

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:	Midlands	
Dates of inspection:	26 September 2017 – 28 September 2017 and 3 October 2017	
Number of fieldwork days:	4	
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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 number:	MON-0019044	

About monitoring of statutory foster care services

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

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

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

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

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

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

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

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

1. Inspection methodology

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

During this inspection, the inspectors evaluated the:

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

The key activities of this inspection involved:

- the analysis of data
- interview with the area manager and two principal social workers
- interview with the chairperson of the foster care committee and review of minutes of the foster care committee
- separate focus groups with fostering social workers, children in care social workers and with foster carers
- review of the relevant sections of 76 foster carers' files as they relate to the themes
- review of the relevant sections of 15 files of children in care as they relate to the themes
- observation of a foster care committee meeting.

Acknowledgements

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

2. Profile of the foster care service

2.1 The Child and Family Agency

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

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

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

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

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

2.2 Service Area

The Midlands Area comprises the counties of Laois, Offaly, Westmeath and Longford. The area is predominantly rural in nature and has five main urban areas, Portlaoise, Tullamore, Athlone, Mullingar and Longford.

Based on the 2011 census of population, the area had a population of 282,410 of whom 77,726 (6.8%) were between 0-17 years. The Pobal HP deprivation index (SA) classified the Midlands area as disadvantaged.

The area is under the direction of the service director for Tusla, Dublin Mid Leinster and is managed by the area manager.

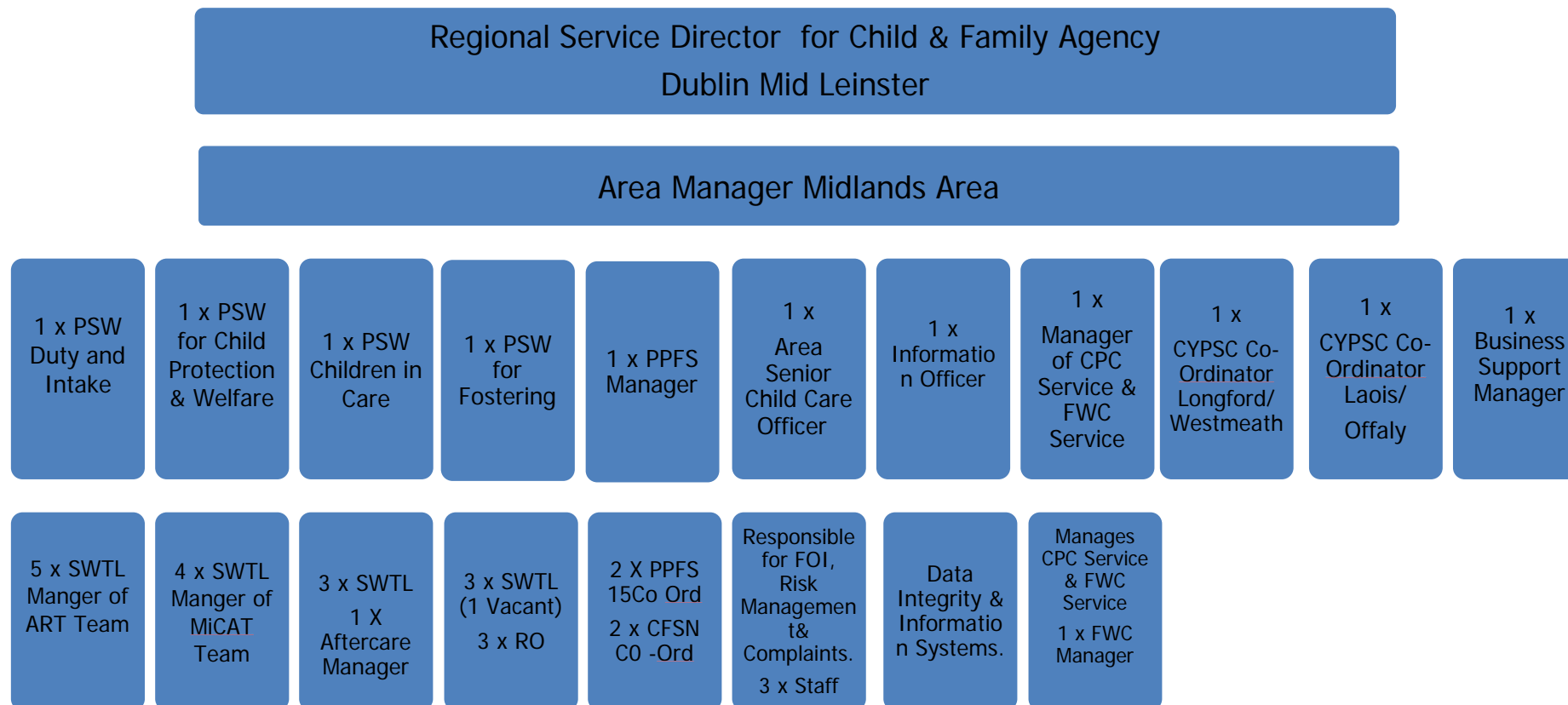
There were four principal social workers – one with responsibility for duty intake, one for child protection and welfare, one for children in care and a newly-appointed principal social worker for foster care. There was a manager for partnership, prevention and family support and the chair of foster care committee, who also managed the child protection conferences and family welfare conference service. Services were based within the five main urban areas.

At the time of the inspection there were 204 foster care households in the area. 143 of these were general foster carers and 61 were relative foster carers. There were 368 children in foster care. Of these 94 children were placed with relatives and the remaining 274 children were placed with general foster carers.

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

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

Organizational Structural Chart Midlands at Sept 2017



* Source: The Child and Family Agency

3. Summary of inspection findings

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

This report reflects the findings of the thematic inspection, relating to the recruitment, assessment, approval, supervision and review of foster carers, which are set out in Section 5 of this inspection report. Due to the fact that the inspection of 17 May 2016 identified significant risks in the areas of care planning and review, and matching, this inspection also inspected against Standards 7 and 8. The provider is required to address a number of recommendations in an action plan which is attached to this report.

In this inspection, HIQA found that, of the 10 national standards assessed:

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

Since the previous inspection in May 2016, the area had made significant improvements with regard to child in care reviews and care planning, reviews of foster carers, and the foster care committee, in particular. Improvements were also evident with regard to the support and training provided to foster carers. Good quality assessments were carried out on all foster carers prior to approval but there were delays in assessing some relative foster carers. The area had a shortage of foster carers and this posed difficulties in ensuring that there were suitable placements for all children. Further improvement was also required in the area of safeguarding. Inspectors escalated three cases to the area in relation to safety planning in response to potential risk. Satisfactory responses were received. Inspectors also escalated the issues of An Garda Síochána (police) vetting (Garda vetting) for relative foster carers undergoing assessment, and for members of foster care households over the age of 16 years, to the area manager. Inspectors also sought further information in relation to the number of Garda vettings that were outstanding and the measures taken to address this. A satisfactory response was received.

The area ensured that almost all child in care reviews were held in line with regulations and that good quality, up-to-date care plans were in place for the vast

majority of children in care. Children in care reviews were of a higher standard than at the time of the previous inspection and the quality of care plans had also improved.

The area had a service improvement plan regarding the approval of long-term matches of children and foster carers. Long-term matches were approved by the foster care committee but the area had a heavy reliance on private placements located outside the geographical area which posed a risk that some children's needs may not be fully met.

The area responded quickly and appropriately to allegations against foster carers but the oversight of safety planning in relation to actual or potential risk required improvement. While there were a number of safeguarding measures in place, not all relative foster carers or members of foster care households over the age of 16 years were Garda vetted. Not all foster carers were trained in safeguarding and child protection and a large percentage of foster carers had not received training in Children First: National Guidance on the Protection and Welfare of Children (Children First) (2011).

All foster carers received good quality assessments prior to approval and there were no applicants waiting for assessment. General foster carers were assessed by a regional assessment fostering team (RAFT). A number of relative foster carer assessments were carried out by private agencies while the remainder were carried out by Tusla link social workers. There were clear procedures in place for emergency placements of children with relative foster carers and these were adhered to. However, there was a delay in carrying out some assessments of relative foster carers.

The majority of foster carers had allocated link social workers who provided good quality support and supervision. There were seven general foster carers and two relative foster carers who did not have an allocated link social worker. Foster carers who either did not have an allocated link social worker, or who were recently allocated one, did not receive the same level of support. The area had recently developed a programme of support groups and training but it had yet to have a significant impact. There was no out-of-hours support for foster carers. There was a training strategy in place but no system to ensure that all foster carers attended the training they required.

There was good practice in relation to ensuring that foster carers were reviewed in line with the standards. There was a dedicated reviewing officer who organised and chaired reviews and ensured that good quality reports were produced. The majority

of foster carers had been reviewed and reviews were scheduled so as to ensure that all foster carers would have had a review by April 2018. Review reports were also sent to and considered by the foster care committee.

The foster care committee carried out its functions in line with national policy. It had a dedicated, independent chair, it worked effectively, and the chair provided regular reports to the area manager and produced an annual report of its activities.

The area did not have a sufficient number of foster carers and a needs analysis highlighted a lack of placements apparent in all age groups as well as shortages of placements for children with complex disabilities and/or complex health needs as a result of disability. A large number of children, 57, were placed with foster carers outside of the area as a result.

Actions to be addressed and completed by the service area are contained in the action plan at the end of this report.

4. Summary of judgments under each standard and or regulation

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

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

National Standards for Foster Care	Judgment
Theme 2: Safe and Effective Services	
Standard 7: Care planning and review	Substantially compliant
Standard 8: Matching carers with children and young people	Non-compliant Moderate
Standard 10: Safeguarding and child protection	Non-compliant Major
Standard 14a: Assessment and approval of non-relative foster carers	Compliant
Standard 14b: Assessment and approval of relative foster carers	Non-compliant Moderate
Standard 15: Supervision and support	Non-compliant Moderate
Standard 16: Training	Substantially compliant
Standard 17: Reviews of foster carers	Compliant

National Standards for Foster Care	Judgment
Theme 4: Leadership, Governance and Management	
Standard 23: The Foster Care Committee	Compliant
Theme 5: Use of Resources	
Standard 21: Recruitment and retention of an appropriate range of foster carers	Non-compliant - Major

5. Findings and judgments

Theme 2: Safe and Effective Services

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

Standard 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.

Summary of inspection findings under Standard 7

At the time of the previous inspection significant risks were found in relation to care planning and child in care reviews. Many children did not have an up-to-date care plan, reviews did not take place in line with regulations, reports were not consistently obtained from other professionals and care plans were not made available in a timely manner. Data provided by the area in relation to this inspection showed that 603 child in care reviews were held during the previous 12 months and that, of 368 children in both general and foster care placements, there were 19 reviews outside of the required timelines and 47 children without an up-to-date care plan. There were clear reasons for the delays in these reviews, such as the children's social worker being on leave, and it was within the area's current capacity to ensure that these reviews were completed without further delay.

This inspection found that the system to ensure that children in care had reviews in line with regulations and up-to-date care plans had been made more robust. A working group was established in 2016 and this resulted in a number of improvements to the system. These included improved processes for scheduling of reviews, which meant that reviews were scheduled well in advance and could not be cancelled except with the authorisation of the team leader. A new assessment framework was adopted, and the care plan format was changed to include records

of statutory visits and children's rights checklists. The section on placement plans was also improved. There was also increased accountability in relation to reviews as two dedicated reviewing officers had responsibility for scheduling and chairing reviews and they reported to and were supervised by the principal social worker for fostering. They also sent monthly figures of completed reviews to the area manager.

Inspectors interviewed the two reviewing officers, who had overall responsibility for the scheduling and chairing of child in care reviews. They told inspectors that managers, including the area manager and the business manager, had worked with them to ensure that a database was put in place to assist with the tracking and scheduling of reviews and to ensure that administrative support was provided in order that care plans could be circulated in a more timely manner. Social workers told inspectors that the schedule for reviews was now linked to their electronic calendars which meant that they received alerts regarding upcoming reviews. They also told inspectors that reviews were discussed in supervision approximately every four weeks with their team leader. The team leaders completed file audits each month and the principal social worker and area manager also carried out audits. Social workers had increased responsibility for ensuring that placement plans were developed, for ensuring that children were given verbal and written information on their rights, and for the initial preparation of care plans prior to reviews, which were now more focussed on decision-making.

There was now provision for reviews to be held following unplanned endings and when placements were at risk of ending. Data provided to inspectors showed that 12 reviews were carried out following unplanned endings and that eight were held when placements were at risk of ending.

Inspectors reviewed documentation from 15 children in care files, which included minutes of child in care reviews and associated documentation. Unlike at the time of the previous inspection, the reviews now considered reports from link social workers, birth parents and other external agencies, including disability services and schools, although these reports were not on file in every case. Inspectors found some examples of comprehensive care plans and, in general, the care plans were of good quality. However, there were gaps in some care plans. For example, the views of the children were omitted in some. Some care plans were not signed, some placement plans were not completed in full and absence management plans were not always in place for teenage children. Inspectors also found that the date of the current care plan was not easily identified. The date the care plan was first initiated was clearly displayed as was the date of the child in care review, but the date on which the care plan was updated was not clear.

Inspectors found that the area had made substantial improvements in this area of practice. The overall system for ensuring that children in care reviews were carried out in a timely manner in line with regulations had been made more robust. Children in care reviews were of a higher standard and the quality of care plans had also improved.

Judgment: Substantially compliant

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.

Summary of inspection findings under Standard 8

At the time of the previous inspection, inspectors found that the matching process was not effective and presented a significant risk. Insufficient placement options, coupled with a lack of assessments of need, meant that children were not always matched with carers who could meet their needs. Inspectors found a number of cases where poor matching had resulted in placement breakdowns.

In October 2016, the area placed the issue of matching on the risk register due to the risk that children in care may not be matched to suitable foster carers due to limited placement options. While the area had implemented a number of improvements in the area of matching in the interim, inspectors found on this inspection that there continued to be insufficient placement options in the area and a heavy reliance on private placements located outside the geographical area. This meant that a large number of children, 57 at the time of this inspection, were placed outside the area and may not have their assessed needs met as a result.

The principal social worker for children in care told inspectors that, insofar as possible, the area tried to secure suitable matches between children in care and foster carers. Placement officers were aware of any placements available and had access to assessments of need for the children. The regional fostering assessment team (RAFT) kept the area informed of placements available in the region. Link social workers and children in care social workers carried out joint visits to potential placements. Information was given to foster carers verbally and in writing and they were given time to consider this. However, link social workers told inspectors that matching continued to be a challenge due to the shortage of placements. They told inspectors that they had no tool available to them to help them to assess potential placements and consider the risks therein. They regarded the development of the foster carer review system as an improvement as it meant that they had a better knowledge of how foster carers had changed since approval and what they may be able to offer children. They also told inspectors that there was more accountability in relation to placements as the foster care committee had to be informed if there was any breach of standards.

In September 2017, the area developed a service improvement plan regarding long-term matching. Its purpose was to ensure that all children in care in the area, who

had been in foster care for eight months and whose care plans indicated that they required long-term care, had the long-term match approved through the foster care committee. The plan was agreed by the area manager, the principal social workers for fostering and children in care, and the foster care committee. It made provision for enhanced foster carer review reports to suffice for the long-term match to be approved, instead of updated assessments, once the review reports included all the information required under the national policy. Prior to this, the committee required up-to-date care plans for the children and updated assessments for the foster carers. The service improvement plan set out different categories of children in care in relation to matching requirements. For example, some children were placed with foster carers prior to the implementation of the 2012 policy and guidance on foster care committees. It also committed the area to reviewing the cases of all children in care in the area and to update the children in care register to reflect whether a long-term match had been approved by the foster care committee. In cases where children were in long-term placements prior to the 2012 national policy and guidance for foster care committees, the foster carer review report, the updated care plan and three consecutive child in care review reports would be reviewed with a view to identifying any further information the foster care committee may require to inform a decision on long-term matching. If such information was required, it would be the responsibility of the link social worker to provide this to the committee. The service improvement plan was due to be monitored by the area manager in the supervision of the principal social workers and formally reviewed after three months to ensure its objectives were being met.

The chair of the foster care committee told inspectors that the issue of long-term matching was on the agenda of committee meetings and a review of foster care committee meeting minutes confirmed this.

Judgment: Non-compliant Moderate

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 to inspectors prior to the inspection showed that there were nine child protection and welfare concerns against foster carers in the 12 months prior to the inspection. Inspectors found that they were classified correctly and that the prescribed process was followed in relation to their investigation. However, inspectors escalated three cases to the area for review in relation to potential risk to children and inadequacy of safety planning. The area provided satisfactory assurances that the cases had been reviewed and that appropriate safeguarding measures had been put in place. Inspectors also escalated the issue of the absence of Garda vetting for a number relative foster carers and for a number of family members aged 16 years and over. Satisfactory assurances were provided by the area manager.

Concerns, allegations and complaints about foster carers were categorised correctly and received the appropriate response. Inspectors reviewed the complaints log which detailed eight complaints by foster carers. Some complainants expressed dissatisfaction with the level of support received by themselves and the children they cared for. There was evidence that complaints were taken seriously and responded to appropriately. Managers maintained oversight of the complaints process by regular auditing of files and there was evidence that the complaints manager had met with team leaders and that the issue of complaints was identified as a topic for discussion at social work team meetings.

An interim national policy and procedures for responding to allegations of child abuse and neglect against foster carers was introduced in April 2017. If a reported concern met the threshold for a child protection concern, the investigation was managed by the child protection team in line with Children First: National Guidance for the Protection and Welfare of Children (Children First) (2011). The principal social worker told inspectors that this was fully implemented in the area on 2 May 2017 but that it did not result in major changes to practice as it closely resembled the regional policy that had been in operation prior to this. The principal social worker told inspectors that she was assured that all social workers were familiar with the policy and told inspectors that it had been discussed at a team day in March 2017 and again in June 2017, and that the regional fostering team had produced guidelines for social workers on its implementation. Both link social workers and

children in care social workers told inspectors that they were familiar with the process for managing allegations and concerns.

Inspectors reviewed the nine child protection and welfare concerns made against foster carers in the 12 months prior to the inspection. They were classified correctly and the prescribed process was followed in relation to their investigation. There were examples of good practice where timely action was taken to ensure the safety of children and the concerns were well managed. There were also examples of initial assessments of concerns being carried out in a timely manner. Strategy meetings were held although inspectors found two cases where strategy meetings were delayed. There were two files on which the intake records were not completed until a number of weeks after the concern was reported and two files which did not contain the intake records. While there were some good examples of safety plans on file, inspectors escalated three cases to the area in which there appeared to be potential risks that had not been addressed or the safety plans were either incomplete or inadequate. The area provided satisfactory assurances that the cases had been reviewed and that appropriate safeguarding measures had been put in place.

The principal social worker also told inspectors that she had oversight of allegations and signed both the initial notification of allegation forms and the outcome of allegation forms, which were sent to the foster care committee and the monitoring officer. Both the chair of the foster care committee and the monitoring officer confirmed that they received the relevant notifications. Allegations were also discussed by the foster care committee and inspectors observed a foster care committee meeting in which there was good quality discussion of two allegations. The principal social worker maintained a database of allegations on a shared folder. She also told inspectors that she carried out an audit on the management of allegations and that she updated the database with the outcomes of investigations. The monitoring officer told inspectors that he carried out an audit of files in relation to six allegations in 2017 and was satisfied that the area were following the correct process. However, measures to ensure oversight of safety planning in relation to actual or potential risk needed to be strengthened.

There were a number of safeguards in place for foster carers. Due to a recent increase in the staffing of the fostering team, almost all foster carers had an allocated link social worker. Data provided to inspectors showed that there were no foster care households without a link social worker who had a child placed without an allocated social worker and this was confirmed in meetings with link social workers and child in care social workers. There was good oversight of the cases of unallocated foster carers, which were reviewed monthly by a team leader.

Inspectors viewed the records of these reviews and found that they listed the foster carers, their locations, the priorities of the cases, and the dates on which the foster carers had their last foster carer review. They also recorded actions that were required in particular cases and these actions included safeguarding visits, which were expected to be carried out every quarter. Inspectors found that there was good liaison between the fostering team and the child in care team in this regard.

Both link social workers and children in care social workers told inspectors that the systems in place for both foster carer reviews and statutory reviews of children in care had been made more robust and that these reviews provided additional safeguards for children and for foster carers. Both sets of reviews required input from both teams of social workers and issues such as the safe care of children and any issues that may be of concern in particular placements were discussed in these contexts. Inspectors found that the systems for undertaking both foster carer reviews and statutory reviews for children in care had been strengthened since the previous inspection and good practice was evident.

The system in place to ensure that Garda vetting had been completed for all relative foster carers was not robust as, in the absence of a reliable electronic system of tracking, it relied to a large extent on link social workers identifying persons who needed to be Garda vetted. Data provided to inspectors prior to the inspection showed that, apart from two relative foster carers, with whom children had been recently placed, there were no foster carers who did not have Garda vetting and no foster carers for whom Garda vetting was completed more than three years previously. However, inspectors identified five relative foster carers, with whom children were placed in 2016, who did not have Garda vetting on their files. This issue was escalated to the area manager following the inspection. The area manager provided an assurance that, since the inspection, Garda vetting had been processed and received in respect of all relative carers undergoing assessment. The area manager also told inspectors that the area had implemented a process, whereby, when fostering social workers are completing the pre-assessment screening visit with new relative carers, they will ensure that they obtain completed Garda vetting forms, both from the carers and from any family members over the age of 16 years. The new process included oversight by the fostering team leader and regular review of the new relative carers database by the principal social worker during supervision of the team leader.

Inspectors also identified that no Garda vetting was on file for a number of family members aged 16 years and over. This issue was also escalated to the area manager with a request to provide details in relation to the number of family members aged 16 years and over who did not have Garda vetting on file. The area manager confirmed that there were 14 family members aged 16 years and over for

whom Garda vetting was required. She told inspectors that 12 of these were now being processed and application forms were being completed for the remaining two. She told inspectors that a database in respect of family members aged 16 years and over was now being maintained with oversight from the team leaders and principal social worker.

Link social workers told inspectors that they had received training on the topic of protected disclosures during the six months prior to the inspection. Children in care social workers also told inspectors that they were familiar with the policy on protected disclosure and had access to documentation on this should they require it.

Not all foster carers had attended training in safeguarding and child protection issues. Training on Children First (2011) was provided to foster carers during 2016 but the principal social worker for fostering did not have definitive numbers of how many attended training and estimated that approximately 50% of foster carers had yet to undertake this training. Information provided to inspectors showed that training on child protection and abuse, safe care, the management of allegations against foster carers, and behaviour that challenges, was provided to foster carers as part of their foundational training and that training on allegations against foster carers was provided to foster carers who attended the training sessions in June 2017.

There was a process in place for serious and adverse incidents to be promptly notified and appropriately managed. The area used a "Need to Know" system for alerting national managers in relation to issues such as children placing themselves at serious risk or being missing from care. Data provided to inspectors showed that there were no serious or adverse incidents regarding children in foster care during the 12 months prior to the inspection.

Judgment: Non-compliant Major

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

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

Standard 14b: Assessment and approval of relative foster carers

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

Summary of inspection findings under Standard 14

There was a national policy on the assessment and approval of foster carers and this was implemented in the area. There were arrangements in place for foster carers to attend the foster care committee meeting when recommendations to approve them were being considered and foster carers received all relevant information in writing.

At the time of the previous inspection, the screening of potential relative foster carers was found to be inconsistent. On this inspection, inspectors found that there were clear procedures in place to ensure that placements with relative foster carers were safe and appropriate. A number of checks were required to be completed before emergency placements were made with relative foster carers. These included Garda checks, child protection checks, medical checks and checks with referees. Arrangements were also made for a joint visit to be carried out to the relative carer's home by the link social worker and the children in care social worker, and for the link social worker to write a preliminary assessment report on the suitability of the relative foster carers to offer the placement. A detailed form, which included checklists, dates and details of checks, a chronology and reasons for admission to care was signed by the link social worker and children in care social worker and then signed off by the principal social worker, who also signed a temporary approval form. Inspectors reviewed six cases where children had been placed with relatives during the 12 months prior to the inspection and found that the preliminary checks and home visits had been carried out in each case and there was good oversight demonstrated by the principal social worker.

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

RAFT had the remit for working with general foster carers from enquiry stage to approval. There were seven assessments of general foster carers carried out by RAFT during the 12 months prior to the inspection. Inspectors reviewed two of these assessments and found that the assessments were comprehensive. The required medical assessments and Garda vettings were carried out and there was an appropriate number of visits to the prospective carers for the purposes of interviews. There were thorough chronologies and sufficient information regarding the prospective carers' backgrounds and current circumstances. There was good analysis and evaluation of this information and its relevance to the ability of the prospective carers to foster children. While neither assessment was completed within the 16-week timeframe, the reasons for the delays were clearly outlined.

At the time of the previous inspection, the assessment of relative foster carers was found to present a significant risk as 12 relative foster carers were unallocated and awaiting an assessment, but had children placed with them. Some children had been in placements for as long as nine years without the fostering assessment being finalised. Inspectors found that improvements had been made in the interim. Data provided to inspectors prior to this inspection showed that 13 assessments of relative foster carers had been completed in the 12 months prior to the inspection. In order to address delays in completing assessments, the area had arranged for nine of these assessments to be carried out by private fostering agencies. Inspectors reviewed six assessments of relative foster carers, three carried out by private agencies and three carried out by link social workers from the area. All of the assessments were of good quality. However, they were not always completed in a timely manner in line with regulations. One of these assessments in particular reflected good practice by the area, whereby managers and staff responded to a specific set of circumstances for the child and the relative foster carers by prioritising the assessment in order to meet their needs.

Data provided to inspectors also showed that there were no relative carers waiting assessment but that 11 relative carers were undergoing assessment at the time of this inspection. However, in a number of cases, the assessment of the relative carers was not timely. For example, there were three cases in which the placements of children had occurred in 2016 and the assessments were not completed in the intervening 12 months.

There was a clear process for approval of foster carers and their placement on a foster care panel. Prior to a decision to recommend approval, the foster care committee required a comprehensive assessment report, Garda vetting, medical reports, references and health and safety checks. There was evidence in the foster carers' files that the foster care committee reviewed all the information provided to

them by the assessing social worker, sought interim reports when necessary and looked for clarification when this was required. The link social worker and team leader attended the committee meeting when the application was being discussed and a small number of the foster care committee arranged to meet foster carers in some circumstances. The foster care committee chair told inspectors that a decision to recommend approval was only made when all the required information was provided to the committee.

There was a due diligence process in place for foster carers transferring from another service to the area in line with the policy. Inspectors reviewed the case of foster carers who had been transferred from a private agency to the area and found that a handover meeting took place between the two social work departments and the full file of the foster carers were transferred to the area. The assessment file was reviewed by the principal social worker, and a foster carer review report, which was deemed to be comprehensive by the foster care committee chair, was also submitted by the private agency. However, the full foster carer file was not reviewed by the area as required under the due diligence process. While no risks were identified by inspectors, the matter was brought to the attention of the team leader.

Foster carer contracts were present on the majority of files reviewed by inspectors. However, there were a number of files where foster care contracts were not evident on the files.

Judgment: Standard 14a: Compliant

Standard 14b: Non-compliant Moderate

Standard 15: Support and Supervision

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

Summary of inspection findings under Standard 15

Data provided by the area showed that the majority of foster carers had an allocated link worker but that, of 178 active foster carers in the service, there were 8 general foster carer households and 2 relative carer households without a link worker. These numbers had been higher until recent weeks, when two new social workers were recruited to the fostering team and were allocated cases.

The fostering team comprised two team leaders and 14 link social workers, some of whom worked part-time. Team members were based in five locations throughout the four counties covered by the area. Two members of the team had been recruited recently and, while they had been allocated cases, they had yet to establish a pattern of home visits and telephone contact with the foster carers. There was evidence that the link workers were supervised regularly by their team leaders, who provided appropriate support and supervision and maintained oversight of their work with foster carers.

Inspectors reviewed a sample of 33 allocated cases and 9 unallocated cases and found that the level of support provided to foster carers varied. There was evidence that, when foster carers had allocated link social workers, they generally received a good level of support by way of regular home visits and telephone calls. The service aimed for a minimum of four visits per year by the link social worker. Link social workers also attended child in care reviews and had good contact with children in care social workers. Records in some files showed that link social workers visited monthly when the needs of the foster carers required this and there was evidence of very good quality support. In some other cases the frequency of visits was less than the needs of the children and foster carers required.

A system was in place to ensure that foster carers who were not allocated a link social worker received a minimum of two visits per year. A review of unallocated cases showed that these visits were carried out but that the level of support to these foster carers was poor as, in some cases, there were no telephone calls to the foster

carers and little or no evidence of formal supervision, or encouragement to attend training and support groups.

Data provided to inspectors showed that there were 30 inactive foster carers. These were foster carers whose names were still on the panel of foster carers. These foster carers did not have children placed with them, and included foster carers who wished to retire or no longer wanted to foster children for reasons of age or personal circumstances, such as both carers having returned to fulltime work. The majority of these foster carers had recently been allocated to new link workers whose task it was to make contact with these foster carers to clarify their intentions either to have their names removed from the panel or to be considered for the placement of children, in which case they would have to undergo a foster carer review.

In almost all cases where foster carers had an allocated link social worker there was evidence of formal supervision of these foster carers. These were often recorded on formal supervision templates but in some cases they were detailed in the case notes of the home visits. Formal supervision notes were also found on the files of foster carers who did not have an allocated link social worker but had safeguarding visits instead. However, there were a small number of files in which there was little evidence of formal supervision of foster carers.

Inspectors found that the range of supports in place for foster carers caring for children with behavioural issues or complex needs varied. It was evident in some files reviewed that good support, by way of more frequent visits and advice, was provided by the link social workers. There was also evidence that these children and their foster carers were supported by services in the community and that professionals meetings were held to discuss these cases. One case reviewed by inspectors had been discussed at the area complex case forum and advice and direction was provided to the link social worker. However, some foster carers told inspectors that there were long waiting lists for services such as psychology and speech and language therapy and that they felt there were no alternative therapeutic services available and no services for children with special needs.

A programme of regular support and training groups for foster carers had been developed since the previous inspection. This was a positive development and it was too soon to judge the impact or the beneficial effects of these groups for foster carers. Inspectors viewed the schedule for 2017. Beginning in April 2017, the groups met monthly, with the exception of the summer months. Some of the foster carers' files reviewed by inspectors showed that information about the support groups were sent to foster carers but other files contained no evidence that foster carers were either informed or encouraged to attend the support groups. Inspectors found that

no analysis of attendance figures had yet been carried out to determine the number of foster carers who attended and the number of those who did not.

There was no dedicated out-of-hours service to support foster carers outside of normal office hours. Link social workers provided a duty service from 9am-5.30pm Mondays to Fridays but foster carers told inspectors that, outside of these hours, including at weekends, they would have to phone An Garda Síochána for assistance. An Garda Síochána had the option of contacting a national Tusla out-of-hours service if they required social work involvement, in the case of Section 12 interventions. This meant, however, that if an issue that arose in a foster care household it may be dealt with by a social worker who was not familiar with the fostering service or the family concerned. Link social workers also told inspectors that the lack of an out-of-hours service for foster carers was a gap in the service.

Judgment: Non-compliant Moderate

Standard 16: Training

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

Summary of inspection findings under Standard 16

The area was committed to the provision of training for foster carers. There was a training strategy in place, which included the provision of foundational training for all new foster carers and a programme of ongoing training events throughout the year. Foster carers were consulted about their training needs and records of attendance at training were maintained. However, there was no system in place to ensure that all foster carers attended training following their approval.

The area had a strategy for the training of foster carers and one of the social work team leaders had the lead role in its implementation. A training needs analysis was carried out two years prior to the inspection with input from foster carers and their link workers, and this identified the need for foster carers to have access to training in the areas of attachment, managing behaviour that challenges, child protection and welfare allegations, and issues related to the use of the internet. A training strategy was then put in place with the twin aims of providing a more structured training programme for foster carers and of improving attendance by foster carers to whom the training was offered. Training was offered to both general foster carers and relative carers.

The area devised a training programme for the 2017 calendar year which included monthly training sessions for foster carers, except in the summer months. Inspectors viewed the programme of training and found that, in the 12 months prior to the inspection, the area provided training in Children's First (2011), allegations against foster carers, cultural awareness, self-harm, and foster care and adoption. Specific training for relative foster carers was also available which included topics such as separation and loss, safe care and attachment. The schedule for Quarter 4 of 2017 included training on complaints, and use of the internet. The team leader responsible for training collated feedback from staff and managers on training provided in Quarter 1 and 2 of 2017 in order to inform the training plan for 2018, which, she said, would be ready in November 2017.

There were some good mechanisms in place to inform the development of future training programmes. Staff told inspectors that, following each support and training

session, feedback was sought from foster carers as part of the training needs analysis for 2018 and that the individual training needs of foster carers were discussed in child in care reviews and foster care reviews. The template used to record the formal supervision of foster carers also included a question on the foster carers training needs.

Prior to their approval, general foster carers received foundational training provided by the Regional Assessment Fostering Team (RAFT), who were responsible for carrying out their assessments. This included training on a wide range of topics such as the foster care service, the role of foster carers, safe care, the needs of children in care, contact with birth families, behaviour that challenges, child development, abuse and neglect, and allegations. Similar training was provided by the link social workers to relative carers.

Due to the large geographical area covered by the area and in order to make the training accessible to as many foster carers as possible, parallel training sessions and support groups were held in four different sites across the area to cater for foster carers in each of the four counties. The team leader told inspectors that the training plan for 2017 had been sent to all carers and inspectors saw evidence of this on the foster carer files. On several files, there were copies of correspondence sent to foster carers advising them of upcoming training courses.

Inspectors reviewed the training records on foster carers' files and found that the records were of mixed quality. Some had training records which gave an overview of the training offered and attended. However, there were no overall training records on the files of some foster carers. Since September 2016, the area maintained records of the attendance at training sessions. However, there was no analysis of the training needs of individual foster carers and of the training they attended. Furthermore, there was no system in place to ensure that all foster carers attended training. Link workers told inspectors that, if foster carers didn't attend training, there was nothing they could do about it.

Judgment: Substantially compliant

Standard 17: Reviews of foster carers

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

Summary of inspection findings under Standard 17

There was a robust system in the area to ensure that comprehensive reviews of foster carers were carried out in line with the Standards and inspectors found evidence of good practice. According to the Standards, the first review should take place one year after the first placement and subsequent reviews should take place at three-yearly intervals. Data provided by the service showed that, of 170 active foster care households in the area, 100 or almost 60% had a review in the 12 months prior to the inspection. Reviews had been scheduled for the remainder of the foster carers and the reviewing officer told inspectors that all foster carers would have had a review by April 2018. Since the previous inspection found that the system for reviewing foster carers was ineffective, the development of a robust system of reviews in the interim constituted a significant achievement for the area.

In early 2016, the area manager appointed a reviewing officer, whose main role was to organise and chair the foster carer reviews. Inspectors interviewed the reviewing officer, who had substantial experience of management roles within the fostering service. The reviewing officer maintained a foster carer review database which listed the dates of foster carer reviews that had been held and scheduled dates for future reviews. The database was accessible to all managers. In addition, the reviewing officer provided monthly reports to the principal social worker in fostering, to whom she reported and from whom she received regular supervision. The reviewing officer conducted a series of information meetings on reviews with link social workers, children in care social workers and foster carers. Feedback was also sought in regard to the review system and changes were made to make children's forms more child-friendly as a result.

The reviewing officer chaired the review meetings which were usually held in the foster carers' homes and were attended by the foster carers, the link social workers and the fostering team leader. Inspectors observed one review held in a foster carer's home. There was thorough discussion of the supports provided and the challenges arising for the foster carers. Following a review, a copy of the review report was sent to the foster carers for their consideration and signing. If foster carers were unhappy with the review report or if they believed that it contained inaccuracies, they could contact the reviewing officer about this.

Inspectors viewed the reports of six reviews. The reports were of good quality and reflected that the reviews undertaken were comprehensive. They included consideration of the foster carers' performance, health, circumstances, training needs, support needs and any health and safety issues. While Garda vetting was not renewed for foster carers and any adults in the foster care households specifically for the reviews, the reviewing officer ensured that Garda vetting was not out-of-date and that Garda vetting was obtained for children over the age of 16 years in the foster carer's homes. The views of the children placed with the foster carers were sought and included and opinions were sought from children in care social workers, birth parents, and from the foster carers subject to review. In cases where the review report was considered by the foster care committee to inform a decision of a long-term match, the reviewing officer ensured that all the information required for this purpose was included in the report.

The reviewing officer told inspectors that, when the review report was signed off, copies were sent to the foster care committee. Data provided by the area showed that the foster care committee had considered 55 review reports in the 12 months prior to the inspection and had been notified of 26 more. The reports for the remainder of completed reviews were at various stages of completion or sign-off.

There was provision for additional reviews to be carried out following serious complaints or allegations against foster carers. A number of such reviews were scheduled at the time of inspection. The reviewing officer told inspectors that, since many foster carers may not have had a previous review, the reviews carried out in the 12 months prior to the inspection included discussion of any serious complaints or allegations there may have been since they were approved. The minutes of foster care committee meetings showed that the foster care committee was proactive in requesting reviews in circumstances where there were allegations. The review reports were presented to the foster care committee by the link social worker and team leader and there was evidence of good discussion and decision-making by committee members.

Since the new system of review had only been in place since 2016 and a large majority of foster carer reviews were first reviews, the implementation of recommendations from previous reviews were not being tracked. A system for tracking the implementation of recommendations arising from reviews will need to be put in place for subsequent reviews.

Judgment: Compliant

Theme 4: Leadership, Governance and Management

Effective governance is achieved by planning and directing activities, using good business practices, accountability and integrity. In an effective governance structure, there are clear lines of accountability at individual, team and service levels, and all staff working in the service are aware of their responsibilities. Risks to the service as well as to individuals are well managed and the system is subject to a rigorous quality assurance system. Services provided on behalf of the area are robustly monitored. The Foster Care Committee is a robust mechanism for approving both placements and foster care applications.

Standard 23: The Foster Care Committee

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

Summary of inspection findings under Standard 23

The foster care committee carried out its function in accordance with the Standards and national policy, procedure and best practice guidance on foster care committees.

The foster care committee comprised the Chairperson, a secretary, and 10 other members, including a number of non-Tusla professionals, a foster carer, and a member who had experience of being in the care system, as required by the national policy. The members were people with appropriate experience in the area of child protection, child welfare and foster care, including a senior area medical officer.

The chairperson was employed by Tusla and was appointed the fulltime chairperson of the foster care committee in February 2016. He had considerable experience as a social worker and a social work manager. He also chaired child protection conferences and managed the Family Welfare Service. He reported to the area manager and received formal supervision every four to six weeks. He was clear about his responsibilities and those of the foster care committee. Inspectors observed that he managed foster care committee meetings well.

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

The foster care committee met 15 times in the 12 months prior to the inspection, and the requirement of a quorum of six members was adhered to on each occasion. The chairperson told inspectors that the foster care committee had the capacity to meet on an emergency basis if required but had not needed to do so.

Minutes of the foster care committee meetings showed that the committee made recommendations based on consideration of assessment reports on prospective foster carers, care plans for children, disruption reports, reports on the outcomes of investigations of allegations, requests for changes to approval status of foster carers, and foster carer reviews. They also reviewed the exit interviews of foster carers who left the service and sought feedback from social workers who presented to the foster care committee. In early 2017, the chair of the foster care committee conducted a consultation with each of the foster care committee members, individually, in which they reflected on their role and their experience of the committee, and identified areas in which the committee was functioning well as well as areas for improvement.

The chairperson told inspectors that there was an induction programme for new members of the foster care committee and he outlined the process, which involved meeting with the new member, providing the relevant policies and procedures and outlining their role and responsibilities, and arranging for them to spend time with an experienced member of the committee who would provide them with an overview of the foster care service.

Observation of a foster care committee meeting and review of the minutes of foster care committee meetings for the 12 months prior to the inspection supported the view that the foster care committee was effective and made clear decisions. The agendas were prepared in advance and committee members were provided with the relevant written material in advance of meetings. Issues were thoroughly discussed and, when there were views that were contrary to the majority view of the committee, these were recorded. All members of the committee contributed to the proceedings. During the previous 12 months, the foster care committee sought feedback in relation to how the committee functioned and the responses indicated that professionals and foster carers who attended the meetings were treated respectfully.

Records showed that the foster care committee engaged in several training sessions during the previous 12 months. This included training on the role and responsibilities of the committee. The chair of the committee also attended briefings on learning from previous inspections in Tusla areas.

The secretary of the foster care committee maintained copies of the Garda vetting of committee members. Up-to-date Garda vetting was in place for nine of the committee members. Applications for updated Garda vetting had been made for two members prior to the inspection and updated Garda vetting was sought for the remaining member during the inspection. Prior to the inspection there was no system in place to ensure that Garda vetting would be updated when required in the future. However, such a system was developed during the inspection.

An annual report of the activities of the foster care committee was produced in 2016. Inspectors viewed the report which contained details of the number and type of reports and notifications presented to the foster care committee. It also detailed actions taken in regard to outstanding actions from the previous annual report and from the previous HIQA inspection.

The chair of the foster care committee provided a quarterly report to the area manager which contained information on allegations against foster carers, breaches of the Standards, and on disruptions to placements. There were also a number of ways in which the foster care committee contributed to the development of best practice in the fostering department. The foster care committee commented on the quality of assessments and reviews. The chair of the foster care committee also held a workshop with social workers and managers from the fostering and child in care teams to discuss the annual report of the foster care committee, 2016, and to discuss the Foster Care Committees – Policies, Procedures and Best Practice Guidance (2017) and its implications for them.

Inspectors found the foster care committee was timely in recommending whether carers should be approved or not when full information and documentation was presented to them. Their recommendations were based on the assessment of potential foster carers presented by the fostering team or by other services on occasion. Records showed that they requested further information when required.

The foster care committee approved five foster carers from private agencies in the 12 months prior to the inspection. There were clear procedures for this process to take place. Other services were required to undertake comprehensive assessments and complete a series of checks on prospective foster carers. Inspectors reviewed an assessment file of foster carers from a private service and found that it was of good quality and that all relevant checks had been completed and all required documentation was in place. The assessment and all associated documentation were presented to the foster care committee for consideration of whether to recommend approval. The foster care committee also met with the prospective foster carers and staff from these services and sought further information or clarification when

necessary.

As outlined in the Standards, the foster care committee recommended to Tusla whether or not to put applicant's names on their panel of foster carers. Delegation of responsibility for approval of foster carers lay at area manager level and inspectors found that the area manager signed off on the recommendations of the foster care committee in this regard.

Notifications of allegations and serious incidents were made to the foster care committee. The notifications were formally acknowledged and there was a system in place for tracking the progress of investigations. There was also a system in place to ensure that the foster care committee were made aware in a timely manner of any breaches of the Standards, such as when children were placed with foster carers outside of their approval status. On occasions, the foster care committee identified breaches of the Standards and brought these to the attention of the fostering department.

The foster care committee secretary maintained a record of the panel of foster carers and inspectors found that this contained all the information recommended by the national policy, procedure and best practice.

Judgment: Compliant

Theme 5: Use of Resources

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

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

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

Summary of inspection findings under Standard 21

There was not a sufficient number of foster carers in the area to meet the needs of children in care. Social workers from both the fostering and children in care teams told inspectors that there was a deficit in the availability of foster carers and that this impacted on finding appropriate placements for children.

The principal social worker told inspectors that there were 57 children in private placements outside of the area at the time of inspection. According to a needs analysis carried out by RAFT, the Midlands area reported the second highest national increase in private placements during Quarter 1, 2017. A number of these children were placed a long distance from the area. This meant that they were located outside of their own community and access to and contact with their families and friends, may have been impacted. It also meant that maintaining children of school-going age in their own school, may not have been possible. While the foster carers they were placed with were supported by link social workers from the local area, the children's social workers had to undertake long journeys to carry out their statutory visits. The service director told inspectors that arrangements were in place to ensure that where long-term matches were appropriate, these would be expedited and the care of the children would be transferred to the local area social work departments. The RAFT needs analysis also highlighted a lack of placements apparent in all age groups as well as shortages of placements for children with complex disabilities and/or complex health needs as a result of disability.

RAFT had responsibility for recruitment in the DML region, which comprised the Midlands and three other service areas. In 2017, RAFT conducted a high-level needs

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

analysis and developed a recruitment strategy for the whole region. The recruitment strategy involved the production of suitable literature by RAFT, the identification of experienced local foster carers to assist with recruitment, a rolling national advertising campaign and local advertising, and joint ownership of recruitment with the local fostering teams. This would serve as a prelude to a national recruitment strategy which was due to be developed in 2018. While some of the initiatives in the recruitment strategy had commenced, the majority were due to be initiated later in 2017. Social workers from the fostering team told inspectors that they had little involvement to date in the recruitment of foster carers.

Data provided by the area showed that five recruitment campaigns had been undertaken during the 12 months prior to the inspection. There were 16 applications from prospective foster carers and six information meetings were held during that time. RAFT also held a strategic recruitment day for representatives from a number of diverse communities in June 2017 and the team planned to continue this work.

Information provided to inspectors showed that seven general foster carers had been approved for the area during the previous 12 months. It also showed that 12 foster carers left the foster care panel voluntarily during that time. The principal social worker told inspectors that there were 30 inactive foster carers currently on the panel. At the time of inspection, social workers were contacting these foster carers to ascertain if they wished to continue fostering or not. Inspectors reviewed the records of eight exit interviews conducted with foster carers who left the service. The majority said that they left for personal reasons and several spoke favourably about the support that had been offered to them. A small number said that they left due to lack of support. Their suggestions for improvement to the service included ensuring access to counselling and psychological services for all children in care, increased support for foster carers own families and children, and support in managing relationships with the birth families of children in care.

The service area maintained a database of foster carers and the principal social worker told inspectors that it was kept under review. This also ensured that to ensure that social workers were aware of foster carers who had the capacity to offer placements to children. Data provided to inspectors showed that there were eight placements available at the time of inspection.

The service manager told inspectors that RAFT had prioritised the Midlands area and that two of the four social workers on the team were based there. The recruitment of additional social workers for the team had been sanctioned. There was a higher number of enquiries from potential foster carers in the Midlands area than in other areas in the DML region. She told inspectors that RAFT had the capacity to meet the level of demand there was from the area and that it was sufficiently resourced to respond to enquiries within 1-3 days and then hold information meetings or conduct

home visits when the potential foster carers might be a long distance from an urban centre. She also told inspectors that there were plans to increase the number of staff on RAFT which, in time, may result in increased recruitment in foster carers.

Inspectors found that the service area had committed extra resources to the retention of foster carers since the previous inspection. The fostering team had increased in number and a dedicated principal social worker for fostering was put in place and had taken up her post a number of weeks prior to the inspection. During the 12 months prior to the inspection, a programme of training and support had been put in place and the majority of foster carers had had a foster carer review, which identified their individual needs for additional training and support.

Judgment: Non-compliant Major

Appendix 1 – Standards and regulations for statutory foster care services

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

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

National Standards for Foster Care (April 2003)

Theme 2: Safe and Effective Services

Standard 5: The child and family social worker

There is a designated social worker for each child and young person in foster care.

*Child Care (Placement of Children in Foster Care) Regulations, 1995
Part IV, Article 17(1) Supervision and visiting of children*

Standard 6: Assessment of children and young people

An assessment of the child's or young person's needs is made prior to any placement or, in the case of emergencies, as soon as possible thereafter.

*Child Care (Placement of Children in Foster Care) Regulations, 1995
Part III, Article 6: Assessment of circumstances of child*

Standard 7: Care planning and review

Each child and young person in foster care has a written care plan. The child or young person and his or her family participate in the preparation of the care plan.

*Child Care (Placement of Children in Foster Care) Regulations, 1995
Part III, Article 11: Care plans
Part IV, Article 18: Review of cases
Part IV, Article 19: Special review*

Standard 8: Matching carers with children and young people

Children and young people are placed with carers who are chosen for their capacity to meet the assessed needs of the children or young people.

*Child Care (Placement of Children in Foster Care) Regulations, 1995
Part III, Article 7: Capacity of foster parents to meet the needs of child*

*Child Care (Placement of Children with Relatives) Regulations, 1995
Part III, Article 7: Assessment of circumstances of the child*

National Standards for Foster Care (April 2003)

Standard 9: A safe and positive environment

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

Standard 10: Safeguarding and child protection

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

Standard 13: Preparation for leaving care and adult life

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

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

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

Child Care (Placement of Children in Foster Care) Regulations, 1995
Part III, Article 5 Assessment of foster parents
Part III, Article 9 Contract

Standard 14b — Assessment and approval of relative foster carers

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

Child Care (Placement of Children with Relatives) Regulations, 1995
Part III, Article 5 Assessment of relatives
Part III, Article 6 Emergency Placements
Part III, Article 9 Contract

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

National Standards for Foster Care (April 2003)

Standard 15: Supervision and support

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

Standard 16: Training

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

Standard 17: Reviews of foster carers

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

Standard 22: Special Foster care

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

Standard 23: The Foster Care Committee

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

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

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

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

National Standard for Foster Care (April 2003)**Theme 3: Health and Development****Standard 11: Health and development**

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

Child Care (Placement of Children in Foster Care) Regulations, 1995
 Part III, Article 6 Assessment of circumstances of child
 Part IV, Article 16 (2)(d) Duties of foster parents

Standard 12: Education

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

National Standards for Foster Care (April 2003)**Theme 4: Leadership, Governance and Management****Standard 18: Effective policies**

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

Child Care (Placement of Children in Foster Care) Regulations, 1995
 Part III, Article 5 (1) Assessment of foster carers

Standard 19: Management and monitoring of foster care agency

Health boards* have effective structures in place for the management and monitoring of foster care services.

Child Care (Placement of Children in Foster Care) Regulations, 1995
 Part IV, Article 12 Maintenance of register
 Part IV, Article 17 Supervision and visiting of children

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

Standard 24: Placement of children through non-statutory agencies

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

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

National Standards for Foster Care (April 2003)**Theme 5: Use of Resources****Standard 21: Recruitment and retention of an appropriate range of foster carers**

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

National Standards for Foster Care (April 2003)**Theme 6: Workforce****Standard 20: Training and Qualifications**

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

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

Action Plan

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

Provider's response to Monitoring Report No:	MON 0019044
Name of Service Area:	Midlands
Date of inspection:	26 September 2017 – 28 September 2017 and 3 October 2017
Date of response:	19/12/2017

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 7 – Care planning and review

Substantially Compliant

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

Not all children in care had an up-to-date care plan.

Some care plans did not include the views of children, some were not signed and the dates of some care plans was not easily identifiable.

Some placement plans were not completed in full.

Not all children who required them had absence management plans.

Action required:

Under **Standard 7** you are required to ensure that:

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.

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

1. Social Work Team Leaders with the oversight of the Principal S/W will ensure that all children in care have up to date care plans, which are signed and dated.
2. Social Workers with the oversight of Team Leaders will ensure that care plans include the child' view. CIC Reviewing Officers will ensure that views of the child are clearly recorded in review minutes for incorporation into the updated care plan.
3. Social Workers with the oversight of Team Leaders will ensure placement plans are updated in full.
4. Social Workers with the oversight of Team Leaders will ensure that children have absence management plans in place.
5. Principal Social Workers have oversight of the CIC Review database. A local protocol is in place that if a CIC review is cancelled / deferred on two occasions the Principal S/W will be notified and the review will be re-scheduled as soon as possible.
6. Principal Social Worker and Team Leaders will complete file audits on a quarterly basis to review compliance.
7. The Area Manager and Principal S/W through the supervision process will keep under regular review.

Proposed timescale:
End of February 2018

Person responsible:
PSW with oversight of Area Manager

Standard 8 – Matching carers with children and young people

Moderate Non- Compliance

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

Insufficient placement options meant that a large number of children were placed outside the area and may not have their assessed needs met as a result.

Link social workers told inspectors that they had no tool available to them which helped them to assess potential placements and consider the risks therein.

Action required:

Under **Standard 8** you are required to ensure that:

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.

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

1. The Regional Fostering Assessment Team have completed a needs analysis of placement needs and devised a recruitment strategy to meet same. The teams S/W staffing complement has been increased by two. The team will work jointly with the local area team in the recruitment of foster carers to meet presenting needs.
2. The regional foster care recruitment strategy outlines plans to establish and strengthen links with new communities and to target recruitment campaigns within same. This process has commenced. The regional team in conjunction with National Communications will run a recruitment campaign in Q1 2018, aimed at professionals working with children with special / more complex needs to develop a pool of carers to provide care for children presenting with high levels of need.
3. A regional working group is being established by the Service Director to actively review the current recruitment strategy based on presenting needs and amend as appropriate.
4. Bespoke campaigns will be run in consultation with Regional team, as the need arises.
5. The placement request form is being amended to incorporate a matching component which will further assist with matching the potential carers to the child's presenting needs.

Proposed timescale:
End of March 2018

Person responsible:
1. RAFT PSW
2. RAFT PSW
3. Service Director
4. PSW Fostering
5. PSW Fostering

Standard 10 – Safeguarding and Child Protection**Major Non- Compliance****The provider is failing to meet the National Standards in the following respect:**

An Garda Síochána vetting was not in place for a number of relative foster carers and a number of family members aged 16 years and over.

Not all foster carers had attended training in Children First (2011).

The arrangements for oversight of safety plans were not sufficiently robust.

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. All relative carers have up to date Garda Vetting. Link Social Workers when completing initial screening visits with proposed relative carers, will provide the carer with Garda Vetting forms for completion. Link S/W with the oversight of Team Leaders will ensure the vetting forms are completed and forwarded for processing. Garda vetting forms have been completed for any outstanding foster family members 16yrs and over and are currently with the Gardai for processing. A local database is in place, which has the oversight of the Principal S/W.
2. Team Leader with lead for training, wrote to all carers advising that they complete the on-line Children First training modules. Link Social Workers will further encourage during supervision / support visits. Completion of Children First training will also be reviewed at Foster Care reviews. At end of year, each foster carer will be advised of trainings attended / recommended as per foster review recommendations. A training database is maintained which has the oversight of the Principal S/W.
3. The Principal S/W will use the supervision process to review Safety Plans in place in respect of carers where an allegation / serious concern has been made and assessment on-going. The plans will remain under active review until concerns have been appropriately resolved.

Proposed timescale:

End of Feb 2018

Person responsible:

**Team Leaders with oversight of PSW.
Principal S/W**

Standard 14b: Assessment and approval of relative foster carers**Moderate Non- Compliance**

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

There was a significant delay in the completion of some relative carer assessments.

Action required:

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

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

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

1. The dedicated Social Work Team Leader for S36 assessments, with the oversight of the Principal Social Worker will ensure that assessments are completed within an appropriate timeframe. Should issues arise during assessment, that necessitate the assessment being delayed, the Team Leader and Principal Social Worker will review and agree a plan for completion. The FCC will be informed of the delay and reasons for same, in addition to expected date for completion. This will be recorded in case records.
2. Should the demand for S36 assessments outweigh local resource capacity, a private provider will be contracted to complete any assessments which cannot be timely allocated to the local team.
3. S36 assessments is a regular item for supervision between the Area a manager and PSW.

**Proposed timescale:
Implemented end of November 2017**

**Person responsible:
Team Leader with oversight of PSW**

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

Standard 15: Supervision and support

Moderate Non- Compliance

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

Not all foster carers had an allocated link social worker.

The frequency of support visits was less than the needs of the some children and foster carers required.

There was little evidence of formal supervision of some foster carers.

There was no evidence that some foster carers were either informed or encouraged to attend the support groups.

There was no analysis of attendance figures at support groups to determine the numbers of foster carers who attended and the number of those who did not.

There was no dedicated out-of-hours service to support foster carers outside of normal 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. Principal Social Worker and S/W Team leaders will ensure that all carers have an allocated Link S/W. Current S/W vacancies are approved for filling.
2. In the interim, until the area is in a position to allocate all carers, three monthly supervision / support contacts will be carried out with carers. A report is completed and provided to the Social Work Team Leader and actions identified followed up, as appropriate. The Principal Social Worker will be updated through the supervision process. Carers awaiting allocation are a standard item for supervision meetings between Area Manager and Principal S/W.
3. Principal Social Workers and Team Leaders through the supervision process review supports available to carers in light of presenting needs and amend as required. This is in consultation with the CIC Teams.
4. Link Social Workers will ensure that file records clearly evidence support / supervision visits.
5. Link Social Workers will ensure carers are aware of their local support groups and will actively encourage attendance. Reminder letters are sent to each carer two

<p>weeks prior to support meeting / training event. Evidence of same will be recorded in file records. Team Leaders will complete a bi-annual review / analysis of attendance at support groups.</p> <p>6. Tusla nationally is in the process of planning an out of hours Social Work support service to foster carers via the EOH service. Planned date for implementation is end of Q2 2018.</p>	
<p>Proposed timescale:</p> <p>End of June 2018</p>	<p>Person responsible:</p> <p>1-2PSW with oversight of Area Manager</p> <p>3-5 Team Leaders with oversight PSW</p> <p>6 – Tusla National</p>

Standard 21: Recruitment and retention of an appropriate range of foster carers**Standard 16: Training****Substantially Compliant**

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

There was no system in place to ensure that all foster carers attended training following their approval.

There were no overall training records on the files of some foster carers.

There was no analysis of the training needs of individual foster carers and of the training they attended.

Action required:

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

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

1. A training database is in place which records training attended by individual foster carers. Link Social Workers will actively encourage carers to attend training. Foster care reviews will recommend training in line with presenting needs. All foster carers are required to sign the declaration of training and Link S/W will regularly review same with carers. Social Work Team Leaders will keep under active review through the supervision process with Link Social Workers
2. Social Workers with the oversight of the Team Leaders will complete a bi-annual review of training attended. In addition each training event will be evaluated and attendees asked to identify future training needs. FCC end of year report will be analysed to also influence training requirements.
3. Social workers with the oversight of Team leaders will ensure training records are maintained on case files.
4. Principal S/W and Team Leaders will complete quarterly file audits to review compliance. In addition the Foster Care Committee and the foster care review process have oversight of training provided to ensure training is provided and carers attend.
5. The Area Manager and Principal Social Worker through the supervision process will keep the matter under regular review.

Proposed timescale:
End of January 2018

Person responsible:
Team Leaders with oversight of PSW

Major Non- Compliance

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

There was not a sufficient number of foster carers in the area to meet the needs of children in care.

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 Regional Fostering Assessment Team have completed a needs analysis of placement needs and devised a recruitment strategy to meet same. The teams S/W staffing complement has been increased by two. The team will work jointly with the local area team in the recruitment of foster carers to meet presenting needs.
2. The Regional foster care recruitment strategy involves plans to establish and strengthen links with new communities and to target recruitment campaigns within same. This process has commenced. The regional team in conjunction with Tusla Communications will run a recruitment campaign in Q1 2018 aimed at professionals working with children with special / complex needs to develop a pool of carers to provide care for children presenting with high levels of need.
A regional working group is being established by the Service Director to actively review the current recruitment strategy based on presenting needs and amend as appropriate.
3. The local fostering team in conjunction with the regional team will run bespoke campaigns for children as required.

Proposed timescale:

End of March 2018

Person responsible:

**1Regional Team PSW
2Regional Team PSW and Service Director
3Fostering PSW**

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