



Health Information and Quality Authority Regulation Directorate monitoring inspection of Non-Statutory Foster Care Services

Name of service provider:	Five Rivers Ireland Fostering Service
Type of inspection:	Private Foster Care Service
Date of inspection:	28 February – 2 March 2023
Fieldwork ID:	MON_0038818
Lead Inspector:	Sheila Hynes
Support Inspector(s):	Sharron Austin Mary Wallace Eva Boyle Caroline Browne Saragh McGarrigle

About this inspection

HIOA 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.

HIOA is authorised by the Minister for Children, Equality, Disability, Integration and Youth 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)¹, including non-statutory providers of foster care.

This inspection was a focused inspection of Five Rivers Ireland to assess eight of the national standards.

¹ Tusla was established 1 January 2014 under the *Child and Family Agency Act 2013*.

As part of this inspection, inspectors met with the relevant professionals involved with Five Rivers Ireland (FRI) and with foster carers. Inspectors observed practices and reviewed documentation such as foster carers' files, children's files and relevant documentation relating to the areas covered by the specific standards against which the service provider was inspected.

The key activities of this inspection involved:

- the analysis of data submitted by the service provider
- interviews with:
 - the CEO of the company
 - three principal social workers
 - advocacy groups representative
- focus groups with:
 - 10 link workers
 - six Team leader
 - 17 foster carers
 - three Multi-disciplinary team
- observations of:
 - designated Liaison Person meeting
- the review of:
 - policies and procedures, minutes of various meetings, files, audits and service plans
 - a sample of nine children's and 21 foster carer files
- conversations or visits with:
 - Three children and 12 foster carers.
 - four home visits

Acknowledgements

HIQA wishes to thank children and foster carers that spoke with inspectors during the course of this inspection in addition to staff and managers of the service for their cooperation.

The Service Provider

In 2002 FRI became the first independent fostering agency established in the Republic of Ireland. FRI is commissioned by Tusla the Child and Family agency to provide foster care to children and the provision of emergency placements 24 hour on call service. In addition, the service conducts relative fostering assessments for Tusla.

The service operates out of two offices currently and is in the process of establishing an office in the North West region of the country. The chief executive officer (CEO) and the director operations officer work from the Dublin office. The other senior management include three principle social workers, one located in each region, a business support and financial manager and principle clinical psychologist. The service offers support to foster families through link workers, team leader, training and 24 hour on call service. There are seven team leaders, three assessment social workers, 25 link workers, two duty social workers. There are administrative staff in both Cork and Dublin offices. There is a data protection officer. Additional support is provided through multi-disciplinary team (MDT) that consists of education support workers, social care workers, counselling psychologist, clinical psychologist, child psychotherapist, clinical lead psychologist, play therapist, attachment therapist, occupational therapist, speech and language therapist, family support worker and psychotherapist.

Data provided by FRI prior to inspection showed that the service had 197 foster care households, four relative foster care households and 14 special foster care households. They provided general foster care placements for 167 children and relative foster care to six children. These foster care households were located in various geographical areas in northern, eastern, western and southern part of Ireland.

Tusla retain their statutory responsibilities to children placed with this service and approve the foster carers through their foster care committees. The foster care agency is required to adhere to relevant standards and regulations when providing a service on behalf of Tusla. Both services are accountable for the care and wellbeing of children.

Private foster care services are monitored by Tusla, the Child and Family Agency. FRI was last audited by the Tusla Alternative Care Inspection and Monitoring Service (ACIMS) from 27- 29 June 2022 and the report was published 8 August 2022. The focus of the ACIMS audit was national standard eight, matching carers with children and young people". There was one action as a result of the audit. That was to ensure that link workers meet with the birth children of foster carers on a regular basis to get an understanding of their experience of being a fostering family. The service agreed several strategies to ensure this standard was met.

HIQA will judge whether the foster care service has been found to be **compliant**, **substantially compliant** or **not compliant** with the regulations and or standards associated with them.

The compliance descriptors are defined as follows:

Compliant: a judgment of compliant means the service is meeting or exceeding the standard and or regulation and is delivering a high-quality service which is responsive to the needs of children.

Substantially compliant: a judgment of substantially compliant means that the service is mostly compliant with the standard and or regulation but some additional action is required to be fully compliant. However, the service is one that protects children.

Not compliant: a judgment of not compliant means the service has not complied with a regulation and or standard and that considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of children using the service will be risk-rated red (high risk), and the inspector will identify the date by which the service must comply. Where the non-compliance does not pose a significant risk to the safety, health and welfare of children using the service, it is risk-rated orange (moderate risk) and the service must take action *within a reasonable time frame* to come into compliance.

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

National Standards for Foster Care		Judgment
Standard 8	Matching carers with children and young people	Compliant
Standard 10	Safeguarding and child protection	Compliant
Standard 15	Supervision and support	Compliant
Standard 16	Training	Compliant
Standard 18	Effective policies	Compliant
Standard 19	Management and monitoring of foster care services	Compliant
Standard 21	Recruitment and retention of an appropriate range of foster carers	Compliant
Standard 25	Representations and complaints	Substantially compliant

This inspection was carried out during the following times:

Date	Times of inspection	Inspector	Role
28 February 2023	09:00hrs to 17:00hrs	Sheila Hynes	Lead Inspector
28 February 2023	09:00hrs to 17:00hrs	Sharron Austin	Support Inspector
28 February 2023	09:00hrs to 17:00hrs	Eva Boyle	Support Inspector
28 February 2023	09:00hrs to 17:00hrs	Mary Wallace	Support Inspector
28 February 2023	09:00hrs to 17:00hrs	Saragh McGarrigle	Support Inspector
1 March 2023	09:00hrs to 17:15hrs	Sheila Hynes	Lead Inspector
1 March 2023	09:00hrs to 17:30hrs	Sharron Austin	Support Inspector
1 March 2023	08:30hrs to 17:00hrs	Eva Boyle	Support Inspector
1 March 2023	08:30hrs to 17:00hrs	Mary Wallace	Support Inspector
2 March 2023	09:00hrs to 17:30hrs	Sheila Hynes	Lead Inspector
2 March 2023	09:00hrs to 17:00hrs	Sharron Austin	Support Inspector
2 March 2023	08:30hrs to 17:00hrs	Caroline Browne	Support Inspector
2 March 2023	08:30hrs to 17:00hrs	Mary Wallace	Support Inspector

Children's experience of the foster care service

Children's experiences were established through speaking with a sample of children, foster carers, external advocates and professionals. The review of case files, complaints and feedback also provided evidence on their experience. Inspectors spoke with 12 foster carers and three children. From what inspectors were told and observed it was evident that children's rights and diversity was promoted and children were treated with dignity and respect.

Children's rights were promoted at every level of the service and children's best interest was central to decision making. Inspectors observed this in records of the assessment and matching process where children's views were sought, explored and influenced outcomes. Birth children and foster children's voices were heard and given consideration. Children's view on their contact with their family was considered in the matching process. They were given a family book with details and pictures of the foster family. The records showed that children were supported to meet their birth families and friends which upheld their right to have access with their birth families and maintain friendships.

The inspectors spoke with two children during home visits. They spoke about their interest and hobbies and these were supported by their foster carers. This demonstrating that the children's right to play and recreation. The children knew who to speak to if they had a worry, complaint or wanted something. This information was in a guide which all children received by the link worker. The children the inspectors spoke with felt they were encouraged to express their views by their foster carers and link workers. They felt that they were supported to attend school and have friends visit. Foster carers and FRI supported and promoted children's right to an education.

The service had developed two guides to foster care, one for children and one for young people. The guides explained all children's rights, such as privacy, healthcare, equality, practicing culture and religion and what children should do if their rights are not being upheld. The guides were child friendly and age appropriate. The contact details for external advocates and other sources of support was also included. These guides explained what a child can do if they are worried or have a complaint, this included the phone numbers and email address of the complaints officer for the service. Link workers are responsible to ensure children receive their guide and have it explained to them. From a sample of files reviewed by inspectors this was the practice.

The foster carer's handbook promoted consultation and participation of children. Other children's rights such being safe, access with family and friend and religious celebration were included in the handbook and guided foster carers on how to support these rights.

External professionals such as social workers told inspectors that they had a positive view of the service in upholding children's rights. One external professional explained that from their experience of FRI, "children's rights were at the heart of their work" and that this was evident in the matching process. Another external professional said that the service promoted children's right and that "children were front and centre" and their needs were responded as required.

Foster carers spoke highly with regards to the level of formal and informal supports. Foster carers told inspectors that there was good support from the link worker and a 24 hour on call service. Foster carers told inspectors that they "feel very supported", and that FRI "couldn't do enough, they are always at the end of a phone day or night". With regard to feeling valued carers felt that "they mind their carers" and are "always supporting & play to your strengths". The foster carers said the service makes decisions "with the best interest of the kids" and that they are "all about the kids". External professional told inspections that FRI had a good reputation for supporting foster carers and they provided a high quality service.

They told inspectors that the service met challenges and ensured foster carers were supported appropriately. They practised open communication that was prompt and solution focused with a respectful approach. The external professional told inspectors that matching process was good and FRI provided long term and respite examples given.

Summary of inspection findings

Placements with FRI are commissioned by Tusla service area teams. Tusla retain their statutory responsibilities to children placed with this service and approve the foster carers through their foster care committees. The foster care agency is required to adhere to relevant standards and regulations when providing a service on behalf of Tusla. Both services are accountable for the care and wellbeing of children.

Children in foster care require a high-quality service which is safe and well supported by Tusla social workers. Foster carers must be able to provide children with warm and nurturing relationships in order for them to achieve positive outcomes. The service provider must be well governed in order to produce these outcomes consistently.

This report reflects the findings of a focused inspection, which looked at eight standards. The standards included matching carers with children and young people, supervision and support, recruitment and retention of an appropriate range of foster carers, training, safeguarding and child protection, effective policies, management and monitoring of foster care services, and representations and complaints.

On the previous HIQA inspection in April 2021, eight national standards were assessed, and of these, five standards were compliant and three standards were substantially compliant.

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

- 7 standards were compliant
- 1 standards were substantially compliant

The inspection found that FRI had a number of areas of good practice and an area that required improvement. The areas of good practice were matching carers with children and young people, supervision and support of foster carers, and recruitment and retention of foster carers, management and monitoring of foster care services, effective policies, child protection and safe guarding children, and training.

FRI had a comprehensive matching process and policy in place. It took into account the needs, interests and strengths of the children, and the strengths and capacity of the foster carers. A matching tool was developed in 2022 it provided a consistent in the approach. By the nature of emergency placements, matching was challenging and these challenges were well managed by the service.

The services provided foster carers with a high level of support and supervision. There was a link worker allocated to each family. There were weekly phone calls and monthly visits to foster carers in line with the standards. Additional support were also available if requested by the foster carer or if recommended by a link worker. There was support provided through the MDT, specialised training, education specialist and additional phone calls or visits. All foster carers had access to a 24 hour on call service.

FRI had a group of trained and approved foster carers in place at the time of the inspection, with high retention levels. Their experience ranged from newly approved to 20 years of experience. The service was in the process of expanding and had developed a recruitment strategy for 2023, in order to support the ongoing recruitment of foster carers. A marketing company developed a recruitment campaign with FRI. Part of the strategy was to recruit foster carers from diverse backgrounds and increase the number of foster carers to ensure the continued provision of emergency placements.

The services had effective management and governance structures in place. The inspection found that there was clarity with regards to roles and responsibilities of all staff. Management demonstrated effective leadership and there were clear lines of accountability. The management systems were in place to enable clear oversight and monitoring of the service.

FRI had policies and procedures in place to promote the provision of a high-quality foster care service. There were on-going reviews of policies and procedure by the

service management to ensure that they aligned with the accreditation as a therapeutic service and there was a strategy for policy implementation in place. However, at the time of the inspection, the unannounced visit policy was not fully implemented due to a number of challenges that did not allow the service to undertake these visits in previous 12 months. . In the absence of the implementation of this policy, unplanned visits did take place with some foster carer households as well a number of unannounced visits due to concerns raised.

The services had a range of safeguarding measures in place to protect children from abuse. However, the safeguarding measure of unannounced visits was not implemented and inspectors were assured by the CEO that these visits will begin in 2023. Systems were in place to ensure that allegations were reported in line with *Children First: National Guidance on the Protection and Welfare of Children (2017)*. However, the stepping down of Tusla Interim Protocol for the management of serious complaints and the introduction of Child Abuse Substantiation Procedure (CASP) (2022) resulted in lack of clarity. This is with regards to the management of child protection concerns and complaints that did not meet the threshold of CASP. The safe guarding policy guided the service to manage concerns that did not meet the threshold for CASP in the interim and the service was tracking all concerns and allegations effectively.

Five Rivers Ireland had a clear training strategy in place. A training needs analysis was conducted for 2022 and for 2023. There was a data base of training that could be accessed at any time. Training was on offer at different times during the week to accommodate different family schedules. While the service maintained a training tracker and were proactive in ensuring that foster carers had opportunities to update their mandatory training, not all foster carers were up to date with these requirements. Management of the service told inspectors that they were aware that this is an area for improvement and were taking steps to improve attendance in all training.

The area for improvement was the management of complaints and representations. The inspection found that foster carers were aware of the complaints policy and how to make a complaint. Children's right to make a complaint were promoted by both foster carers and staff. The inspection identified that there were inconsistencies in the management of complaints. For example, the appeals process was not outlined in correspondence and there were gaps in the recording of responses.

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 and young people.

FRI had a matching policy and procedure in place that promoted a human rights based approach and the best interest of children was central to decision making. FRI recognised that the matching process was central to ensuring the delivery of safe and appropriate placements and care for children. The policy and procedure was reviewed and updated regularly in line with the changing national demands on fostering services in 2022. Inspectors found from reviewing a sample of files, speaking with foster carers and children that the matching procedure was followed and that foster carers, birth children and children were consulted in the process and their views considered.

FRI ensured children were matched with foster carers who had the capacity to meet their needs. There was a matching process in place that was comprehensive. The procedure included a placement matching form, screening tool, matching and risk assessment, individual placement plan and admission form. A pre-placement meeting was held prior for non urgent placements. This meeting was attend by the child's social worker, foster carers, team leader, and link worker and were appropriate the child. The documents reflected children's right to receive an appropriate placement to meet the child's needs and the matching policy and procedure echoed this right. Inspectors found from a review of files that children's views were sought on placements. The matching process in place took into account the needs, hobbies, interests and strengths of the children, with the strengths and capacity of the foster carers. Inspectors were told children visited the foster home before placement and transition planning was agreed at pre placement meeting. The inspectors found culturally appropriate matches that promoted diversity and inclusion. FRI promoted peer support for foster carers from all backgrounds.

FRI established links between the foster carers, the children's birth family and community to help children settle into their placements. Inspectors found that FRI advocated for siblings and family contact and link worker supported contact. Children that the inspectors spoke with continued to be involved in their family, community and their foster carers supported this. FRI tried to make sure children stayed close to their home of origin if this was in their best interest.

Inspectors found from talking with foster carers, children, FRI staff and review of files that most children and their careers were appropriately matched. Children who met with inspectors informed them that they were happy in their foster care placement. The foster carers informed inspectors that they were receiving high quality support and were involved in decision making with regards to accepting placements. Foster carers could refuse a placement and this decision was respected by FRI.

By the nature of emergency placements matching was challenging and these challenges were well managed by the service. Information deficits were the main source of challenge for matching in emergency placements. However, it was evident that the service made every effort to get as much information as possible before a child was placed in a foster care placement. A 24 hour on call services was provided to all foster carers regardless of placement type. The foster carers told inspectors that they received relevant of their information from an FRI on call service and they were always were available on the phone if they had any questions or needed support.

Data provided by FRI prior to the inspection noted that there were three children awaiting approval of long term placements. Long term placements were for children who would remain in their foster care placement rather than returning home to their own families. There had been 15 approvals of long term placements in the 12 months prior to the inspection.

This was positive for children remaining in care as it meant that there was stability for children placed. Inspectors found comprehensive reports were completed for long term matches and these were presented to Foster Care Committee for approval.

Placements were reviewed and reassessed where circumstances changed. For example, when foster carers personal circumstances changed or children's needs changed and placements required additional support, arrangements were put in place. At the time of the inspection, there were 14 children in special foster care placements. Additional support activities were recorded and tracked and reviewed by the principle social workers. Additional supports were provided to foster carers, birth children and foster children. For example, group work sessions, special medical needs support and support for children's family access.

FRI were committed to improving matching and inspectors found that they had revised and implemented matching policy and procedure. Tusla ACIMS report August 2022 recommended an action with regard to ensuring that link workers meet with the birth children of foster carers on a regular basis to get an understanding of their experience of being a fostering family. It was evident from review of files, conversations with foster carers, and FRI staff that this was actioned and built into their practice. There was a booklet that explained the process of fostering to birth children, this supported birth children. It gave children an opportunity to have their voice heard during assessment process and express their experience of being a foster family.

FRI was committed to providing placements for children that met their needs and ensured children were placed appropriately. There was a matching policy and process in place that was reviewed regularly and followed by the staff. There was also strong governance arrangements in place. The views of children, foster carers and their birth children were sought and taken into consideration in the decision making process. The best interest of the children was central in the decision making process. Foster carers

supported children to maintain their links with their birth family and community. For these reasons the service was deemed to compliant.

Judgment: Compliant

Standard 10: Safeguarding and child protection

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

FRI had safeguarding measures in place to protect children from abuse. Joint visits and supervision meeting were taking place with the foster carers in line with the regulations and standards. The safeguarding measure of undertaking unannounced visits was not fully implemented. Inspectors were told by the CEO that these visits would fully commence in 2023. Subsequent to the field work inspectors were told that 75 of it 197 foster care household received an unplanned visit.

The safeguarding policy identified that FRI staff and foster carers were mandated persons under the *Children First Act 2015*. FRI principal social workers were the Designated Liaison Person (DLP) for their area in accordance with *the Children First: National Guidance for the Protection and Welfare of Children (2017)*. There were regular DLP safeguarding meetings that discussed concerns, allegations, progress and outcomes. There was an effective tracker in place which was updated with new allegations, concerns, information and follow up actions. This was separate to the management of complaints. Governance meetings in respect to safeguarding were held . These meeting gave the DLP the opportunity to escalate concerns regarding delays in progressing of allegations that meet the threshold for CASP and concerns that did not meet the threshold.

Tusla are now operating CASP and allegations of abuse against foster carers and other adults within the foster care household are assessed through this process. CASP teams work independently of duty Tusla teams. Where matters did not meet the threshold for CASP, these concerns were screened and assessed by intake teams and decisions were made at strategy meetings in regard to next steps. Tusla has statutory responsibility for the management of allegations of abuse, however, there were frequent delays in the management of these allegations which were outside of the control of FRI.

Strategy meetings were routinely held when allegations of abuse or concerns were made against foster carers and these were attended Tusla staff, link workers and

their managers from FRI. At these meetings, the allegations and concerns were discussed. With regard to more recent referrals, Tusla informed the meeting on whether the allegation or concern met the threshold for CASP assessment. The agreed follow up actions from the strategy meetings were generally appropriate. The Foster Care Committee were appropriately informed of the allegations.

Inspectors found that FRI appropriately reported concerns and allegations to Tusla as required. The majority of allegations and concerns reviewed by inspectors were made directly to Tusla from third parties or by a child directly.

Where concerns did not meet the threshold for CASP, once screened and assessed by the intake teams, decisions were made with Tusla on the appropriate next steps. The service had raised with Tusla that there was a lack of clarity in relation to how such concerns were to be managed. Inspectors found that the service responded appropriately with regard to these concerns in practice.

The service had a comprehensive Child Safeguarding Statement in line with the *Children First Act 2015* and *Children First: National Guidance on the Protection and Welfare of Children (2017)* that was updated in November 2022. It was noted that CASP (2022) had been introduced by Tusla and that future updating of safeguarding policies would be reviewed in line with recommendations arising from the roll out of these procedures. Staff and foster carers had a good awareness of safeguarding requirements including their responsibilities as mandated persons and they promoted children's right to safety and protection from harm.

Inspectors found that staff and foster carers had received mandatory training in Tusla Children First e-learning programme and FRI compulsory training *Children First (2017)*, and social media: keeping children safe online and protecting children. All these training programmes were refreshed on a three year cycle. However, inspectors found that foster carers were not consistently up to date on all three mandatory trainings on FRI compulsory training list and this is outside of FRI policy.

FRI provided data on inspection in respect of significant events. The data indicated that there were 21 significant events recorded and risk rated in the 12 months prior to the inspection. Many of the significant events were low level risk. A tracker was used to record details of incidents, response and follow up actions. Incidents and risks were monitored for trends and were discussed at management meetings. There was evidence of good practice with regard to risk management and supporting placements. Placements were discussed in management meetings to ensure the safety of children and identification of additional supports if required. For example, the provision of respite care, training or counselling.

There were no incidents of children placed with the service going missing from care in the 12 months prior to the inspection. Inspectors reviewed a sample of children's files and found all had up-to-date absent management plans. Foster carers that spoke

with inspectors were aware of their responsibilities with regard reporting a child that was missing in line with *HSE (Tusla) An Garda Síochána joint protocol children missing from care (2012)*.

FRI had safeguarding measures in place to protect children from abuse. The service had identified and responded appropriately to the challenges with the management of allegation or concerns that did not meet the threshold for CASP. There was evidence of good practice with regard to governance of safe guarding and child protection.

The safe guarding policy of unannounced visits was not fully implemented and unplanned visits were put in place. Inspectors were informed that full implementation would take place in 2023. For this reason, the service was deemed to compliant with the standard.

Judgment: Compliant

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.

All the foster carers had a link worker at the time of the inspection. The role of the link worker from FRI and social worker for the child were outlined in the foster carer's handbook. The inspectors found foster carers were provided with a good level of support and supervision.

The supports included telephone support, monthly visits, supervision, coffee mornings, training, support groups, MDT support, family days and a 24 hour on call service. From a review of foster carer's files and feedback from foster carers and link workers, it was clear that all link workers were in regular contact with the foster carers. The link worker ensured to have weekly phone calls and monthly visit with foster carers. In some instances, foster carers were visited more regularly to support children's placements. Feedback from foster carers through the focus groups and interviews were complimentary about the support they received from their link worker. External professionals also commented on the high quality of support and supervision provided to foster carers and children.

Inspectors found from review of case files and feedback from foster carers, it was clear that there was effective communication between link workers and foster carers.

There was a record of all contact with foster carers and a reason was noted on file if contact did not happen. As part of their induction, foster carers were informed of all policies and procedures and these were discussed during link worker contact as the need arose. The weekly phone calls from their link worker provided additional support and foster carers could make contact with their link worker as they needed.

FRI had clear protocols in place with regards to supervision. The link workers were available to foster carers in terms of information giving, advice and support. Formal supervision was facilitated by the link worker in line with regulations and standards. Inspectors found clear and comprehensive evidence of formal supervision in all of the files that were sampled. The supervision records reviewed were in line with the service's policy and procedures for support and supervision of foster carers. Records of the support and supervision provided to foster carers were on file and there was a standard template in place. Inspectors found examples of good practice with open and supportive communication with foster carers. However, there were inconsistencies with signing of documents by team leaders and dating documents. Foster carers were made aware that they could access their file and information during the induction. FRI had a data protection policy and good practice was overseen by FRI data protection officer and management.

Both children and foster carers were provided with information on an advocacy services for children in care. A FRI link worker had the responsibility for developing links with this service and had organised coffee mornings to promote children awareness and access of this service. Foster carers received information on a national organisation for foster carers that offer support and advocacy. There was free membership offered to this organisation by FRI.

There was a foster carer's portal on the information management system to record information and submit reports about the children's placements. The foster carers told inspectors that the portal helpful and time saving. Inspectors found that this was an area of supportive practice.

FRI had an extensive MDT that had expanded in 2022. The MDT consisted of a counselling psychologists, speech and language therapist, educational psychologist, education support worker, occupational therapist, play therapist, attachment therapist, psychotherapist and social care workers. Each placement had a six week support package from MDT that could be extended if the need arose. A bespoke programme of support was available throughout the children's placements in agreement with the children's social work team.

FRI had developed a foster carer's handbook that contained a brief outline of many of the FRI policies. It gave details of the roles and expectation of foster carers and the staff of FRI. While this was a supportive handbook for foster carers it was not kept up to date with changes in FRI policies. For example, the policy on unannounced visits had not been implemented due to public health advice and there was a plan to

implement the visits in 2023. However, the number of unannounced visits per year in the policy was different to the handbook.

The service had organised family fun days, coffee mornings and had a schedule of events planned for 2023. The service supported the development of peer support, some of this support was naturally forming through foster carer training and others were organised by the service with families with similar experience or diversity of backgrounds.

All foster carers in FRI had a link worker. There were high levels of support provided to foster carers and their families. There were clear records pertaining to supervision on file and all supervisions were taking place in line with policy. For these reasons this service was deemed compliant with this standard.

Judgment: 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.

Five Rivers Ireland had a clear training strategy in place. A training needs analysis was conducted for 2022 and for 2023. There was an induction and training schedule in place for foster carers. The training was aimed to prepare foster carers with the skills and knowledge required to provide a quality service. However, foster carers were not all up to date with their mandatory first aid and FRI compulsory training and this was outside of FRI policy. Inspectors found that some foster carer's mandatory Tusla Children First e-learning programme was out of date, however, the service provided data that assured inspectors that these foster carers were not currently fostering.

The service had a training co-ordinator that oversaw and responded to the training needs of foster carers. There was a focus on building foster carers strengths and developing insights into children behaviour and how best to support them. Some specialist training was sourced outside of the service that was funded by FRI. Creating a reflective space for carers to share their experience and learn from each other was promoted.

In 2022 there was a low up take in non-compulsory training provided by FRI. This was evident in the review of foster carer's files and review of training trackers. The training offered was both online or in person. Questionnaires were sent to the foster carers for the purpose of gathering feedback and gathering suggestions. Inspectors found that training needs were discussed at supervision and discussions between the link worker and foster carers informed the training schedule. In discussion with FRI staff and foster carers there was a preference for combination of online and in person training. Inspectors found from review of the training schedule for the 2023 that foster carer feedback was taken into account.

Outside of the mandatory and FRI compulsory training, training was based on the needs of the child and supported to build the foster carer's capacity. There was a focus on building on foster carer's strengths and developing insights into children behaviour and how best to support them. Some specialist training was sourced outside of the service.

FRI provided training such as, online Tusla Children First e-learning programme, protecting children: understanding the foster carers role as a mandated person, first aid and social media: keeping children safe online. Some of the additional training consisted of identity and self-esteem for children of mixed race, playful parent, preparing for independence, adverse childhood experiences and trauma training. The service had delivered training on trauma and attachment and further dates were planned to ensure all staff and foster carers were trained. Some training programmes were attended by foster carers and FRI staff together.

Inspectors reviewed training trackers for mandatory training and noted that some foster carers first aid mandatory training was out of date and not all foster carers were scheduled to attend the next refresher training. For example, in the Munster region 24% of foster carers needed to attend a first aid refresher course and 65% of these foster carers were scheduled to attend training in early 2023. The training that was recorded on foster carers file did not always correspond with training trackers which had the most up-to-date information. Inspectors found that the provision of mandatory first aid was a challenge for the service which was largely due to public health advice.

Some foster carers had a role in training and FRI had a plan to formally train foster carers as trainers in 2023. Foster carers with the support of FRI staff delivered training, for example, cultural diversity. FRI placed value on the experience and background of foster carers and used this in training.

Foster carers that spoke with the inspectors found that the training focused on children's needs, their background and promoted children's rights such as cultural and religious rights and the right to safety. They spoke highly of the trauma informed training and believed that it helped them to support children better and develop

insights into children's behaviour. Training that promoted children's cultural identity and diversity was also welcomed by foster carers as it helped them promote children's rights. Inspectors found some foster carers had sourced and attended training on children's rights from outside of FRI. The dates of important cultural events were also given to foster carers along with advice on how honour children's culture.

In development for 2023 was training for birth children of foster carers in child protection. The target age group would be for children aged 16 years to 18 years and 18 to 21 years. This program provided guidance on how to manage a disclosure or an allegation. It outlined the roles and responsibilities of mandated persons, link workers and social workers.

Foster carers had received FRI compulsory training in Children First (2017) and protecting children training. However, inspectors found that child protection refresher and mandatory first aid training was not up to date.

FRI had areas of good practices with regards the induction and training of foster carers. There was a training schedule in place that was discussed and agreed with foster carers. All the training that foster carers attended was recorded on file and tracked through an auditing system. The auditing system tracked when a carer was due to attend mandatory training. There was a record kept of all training foster carers had attended outside of mandatory training.

FRI had a training strategy and a programme in place for foster carers. A training needs analysis was conducted in 2022 and in 2023 and a range of training was on available. In this regard this service was deemed -compliant.

Judgment: Compliant

Standard 18 : Effective Policies

Health boards² 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.

FRI had policies and procedures in place to promote the provision of a high-quality foster care service. FRI policies, procedures and guidance documents for the delivery of foster care services were largely aligned to relevant legislation, regulations and national standards. There were on-going reviews of policies and procedure by the service management. However, the unannounced visits policy was not fully implemented and managed responded to concerns that arose and some families had unplanned visits.

The service had systems in place to review policies and procedures. In the 12 months prior to the inspection, the transfer policy, matching procedure, disruption policy and safe care policy for FRI was reviewed and updated. Updates regarding policy were discussed at every management meeting and outstanding actions were reviewed. Regular management meetings ensured timely communication about changes to policy to staff. Foster carers were also kept up to date and informed about relevant policy developments through newsletters and by link workers. FRI consulted with foster carers and children with the development of policies and procedures and this was an ongoing process. The policies reviewed in 2022 corresponded to some but not all of changing needs of the service and service delivery.

Following the implementation of Tusla's CASP policy, principal social workers developed a flow chart to explain the procedure to staff and workshops were held. CASP policy training was in development for foster carers and a newsletter with information on CASP was sent to all foster carers. However, principal social workers informed inspectors that they required future clarity to ensure they are delivering the correct information on complaints or concerns that did not reach the threshold for CASP. FRI policy on company wide user representation- compliments comments and complaints policy refers to Tusla Interim Protocol which has been stepped down. Inspectors were informed that this would be updated when the service had certainty on how to manage complaints and allegations outside of CASP.

Inspectors found that there was an unannounced visits policy that was not implemented by FRI. The number of visits outlined in the unannounced visits policy differed to the number of visits in the foster carer's handbook. Inspectors found that there was a lack oversight regarding this policy and information given to foster carers.

² These services were provided by former health boards at the time the standards were produced in 2003. These services are now provided by the Child and Family Agency (Tusla).

To ensure compliance with policies and standards, the service completed and had an ongoing programme of audits in the 12 months prior to the inspection. The inspectors reviewed training audits and An Garda Síochána (police) vetting audits for staff and foster carers and found that there was a system in place monitor when refresher training and re vetting was required. The adult children of foster carers living or visiting with foster carers were required to have Garda vetting and this was included in the audit. The audit detailed any up-to-date information such as a new application for Garda vetting or date of scheduled training. Inspectors found the Garda vetting was in line with policy.

FRI staff were aware of the policies and procedures in place to deliver a safe and high quality service. The link workers informed inspectors that they were updated on changes to policy through monthly team meetings. Inspectors found from the review of foster carer's files that link workers implemented most policies and procedures in their practice. Training and workshops were delivered throughout the year to staff to ensure policies were adhered to.

There were two guides to foster care one for children and one for young people. These guides were developed and produced in consultation with children. These guides are example of good practice in relation to children's right to consultation and participation in decision making. The guides clearly explained the process of making a complaint, expressing views and consultation on decision making. The guides included an explanation of their rights that was age appropriate and easy to read. These guides were part of the welcome pack for all children.

The foster carer's handbook guided the foster carers to FRI policies and procedures. The handbook required updating to reflect all policies and procedures. Foster carers and children were consulted on the social media policy to ensure that it responded to the needs of foster carers and children. This was an area of good practice and was an ongoing process.

FRI had policies and procedures in place to promote the provision of high quality foster care service for children. There was a programme of audits that captured most deficits in policy and procedure implementation. FRI consulted with foster carers and children in the development of policies and procedures and told inspectors that feedback was instrumental in driving improvements in the service. In this regard this service was deemed compliant.

Judgment: Compliant

Standard 19 : Management and monitoring of foster care services

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

There were governance arrangements and structures to ensure the delivery of a high quality service. The management team had implemented effective systems to manage and monitor the service and there were several layers of governance to ensure the service was safe and effective.

The service was well led and organised. There was a board of management that had clear oversight of all aspects of the service. The management team consisted of a chief executive officer (CEO), director operations officer, three principal social workers, business support and financial manager and clinical lead of the MDT team.

Inspectors spoke with FRI staff and found that they knew their roles and responsibilities and they were supported to deliver a good quality service to children and foster carers. There were policies and procedures in place which were accessible to all staff and foster carer. A human resource post was created and filled by the service in 2022. This post has ensured that staff needs or issues were addressed appropriately.

The service was adequately resourced to meet the aims and objectives of the service. There were no vacancies at the time of the inspection. There had been some staff turnover in 2022, although foster carers felt that they had been well supported over that period. The CEO had implemented retention strategies such as development days for staff, development of a senior practitioner post, staying in line with public sector pay scales. The service provided a comprehensive induction programme and FRI had a good induction programme of training and supervision in place for new recruits.

The service was expanding in the north west region and recruit more foster carers. Inspectors found that FRI had reviewed their recruitment campaign and a decision was made to engage the services of a marketing company. Inspectors found from a review of FRI management meeting minutes that improving their digital and media profile required expertise outside of their skill set, this was the basis of their decision to employ expertise in the areas. The retention of foster carers was a high priority in management meetings and it was evident that ensuring foster carers were valued and supported was essential.

Inspectors reviewed a sample of the board of management meetings minutes. There were eight board of management meetings in the 12 months prior to the inspection. The months that there was no meeting held, the actions were reported on in the next meeting held. Standing agenda items and actions discussed included, complaints, child protection and welfare, incidents and placement breakdowns. It was evident

that all aspects of the service were discussed and clear governance arrangements were in place to ensure the delivery of a high quality service.

The CEO had appropriate governance arrangements in place. Regular monthly senior management meetings occurred. Managers provided reports in relation to their specific area of responsibility and these were reflected as standing agenda items such as reports from the DLP. In addition, progress on agreed actions were tracked, learnings shared and risks were routinely discussed. The service had a complaints policy and procedure in place for managing complaints and representations and the service acknowledged improvement were required in the recording and oversight of complaints.

There were effective communication systems within the service. The senior management team met a monthly basis. Members of the management team provided reports to the senior management team before meetings. There were also link work team meetings, sub group meetings and peer support group meetings. Inspectors spoke with FRI staff who identified that the service had good communication systems and they were satisfied that information was shared with them as required.

The information management system that the service used stored the foster carer and children's files. There was a weekly audit of foster carers files and managers followed up with link workers on any deficits. There was a governance checklist completed on children's files and deficits were escalated to Tusla through governance meetings or by email

The service attended governance meetings with Tusla, this ensured effective oversight and monitoring of the service provided. Inspectors reviewed a sample of meeting records and noted that FRI updated Tusla with regard to many aspect of the service, including child protection, significant events, assessments, reviews of foster carers, supports and funding. The principal social workers told inspectors that these meeting offered FRI the opportunity to escalate issues such as requests for up-to-date care plans for children and delays in the progress of CASP allegation.

FRI had a risk register, which identified risks for the service, control measures and future action required to mitigate against risk. The risk register was overseen by the director of operations and it was their responsibility to ensure that it was up to date and had appropriate measures in place to mitigate against the risks. The risk register was reported on in each management team meeting and future actions agreed. Inspectors found that there was effective oversight and management of risk by FRI.

Service level agreements were in place specifying requirements, expectations and reporting arrangements with Tusla. This agreement was in place for the next three years with the possibility to extend the agreement to ten years.

FRI was last audited by the Tusla ACIMS in June 2022. There was one action as a result of the audit.

That was to ensure that link workers meet with the birth children of foster carers on a regular basis to get an understanding of their experience of being a fostering family. Inspectors found evidence of this being actioned on foster carer's files.

The service had a comprehensive business plan in place for 2022. The plan included recruitment, retention of foster carers, development of MDT, development of emergency placement service, regional expansion, trauma training and having good quality productive staff. Inspectors found that the business plan had advanced in 2022, and that work would be continuing into 2023 to achieve its objectives. For example, the trauma training for staff and foster carers which started in 2022 and was planned for completion in 2023. Becoming an accredited therapeutic service was part of the overall five year plan that had a separate focused action plan. Inspectors found from the review of board of management meeting minutes and senior management meeting minutes that some of the actions from the business plan had been completed and others actions were in progress and regularly reviewed. The areas actioned included recruitment of human resource personal, regional expansion through appointment of a third principle social worker and sourcing of an office for the north west region of Ireland.

In the 12 months prior to the inspection, the service updated their mission statement to reflect the services values and goals. Central to this was children's right to be safe and protected and to reach their full potential in all aspects of their lives. Inspectors reviewed the accreditation action plan for 2023, and found that it was comprehensive and had a collaborative approach with foster carers. This was to ensure children received high quality care that promoted and supported their rights. Additionally, inspectors were told that FRIs plan going forward was to review outcomes for children by developing progress trackers that will be reviewed bi-annually.

Overall, the service managed, monitored and delivered a child centred service that was respectful of the promotion and support of children's rights. Inspectors found examples of good practice in relation to supporting children to have safe and high quality care. There were effective structures in place for the management, monitoring and delivery of the service. There was effective leadership and clear lines of authority. There were good communication systems in place and staff were aware of their roles and responsibilities. There were systems in place to provide for oversight by the management team. For this reason, FRI was deemed to be compliant with this standard.

Judgment: Compliant

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.

FRI had recruitment and retention strategies in place for foster carers. There were effective systems in place to oversee the management of these strategies. FRI had an ample pool of foster carers at various stages of experience, from newly assessed foster carers to foster carers with up to 20 years of experience. All foster carers were trained and skilled in the care of children. The service was expanding and recruitment and retention was a high priority.

There were various retention strategies in place which acknowledged foster carers for various milestones and occasions. There were celebrations for foster carers that had fostered for 10 and 20 years. Foster carers who spoke with inspectors felt that they were supported and valued by FRI and occasions in their lives both happy and sad were acknowledged. They spoke positively about their experience of FRI and all the supports in place. These included appropriate matching of children and foster carer, 24 hour on call service and MDT support, good communication, newsletters and family and sports days.

There was a foster care forum that recruited foster carers from across the country. This gave the foster carers an opportunity to discuss concerns, issues, receive support and make suggestions. Surveys were carried out to get the views of foster carers and FRI took feedback on board. For example, they sought feedback on what events to run nationally. The inspectors viewed a schedule of social events that took place 2022. The foster carers that inspectors spoke with said that the family fun days were a great day out with lots of fun activities and great food.

There were seven recruitment campaigns throughout 2022 as well as ongoing social media advertisements. There was a drive to recruit foster carers from diverse backgrounds through community newsletters, newspapers and video campaign. Additional to this FRI had stands at a conference and a community festival. FRI engaged the services of a marketing company to support their ongoing recruitment of foster carers. FRI were very strong in ensuring that their core values were central to the recruitment campaigns. Inspectors found this in the review of board of management meeting minutes.

Foster carers and staff were encouraged to promote fostering within their own networks. FRI provided incentives for recommending people to become foster carers. For example, a thank you gift was offered to foster carers and staff members for any new foster carers who successfully completed the assessment process. The foster carers who spoke with inspectors were selective of who they would approach as potential foster carers as they acknowledged that it can be both challenging and rewarding experience.

There were foster carers involved in formal promotion and recruitment of potential new foster carers. From what inspectors reviewed, recruitment enquiries were acknowledged promptly, within one day. Management had effective oversight of recruitment and tracked response times and further actions required in the recruitment process. It was not evident on foster carer's files how they were recruited, however, recruitment assessment process was followed.

In the 12 months prior to the inspection, eight foster carers left the panel, one was removed from the panel by the Foster Care Committee. There were five exit interviews completed. Exit interviews reviewed by inspectors indicated that most foster carers were retiring or had competing family commitments. Overall, their experience of FRI was positive and the support of the link workers was highly praised. The range of training was also viewed as supportive and helpful. Building relationships with other foster carers was also a source of support that was promoted by FRI. The negative aspects of fostering experience were information deficits in emergency placements. However, they acknowledged that this was outside of FRI control.

FRI had recruitment and retention strategies in place that proved effective. The recruitment and retention of foster carers was a high priority for FRI. Foster carers were involved in recruitment campaigns, which offered prospective foster carers a realistic view of what it was like to be a foster carer. All training that was attended by foster carers was tracked. Foster carers spoke to inspectors about their positive experience of FRI and gave many examples of how they felt valued. In this regards the service was deemed compliant with this standard.

Judgment: Compliant

Standard 25: Representation 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.

FRI had policies and procedures in place which were clear and responsive to managing representations and complaints made by children, their families and foster carers. The policies and procedures were available to children, families and foster carers who were made aware of how to make a representation, complaint or provide feedback to the service. Information was provided in written format as well as being provided verbally to all persons. A flow chart of the complaints procedure was in the foster carer's handbook. The complaints procedure for children was outlined in their respective guides in their welcome pack. These guides were child friendly and age appropriate. Children were informed and given a copy of the Tusla policy for the management of complaints 'Tell us' complaints policy, if they preferred or wanted to make a complaint about FRI. The children that spoke with inspectors were aware that they could make a complaint. The children's right to make a complaint was promoted. However, there were inconsistencies in the management and monitoring of complaints.

The service had a complaints officer who managed and had oversight of all complaints. The complaints officer maintained the complaints register. The service director reviewed complaints on a quarterly basis. The services reported that they had six complaints and 13 compliments in 2022. There were inconsistencies in the management of complaints. For example, not all people making complaints were informed in writing of the outcome or of the appeals procedure. The complaints register did not effectively monitor complaints. It did not ensure that complaints were managed in line with policy. For example, inspectors found, that FRI were not recording if the complainant was satisfied or not with the outcome of complaint. Further to this, the appeals procedure was not always provided to complainant and time taken to resolve was not recorded. There were quarterly meetings regarding complaints held and actions or learnings arising from same were shared with staff.

Foster carers and children were informed of external advocacy services and promotional material was made available to them. FRI link worker promoted strong links with an advocacy service for children in care through initiatives such as coffee mornings. Foster carer's membership to an external advocacy service was funded by FRI.

The exit interviews reviewed by inspectors indicated overall satisfaction with their experience of FRI. The supports from link workers, training that was offered and 24 on call service were highlighted as positive. The feedback on the fostering foundation course was positive. Foster carers told inspectors that it did help them prepare for fostering.

While there was policies and procedures in place, there were inconsistencies in management and monitoring of complaints.. In this regard this service was found to be substantially compliant with this standard.

Judgment: Substantially compliant

Appendix 1:**National Standards for Foster Care (2003)**

and

Child Care (Placement of Children in Foster Care) Regulations,³ 1995

Standard 8	Matching carers with children and young people
Regulations Part III, Article 7	Capacity of foster parents to meet the needs of child
Part III, Article 7 ⁴	Assessment of circumstances of the child
Standard 9	A safe and positive environment
Standard 10	Safeguarding and child protection
Standard 14(a)	Assessment and approval of Non-relative foster carers
Regulations Part III, Article 5	Assessment of foster parents
Part III, Article 9	Contract
Standard 14 (b)	Assessment and approval of Relative foster carers
Regulations Part III, Article 5	Assessment of relatives
Part III, Article 6	Emergency Placements
Part III, Article 9	Contract
Standard 15	Supervision and support
Standard 16	Training
Standard 17	Reviews of Foster carers
Standard 18	Effective policies
Regulation Part III, Article 5 (1)	Assessment of foster carers
Standard 19	Management and monitoring of foster care services

³ Child Care (Placement of Children in Foster Care) Regulations, 1995

⁴ Child Care (Placement of Children with Relatives) Regulations, 1995

Regulations Part IV, Article 12 Part IV, Article 17	Maintenance of register Supervision and visiting of children
Standard 20	Training and qualifications
Standard 21	Recruitment and retention of an appropriate range of foster carers
Standard 22	Special foster care
Standard 24	Placement of children through non-statutory agencies
Regulation Part VI, Article 24:	Arrangements with voluntary bodies and other persons
Standard 25	Representations and complaints

Introduction and instruction

This document sets out the standards where it has been assessed that the provider is not compliant with the National Standards for Foster Care, 2003.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which standards the provider must take action on to comply. In this section the provider must consider the overall standard when responding and not just the individual non compliances as listed in section 2.

Section 2 is the list of all standards where it has been assessed the provider is not compliant. Each standard is risk assessed as to the impact of the non-compliance on the safety, health and welfare of children using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider has generally met the requirements of the standard but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider has not complied with a standard and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of children using the service will be risk rated red (high risk) and the inspector has identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of children using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider is required to set out what action they have taken or intend to take to comply with the standard in order to bring the service back into compliance. The plan should be **SMART** in nature. **S**pecific to that standard, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each standard set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Standard Heading	Judgment
Standard 25: Representations and complaints	Substantially compliant
<p>Outline how you are going to come into compliance with Standard 25: 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> <p>The Complaints Officer will fully review the Five Rivers Company Wide User Representation - Compliments, Comments and Complaints Policy and the processes involved. A New Complaints Tracker will be implemented to ensure that complaints are tracked from start to finish. Standard business communications will be put in place to ensure that people making a complaint are provided with a copy of the complaints procedure and information about the process for dealing with complaints as well as the appeals process. Similar communications will be in place to communicate outcomes. Feedback from complainants will also be recorded on the Complaints Tracker.</p> <p>It is current practice for the Complaints Officer to update the senior management team and board of management in relation to complaints and representations. This will continue. The CEO will continue to review all complaints and the Complaints Tracker on a quarterly basis.</p> <p>Issues or concerns that are raised against foster carers are managed by the DLPs/Principal Social Workers. The Five Rivers Company Wide User Representation - Compliments, Comments and Complaints Policy has been updated to clearly indicate that these issues are dealt with and tracked by the DLPs/Principal Social Workers. This includes consideration about whether an issue raised constitutes a child protection and or welfare concern. Issues raised and concerns against foster carers are tracked by DLPs which enables them to reconsider if a concern or issue raised needs to be revisited at any point. The Safeguarding and Child Protection policy also clearly sets out that if an issue raised is deemed to be a formal complaint then it is dealt with through the complaints procedure. Otherwise it is dealt with in line with the agency's Safeguarding and Child Protection policy.</p>	

Section 2:

Standards to be complied with

The provider must consider the details and risk rating of the following standards when completing the compliance plan in section 1. Where a standard has been risk rated red (high risk) the inspector has set out the date by which the provider must comply. Where a standard has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider has failed to comply with the following regulation(s).

Standard	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Standard 25	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.	Substantially compliant	Yellow	10/5/2023

