

# Action Plan

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

<b>Provider's response to Inspection Report No:</b>	0018089
<b>Name of Service Area:</b>	Dublin South West and Kildare West Wicklow
<b>Date of inspection:</b>	25-27 October 2016 1-2 November 2016
<b>Date of response:</b>	13 January 2017 (accepted response)

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

## **Standard 25**

### **Requires improvement**

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

A number of children that inspectors met were not clear about the complaint process.

It was not clearly recorded if the complainant was satisfied with the outcome of the complaint.

Complainants were not informed of the next stage in the process if they were unsatisfied with the management of the complaint.

Children's files did not have a section for complaints to facilitate a full complaint history.

### **Action required:**

Under **Standard 25** you are required to ensure that:

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.

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

- **Action 1: Briefings will be provided to staff within area with regard to the new Tusla's feedback and complaints policy and procedure "Tell Us" which was launched in September 2016. A focus of these briefings will be on need to ensure children are advised of their right to complain, to explain how children can be supported in making a complaint and to accurately record this on the child's file.**
- **Action 2: Training will be provided to the Complaints Officer and Principal Social Workers in the area with regard to the "Tell Us" procedure and to ensure complainants are advised of next stage in process if they are unsatisfied with management of complaint. This will be included in the complaint outcome letter to person making the complaint.**
- **Action 3: The feedback and complaints log in place in area will be reviewed to ensure that it accurately records whether the complainant is satisfied with outcome of complaint.**
- **Action 4: A separate section will be included in the file layout for Children in Care files relating to their rights and complaints.**
- **Action 5: Social Workers will bring one children in care file to each supervision session for Social Work Team Leader to audit that there is evidence on file that children are provided information (including the child friendly leaflet that is in place) on how to make a complaint.**
- **Action 6: An audit of children in care files will take place every 6 months to ensure the above actions are implemented and there is evidence that children and foster carers are informed on how to make a complaint. Following these audits, a report will be prepared for PSWs and Area**

**Manager and learning/area improvements shared with staff team.**

**Proposed timescale:**

**Action 1 – June 2017**

**Action 2 – June 2017**

**Action 3 – March 2017**

**Action 4 – March 2017**

**Action 5 – April 2017**

**Action 6 – Audits to take place in June 2017 & Dec 2017**

**Person responsible:**

Regional Quality, Risk  
and Service  
Improvement Manager

Complaints Officer

Area Manager

Principal Social Workers  
for Alternative Care

Social Work Team  
Leaders

Lead SWTL for Quality,  
Risk and Service  
Improvement

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

## **Standard 5**

### **Requires improvement**

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

Not all children had an allocated social worker.

Not all children were visited in line with regulations.

Record keeping in relation to statutory visits was frequently poor.

### **Action required:**

Under **Standard 5** you are required to ensure that:

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

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

- **Action 1: From the additional resources provided to the area in Quarter 4, 2016, an additional children in care team will be established so that all children in care will have an allocated social worker.**
- **Action 2: Of the 44 children in care unallocated, 20 of these children will be allocated by April 2017, with the additional children being allocated in September 2017.**
- **Action 3: All files relating to unallocated children in care will be reviewed on a monthly basis to ensure required safeguarding is in place until such time as a social work is allocated.**
- **Action 4: PSW and SWTLs will meet on a quarterly basis to review children in care register to ensure that child in care reviews, care plans and visits are completed in line with statutory requirements. Dates for these meetings are in place and the SWTL for Child in Care Reviews and an administrative officer will support the tracking of this progress.**
- **Action 5: The development of an additional children in care team will result in greater capacity within service to ensure children are visited within regulations.**
- **Action 6: A standardised template will be used for statutory visits with children in care to ensure key information is recorded on file. Social Workers will receive a briefing on how to use this template at departmental meeting and also at inductions.**
- **Action 7: Social Workers will bring one children in care file to each supervision session for Social Work Team Leader to audit in relation to**

**record keeping of statutory visits.**

- **Action 8: An audit of children in care files will take place every 6 months to ensure the above actions are implemented. Following these audits, a report will be prepared for PSWs and Area Manager and the required improvements and learning discussed at team meetings.**

<b>Proposed timescale:</b>	<b>Person responsible:</b>
<b>Action 1 – April 2017 (SWTL for this team commencing in February 2017)</b>	<b>Area Manager and Regional HR Manager</b>
<b>Action 2 – September 2017</b>	<b>PSWs for Alternative Care</b>
<b>Action 3 – commencing February 2017</b>	<b>PSWs for Alternative Care</b>
<b>Action 4 – April 2017</b>	<b>PSW for Alternative Care</b>
<b>Action 5 – March 2017</b>	<b>Area Manager</b>
<b>Action 6 – June 2017 and Dec 2017</b>	<b>Regional Professional Support Manager and PSWs for Alternative Care</b>
<b>Action 7 – April 2017</b>	<b>Social Work Team Leaders</b>
<b>Action 8 – June 2017 and December 2017</b>	<b>Area Lead for Quality, Risk and Service Improvement.</b>

## **Standard 6**

### **Requires improvement**

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

Assessments of the needs of children prior to or on admission to care were not completed consistently.

#### **Action required:**

Under **Standard 6** you are required to ensure that:

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.

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

- **Action 1: Depending on the timing of an admission, the templates under the national standardised business process will be used for the assessment of needs of children prior to or an admission i.e Initial Assessment form, Comprehensive Assessments, Child Protection Conference reports and minutes, Family Support Plans. All these templates require an assessment of the needs of a child and also include the views/wishes of child. These templates will be placed on file and will inform the child's care plan**
- **Action 2: An audit of children in care files will take place every 6 months to ensure the above actions are implemented. Following these audits, a report will be prepared for PSWs and Area Manager and the learning and service improvements required discussed and actioned at team meetings and in supervision.**
- **Action 3: Compliance with the above will also be included as part of the the supervision process and part of file audits conducted in supervision.**

#### **Proposed timescale:**

**Action1: April 2017**

**Action 2: June 2017 and December 2017**

**Action 3: Commencing April 2017**

#### **Person responsible:**

**PSWs for Child Protection and Welfare and PSWs for Alternative Care**

**Area SWTL for quality, risk and service improvement and Area Manager**

**Social Work Team Leaders and Principal Social Workers**

## **Standard 7**

### **Requires improvement**

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

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

A small proportion of care plans were of poor quality.

Child in care reviews were not consistently conducted for placements at risk of ending or that have ended in an unplanned way.

Timely strategy meetings and reviews did not consistently take place when placements were at risk of disruption

Disruption reports were not consistently presented to the foster care committee.

### **Action required:**

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

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

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

- **Action 1: The Principal Social Worker will review, with Social Work Team Leaders, the Children in Care register to ensure statutory care plans and child in care reviews are up to date. Dates are set for these meetings which will occur on a quarterly basis. The SWTL for Child in Care Reviews and an administrative officer will support tracking and measuring this.**
- **Action 2: An audit of children in care files will take place every 6 months to ensure statutory care plans and child in care reviews are up to date. Following these audits, a report will be prepared for PSWs and Area Manager and the learning and areas of service improvements discussed and progressed at team meetings and supervision.**
- **Action 3: An area working group, chaired by a Child in Care SWTL (already established) will support service improvements with regard to the quality of care plans and ensuring high standards and consistency. This will include ongoing learning and training in supervision and at sub team meetings.**
- **Action 4: Social Work Team leaders will audit a child in care file for every supervision session to support learning and governance of improved quality of care plans.**
- **Action 5: A training input will be provided at departmental meetings in relation to the use of reviews and strategy meetings in supporting placements at risk of ending. This training will include best practice examples from within the area where this approach is being used and preventing placement breakdowns.**

- **Action 6: Principal Social Workers and Social Work Team Leaders with the oversight of the Area Manager will ensure that reviews are conducted in respect to placements at risk of ending or ending in an unplanned way.**
- **Action 7: A meeting will be held every 6 months between the Area Manager, Principal Social Workers, Social Work Team Leader for Quality, Risk and Service Improvement and the Foster Care Committee Chair in relation to key data, themes and area of service improvements. This meeting will include data and analysis relating to disruption reports.**

<b>Proposed timescale:</b>	<b>Person responsible:</b>
<b>Action 1: Quarterly meeting commencing February 2017</b>	<b>PSWs for alternative care.</b>
<b>Action 2: June 2017 and December 2017</b>	<b>Area SWTL for Quality, Risk and Service Improvement.</b>
<b>Action 3: May 2017</b>	<b>Children in Care SWTLS</b>
<b>Action 4: April 2017</b>	<b>Children in Care Social Work Team Leaders</b>
<b>Action 5: March 2017</b>	<b>Principal Social Worker for Alternative Care</b>
<b>Action 6: April 2017</b>	<b>Area Manager</b>
<b>Action 7: February 2017</b>	<b>Area Manager</b>

## **Standard 10**

### **Requires improvement**

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

Not all relative foster carers had received training in safeguarding and child protection issues.

The system in place to ensure updating of Garda Siochana vetting was not effective.

Not all child protection concerns were assessed in a timely manner in line with Children First.

The classification of concerns about foster carers into either an allegation or a complaint did not capture serious welfare concerns.

Not all allegations against foster carers were managed in a timely way.

National policy on managing allegations of abuse alongside local area guidance poses a risk of inconsistent practice and role confusion.

### **Action required:**

Under **Standard 10** you are required to ensure that:

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

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

- **Action 1: All approved relative carers have received training in this area. Training will be provided for those relative carers awaiting approval.**
- **Action 2: An administrative officer will be assigned to the role of maintaining a database for the area relating to Garda Vetting for foster carers and ensuring updated vetting is completed.**
- **Action 3: Refresher training will be provided to Fostering and Children in Care Social Workers with regard to national standardised business processes for child protection and welfare.**
- **Action 4: An area governance/oversight group with clear Terms of Reference and chaired by a Principal Social Worker will be put in place that will meet on a quarterly basis for the purpose of reviewing all allegations and serious concerns against foster carers with a view to tracking to point of closure. The chair of this group will provide a report to the Area Manager following each meeting and the necessary actions taken to ensure allegations and serious concerns are assessed in a timely manner.**
- **Action 5: In addition to the database with regard to allegations against foster carers, a log will be established with regard to serious welfare concerns.**
- **Action 6: The area governance/oversight group will track progress**

relating to allegations against foster carers to ensure they are in line with Children First and that the timeframes are adhered to in line as per the National Standardised Business Process.

- **Action 7: The Regional Fostering Forum, which has been established in DML, has established a working group in relation to the area of allegations and serious concerns relating to foster carers. This group will develop a regional guidance in line with National Policy, pending the roll out of a national guidance document.**

<b>Proposed timescale:</b>	<b>Person responsible:</b>
<b>Action 1 May 2017</b>	<b>PSWs for alternative care.</b>
<b>Action 2: April 2017</b>	<b>Area Business Manager</b>
<b>Action 3: March 2017</b>	<b>Principal Social Worker for Child Protection and Welfare and Principal Social Workers for Alternative Care</b>
<b>Action 4: April 2017</b>	<b>Area Manager and Principal Social Worker for Alternative Care</b>
<b>Action 5: February 2017</b>	<b>Principal Social Workers for Alternative Care</b>
<b>Action 6: April 2017</b>	<b>Principal Social Worker for Alternative Care</b>
<b>Action 7: May 2017</b>	<b>Regional Professional Support Manager</b>

## **Standard 13**

### **Requires improvement**

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

Referrals to the aftercare service were not consistent throughout the area.

Not all young people were receiving an aftercare service in line with Tusla policy and had a leaving care plan in place.

### **Action required:**

Under **Standard 13** you are required to ensure that:

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.

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

- **Action 1: The Area Child Care Information Officer, with the assistance of an administrative officer will be tasked with providing a monthly update to SWTLs within area to highlight the names of young people who have turned 16. This will support SWTLs in ensuring that referrals are made to the aftercare service at this point.**
- **Action 2: The PSWs for Alternative Care will meet with SWTL on a quarterly basis to ensure referrals are being made to aftercare service once a young person turns 16. The PSW for Aftercare will attend this meeting also and referrals made will be cross referenced against names of young people who have turned 16 years. The Social Work Team Leader for Quality, Risk and Service Improvement within area will support PSW in relation to data and tracking for these meetings.**
- **Action 3: The PSWs for Alternative Care will meet with the SWTLs on a quarterly basis to ensure those young people over 16 years have an aftercare plan. The key performance metrics data will be used to support this tracking.**
- **Action 4: Social Work Team Leaders will ensure that planning for aftercare and referrals to the aftercare service are discussed at Child in Care reviews and ensure this is recorded on the young person's care plan.**
- **Action 5: An annual audit will take place of the files of young people aged 16 and over to ensure there is an aftercare plan on file and there is compliance with National policy. A report will be provided to the Principal Social Workers and Area Manager and learning/service improvements discussed and actioned at team meetings.**
- **Action 6: An analysis report will be prepared relating to the numbers of children in foster care and in aftercare over 16 years for the purpose of reviewing resources assigned to aftercare and to support business case for additional resources in the area.**

<b>Proposed timescale:</b>	<b>Person responsible:</b>
<b>Action 1: March 2017</b>	<b>Child Care Information Officer and Area Business Manager</b>
<b>Action 2: Commencing April 2017</b>	<b>PSWs for Alternative Care and PSW for Aftercare</b>
<b>Action 3: Commencing April 2017</b>	<b>PSWs for Alternative Care</b>
<b>Action 4: February 2017</b>	<b>Social Work Team Leaders</b>
<b>Action 5: October 2017</b>	<b>Social Work Team Leader for Quality, Risk and Service Improvement</b>
<b>Action 6: September 2017</b>	<b>Area Manager</b>

#### **Standard 14 (a)**

#### **Requires improvement**

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

The system to ensure adequate exchange of information when foster carers transferred between areas or from private to statutory providers was not sufficiently robust.

#### **Action required:**

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

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

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

- **Action 1: Face to face transfer meetings will be held for all transfers of foster carers and minutes taken of this meeting.**
- **Action 2: A File Checklist will be completed on transfer to to ensure that all required documentation and information is provided for all cases on transfer**

<b>Proposed timescale:</b>	<b>Person responsible:</b>
- <b>Action 1: February 2017</b>	<b>Social Work Team Leaders for Fostering</b>

- <b>Action 2: February 2017</b>	<b>Social Work Team Leaders for Fostering</b>
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## **Standard 14 (b)**

### **Significant risk identified**

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

Assessments of relative foster carers were not carried out in a timely manner.

Screening checks were not carried out consistently prior to placing a child with relatives.

Garda vetting was not always in place for all adults living in the home.

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

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

### **Action required:**

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

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

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

- **Action 1: To ensure the timely completion of assessments of relative foster carers, private fostering agencies have been commissioning to increase resource capacity. To date 11 private assessments have been commissioned with the plan that they will be presented to the Foster Care Committee in May 2017.**
- **Action 2: The tracking system for outstanding relative assessments will be developed further and the Principal Social Workers will review this with fostering SWTLS on a quarterly basis. This tracking will be supported by the SWTL for quality, risk and service improvements.**
- **Action 3: The Interim Service Director will meet with the Chairs of Foster Care Committee in DML to ensure there is adequate capacity to review a potential increased number of relative assessments and to take the necessary steps to ensure no delays are encountered.**
- **Action 4: An audit will be done by the SWTL for Quality, Risk and Service Improvement every 6 months of the files of new admissions with relative carers to ensure the necessary screening checks have been completed.**

- **Action 5: A letter will be forwarded to Tusla foster carers every 6 months advising them of the need to inform their link worker/duty fostering worker if there is a change in their circumstances, including a child within the household turning 18 years and another adult coming to reside in the family home.**
- **Action 6: The area will ask private fostering agencies to ensure that Garda vetting takes place for any child within the foster family turning 18 years and/or if another adult is residing in the family home**

**Proposed Timescale**

- **Action 1: May 2017**
- **Action 2: February 2017**
  
- **Action 3: February 2017**
- **Action 4: May 2017**
  
- **Action 5: March 2017**
- **Action 6: February 2017**

**Person Responsible**

**Area Manager  
Principal Social Workers for  
Alternative Care**

**Regional Service Director  
Social Work Team Leader  
Quality, Risk and Service  
Improvement.  
Fostering Social Work  
Leaders  
Area Manager**

## Standard 15

### Requires improvement

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

Not all foster carers had an allocated link worker.

The quality of supervision and support sessions with foster carers in some cases was inadequate.

There was no out-of-hours service available to foster carers.

### Action required:

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

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

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

- **Action 1: A workforce analysis will be carried out in relation to reviewing resources assigned to the fostering service within the area. This analysis will focus on the current staffing of the fostering service, the current delegation of duties to team members, current caseloads and a prediction of future demands on the service. The Area Manager will liaise with the Team throughout this process to ensure the optimum use of current resources and/or the requirement to address any identified deficits;**
- **Action 2: The duty fostering service has been extended across the area to ensure more robust response to unallocated carers.**
- **Action 3: Foster carers awaiting the allocation of a Link Social Worker will be a standard item for supervision meetings between Area Manager and Principal Social Worker to ensure monthly focus on this service priority.**
- **Action 4: The Fostering SWTLs will provide a refresher practice session on the role of the fostering link worker particularly relating to the area of supervision and support, including ensuring adequate record keeping in relation to visits.**
- **Action 5: Fostering Link Workers will bring one file to supervision for audit by the fostering social work team leader to ensure records are of a high quality.**
- **Action 6 : The implementation of a 24/7 on call support service for foster carers is a prioritised national action for 2017.**

### Proposed timescale:

- **Action 1: June 2017**
- **Action 2: February 2017**

### Person responsible:

**Area Manager  
Principal Social  
Workers for  
Alternative Care**

<ul style="list-style-type: none"> <li>- <b>Action 3: March 2017</b></li> <li>- <b>Action 4: May 2017</b></li> </ul>	<b>Area Manager Fostering Social Work Team Leaders</b>
<ul style="list-style-type: none"> <li>- <b>Action 5: April 2017</b></li> </ul>	<b>Fostering Social Work Team Leaders</b>
<ul style="list-style-type: none"> <li>- <b>Action 6: December 2017</b></li> </ul>	<b>Chief Operations Officer</b>

## **Standard 16**

### **Requires improvement**

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

There was no regular monitoring of individual carer's attendance at training to ensure carers had the skills and knowledge to provide high quality care.

#### **Action required:**

Under **Standard 16** you are required to ensure that:

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

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

- **Action 1: The existing foster care database will be extended to include a record of training attending by all carers. An analysis of this information will be carried out twice a year to ensure that necessary supports/actions are taken to support the engagement of all carers in training.**
- **Action 2: Fostering Link Workers will review the attendance of carers at training at home visits and discuss any barriers/issues preventing attendance.**
- **Action 3: Fostering Link worker will bring one file to each supervision for audit, which will include review of foster carer's attendance at training. Fostering Link workers will keep PSW informed of progress in this area at supervision sessions.**

<b>Proposed timescale:</b> <ul style="list-style-type: none"> <li>- <b>Action 1: April 2017</b></li> <li>- <b>Action 2: March 2017</b></li> </ul>	<b>Person responsible:</b>  <b>Child Care Information Officers and Principal Social Workers for Alternative Care</b>  <b>Fostering Social Work Team Leaders</b>  <b>Fostering Social</b>
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- <b>Action 3: April 2017</b>	<b>Work Team Leaders</b>
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## **Standard 17**

### **Significant risk identified**

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

Foster carers were not reviewed regularly in line with the standards.

Reviews did not consistently occur following unplanned endings or serious concerns about foster carers.

The foster care committee were not informed in a timely manner of the outcome of reviews when they did occur.

### **Action required:**

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

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

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

- **Action 1: A plan is in place to carry out 5 reviews of foster carers that were identified as needing to be prioritised. These will be completed by May 2017.**
- **Action 2: The SWTL for Child in Care Reviews will also chair foster care reviews so as to increase the capacity within the fostering service to meet the required standard.**
- **Action 3: The SWTL for Reviews will be assigned the task of chairing fostering reviews for unplanned endings or serious concerns for foster carers.**
- **Action 4: The fostering link social worker will ensure that the foster care committee are informed in a timely manner of the outcome of reviews when they occur.**
- **Action 5: An analysis will be carried out in relation to required resources to ensure there is adequate capacity within the fostering service to review foster carers in line with the standards.**
- **Action 6: The Area SWTL for Quality, Risk and Service Improvement will complete an annual audit to ensure that the Foster Care Committee are informed of foster care reviews in a timely manner.**
- **Action 7: The Area Manager will chair a meeting twice a year with the Principal Social Workers for Alternative Care, the fostering Social Work Team Leaders and the Foster Care Committee chair to improve governance and oversight of foster care reviews.**

**Proposed Time Frame**

- Action 1: May 2017
- Action 2: February 2017
- Action 3: February 2017
- Action 4: February 2017
- Action 5: October 2017
- Action 6: October 2017
  
- Action 7: February 2017

**Person Responsible**

Principal Social Workers  
Alternative Care  
SWTL for Child in Care  
Reviews  
SWTL for Child in Care  
Reviews  
Fostering Social Work  
Team Leaders  
Area Manager  
SWTL for Quality, Risk  
And Service Improvement

Area Manager

**Standard 22****Requires improvement**

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

There was no special foster care service.

**Action required:**

Under **Standard 22** you are required to ensure that:  
Health Boards provide for a special foster care service for children and young people with serious behavioural difficulties.

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

**Action 1: A Principal Social Worker for the Regional Assessment Foster Team is currently being recruited. This person will be required to devise a regional strategy, in consultation with area teams, in relation to the recruitment of foster carers, including special foster carers.**

**Action 2: The launch of the Strategic Statement for the Tusla's Alternative Care Strategy is included as an action in Tusla's Business Plan for 2017. This statement includes best practice both in Ireland and internationally and what both social workers and foster carers believes is required in relation to recruitment, retention, support and training of foster carers. This strategy statement will be used to inform regional plans relating to recruitment of carers, including special foster care.**

**Proposed timescale:**

**Action1: April 2017**

**Action 2: April 2017**

**Person responsible:**

**Principal Social  
Worker for RAFT**

**National Area  
Manager Lead for  
Alternative Care**

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

## **Standard 19**

### **Requires improvement**

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

Not all of the risks were captured on the risk register and the controls outlined were not clear and sufficiently robust.

There was inadequate managerial oversight.

There were insufficient staff resources to deliver an effective service.

Not all children's files were complete and did not contain chronologies.

The register of children was not up to date.

There was not a national risk and incident management policy.

### **Action required:**

Under **Standard 19** you are required to ensure that:

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

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

- **Action 1: The risk register will be reviewed for the purpose of improving the quality and to ensure that all risks and the identified controls are clear and sufficiently robust. This will be in line with new Tusla Risk Management Policy. The Risk Register will be reviewed by the AM and the Area SWTL for QRSI on a quarterly basis , or more frequently if required, to ensure the existing control measures are preventing the increase in the level of risk while awaiting the additional control measures to be put in place.**
- **Action 2: A workforce analysis will be carried out in relation to reviewing resources assigned to the fostering service. This analysis will focus on the current staffing of the fostering service, the current delegation of duties to team members, current caseloads and a prediction of future demands on the service. The Area Manager will liase with the Team throughout this process to ensure the optimum use of current resources and/or the requirement to address any identified deficits;**
- **Action 3: A standardised child in care file is now in place. SWTLs will audit one child's file at supervision sessions to ensure they are of a high quality, and that they contain all required information, including chronologies.**
- **Action 4: File reviews will be a set item on supervision between social work team leaders and Principal Social Workers to ensure compliance**

with this action.

- **Action 5: A 6 monthly audit will take place of children in care files and a report prepared for the PSW and Area Manager and the necessary corrective action taken of foot of these reports.**
- **Action 6: A quarterly meeting will take place with the PSWs, SWTLs, Child Care Information officer and assigned administrative officer to ensure the register is fully up to date.**
- **Action 7: The National Risk and Incident Policy was launched in January 2017. Staff briefings will take place in relation to this policy and it will be included in staff inductions.**
- **Action 8: Outcome of audits will be compiled and forwarded to the Area Manager and the Regional Quality Assurance Manager and Regional Professional Support Manager for review and to identify learning. Audit outcomes will be addressed at Team Meetings and Senior Area Management Meetings and measures taken to address issues arising.**

**Proposed timescale:**

- **Action 1: March 2017**
- **Action 2: June 2017**
- **Action 3: April 2017**
- **Action 4: April 2017**
- **Action 5: June 2017 and December 2017**
- **Action 6: February 2017**
- **Action 7: March 2017**
- **Action 8: June 2017 and ongoing thereafter**

**Person responsible:**

**Area Manager and Regional Quality, Risk and Service Improvement Manager**

**Area Manager**

**Social Work Team Leaders**

**Principal Social Work for Alternative Care**

**Social Work Team Leader for Quality, Risk and Service Improvement.**

**Principal Social Workers for Alternative Care and Area Business Manager**

**Regional Quality, Risk and Service Improvement Manager**

**Area Manager, Regional QRSI Manager & Regional Professional Support Manager**

## **Standard 23**

### **Requires improvement**

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

The governance arrangements of the Foster Care Committee were not sufficiently robust.

#### **Action required:**

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

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

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

- **Action 1: Chair of the Fostering committee will continue to complete an annual report which will be presented to the SWTL, PSWs and Area Managers once a year. This report will include key data and an analysis of the key themes and information and service improvements required as a result.**
- **Action 2: The Area Manager will convene a meeting with the Foster Care Committee Chair, PSWs for Alternative Care, the SWTL for QSRI and the PSW area representative on committee every 6 months. This meeting will review key statistics and any practice issues (including best practice) with a focus on quality improvement. The information will also be used to inform service planning.**
- **Action 3: This meeting will have as a standing item on the agenda in relation to the number of complaints / allegations / disruption reports received and trends or issues with regard to this. This information will be cross referenced against PSW data so as to ensure all relevant information has been shared.**
- **Action 4: Minutes will be held of these meetings and local area PSWs will have responsibility to cascade the learning through Departmental structures.**
- **Action 5: Area Manager will have responsibility to support and supervise the Fostering Committee Chair to highlight any issues which need to be addressed nationally.**

#### **Proposed timescale:**

1. Dec 2017
2. February 2017 (Commencing)
3. February 2017
4. March 2017
  
5. February 2017

#### **Person responsible:**

Chair FCC  
Area Manager  
Area Manager  
Principal Social  
Workers for  
Alternative Care  
Area Manager

## **Standard 24**

### **Requires improvement**

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

There was no service level agreement in place for non-statutory foster care agencies.

#### **Action required:**

Under **Standard 24** you are required to ensure that:

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.

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

- **Action 1: A procurement process has commenced to provide formally procured agreements with suitable private fostering service providers from which future private Foster care placements will be sourced. This will result in standardised service level agreements implemented nationwide**
- **Action 2: A standardised service level agreement contract is currently been devised under Section 58 of the Child and Family Agency Act 2013. This will provide a national approach and template in relation to contracts with private fostering agencies.**
- **Action 3: In interim, an audit will take place to ensure existing individual service agreements relating to each child in private foster care will be placed on their file.**

#### **Proposed timescale:**

- **Action 1: September 2017**
- **Action 2: June 2017**
- **Action 3: March 2017**

**Person responsible:**  
**Regional Service**  
**Director with lead**  
**for fostering**

**Regional Service**  
**Director with lead**  
**for commissioning**

**Area Business**  
**Manager**

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

## **Standard 21**

### **Requires improvement**

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

There were insufficient foster carers to meet the diverse needs of all the children coming into care.

The retention strategies in place to develop and retain foster carers were not sufficiently robust.

### **Action required:**

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

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

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

- **Action 1: The Regional Assessment Team will continue to have regional lead in relation to the recruitment and assessment of general foster carers. A Principal Social Worker is currently being recruited for this team who will have the regional lead with regard to recruiting carers to meet the diverse needs of all children.**
- **Action 2: Once in post, the Principal Social Worker for this team, in consultation with area team, will prepare a written plan in relation to the recruitment of new carers who will meet the diverse needs of children. This will include an analysis of need based on the population of children in care and age ranges.**
- **Action 3: The launch of a Strategic Statement relating to Tusla's National Alternative Care Strategy is included in the 2017 Tusla Business Plan. A consultation process on the draft strategy has commenced. This strategic statement includes a review of international and national research and literature on best practice in fostering and an outline of best practice models. It also includes information gathered from both foster carers and social workers in relation to what works in recruitment, retention, support and training.**
- **Action 4: The area has established the alternative care working group. This group is chaired by a Principal Social Worker and will have a focus on developing strategies (in line with the national strategy) in relation to supporting and retaining foster carers. Data including the key themes from the exit interviews of carers will be used to support the analysis relating priority actions relating to retention. The governance for this group will be with Area manager.**

**Proposed timescale:**

- **Action 1: March 2017**

**Person responsible:**

**Regional Service**

<ul style="list-style-type: none"> <li>- <b>Action 2: May 2017</b></li> <li>- <b>Action 3: June 2017</b></li> <li>- <b>Action 4: November 2017</b></li> </ul>	<p><b>Director</b></p> <p><b>RAFT PSW</b></p> <p><b>Natinal Area Manager Lead for Alternative Care</b></p> <p><b>Area Manager</b></p>
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