dedicated supervision section. A local Quality, Risk and Service Improvement forum will be established to design, implement and monitor Quality Assurance systems to include, file audit, monitoring of tracking mechanisms and review of policy implementation and compliance. An audit of case

files will be undertaken by senior management to include audit of case recording pending agreement regarding an on-going file audit system by the Quality, Risk and Service Improvement forum.

10. A full review of the Foster Care file structure will be carried out. The implementation of the new file structure will be based on a best practice model. Pending implementation of the new file structure, dedicated supervision, allegations and complaints sections will be inserted into existing foster carer files. Tracking templates for allegations and complaints will be inserted into the relevant dedicated file sections and any historical or current allegations or complaints will be inserted on the appropriate tracker. This is to ensure a clear chronology for ease of reference. A Quality assurance system relating to investigation of complaints including categorisation, investigation and completion of recommendations will be established within the Quality Risk and Service Improvement Forum.
11. The responsibility for the Initial Garda Vetting of foster carers rests with the Social Worker as is the case with all other statutory checks. A template outlining checks undertaken will be maintained and kept up to date by social workers undertaking assessments with oversight from their Team Leader. Team Leaders will ensure a system is in place for them to have oversight of administrative tasks in respect of the Initial Garda Vetting. The Quality, Risk and Service Improvement forum will ensure an annual review of Garda vetting of foster carers in order to monitor and review Garda vetting and compliance in respect of foster carers.
12. Garda Vetting has been completed on carers in relative care placements highlighted during the inspection. The Garda Vetting process has been initiated on Foster Carers not vetted within the last 3 years. A tracking system for Garda Vetting for Foster Carers will be developed independent of the Foster Care review process. This will include an early warning system highlighting cases for renewal 6 months prior to the renewal due date to ensure all Garda Vetting is up-to-date.
13. An audit of Foster Care training will take place to identify those carers who have not attended/received Children First Training in the last 3 years. A plan will be put in place with identified carers from this audit to attend/ receive Children First Training by the end of November 2017. The PSW AC will maintain oversight of this process to ensure it is completed. A system for formal on-going appraisal, recording and monitoring of safe practices to be established, within context of QRSI forum. This system will ensure Foster Carers attend/receive Children First Training at least every 3 years. In addition a training needs analysis will be completed with foster carers and, on the basis of this analysis, a training plan will be prepared for 2018.

Proposed timescale:	Person responsible:
Action 1 – 30th Sept 2017	AM, PSW CPNS.
Action 2 – 31st August 2017	AM, PSW AC,
Action 3 – 31st August 2017	AM, PSW AC, PSW CP,
Action 4 – 30th September 2017	AM, PSW AC.
Action 5 – Completed	PSW AC, PSW CP, PSW QA,
Action 6 – 31st July 2017	PSW AC, TL, Admin.
Action 7 – 31st October 2017	AM, PSW AC, TL.
Action 8 - Completed	AM, Admin Mgr.
Action 9 – 31st August 2017	AM, PSW AC, TL.
Action 10 – 31st October 2017	AM, PSW AC, .
Action 11 – 31st July 2017	AM, PSW AC, Team Leader
Action 12 – 30th September 2017	AM, PSW AC,
Action 13 – 31st October 2017	AM, PSW AC, TL,

Standard 14a**Substantially Compliant**

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

The general foster care assessment which was carried out by the service area was not carried out within the recommended timeframes.

The due diligence process for foster carers transferring into the area was not adequately followed.

Action required:

Under **Standard 14(a)** 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. Two additional workers have been allocated to Fostering Resource Team following service restructure to contribute to more timely completion of assessments. Reasons for delays in assessments will be clearly recorded on the Assessment section of case files. A system for tracking timeliness of assessments will be designed and implemented.
2. Checklists for tasks relating to transfer of Foster Carers into the area will be developed and circulated to the Fostering Resource Team and members of Foster Care Committee. A Quality Assurance system will be developed and implemented to ensure all tasks have been completed in relation to Foster Carers transferring into the area.

Proposed timescale:

Action 1 - 30th October 2017

Action 2 - 30th September 2017

Person responsible:

AM,PSW AC, TL

PSW AC, TL,

Standard 14b**Moderate non-compliance**

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

The arrangements and oversight by the fostering service in place to ensure pre-placement checks were carried out prior to the placement of a child with relatives in an emergency were not sufficiently robust.

There were delays in the commencement and completion of relative assessments.

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

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

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

1. A checklist for pre placement checks will be developed and completed to be used by Social Workers prior to the placement of children with relatives including emergency situations. Checklists will be forwarded to the Fostering Resource Team Leader as part of any request for a relative care assessment. Evidence of completion of relevant checks to be verified by file audit system.
2. Two additional workers have been allocated to the Fostering Resource Team following service restructure to contribute to more timely commencement and completion of assessments.

Proposed timescale:**Action 1 - 30th September 2017****Action 2 – Completed****Person responsible:****PSW AC, TLs for Fostering Resource Team & Children in Care****AM**

Standard 15

Major non-compliance

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

Where approved foster carers did not have an allocated link worker there was a lack of sufficiently frequent home visits to provide support and supervision.

The quality of support provided to foster carers was not always sufficient. The provision of respite to foster carers as a form of support was limited.

There was no support group for foster carers provided by the area and no oversight of the support group which was run by foster carers.

There was a lack of case management and supervision of the link worker for the purpose of oversight of the frequency of home visits and quality of support provided to foster carers.

There was insufficient oversight by the fostering service of placements with relatives who were not yet assessed or approved by the Foster Care Committee.

Formal supervision of foster carers was not carried out in line with the national policy.

There were concerns about the recording systems and the different individual practices of link workers in relation to recording, IT and filing systems. The quality of record-keeping and case notes was inconsistent and often poor. There were no chronologies on files to highlight critical information and significant events.

There was no dedicated out-of-hours service to support foster carers outside of office hours.

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. Additional staff have been allocated to the Fostering Resource team as per service restructure to allow more frequent home visits and therefore provide a higher level of support to Foster carers.

2. Induction/Refresher Training on the role of the Fostering Link Social Worker will be carried out with Social Workers in the Fostering Resource Team. Training for Link workers to be provided in the formal supervision of Foster Carers as per National Policy.
3. Provision of respite as a form of support to Foster Carers to be reviewed in accordance with plan of support for individual Foster Carers. A system for respite care for Foster Carers will be developed. In the meantime Foster Carers with high support placements to have access to respite/time out as delivered by a funded agency.
4. The Fostering Resource Team will continue to support the Fostering Support Group by sending out notifications/messages to all Foster Carers regarding timing and venues for meetings. Link Workers to continue to encourage Foster Carers to attend the Foster Carers Support Group. The PSW Alternative Care and TL Fostering Resource Team will continue to meet with Foster Care Support Group coordinators on an annual basis. The Area Manager and PSW Alternative Care to meet with the Foster Care Support Group on an Annual basis to receive feedback on Foster Carers experience of the service and to inform the group regarding service developments. Feedback from Foster Carers Support Group to be used in planning, training and service improvement. The PSW for Alternative Care will maintain oversight of any training accessed by the subgroup to ensure it is appropriate.
5. Frequency of home visits and supports to Foster Carers will be identified and monitored via case management supervision with Link Workers. Case management supervision records for Link Workers will be amended to reflect work plans, review of work plans, frequency of home visits and levels of support to be provided to Foster Carers. Supervision records outlining case management decisions to be included in a dedicated supervision section of the Foster Carer's file. An audit on one Foster Carer's file per worker per month will be completed to ensure oversight of the frequency of home visits and the quality of support provided to Foster Carers. Training to be provided for Link workers in relation to supervision of Foster Carers as per National Policy.
6. All relative carers have been allocated Link Workers. Allocated Link Workers to ensure all documentation and required checks are in place with any newly allocated relative carers. Use of case management supervision to identify, monitor and record actions to address outstanding issues in respect of relative carers.
7. Training to be provided for Link Workers in relation to supervision of Foster Carers as per National Policy. Formal supervision of Foster Carers to be planned, recorded and reviewed during case management supervision with Link Workers.

8. The current file structure for Foster Carers will be reviewed with a view to implementing a new structure based on best practice. Pending implementation of new file structure Link Workers to insert sections in existing individual Foster Carer files to record work plan, support plan and formal supervision for Foster Carers, and allegations and complaints against Foster Carers. Link Workers will record work completed in line with plans. Link Workers to insert tracking templates for allegations and complaints in dedicated sections of individual Foster Carer files in order to ensure a clear chronology for ease of reference. Senior management to review of all Foster Carer files to quality assure completion of trackers for complaints and allegations and to ensure all outstanding actions are completed. Induction/Refresher training on case recording to be provided for Fostering Link Social Workers. An audit of one Foster Carer file per Link Worker per month will be completed and any issues regarding case recording emerging will be addressed in case management supervision.
9. Meet with Foster Care Support Group coordinators to determine how the service can assist with their existing peer support out of hours service. Out of hours support service for Foster Carers to be agreed and implemented nationally.

Proposed timescale:	Person responsible:
Action 1 – Completed	AM
Action 2 – 30th September 2017	PSW AC, Training Officer.
Action 3 – 31st October 2017	TL Fostering Resource & Link SWs
Action 4 – Completed	AM
Action 5 – 31st October 2017	PSW AC, TL Fostering Resource Team, Training Officer.
Action 6 – 31st August 2017	PSW AC, TL Fostering Resource team,

Action 7 – 30th September 2017	PSW AC, TL Fostering Resource Team, AM, PSW AC, PSW AC, National Director for Policy and Strategy.
Action 8 – 31st October 2017	
Action 9 – 30th September 2017	

Standard 16

Moderate non-compliance

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

There was no overall training strategy to ensure that all foster carers attended regular and ongoing appropriate training.

The training records of individual foster carers were not well maintained.

A comprehensive training needs analysis had not been carried out.

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. Review of current training policy to be undertaken. An audit of Foster Care training to take place to identify those carers who have not attended/received Children First Training in the last 3 years. A plan to be put in place with identified carers from this audit to attend/receive Children First Training. System for formal on-going appraisal, recording and monitoring of safe practices to be established, within context of QRSI forum. This system will ensure Foster Carers attend/receive Children First Training at least every 3 years. In addition a training needs analysis will be completed with foster carers and on the basis of this analysis a training plan will be prepared for 2018. Through use of formal supervision with Foster Carers Link Workers will monitor the impact of training on quality of care provided by Foster Carers.
2. Link Workers to maintain and update record of training for individual Foster Carers in training section of Foster Carer file. Link Worker to record support given to Foster Carers to assist with implementation of learning from training in dedicated training section of Foster Carer file.
3. A training needs analysis will be completed with foster carers and, on the basis of this analysis, a training plan will be prepared for 2018.

Proposed timescale:

Action 1 – 30th August 2017

Action 2 – 30th August 2017

Action 3 – 31st October 2017

Person responsible:

AC, PSW AC, TL

TL, Link Workers

TL, Link Workers

Standard 17

Major non-compliance

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

Comprehensive reviews of foster carers were not carried out in line with the Standards and over half of foster carers had not had a foster carer review for more than three years.

Reviews of foster carers were not always sufficiently comprehensive.

Reviews made recommendations about updating Garda Síochána vetting, medicals and health and safety checks instead of including these as a standard part of the review.

Records in relation to foster carer reviews did not show that all relevant information from the fostering team went to the Foster Care Committee in order to inform their recommendations.

There was no system in place for following through on recommendations from reviews in a timely manner and not all recommendations had clear timeframes for their completion.

Action required:

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

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

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

1. All delayed and incomplete Foster Carer reviews have been identified through the existing tracker. All such reviews to be completed in line with the Foster Care Standards. Priority for completion of Foster Carer Reviews to be given to Foster Carers subject to allegations, concerns or complaints.
2. A template will be designed outlining all requirements that are to be included in reviews of Foster Carers. This template is to be used at every Foster Carer review.
3. Medicals, Health & Safety checks and update on Garda Vetting (if requiring update) to be undertaken as part of the Foster Care review process. These matters to be included in the template outlining all requirements that are to be included in reviews of Foster Carers. This template is to be used at every Foster Carer review.

4. Local checklist to be agreed listing information/documentation to be provided to Foster Care Committee following Foster Carer reviews to help inform Foster Care Committee recommendations. Copy of completed checklist to be held on Foster Carers file as record of the information provided to the FCC.
5. Recommendations at reviews to identify timeframes for completion and who is responsible for carrying out each recommendation. The implementation of recommendations from reviews will be overseen in case management supervision of Link Workers and recorded in the supervision section of Foster Carer file. A monthly audit of one file per Link Worker to include examination of follow through on review recommendations.

Proposed timescale:	Person responsible:
Action 1 – 30th December 2017	Dedicated Admin. PSW AC, TL
Action 2 – 30th July 2017	PSW AC, TL, Link SW
Action 3 – 30th July 2017	PSW AC, TL,
Action 4 – 30th July 2017	PSW AC, TL,
Action 5 – 30th July 2017	PSW AC, TL,

Theme 4: Leadership, Governance and Management

Standard 23

Substantially Compliant

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

The Foster Care Committee rarely made recommendations in relation to specific further training for approved foster carers.

There was no system in place for the committee to track the progress of allegations against foster carers.

The Foster Care Committee did not have any oversight of foster carers where there were breaches of the Standards, such as placements of children with carers outside of their approval status, or where the numbers of children placed exceeded the standards.

The Foster Care Committee did not identify whether Garda Síochána (police) vetting, medicals and health and safety checks had been updated as part of foster carer reviews.

Action required:

Under **Standard 23** you are required to ensure that:

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

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

1. The Foster Care Committee will consider and make recommendations regarding training needs of Foster Carers when considering Foster Care reviews. Recommendations from Foster Care Committees to be checked following each review to ensure training needs have been addressed.
2. The chair of the Foster Care Committee to have access to the allegations tracker for individual Foster Carers to assist with Foster Care Committee recommendations. Any outstanding allegations will remain on the Foster Care Committee agenda for update until the matter is finally considering following a foster carer review. The Foster Care Committee will ensure all investigations it considers into complaints, allegations or concerns has taken account of previous allegations, concerns and complaints against individual Foster Carers. Bi annual meetings to take place between FCC chair and Alternative Care Management to consider any issues relevant to information being provided to the Foster Care Committee.

3. All breaches of standards regarding the placement of children with Foster Carers to be reported to Foster Care Committee. The breach in standard will remain on the Foster Care Committee agenda until the matter is resolved and may make recommendations regarding the breach as they consider appropriate. Any such recommendation to be forwarded to the Area Manager as per current procedure. The FCC chair may request updates from the PSW (AC) in the event of delays in resolving such breaches. Breaches of standards in respect of placement of children to be considered as a standing item in Link Worker case management supervision and recorded in the supervision section of the Foster Carer file. Supervision process to be used to monitor and ensure onward reporting of breaches in standards to the Foster Care Committee. The monthly audit of one file per worker to include examination of follow through on reporting breaches in standards to the Foster Care Committee. Bi annual meetings to take place between FCC chair and Alternative Care Management to consider any issues relevant to information being provided to the Foster Care Committee.

4. The Foster Care Committee will ensure, when considering reviews, that medicals, Health & Safety checks and Garda Vetting have been carried out as part of the review process.

Proposed timescale:

Action 1 - Completed

Action 2 – 30th July 2017

Action 3 – 30th July 2017

Action 4 – 30th July 2017

Person responsible:

AM

PSW AC, FCC Chair

PSW AC, TL, FCC Chair

FCC Chair. AM. PSW AC.

Theme 5: Use of Resources

Standard 21

Moderate non-compliance

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

There was an insufficient range of foster carers in place to meet the demand for services.

There was no overall strategy in place for the retention of foster carers.

There was no evidence that the panel of foster carers was reviewed periodically to ensure that there was an appropriate number and range of foster carers to meet the needs of children.

Action required:

Under **Standard 21** you are required to ensure that:

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

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

1. The service will complete tasks in the existing Foster Care recruitment plan for 2017. The Team Leader (Fostering Resource) will meet with community and voluntary providers with a view to involving them in Foster Care recruitment campaigns. Any Foster Care recruitment campaign will target recruitment in communities with the highest number of children coming into care. A Foster Care recruitment forum will be established and meet on a quarterly basis and to include two Foster Carers from Foster Care Support Group. The aim of the Foster Care recruitment Forum is to plan and oversee the recruitment strategy. Foster Care recruitment forum to review the Fostering panel annually to help determine focus of recruitment campaigns.
2. Formal strategy for retention of Foster Carers to be devised following exploration of the following:
 - Senior management meeting with Foster Care Support Group to seek feedback with a view to improving the service.
 - Coordinators for Foster Carers Support Group giving presentation to Children & Families staff group regarding their experience of the service.
 - Compilation of Service Improvement Plan based on feedback from Foster Care Support Group.
 - New payment structure for Foster Carers which will include mechanism for additional payments for high support placements.
 - Exit interviews with all Foster Carers leaving the service to be asked in order to

provide feedback regarding the service.

- QRSI group consideration of feedback from exit interviews with Foster Carers.
 - A system for respite care for Foster Carers.
 - Foster Carers with high support placements having access to respite/time out as delivered by a funded agency.
 - Foster Carers with High Support placements receiving extra support from local funded agency.
 - Research on formal models of support for foster carers with a view to local implementation.
3. Foster Care recruitment forum to review Fostering panel annually to ensure that recruitment campaigns are targeted to the appropriate number and range of Foster Carers required to meet the needs of children. Joint project with Focus Ireland involving support (including accommodation) for young people leaving care has been approved.

Proposed timescale:

Action 1 – 31st December 2017

Action 2 – 30th November 2017

Action 3 – 30th August 2017

Person responsible:

PSW AC, TL Fostering Resource

AM,PSW AC, TL Fostering Resource

AM, PSW AC,