

# eDeposit Ireland

## Foster Care Ireland, 6, 7 and 14 March 2018

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**Health Information and Quality Authority  
Regulation Directorate**

**Monitoring Inspection Report -**

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



<b>Name of Agency:</b>	Foster Care Ireland	
<b>Dates of inspection:</b>	6, 7 and 14 March 2018	
<b>No. of Fieldwork days:</b>	3 days	
<b>Lead inspector:</b>	Lisa Horgan	
<b>Support inspector(s):</b>	Ann Delany	
<b>Type of inspection:</b>	<input checked="" type="checkbox"/> <b>Announced</b> <input type="checkbox"/> <b>Unannounced</b> <input type="checkbox"/> <b>Full</b> <input checked="" type="checkbox"/> <b>Themed</b>	
<b>Inspection ID:</b>	<b>0021112</b>	

## About monitoring

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

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

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

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

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

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

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

## **1. Inspection methodology**

As part of this inspection, inspectors met with the relevant professionals involved in Foster Care Ireland and had discussions 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.
- supervision, support and training of foster carers.
- recruitment and retention of foster carers.

The key activities of this inspection involved:

- the analysis of data.
- interviews with the chief executive officer, head of service and one social worker.
- telephone calls with three foster carers.
- Telephone calls with three Tusla child in care social workers.
- review of the relevant sections of foster carers' files as they relate to the theme.

## **Acknowledgements**

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

## **2. Profile of the foster care service**

### **The Service Provider<sup>1</sup>**

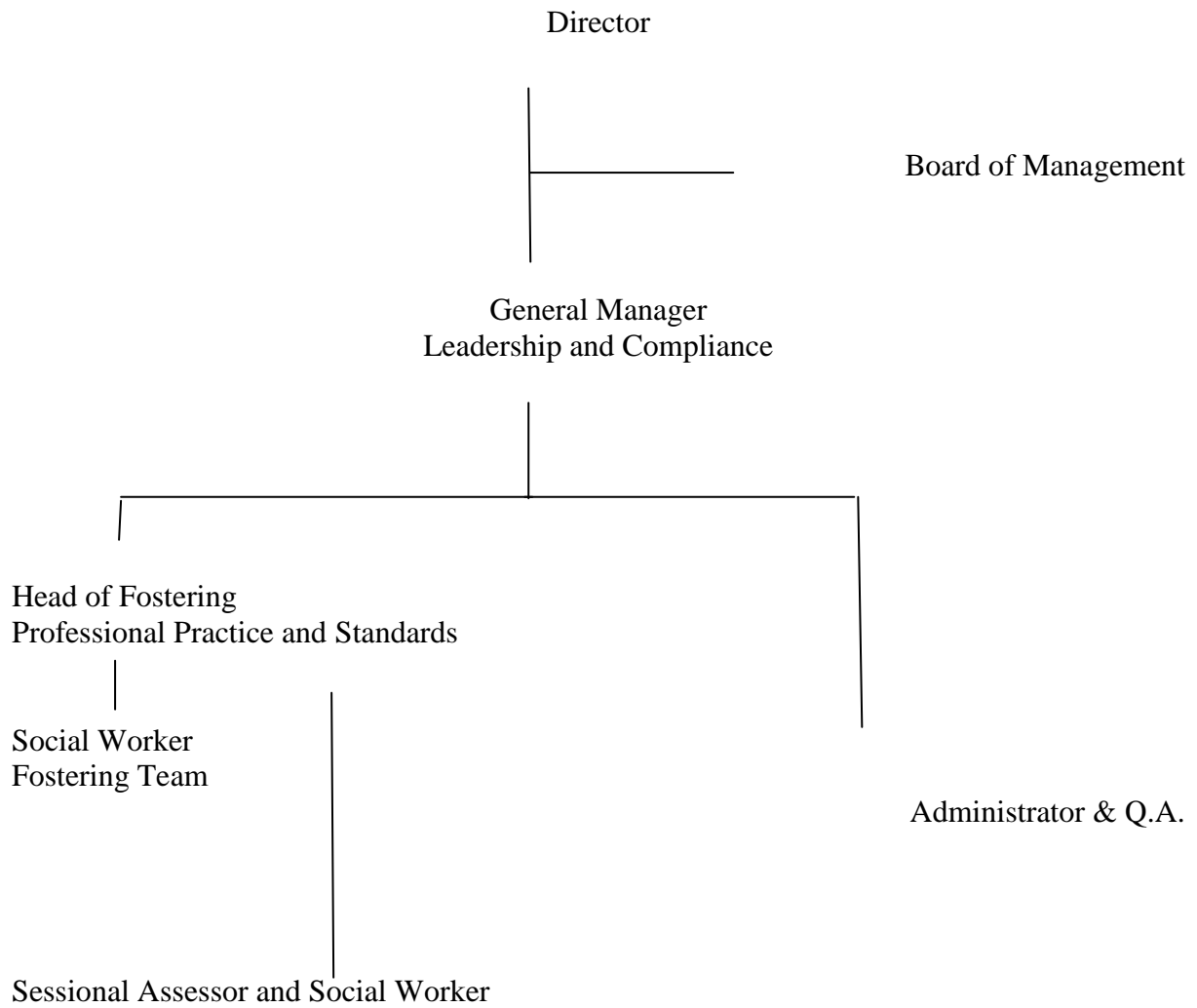
Foster Care Ireland (FCI) is an independent private provider of respite, short-term and long-term foster care services operating since 2016 as a subsidiary of Sorcha Homes Ltd. With a background in children's residential services, the directors established the fostering service to meet the evident need for more foster placements and to provide opportunity for early intervention for children needing care. After an initial period of recruitment of foster carers, FCI has been providing placements since early 2017 and is continuing to grow. The service is based in Santry, Dublin, and sees its main area of focus being Dublin North and surrounding counties. At the time of inspection there were seven children in foster care.

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

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<sup>1</sup> Provided by Foster Care Ireland

**Figure 1<sup>2</sup> Organisational Chart:**



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<sup>2</sup> Provided by Foster Care Ireland

### **3. Summary of inspection findings**

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

Tusla have responsibility for a range of services, including the provision of a range of care placements for children such as statutory foster care services.

Children's foster care services may also be provided by non-statutory foster care agencies following agreement with Tusla. Tusla retain their statutory responsibilities to children placed with these services and approve the foster carers through their foster care committees. The foster care agency is required to adhere with relevant standards and regulations when providing a service on behalf of Tusla. Both services are accountable for the care and wellbeing of children.

Foster Care Ireland is a 'for profit' organisation and while private foster care services are monitored by the Child and Family Agency, at the time of inspection, the agency had not yet had a monitoring visit from the Child and Family Agency.

This report reflects the findings of the thematic inspection, relating to the five standards including, safeguarding, assessment and approval, supervision and support, training, recruitment and retention which are set out in Section 5 of this inspection report. The provider is required to address a number of recommendations in an action plan.

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

- One standard was compliant
- One standard was substantially compliant
- Three standards were non-compliant of which all were identified as non-compliant – moderate.

This was HIQA's first inspection of Foster Care Ireland. Overall, this was a small, well run service with a number of good systems in place to protect children placed in foster care placements and to support foster carers.

The service had a number of safeguarding arrangements in place including all foster carers having an allocated social worker, An Garda Síochána (police) vetting for staff and foster carers, and Children First training. Complaints and allegations were responded to appropriately and action was taken to safeguard children when allegations were made. However, there were delays in reaching a final outcome

when a complaint was made. While staff who spoke with inspectors said they were aware of what action to take if they had a concern, there was no policy or staff training on protected disclosures.

Assessments of prospective foster carers were comprehensive but there were some issues with the quality of information gathered. The system for management and oversight of assessments required improvement, so as to ensure the quality of assessments and minimise delays at the approval stage.

There was good practice in relation to the support provided to foster carers as all foster care households had an allocated fostering link worker (social worker). Link workers visited foster carers regularly and provided good supervision to foster carers and there was good analysis of the supervision visit recorded. The link worker advocated on behalf of the children and had a good working relationship with the children's social worker. However, the geographical location of some foster carers impacted on transport arrangements for children for family contact. There was a dedicated out-of-hours service, but this service had not yet been utilised by foster carers.

There was good practice in relation to the provision of training. All foster carers received foundational training before their approval as foster carers and a programme of regular training events was in place. Foster carers were kept informed about training and training records were well-maintained.

The service demonstrated a commitment to the recruitment and retention of foster carers but there were not a sufficient number of carers to meet the demands for placements from Tusla.

Tusla did not have a service level agreement in place with Foster Care Ireland.

Inspectors did not examine standard 17 which is Reviews of Foster Carers. According to the standards the first review is to be held one year after the first placement has been made. As Foster Care Ireland have not had a child in placement for longer than one year, the service had not yet carried out a review. At the time of the inspection, there were no other reasons why additional reviews should have taken place.

## 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
<b>Theme 2: Safe and Effective Services</b>	
<b>Standard 10:</b> Safeguarding and child protection	Non-compliant - moderate
<b>Standard 14a:</b> Assessment and approval of foster carers	Non-compliant - moderate
<b>Standard 15:</b> Supervision and support	Substantially compliant
<b>Standard 16:</b> Training	Compliant
<b>Theme 5: Use of Resources</b>	
<b>Standard 21:</b> Recruitment and retention of an appropriate range of foster carers	Non-compliant - moderate

## 5. Findings and judgments

### **Theme 2: Safe and Effective Services**

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

### **Standard 10: Safeguarding and child protection**

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

#### **Summary of inspection findings under Standard 10**

At the time of inspection, Foster Care Ireland had systems in place to ensure concerns, allegations and complaints about foster carers were categorised correctly and received the appropriate response. There was a policy in place to guide the categorisation and management of concerns. Inspectors found this policy was in line with Children First and the procedures outlined in this policy were aligned to Tusla's interim policy for managing concerns and allegations.

Safeguarding knowledge and the application of good safeguarding practices in Foster Care Ireland was good. Foster Care Ireland had prepared their own safeguarding statement in line with the Children First Act 2015. Inspectors found this statement gave due regard to Children First National Guidance. The head of service was the designated liaison person for child protection and she maintained oversight of child protection allegations and complaints. The fostering link worker was clear on the mandatory reporting role in line with the Children First Act 2015. All concerns and known risks were logged in a central register and this was overseen by the head of service.

There was a good categorisation system in place. Data provided by the service showed that there was one allegation, and two complaints received by the service to date. Inspectors found that there was a good system in place between the link worker and the head of service to ensure that serious concerns were correctly categorised and it was evident from a review of the records that the team followed

Children First: National Guidance for the Protection and welfare of Children, 2017 (Children First (2017)).

Allegations made against foster carers were well managed and actions were taken to ensure children were safe. Inspectors reviewed the allegation and found it received the appropriate response and there were good safeguarding measures implemented in line with Children First (2017). There was evidence on the file that there was good collaboration between Foster Care Ireland and the child's social worker. For example, a strategy meeting was held to decide whether the allegation met the threshold for a statutory response and there were clear procedures followed and these were reviewed regularly. Inspectors found that all actions necessary to safeguard children were taken by the service and they ensured they spoke with the child and put safety plans in place. The foster carer records did not reflect if the child's social worker had interviewed the child. There was increased support and supervision visits to the foster carer with a focus on reviewing approaches and techniques to ensure the child received the necessary support and attention from the foster carer.

Not all complaints were investigated in a timely manner. All complaints were recorded in a log that was well maintained and updated accordingly. Inspectors reviewed the log and found that one complaint made was sufficiently managed and concluded. However, inspectors reviewed records in relation to a complaint made by a social worker and found that although the child was no longer at risk, there were delays in Foster Care Ireland reaching a final outcome. This meant the service was delayed in making professional judgments and this impacted the implementation of further actions.

Inspectors found that staff were confident in expressing their concerns and were familiar with protected disclosures, but there was no policy in place to guide staff on protocols. In addition, there was no evidence to show staff had training on protected disclosure legislation.

All foster carers had adequate knowledge of Children First (2017). Foster carers who spoke to inspectors were aware that they were mandated persons under the Children First Act, 2015 and said that they were working with their link worker to gain a more in-depth knowledge of their role in this regard. Training records showed that all foster carers had received training in Children First and in safe care. Foster carers' knowledge of safeguarding practices was adequate but not all foster carers were clear on who was the designated liaison person in Foster Care Ireland.

**Judgment: Non-compliant - moderate**

## **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<sup>3</sup> prior to any child or young person being placed with them.

### **Summary of inspection findings under Standard 14a**

There was a written policy on the assessment and approval of foster carers. Foster Care Ireland had a policy on the assessment and approval of foster carers that was in line with Children First and the National Standards for Foster Care (2003). Assessments were carried out by the fostering link worker and an independent social worker who worked on a contractual basis.

Data provided by Foster Care Ireland showed there were four foster care assessments undertaken in 2017. While five foster carers had been approved, two assessments remained ongoing. Inspectors sampled three files where assessments had been approved.

Some assessments were delayed due to gaps in information gathered. Of the three assessments sampled, one assessment was delayed, but this delay was outside of Foster Care Ireland's control and a reasonable explanation was recorded on the file. While the records showed two of the assessments were completed within the time frame outlined in the national standards, there were some gaps in these fostering assessments picked up on by the foster care committee. This meant delays occurred when the foster care committee sought clarity and additional information from the assessing social worker to explain gaps identified in the assessments.

Assessments of prospective foster carers were comprehensive but there were some issues with the quality. Records sampled showed the necessary up-to-date data was gathered by the link worker including medical information, Garda vetting for all adults in the households, references and child protection checks. While there were health and safety checks on each household sampled, two health and safety checks were not fully completed. There was evidence that the assessing social workers interviewed foster carers several times, including individual, joint interviews and interviews with other family members where necessary. In addition, the files showed the foster care applicants had completed the foundation for foster care training. Of the assessments sampled, two assessment reports reflected that assessments were

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<sup>3</sup> 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).

comprehensive and of good quality. But one of the assessment reports sampled lacked analysis and evidence to show how the assessing social worker reached conclusions in sections of the report.

Oversight of the assessment process required improvement. There was insufficient evidence on the files to show that the head of service maintained adequate oversight of the assessment process. This meant that there were missed opportunities for Foster Care Ireland to maintain oversight and analysis of all the information gathered and ensure comprehensive reports were presented to the relevant foster care committee.

There was a clear process of approval of foster carers with the relevant local foster care committee. Assessment reports were submitted to the foster care committee prior to the committee meeting and the assessing link worker attended the meeting at which their assessments were discussed. There was evidence that showed the foster care applicants were given the opportunity of reading their assessment reports prior to them being presented to the foster care committee and the majority of foster carers had attended the foster care committee meeting. The chair of the committee then wrote to the foster carers informing them of the decision of the committee and their approval status.

Inspectors found that newly approved foster carers were not always within the approval status that the foster care committee had approved, for example the age range or number of children to be placed. Of the files reviewed, inspectors found three foster care households that had children placed outside of the foster carers approval. In two of these cases, Foster Care Ireland returned to the relevant local foster care committee seeking an amendment to the approval status but on one case the principal social worker from the Tusla area placing the child approved the placement for a specific period of time. However, this calls into question the proposed approval status put forward by the assessing social worker to the foster care committee and the foster care committee's decision to concur or change the proposed approval status if children are then placed outside of this approval status.

Copies of Tusla's formal written contract for children placed were not on foster carers' files. While there was a general document called a foster care agreement on each foster carer's file, the agency did not comply with the regulations as there were no copies of contracts for foster carers in respect of each child placed.

**Judgment: 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**

All foster carers were supervised and supported by a professionally qualified social worker (known as the link worker). Foster carers who spoke with inspectors said they were happy with the support they received from their link worker. Inspectors were provided with a copy of the agency's support and supervision policy and found it was in line with the standards and addressed the pre-placement duties of the link workers as well as the placement duties.

There were six foster carers' files sampled for support and supervision as part of this inspection.

Foster carers had access to advice and professional support. From a review of files sampled and through discussions with foster carers, it was evident that link workers were in regular contact and provided a good level of support to foster carers. Inspectors found there was good quality supervision and the link worker had recorded their observations and considered all the information discussed during the visit. Records reflected that link workers used a template to guide and structure the visit and this was signed and dated by the link worker and the foster carer. In addition, the link worker had recorded their professional advice given to foster carers, such as strategies and approaches to assist the foster carer to meet the needs of the child. This level of analysis meant Foster Care Ireland had a good account of how the foster carers were meeting the child's needs. Inspectors spoke with three of the children's social workers who told inspectors they were happy with the support and supervision and confirmed there was good communication and regular updates from the link worker.

Foster carers received supports when caring for children with complex needs. Two of the foster carers' files sampled had children placed with complex needs. The files reflected that there was good communication between link workers and the children's social workers when extra services were needed. Records reflected that link workers and the children's social worker did joint home visits. Foster Care Ireland did not have their own internal resources to provide specialist psychological

support to carers. Inspectors found in one file sampled that a child psychologist provided by Tusla supported foster carers in their home to assist the foster carer to manage the child's behaviour.

The service did not always ensure that foster carers understood their role in relation to children's contact with their families. Inspectors found that in some cases, the foster carer's geographical location impacted on their capacity to transport children to contact points with their families. One social worker told inspectors that when the foster carer could not transport the children to family contact that the service assisted with the transport arrangements. This meant the service had not fully considered the foster carer's role in facilitating contact between children and their families prior to placing children. The impact of this was that there was not always a consistent person to transport children and this was disruptive for children who required a stable support system during family contact.

At the time of inspection, Foster Care Ireland had not established a support group for foster carers.

There was a dedicated 24 hour out-of-hours service available to foster carers. The head of service told inspectors that foster carers accessed out of hours support through a residential service owned by the director of the service. Inspectors were told that foster carers had not yet used the out-of-hours service. Inspectors found from reviewing the foster care handbook and internal policies and procedures within the service that the purpose and function of the out-of-hours service was not sufficiently outlined for foster carers. For example, the policy to assist foster carers to manage children missing from care did not reference the function or support available to foster carers from the out-of-hours service. Not all foster carers spoken with were confident about what to do if a child went missing from their care and had concerns about how they would manage this.

**Judgment: Substantially compliant**

## **Standard 16: Training**

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

### **Summary of inspection findings under Standard 16**

The provider was committed to the provision of training for foster carers. There was a training strategy in place for foster carers which included the provision of foundational training for all new foster carers. Inspectors saw a copy of the 2017 training schedule that included training with the Irish Foster Care Association, Tusla and in-house training. The in-house training was delivered by the fostering link worker and social care leader who told inspectors they had completed a train the trainer course.

Foster care training records were of good quality and there was a comprehensive range of training available to foster carers. Foster Care Ireland had a log of all foster carers' training records. According to these records, foster carers attended training courses on support services to foster carers; contact with birth parents; responding therapeutically and effectively to aggressive behaviour in foster care; first aid; child protection; self-care; safe care; trauma, brain development and behaviour; attachment; advocacy and the voice of the child; and children first. In addition to this, inspectors sampled six foster carers' files and found these foster carers had attended a range of training. Of the files sampled, five had personal development plans that considered the skills and knowledge of foster carers, but on two of these files the personal development plans had not been reviewed in 15 months. One foster carer told inspectors there was lots of training available and deemed the training received to be very good.

### **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<sup>4</sup> 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**

Foster Care Ireland was a recently established company that at the time of inspection was expanding their service. Inspectors were provided with a copy of the policy on the recruitment and retention of foster carers. The policy outlined recruitment strategies such as online promotion, newspaper adverts and local community events.

Information provided to inspectors showed that considerable planning of the service had taken place during in 2017. The records showed that there had been 18 recruitment campaigns held in the 12 months prior to this inspection. Inspectors reviewed the minutes of the November 2017 board of management meeting that included a progress report from the head of service to the board. This report showed that the service received 16 telephone enquiries during the month of October 2017, 11 of which had progressed.

There was a system in place to deal with enquiries from prospective foster carers. Initial enquiries were managed by the administrator in Foster Care Ireland and the link worker was assigned to carry out screening visits of potentially suitable candidates in their homes. Records reflected that the telephone enquiries and screening visits were comprehensive and well managed.

The geographical location of some foster carers presented challenges for the service. The head of service told inspectors that there had been challenges for the service to support carers in locations outside of the Dublin area. She explained that the agency

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<sup>4</sup> 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).

had been reviewing their recruitment strategies with a focus on the recruitment of local carers as this would enable a more efficient support service to foster carers and the children placed. Despite the planning that took place to promote the recruitment of potential foster carers, there were seven foster carers recruited in the 12 months prior to inspection, but two of these foster carers were awaiting approval. The small number of available foster carers impacted on the service being able to meet the demands for placements from Tusla.

There were some retention strategies in place, some of which required further development. Two placements with foster carers had come to an end in the 12 months prior to inspection, of which one carer had left the service. While disruption meetings took place in respect of the placements that ended, there was a delay arranging these meetings. However, inspectors found the delays were outside of the control of Foster Care Ireland. The absence of exit interviews meant that Foster Care Ireland could not fully assess the effectiveness of the agencies training, support, supervision, recruitment and retention of foster carers.

**Judgment: Non-compliant - moderate**

## Appendix 1 — Standards and regulations for statutory foster care services

<b>National Standards for Foster Care (April 2003)</b>
<b>Theme 1: Child Centred Services</b>
<p><b>Standard 1: Positive sense of identity</b></p> <p>Children and young people are provided with foster care services that promote a positive sense of identity for them.</p>
<p><b>Standard 2: Family and friends</b></p> <p>Children and young people in foster care are encouraged and facilitated to maintain and develop family relationships and friendships.</p>
<p><b>Standard 3: Children’s Rights</b></p> <p>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><b>Standard 4: Valuing diversity</b></p> <p>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><b><i>Child Care (Placement of Children in Foster Care) Regulations, 1995</i></b> <i>Part III Article 8 Religion</i></p>
<p><b>Standard 25: Representations and complaints</b></p> <p>Health boards<sup>5</sup> 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</p>

<sup>5</sup> 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).

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

## **Theme 2: Safe and Effective Services**

### **Standard 5: The child and family social worker**

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

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

*Part IV, Article 17(1) Supervision and visiting of children*

### **Standard 6: Assessment of children and young people**

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

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

*Part III, Article 6: Assessment of circumstances of child*

### **Standard 7: Care planning and review**

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

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

*Part III, Article 11: Care plans*

*Part IV, Article 18: Review of cases*

*Part IV, Article 19: Special review*

**Standard 8: Matching carers with children and young people**

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

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

*Part III, Article 7: Capacity of foster parents to meet the needs of child*

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

*Part III, Article 7: Assessment of circumstances of the child*

**Standard 9: A safe and positive environment**

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

**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<sup>6</sup> prior to any child or young person being placed with them.

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<sup>6</sup> 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).

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

*Part III, Article 5 Assessment of foster parents*

*Part III, Article 9 Contract*

**Standard 14b — Assessment and approval of relative foster carers**

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

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

*Part III, Article 5 Assessment of relatives*

*Part III, Article 6 Emergency Placements*

*Part III, Article 9 Contract*

**Standard 15: Supervision and support**

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

**Standard 16: Training**

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

**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<sup>7</sup> provide for a special foster care service for children and young people with serious behavioural difficulties.

### **Standard 23: The Foster Care Committee**

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

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

*Part III, Article 5 (3) Assessment of foster carers*

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

*Part III, Article 5 (2) Assessment of relatives*

### **Theme 3: Health and Development**

### **Standard 11: Health and development**

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

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

*Part III, Article 6 Assessment of circumstances of child*

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

### **Standard 12: Education**

The educational needs of children and young people in foster care are given

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<sup>7</sup> 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).

high priority and they are encouraged to attain their full potential. Education is understood to include the development of social and life skills.

#### **Theme 4: Leadership, Governance and Management**

##### **Standard 18: Effective policies**

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

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

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

##### **Standard 19: Management and monitoring of foster care agency**

Health boards<sup>8</sup> have effective structures in place for the management and monitoring of foster care services.

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

*Part IV, Article 12 Maintenance of register*

*Part IV, Article 17 Supervision and visiting of children*

##### **Standard 24: Placement of children through non-statutory agencies**

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

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

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

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<sup>8</sup> 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).

## **Theme 5: Use of Resources**

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

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

## **Theme 6: Workforce**

### **Standard 20: Training and Qualifications**

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

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\* 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

Please note that this action plan has been completed by the provider and accepted by HIQA.

HIQA has not made any amendments to the provider's comments and commitments in this action plan.

<b>Provider's response to monitoring report number:</b>	0021112
<b>Name of service area:</b>	Foster Care Ireland
<b>Date of inspection:</b>	6, 7 and 14 March 2018
<b>Date of response:</b>	15th May 2018

These requirements set out the actions that should be taken to meet the identified child care regulations and *National Standards for Foster Care*.

**Theme 2: Safe and Effective Services**

**Standard 10: Safeguarding and Child Protection**  
**Judgment: Non-compliant - moderate**

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

1. There was no protocol in place to guide staff on what to do if they had a protected disclosure.
2. Not all complaints were investigated in a timely manner.

**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. FCI's Policy on Protected Disclosure has been further developed to include a protocol and an information note for staff. Dissemination has commenced. A staff discussion of the legal basis and protocol is scheduled. FCI's staff handbook will be updated accordingly.
2. We have (a) reviewed the reasons for the delay and we will amend our complaints procedures to ensure that we consistently give an appropriate response while mitigating or eliminating unnecessary delay. The amendments will address the need to record, notify, assess (including risks attendant on delay), consult, and take timely action to address and resolve complaints.

Upon resolution we will in future review complaints (b) to draw and apply lessons for the future.

<b>Proposed timescale:</b>	<b>Person responsible:</b>
1. 30 <sup>th</sup> May 2018	CEO
2. (a) 29 <sup>th</sup> June 2018 (b) Immediate and on-going	Head of Fostering CEO

**Standard 14a — Assessment and approval of non-relative foster carers**  
**Judgment: Non-compliant - moderate**

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

3. Some assessments were delayed due to gaps in information gathered.
4. Not all assessments were of a good quality.
5. Oversight of the assessment process required improvement.
6. Copies of Tusla’s formal written contract for children placed were not on foster carers files.

**Action required:**

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

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

3., 4., & 5. We will review all assessments that took over 16 weeks and identify the factors that gave rise to delays and also the factors that impacted on quality.

We will devise and take mitigating action and implement controls within a new tracked and supervised process where completeness of information (all checks, documents and evidence), assessment analysis, robustness of conclusions and overall quality requirements are reviewed and checked.

The process will be designed to facilitate the on-going monitoring and oversight of the assessment process from beginning to end by the Head of Fostering and by exception, by the Management Committee.

6. We will review the requirements of a contract between Tusla and FCI’s foster carers and adjust existing contracting procedures and associated documents as necessary to fully reflect the service level agreements.

<b>Proposed timescale:</b>	<b>Person responsible:</b>
3., 4., & 5. Review to commence immediately and new process in place by 30 <sup>th</sup> June 2018	Head of Fostering Management Committee
6. 29 <sup>th</sup> June 2018	CEO

**Standard 15: Supervision and Support**  
**Judgment: Substantially compliant**

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

- 7. The service didn't always ensure that foster carers understood their role in relation to children's contact with their families.
- 8. The availability of an out-of-hours service was not well understood by foster carers.

**Action required:**

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

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

7. We will clarify requirements for foster carers in relation to children's contact with their families at the outset, in training, and in the Foster Carers Handbook, at placement, and thereafter in carer supervision.

8. We will circulate a note (a) to all of FCI's foster carers on the out-of-hours service. We will reference and describe the service (b) in the next edition of Foster Carers Handbook. We will test and monitor (c) the service response.

We will modify (d) the information in the procedure for children missing in care, make appropriate references to the out-of-hours service in other parts of the foster carers handbook and supplement with assessment of risk and relevant training to mitigate risk to children and carer.

<b>Proposed timescale:</b>	<b>Person responsible:</b>
7. Immediate and through to June 2018  8. (a) 31 <sup>st</sup> May 2018 (b) 31 <sup>st</sup> May 2018 (c) 30 <sup>th</sup> June 2018 (d) 31 <sup>st</sup> July 2018	Head of Fostering / Link Worker  a) Head of Fostering b) Management Committee c) Head of Fostering d) Head of Fostering

## Theme 5: Use of Resources

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

**Judgment: Non-compliant - moderate**

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

9. Strategies in place to retain foster carers were not sufficient.

**Action required:**

Under **Standard 21** you are required to ensure that: Health boards<sup>9\*</sup> are actively involved in recruiting and retaining an appropriate range of foster carers to meet the diverse needs of the children and young people in their care.

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

9. We will undertake a review (a) of all resignations from the service and propose action to maximise retention on the basis of evidenced findings.

We will conduct exit interviews (b) and draw lessons.

We will, with a focus on outcomes for children and carers; propose, assess, cost and implement new measures (direct and indirect supports, adapt and implement the Welltree model etc.) to maximise retention of foster carers (c).

We will devise, resource and implement a recruitment and retention communication and marketing strategy to meet anticipated demand for placements (d). We will focus on FCI's hinterland.

<b>Proposed Timescale:</b>	<b>Person responsible:</b>
(a) 29th June 2018	CEO
(b) 31st July 2018	CEO
(c) 31st July 2018	Head of Fostering
(d) May through to October 2018	CEO

<sup>9\*</sup> 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).