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An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of a Private Foster Care Service

Name of provider:	Foster Care Ireland
Tusla Region:	Dublin Mid Leinster
Type of inspection:	Announced
Date of inspection:	20 – 22 September 2022
Inspectors:	Sharron Austin Niamh Greevy
Centre ID	OSV-0005713
Fieldwork ID	MON-0037670

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, 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) 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:

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

1. Inspection methodology

As part of this inspection, inspectors met with the relevant professionals involved in Foster Care Ireland (FCI) Fostering Services and spoke with foster carers.

Inspectors reviewed documentation such as case files, foster carers' files, children's files and relevant documentation relating to the areas covered by the specific standards against which the service was inspected.

During this inspection, the inspectors evaluated the:

- assessment of foster carers
- safeguarding processes
- supervision, support and training of foster carers
- policies and procedures
- management and governance of the service
- recruitment of staff, induction, probation and supervision.

The key activities of this inspection involved:

- the analysis of data and the review of documentation
- the review of the relevant sections of foster carer files as they relate to the inspection
- interviews with the Service Director and CEO of the company
- interviews with three members of the service's consultative committee
- interviews with Principal Social Worker and two Link Social Workers in FCI
- focus group with three foster carers and separate telephone calls with five foster carers
- telephone interview with one children in care social worker.

Acknowledgements

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

2. Profile of the foster care service

The Service Provider

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 in need of care.

After an initial period of recruitment of foster carers, FCI began providing placements for children and young people referred to them by Tusla, the Child and Family Agency in 2017. The service is based in Santry, Dublin, and sees its main area of focus being Dublin North and surrounding counties. The foster care agency recruit, assess, train and provide support to foster carers to enable them to care for children between the ages of 0 – 18 years.

Data provided by Foster Care Ireland Fostering Services prior to the inspection showed that the service had 22 foster care households and, at the time of inspection, sixteen of those households provided foster care placements for 26 children.

Placements with Foster Care Ireland are commissioned by Tusla service area teams.

Summary of inspection findings

Child and family services in Ireland are delivered by a single dedicated State Agency – The Child and Family Agency (Tusla) – which is overseen by the Department of Children, Equality, Disability, Integration and Youth. 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 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 the Child and Family Agency. Foster Care Ireland Fostering Services was last audited by the Tusla Alternative Care Inspection and Monitoring Service (ACIMS) in October 2021. The final report of this audit was made available to HIQA in December 2021. Four actions were identified for follow-up by the service. Foster Care Ireland provided appropriate responses and timeframes tracker of actions arising from the audit.

This inspection report reflects the findings relating to seven standards. These are set out in Section four of this inspection report and include safeguarding and child protection, assessment and approval, training, reviews of foster carers, management and monitoring, and training and qualifications of staff.

This was the third inspection of Foster Care Ireland by HIQA, the first having taken place in 2018. At the time of the last inspection in February 2020, Foster Care Ireland had 16 children in foster care and 12 foster care households. Of the seven national standards assessed in 2020, six standards were compliant and one standard was substantially compliant.

In this inspection, HIQA found that all of the seven national standards assessed were compliant.

This inspection found that Foster Care Ireland's governance and management arrangements were effective, ensured accountability for the delivery of a safe and child-centred service. The service was well led, organised, managed and adequately staffed and service planning was of good quality. Service delivery was aligned to relevant

legislation, regulations, policies and standards to promote the provision of a quality foster care service. Care practices were consistent with their policies and procedures. The culture and provision of the service was informed by the voice and experiences of foster carers and the children placed with them. Staff understood their roles and responsibilities and reported that there was strong leadership and communication systems in place.

The service had sufficient experienced and qualified staff who were competent and knowledgeable in carrying out their responsibilities. Managers valued their staff and supported their continuous professional development. Staff were responsive to foster carer's needs.

Assessments of prospective foster carers were comprehensive and of good quality. There was a clear process for the approval of foster care applicants by the relevant foster care committee (FCC). Assessments were completed in a timely manner and appropriate case supervision was in place for oversight of the assessment process.

A high standard of support and supervision was provided to foster carers and all carers had an allocated link worker. Supervision and support records demonstrated good discussions on all aspects of fostering as well as training needs. There was good communication and appropriate information sharing between the link worker and the child's social worker.

Foster carers were provided with appropriate training opportunities to equip themselves with the skills and knowledge required to provide safe and effective care. Where required, training was provided to meet specific needs of individual children. Foster carer reviews were comprehensive and of good quality and outcomes notified to the FCC. However, eight initial foster carer reviews were not completed within the required timeframes.

Safeguarding systems were in place and appropriate actions were taken to ensure that children and young people placed with foster carers in the service were protected from abuse and neglect. All staff and foster carers had received training in Children First National Guidance for the Protection and Welfare of Children, 2017 (Children First). Concerns, allegations and complaints about foster carers were responded to and were managed appropriately, in line with Children First. However, in relation to one allegation that did not meet the threshold under Tusla's Child Abuse Substantiation Procedure, June 2022 (CASP), the lack of clarity to Foster Care Ireland on how to manage the concern was an issue as the management of serious concerns was not part of the new CASP policy.

3. Summary of judgments under each standard and or regulation

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

Compliant: a judgment of compliant means that no action is required as the provider or person in charge (as appropriate) has fully met the standard and is in full compliance with the relevant regulation.

Substantially compliant: a judgment of substantially compliant means that some action is required by the provider or person in charge (as appropriate) to fully meet a standard or to comply with a regulation.

Non-compliant: a judgment of non-compliance means that substantive action is required by the provider or person in charge (as appropriate) to fully meet a standard or to comply with a regulation.

National Standards for Foster Care	Judgment
Theme 2: Safe and Effective Services	
Standard 10: Safeguarding and child protection	Compliant
Standard 14a: Assessment and approval of non-relative foster carers	Compliant
Standard 15: Supervision and support	Compliant
Standard 16: Training	Compliant
Standard 17: Reviews of Foster Carers	Compliant
Theme 4: Leadership, governance and management	
Standard 19: Management and monitoring of foster care services	Compliant
Theme 6: Workforce	
Standard 20: Training and Qualifications	Compliant

This inspection was carried out during the following times:

Date	Times of inspection	Inspector	Role
20 September 2022	09:00hrs to 17:00hrs	Sharron Austin	Inspector - onsite
20 September 2022	09:00hrs to 17:00hrs	Niamh Greevy	Inspector - onsite
21 September 2022	09:00hrs to 17:00hrs	Sharron Austin	Inspector - onsite
21 September 2022	09:00hrs to 17:00hrs	Niamh Greevy	Inspector - onsite
22 September 2022	09:00hrs to 17:00hrs	Sharron Austin	Inspector - remote
22 September 2022	09:00hrs to 17:00hrs	Niamh Greevy	Inspector - remote

4. 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

Safeguarding systems were in place and appropriate actions were taken to ensure that children and young people placed with foster carers in the service were protected from abuse and neglect. All staff and foster carers had received training from Foster Care Ireland in Children First: National Guidance for the Protection and Welfare of Children, 2017 (Children First). Concerns, allegations and complaints about foster carers were responded to and were managed appropriately, in line with Children First. Foster Care Ireland had reviewed and updated their policies and procedures in July 2022 to take account of Tusla's Child Abuse Substantiation Procedure, June 2022 (CASP). However, in relation to one allegation that did not meet the threshold under the policy, the lack of clarity to the service on how to manage the concern was an issue as the management of serious concerns was not part of the new CASP policy.

Data provided by the service showed that there was one allegation against a foster carer in the 12 months prior to the inspection. A review of this case found that Tusla informed Foster Care Ireland of the allegation at the start of August 2022. The principal social worker for Foster Care Ireland sought immediate clarification that Tusla were satisfied that the placement continue and to determine the appropriate actions to be taken. A strategy meeting was held between the two agencies, which determined that there was no immediate risk to the children, as such, the placement was to continue. The foster carers were appropriately notified of the allegation by the service. The fostering link worker and a Tusla social care worker met with the children

to go through the concerns raised and a safety plan was put in place. Foster Care Ireland were informed four weeks after the initial report was made that the allegation did not meet the threshold under the CASP policy. However, there were reasonable grounds for concern and the Tusla principal social worker advised that the service should address the concern through the support and supervision process as Tusla's interim protocol (2017) for managing concerns or allegations against foster carers was no longer in use. While the concern was assessed by Tusla, strategy meetings held, and a safety plan put in place, at the time of the inspection, the initial assessment under Tusla's standard business processes was ongoing. It was evident from records reviewed of the concern that Foster Care Ireland were consistently seeking direction from Tusla about the appropriate process to manage the concern. Some aspects of the issues reported were appropriately managed through Foster Care Ireland's internal processes, and the service had taken sufficient action to safeguard the children. At the time of the inspection, the concern was still being managed through further conversations with the foster carers, identifying appropriate supports and training, and the continued monitoring of the placement by the link worker, as well as Tusla's oversight of the placement. As this was the first time that a determination was made under Tusla's new CASP policy, the service was unclear about the process. Notwithstanding the lack of clarity in this matter, the service took the necessary steps to address the concerns and ensure the placement was meeting the needs of the children in a safe and effective manner.

Foster Care Ireland had a child safeguarding statement, safeguarding, safe practice and child protection policy and a policy on complaints and representations. These provided clear guidance to staff in relation to their responsibilities under the respective policies, as well as ensuring foster carers were aware of their role in providing safe care. A foster carer handbook had been revised in February 2022. This provided clear information and guidance to carers on safe practice and their responsibilities as mandated persons¹. However, reference was still made to Tusla's interim protocol (2017) for managing concerns or allegations against foster carers in its child protection and welfare policy and procedure manual which was no longer in use by Tusla.

Foster Care Ireland's principal social worker was the designated liaison person (DLP) with responsibility for reporting allegations or suspicions of child protection concerns to Tusla. The principal social worker had oversight of child protection and welfare concern records and maintained a tracker so as to ensure the necessary actions were taken in a timely manner. As part of placement plan agreements and statutory care

¹ Foster carers are 'Mandated persons' under Children First National Guidance for the Protection and Welfare of Children, 2017, who because of their role are in a key position to help protect children from harm.

plans, the service developed 'safe care' plans for foster children. Records demonstrated that these plans were in place and adapted accordingly to meet any changing circumstances of the placement.

All foster carers had an allocated link worker who visited their home on a regular basis to ensure the stability of the placement and the safety and wellbeing of the children. This included unannounced visits, which were evident on a sample of records reviewed. Foster carers told inspectors that they were provided with available information by Foster Care Ireland about the children prior to being placed with them, where possible. The opportunity was available to children where applicable, to meet the carers before moving to the placement.

Garda vetting for the foster carers and for all adults in the household, as well as for those with significant unsupervised access to the home were evident on files reviewed, and updated where required on foot of a foster carer review.

Foster carers had received the mandatory Children First (2017) and child protection training. Foster carers who spoke with inspectors were clear about good safeguarding measures, and knowledgeable about their role in reporting child protection concerns, with some having experienced using Tusla's portal system to report a concern.

Two complaints had been received by the service in the 12 months prior to the inspection. As noted earlier in the section, Tusla had advised Foster Care Ireland that an allegation did not meet the threshold under the CASP policy, and should be addressed through the service's supervision and support process as Tusla's interim protocol (2017) for managing concerns or allegations against foster carers was no longer in use. Foster Care Ireland made a determination to manage the concerns through their complaints and foster care review processes. Some aspects of the concern were appropriately managed as a complaint, while other aspects required assessment by Tusla. This complaint had reached an outcome and was being managed appropriately at the time of inspection. The second complaint had been dealt with in line with policy and was upheld. The file evidenced that the findings were shared with Tusla and discussed appropriately at a strategy meeting. The complainant was informed in writing of the outcome of the investigation by the CEO of the service in a timely manner.

Data provided by the service showed that there had been eight serious incidents and one missing from care incident in the 12 months prior to the inspection. The serious incidents related to minor accidents or medical assistance. A review of the serious incidents and significant events registers demonstrated that all incidents were recorded, promptly notified and appropriately managed by the service. Foster carers

completed an incident report and reported it into the service as required. All supporting evidence documents were uploaded to the foster carer's files.

Governance and management meeting minutes demonstrated that allegations, serious concerns and complaints were clearly discussed and were a standing item on the agenda. Senior managers were satisfied that staff were familiar and understood the policies and procedures in place to ensure safe care and appropriately reported any perceived or actual concern.

Safeguarding systems were in place and appropriate actions were taken to ensure that children and young people placed with foster carers in the service were protected from abuse and neglect. However, the lack of clarity to Foster Care Ireland on how to manage a concern in relation to one allegation that did not meet the threshold under Tusla's Child Abuse Substantiation Procedure, June 2022 (CASP), was an issue as the management of serious concerns was no longer part of the new CASP policy. However, this was outside of the control of Foster Care Ireland, therefore they were deemed compliant with the standard.

Judgment: Compliant

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 board¹ prior to any child or young person being placed with them.

Summary of inspection findings under Standard 14a

The service completed formal comprehensive assessments of all foster care applicants within the required regulatory timeframe. Appropriate case supervision was in place for oversight of the assessment process which was completed over four sessions at identified stages of the assessment process. There was a clear process for the approval of foster care applicants by the relevant local foster care committee.

Foster Care Ireland had a written policy in place on the assessment and approval of foster carers which provided clear guidance for social workers completing the assessments. The foster care assessments were mainly carried out by independent social workers who were contracted by the service provider. Link social workers employed by the service also completed assessments. Each stage of the assessment and approval process was clearly outlined in the policy. Enquiries were responded to promptly and overseen by the principal social worker. Where enquiries proceeded to home visits, these were also arranged in a timely manner. Following the home visit, a record was sent to the principal social worker to determine if the applicant met the criteria for prospective foster carers. If the criteria was met, an application pack containing all relevant documents and information was sent to the applicant. This included documents and actions for completion prior to the commencement of the assessment.

At the time of this inspection, there were seven assessments in progress and one applicant on a waiting list for assessment. Data submitted prior to this inspection showed that eight foster carers were approved in the 12 months prior to the inspection. Inspectors reviewed a sample of four assessments and found that they were completed within the required timeframe, were comprehensive and of good quality. Records evidenced that assessing social workers interviewed prospective carers over several home visits, as well as other relevant persons. The assessments demonstrated good analysis of the applicant's capacity to provide foster care, and considered key areas such as family history, employment, education, motivation to become a foster carer and training needs. Appropriate checks and relevant reports were evident on file which included

Garda vetting for the applicants and for all adults in the household, as well as for those with significant unsupervised access to the home were in place. Child protection checks, references, medical assessments and health and safety checks were also completed and informed the assessment process.

Appropriate case supervision was in place for oversight of the assessment process which was completed over four sessions at identified stages of the assessment process that corresponded to the beginning, the middle and end of the assessment process. Comprehensive supervision records at each stage were evident on the files and clear actions recorded and followed up.

Foster carers completed appropriate training prior to approval which included 'Foundations for Fostering' and Children First, National Guidance for the Protection and Welfare of Children (2017). They were given the opportunity to read and sign their assessment reports prior to being presented to the relevant Foster Care Committee for approval. Once presented and discussed, applicants were notified in writing of the decision in relation to their approval as foster carers in a timely manner.

Foster Care Ireland had a policy in place to facilitate the formal transfer of approved foster carers from other services. Data provided prior to the inspection outlined that there had been no transfers from another service in the previous 12 months.

Judgment: Compliant

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

Foster Care Ireland provided a high standard of support and supervision to all of their foster carers. All foster carers were allocated to a link worker who was a professionally qualified social worker. Supervision and support of foster carers was an integral part in the development of foster carers and of the stability of foster care placements in line with their policy. A tracker of visits to foster carers was maintained by the principal social worker, which ensured good oversight of the link workers responsibilities.

Support and supervision was provided through regular visits to the foster care placement by the allocated link worker, telephone contact and monthly carer support groups. A comprehensive foster carer's handbook had been revised in February 2022. The handbook provided clear guidance and information on all aspects relating to fostering and the expectations of carers with regard to safeguarding and child protection. The handbook combined with regular training, support and supervision from the link worker ensured that carer's provided the best possible care for the child placed with them.

Inspectors reviewed seven foster carers' files who had children placed with them. While the policy on support and supervision of foster carers did not specify how often carers would be visited, staff and foster carers told inspectors that visits were completed every four to six weeks. Unannounced visits took place at least once a year. Both announced and unannounced visits were evident on the files reviewed. In all files, there was evidence of good quality support and supervision provided to the foster carers. Records of visits and other contact were detailed and demonstrated, when required, foster carers being appropriately challenged regarding any arising issues such as discipline and expectations of being a foster carer. Supervision and support records demonstrated good discussions in relation to any presenting challenges, what was working well for the foster family and for the children placed with the family, training needs as well as any other relevant issues arising for the foster carer. Actions agreed were clearly recorded and there was good follow through of actions evident on the files reviewed.

Foster Care Ireland had a policy in relation to placement reviews. The principal social worker outlined that the purpose of these review meetings was to ensure that foster carers were adequately supported and that there was a good understanding of the specific needs of children placed with carers. The placement reviews were held in addition to the statutory foster care reviews and informed Tusla's child-in-care reviews. A sample of records relating to this process demonstrated a detailed review of the placements with an in-depth consideration of the child's and foster carer's needs.

Data provided by Foster Care Ireland prior to this inspection indicated that there had been two placement endings in the previous 12 months. In one case, the placement ended in a planned manner as the children were successfully reunified home. The other case was an unplanned ending after a short time period, which clearly identified the challenges faced in continuing with the placement and rationale for the placement to end. The review of these cases demonstrated that they were carried out in line with policy and in the best interests of the children and the carers.

Inspectors spoke with eight foster carers, each of whom spoke very positively about the support they received from Foster Care Ireland. They told inspectors that they received regular support, supervision and advice from their allocated link social worker and that they could make contact with their link social worker or a manager when they needed to. Some of the positive comments made by carers included: "like a family", "can pick up the phone to them like I pick up the phone to my sister", "Couldn't sing their praises high enough, really is like a family", "absolutely amazing... feel you have a back-up".

Foster carers, link workers and the child's social worker worked in partnership to support children's placements. There were clear lines of communication and appropriate information sharing between the link worker and the child's social worker. Foster carers were clear on the respective roles and responsibilities of both the link worker and the child's social worker. Foster care placement agreements were in place and signed by all relevant persons.

The service held monthly support groups which provided carers with the opportunity to meet with other carers, to share experiences and learning. These support groups were part of the training calendar issued to each carer. Foster carers told inspectors that they regularly attended these groups as they found them supportive. Staff and foster carers outlined that the duration of each group session ran was about two hours. The link worker facilitated the first hour which looked at a specific topic or training need and the remaining time allowed for conversations and sharing of

experiences with other carers. Social events and activities were organised around particular festive periods such as Easter and Christmas, as well as a summer activity to support foster carers and children. The views of foster carers were valued by the service and this was confirmed by foster carers who spoke with inspectors. The service director and CEO outlined that they attended these events in order to meet foster carers on a one-to-one basis and listen to their views and suggestions. This was evidenced in the review of management meetings and interviews with staff. Foster carers spoke positively about these social events and organised activities for their family and the children placed with them.

Support was available to foster carers outside of office hours by a partner residential service with suitably qualified and experienced staff. Foster carers told inspectors that they were aware of this service as well as Tusla's 24 hour foster care support contact number if they required to use it. Carers outlined that given the high level of support that they received from the principal social worker and link workers within Foster Care Ireland, the out-of-hours service was not generally required and prevented the need to make any calls to it. The service had a very clear policy in place in relation to the out-of-hours service, which ensured that all the required and necessary information was provided to the on-call staff. For situations requiring emergency action or other advice, the service director and the principal social worker were available to the on-call staff. The foster care handbook provided clear guidance to carers in respect of specific events such as reporting an accident or injury, serious incident, disclosure of abuse by a child, an unexpected event in the foster carer's family and when a child goes missing from their placement. Both staff and foster carers outlined that the out-of-hours service was not routinely used but that having such a service in place was supportive for the foster carer and the children placed with them.

Regular case supervision combined with management trackers ensured effective monitoring of staff performance by the principal social worker. Checks were routinely made in relation to the support and supervision visits to foster carers, and updates of any changes in circumstances of the foster care placement.

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.

Summary of inspection findings under Standard 16

The previous inspection in February 2020 found that Foster Care Ireland was committed to the provision of training for its foster carers. This inspection found that the service continued to provide a good standard of training to foster carers. Foster Care Ireland's training programme provided foster carers with opportunities to equip themselves with the skills and knowledge required to provide safe and effective care. There was a policy on training and the service ensured that all prospective foster carers completed pre-approval training, such as 'Foundations for Fostering'. Mandatory training, such as Children First, National Guidance for the Protection and Welfare of Children, 2017 was also a pre-approval requirement. Training needs were identified during the fostering assessment process, as well as outlined in individual personal development plans (PDPs) for foster carers. Training was also an agenda item on management and team meetings, as well as being evident in case supervision discussion.

All seven foster carer files reviewed, showed that carers engaged with mandatory training, as well as other training opportunities identified within the individual's training needs analysis. Training needs were also discussed within the supervision and support or reviews of foster carers and were followed up on. All foster carers who spoke with inspectors described regular training opportunities, and appreciated the format where training provided was followed by open discussion. This ensured foster carers gained as much learning and support from the training attended.

Records of training were of good quality. The service maintained an overall tracker of training undertaken by each foster carer, as well as attendance at the monthly carer support group which also had a training element, which looked at specific practice issues. The records showed that all foster carers were up-to-date in training in key areas such as safe care, paediatric first aid, foundations for attachment, child safeguarding including the role of mandated persons and protocols for responding when a child goes missing from care. Individual training records were maintained on the foster carers' files. Records also showed that all foster carers had undertaken various other training modules in the previous 12 months.

There was evidence of training provided to support specific needs of individual children, where required. This was confirmed by foster carers who spoke with the inspectors. They also reported that training suggested by their link worker based on their respective circumstances was also very helpful.

Judgment: Compliant

Standard 17: Reviews of Foster carers

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

Summary of inspection findings under Standard 17

The majority of foster carer reviews were carried out in line with the regulations and standards. Foster carer reviews were comprehensive and of good quality. There was tracking system in place to oversee the scheduling of reviews and to ensure they were completed as required. However, some reviews were not completed within the required timeframe, and there were valid reasons for same.

The national standards require that foster carers' continuing capacity to provide high quality care is reviewed one year after the first placement has been made and that subsequent reviews take place at three-yearly intervals. Additional reviews should take place following an allegation of abuse or serious concern. Information submitted by Foster Care Ireland prior to the inspection showed that four foster carers had a review in the past 12 months, one review was on hold and no additional reviews were required.

There was a system in place for monitoring and oversight of foster carer reviews to track when reviews were due and when they were completed. However, it did not include all aspects of the process such as notifications to the foster care committee and submission of the final reports. The foster carer review tracker demonstrated that of the total number of 22 foster carers, 17 carers had children placed with them. At the time of inspection, five carers did not have any children placed with them. The reasons for this included, one placement on hold, three placements were on a break period for various reasons, and one placement had only recently been approved in the two weeks prior to the inspection. Seven foster carers had their first review within 12 months of a child being placed with them as required, and one review was scheduled

to take place in October 2022 within the required timeframe. Eight initial foster carer reviews were held outside of timelines, of which, five were completed in time periods ranging from two to six months after their first placement and two carers did not have their first review until two years after their first placement. The rationale for one of these indicated that the carers made the decision to not be available for placements during the Covid pandemic. Five foster carers who had their first placements made between January and August 2022, had their first carer review scheduled to take place within 12 months.

The rationale for delays in completing foster carer reviews was recorded in some cases. The principal social worker outlined that some timelines were occasionally pushed out as the long-term matching process and foster carer reviews could be completed at the same time, so as not to have to present to the Foster Care Committee twice. Both link workers and their manager told inspectors that updates on the progression of foster care reviews and reports were discussed in supervision.

The five foster carer review reports sampled by inspectors were comprehensive and of good quality. The reviews considered the foster carer's ability to provide care, any changes in their circumstances, training and support needs. The views of the foster carer's own children where applicable, the children in care and their social workers were also considered as part of the review. Where applicable, the views of birth parents were also considered. This was evident on the records reviewed by inspectors.

Relevant reports and checks such as medical reports, health and safety assessments and Garda vetting were updated where applicable and considered as part of the foster carer review. The link worker prepared a comprehensive report which was reviewed and signed by the principal social worker. The foster care review report and recommendations were shared with foster carers prior to the review meeting so as to provide them with an opportunity to express their views on the report. Review meetings were attended by the foster carers and their link worker and were chaired by the principal social worker. The relevant Foster Care Committees were informed of the outcomes of the reviews. Foster carers who spoke with inspectors outlined the review process which they felt was thorough, yet positive. They said that reports were shared with them for their consideration and recommendations were followed up on in a timely manner.

Judgment: Compliant

Theme 4: Leadership, Governance and Management

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

Standard 19: Management and Monitoring of Foster Care Services.

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

Summary of inspection findings under Standard 19

Governance and management arrangements in place were effective, and ensured accountability for the delivery of a high quality service. Lines of accountability were clear and staff members were confident in their roles and responsibilities. Monitoring and quality assurance systems were in place. The service was well led, organised, managed and adequately staffed and service planning was of good quality. Service delivery was aligned to relevant legislation, regulations, policies and standards to promote the provision of a quality foster care service. Care practices were consistent with their policies and procedures. There had been good growth in the quality and quantity of foster carers since the last inspection, as the number of foster carers had increased from 12 in 2020 to having 22 currently available to the service.

The service was led by a chief executive officer (CEO) who, along with the fostering principal social worker reported directly to a consultative committee six times a year. The principal social worker, alongside the service director held weekly management meetings. There were effective systems in place to provide assurance to managers on practices within the service at individual and team levels. Regular management and team meetings were held. Records of the relevant meetings across the service demonstrated a cohesive approach to ensuring compliance with the standards, the maintenance of existing good practice and identifying improvements. Information was shared consistently and comprehensively as evidenced in the minutes of these meetings. Staff interviewed by inspectors viewed these meetings as effective in ensuring a cohesive response to the delivery of service and confirmed that communication was good and managers were available to them for support and

advice. Foster carers also reported that communication with their link worker and the service was responsive to their needs.

An appropriate risk management system was in place. The service maintained a risk register which identified, monitored and outlined the response to minimise the risks in relation to the service provided. In addition, Foster Care Ireland had a risk assessment policy in relation to placements, as well as clear steps to escalate issues to Tusla where required. The risk register submitted by the service prior to the inspection and reviewed onsite was up to date.

Foster Care Ireland had a comprehensive suite of policies and procedures in place that had been revised in July 2022, primarily in relation to its safeguarding and child protection and welfare policies on foot of Tusla's new CASP policy. However, reference was still made to Tusla's interim protocol (2017) for managing concerns or allegations against foster carers in its child protection and welfare policy and procedure manual which was no longer in use by Tusla.

Foster Care Ireland had clear marketing and recruitment strategies in place and foster carers were recruited and approved in compliance with relevant standards and regulations.

A national service level agreement between Tusla and Foster Care Ireland was in place. The service also ensured a fostering placement agreement was in place which specified the required relevant details for each child placed with carers in the service. These placement agreements were evident on files reviewed by inspectors and were signed by the relevant Tusla Area Manager and Foster Care Ireland's principal social worker.

There were effective mechanisms in place to monitor the quality of the service. Governance arrangements ensured that data was collected, collated, tracked and reviewed so as to take any required actions to ensure compliance. Regular case supervision combined with management trackers ensured effective monitoring of staff performance by the principal social worker. Tusla's Alternative Care Inspection and Monitoring service (ACIMS) had completed a monitoring visit in October 2021 in relation to the management of serious concerns and allegations of abuse or neglect against foster carers. Four actions were identified and appropriate responses were put in place.

At the time of the inspection, the information management system in use was suitable. A sample of records reviewed by inspectors found that information was accessible, comprehensive and contemporaneous. There were also effective communication systems in place. Management and team meetings took place on a

regular basis. Comprehensive and detailed records were maintained of these meetings with actions agreed and evidence of follow through on actions. Foster carers told inspectors that the service was responsive to them and they had a good relationship with their allocated link worker who provided regular support and supervision.

Foster Care Ireland meets with the Tusla area managers for the Dublin North City and the Midlands service area twice a year. The CEO also met with Tusla's National Lead for fostering and adoption twice a year. The purpose of these meetings was to provide assurances in relation to safeguarding within Foster Care Ireland, to communicate in relation to areas of joint working and to flag any issue arising with the respective managers.

Judgment: Compliant

Theme 6: Workforce

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

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.

Summary of inspection findings under Standard 20

Foster Care Ireland had sufficient, experienced, qualified, vetted and registered staff to provide a safe service. Effective recruitment practices were in place in line with legislation and best practice. Staff who spoke with inspectors were competent and knowledgeable in carrying out their responsibilities so as to ensure a quality service to foster carers, their families and to the children placed in the foster care home. Managers valued their staff and supported their continuous professional development.

There was a good, open culture within the service which allowed for reflection and discussion. Staff were responsive to the foster carers needs so as to maximise their participation in decisions about the level of care required to meet the assessed needs

of the child placed in their care. Foster carers corroborated this during their discussions with inspectors.

A review of five staff personnel files found that each contained all documentation as required including registration with the relevant professional body, qualifications, up-to-date Garda vetting and reference checks. Recruitment information was well recorded in electronic format.

The service had an employee handbook which included a comprehensive induction programme for new staff. Two link social workers had commenced in April and August 2022. Both link social workers outlined their induction programme experience. Due diligence in relation to caseloads was completed by the link social worker who had left the service just prior to the inspection as demonstrated in the comprehensive transfer summaries provided on respective cases to the new link social workers.

Regular case supervision combined with management trackers ensured effective monitoring of staff performance and checks were routinely made in relation to the assessment of foster carers, support and supervision visits to foster carers, and updates of any changes in circumstances of the foster care placement.

Staff completed mandatory and other relevant training where appropriate and certificates were evident on a sample number of staff supervision and training records reviewed. A staff training tracker was maintained which included all mandatory training completed as well as other identified training modules to support practice. Staff and managers spoke of a culture of learning and development which promoted the provision of identified training needs for both staff and foster carers.

Staff received appropriate support and supervision to ensure they performed their role to the best of their ability. Staff spoke positively about the support and supervision provided by their line manager. This inspection found that regular, good quality supervision was provided in line with policy and comprehensive records were maintained. Supervision records reviewed demonstrated discussions in relation to personal workload, assessments, home visits, time management, policies and procedures, training, as well as any other relevant areas identified. The records provided clear updates in relevant sections and agreed decisions, and were signed and dated. The principal social worker received regular external supervision from a qualified practitioner and records were maintained.

Judgment: Compliant

Appendix 1 – Standards and regulations for statutory foster care services

National Standards for Foster Care (April 2003)
Theme 1: Child Centred Services
Standard 1: Positive sense of identity Children and young people are provided with foster care services that promote a positive sense of identity for them.
Standard 2: Family and friends Children and young people in foster care are encouraged and facilitated to maintain and develop family relationships and friendships.
Standard 3: Children’s Rights Children and young people are treated with dignity, their privacy is respected, they make choices based on information provided to them in an age-appropriate manner, and have their views, including complaints, heard when decisions are made which affect them or the care they receive.
Standard 4: Valuing diversity Children and young people are provided with foster care services that take account of their age, stage of development, individual assessed needs, illness or disability, gender, family background, culture and ethnicity (including membership of the Traveller community), religion and sexual identity. <i>Child Care (Placement of Children in Foster Care) Regulations, 1995</i> <i>Part III Article 8 Religion</i>
Standard 25: Representations and complaints Health boards ⁵ 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.

⁵ 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 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 board⁶ prior to any child or young person being placed with them.

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

Part III, Article 5 Assessment of foster parents

Part III, Article 9 Contract

⁶ These services were provided by former health boards at the time the standards were produced. These services are now provided by the Child and Family Agency (Tusla).

Standard 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 boards⁷ provide for a special foster care service for children and young people with serious behavioural difficulties.

⁷ These services were provided by former health boards at the time the standards were produced. These services are now provided by the Child and Family Agency (Tusla).

Standard 23: The Foster Care Committee

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

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

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

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

Part III, Article 5 (2) Assessment of relatives

Theme 3: Health and Development

Standard 11: Health and development

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

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

Part III, Article 6 Assessment of circumstances of child

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

Standard 12: Education

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

Theme 4: Leadership, Governance and Management

Standard 18: Effective policies

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

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

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

Standard 19: Management and monitoring of foster care agency

Health boards⁸ have effective structures in place for the management and monitoring of foster care services.

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

Part IV, Article 12 Maintenance of register

Part IV, Article 17 Supervision and visiting of children

Standard 24: Placement of children through non-statutory agencies

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

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

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

Theme 5: Use of Resources

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

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

⁸ 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).

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.