

Action Plan

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

Provider's response to Inspection Report No:	MON- 0018345
Name of Service Area:	Dublin South Central Foster Care Services
Date of inspection:	29 November–1 December and 6–7 December 2016
Date of response:	06 March 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*.

Theme 1: Child Centred Services

Standard 1

Requires improvement

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

Some children were not supported to develop a positive sense of identity.

Some children were placed outside of their local communities.

Action required:

Under **Standard 1** you are required to ensure that:

Children and young people are provided with foster care services that promote a positive sense of identity for them.

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

Actions:

1. The area will audit the child in care register to ensure that accurate recording is taking place in respect of each child in care's ethnicity, religion and cultural identity. A dedicated data information officer has been appointed who will audit the register to ensure that accurate recording of each child's identity is taking place on the children in care registers and also individual case files. This will inform care planning in respect each child's identity. This audit will commence at the end of March 2017 and will be completed by Mid-May 2017. This audit will include both quantitative and qualitative analysis to ensure that each child's sense of identity is both known and promoted by the social work team in the care planning process.
2. Cultural diversity training will be provided to all social work staff and foster carers in relation to the importance of maintaining and promoting the cultural identity of each child in care. Social Workers in their direct work with children will ensure that each child will be supported to develop a positive sense of identity in respect of racial, cultural and religious identity and that of their birth family's and promote the child's self-esteem re same. Diversity training will be provided in DSC by WLD in April and May 2017.
3. The DSC area will ensure that all efforts are made at all times to place children within their local communities. The local fostering team in DSC will work with the Regional Assessment Fostering Team (RAFT) to promote on-going regular recruitment within the DSC area to generate enquiries. The area will use social media and activelink within the DSC area and other initiatives to promote this objective. A planning meeting to prioritise an on-going recruitment campaign is due to take place in May 2017 chaired by the Area Manager with the fostering Principal Social Worker, Team leaders and the RAFT team.
4. The area will convene a consultation strategy meeting with agencies working with

diverse communities such as Pavee point, Migrant Family Care and other diverse groups to promote cultural identity and recruitment strategies. This consultation day will take place by the end June 2017 and will be chaired by the Area Manager.

5. A File Quality Audit group is to be established in the DSC area which will have as part its agenda review of minutes of care plans to ensure that children's identity is being reflected in their care planning review process. A schedule of audit reviews will be put in place on a quarterly basis. This File audit Quality group will meet in April 2017 and will be chaired by the Principal Social Worker with a Quality lead remit and also co-chaired by the Area Manager. This group will include Principal Social Workers and Team Leaders.

Proposed timescale:

1. May 2017.
2. WLD will conduct this training during April and May 2017.
3. May 2017.
4. June 2017
5. April 2017.

Person responsible:

1. An identified data information officer will work with PSWs, TLs and SWs.
2. WLD and Fostering department.
3. Area Manager with the fostering Team DSC and RAFT.
4. AM, PSWs and Fostering TLs
5. AM PSWs TLs

Standard 2

Requires improvement

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

Not all children had optimal levels of contact with their family and friends, particularly those placed outside their local communities.

Not all siblings were placed together and plans did not clearly identify reasons for this.

Action required:

Under **Standard 2** you are required to ensure that:

Children and young people in foster care are encouraged and facilitated to maintain and develop family relationships and friendships.

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

Actions:

1. The area will audit all children in foster care placed outside the area to ensure that each child is having optimal contact with their family and friends. Details of each child's level of family contact to be provided to AM, PSWs and TLs for all children placed outside the DSC area. The audit will commence at the end of March 2017 and be completed by Mid –May 2017 and will be led by the designated data information officer.
2. The area will audit all siblings not placed together and reasons why this is the case. An analysis report will be provided to the Area Manager and PSW management team for in respect siblings who are not placed together (previously the area identified 2 children placed apart contrary to their care plan). Care plans are to reflect reasons why siblings not placed together. This report will be completed by September 2017 2017 and will be provided by the designated data information officer.
3. Bespoke campaigns will be run where sibling placements cannot be identified in the DSC area. This will be done in conjunction with the RAFT team. Any Sibling group identified during the audit process who are not currently placed together contrary to the care plans will be brought to Area Manager's attention for bespoke recruitment campaigns by the Principal Social Workers and Team Leader by November 2017 . A new PSW for the RAFT team is taking up post in the coming month and will assist the DSC area with this action.
4. On-going oversight of sibling's placements will be made by the PSWs in provision of information to the Area Manager at management group meetings. The Data information officer is to provide continuing data to the Area Manager and area management group meetings in respect of sibling's placements. Children in care registers are to be updated regularly re sibling placements. The designated data information officer will have responsibility for maintaining updated information on the children in care register.

Proposed timescale: 1. By May 2017. 2. Sept 2017 3. November 2017. 4. May 2017.	Person responsible: 1. Data information officer will audit this with each child in care's SW. Report to be provided to AM. 2. Data information officer audit with SWs and TLS. 3. Fostering team with RAFT team. 4.Data information officer reporting regularly to AM and PSWs

Standard 3

Requires improvement

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

Children's rights were not always upheld.

Not all children understood their rights.

Not all children were provided with information relating to their rights.

Action required:

Under **Standard 3** you are required to ensure that:

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.

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

Action:

1. The area will ensure that all children in care are aware of their rights. A practice session in relation to this standard will be delivered at a departmental meeting in June 2017. This will also include a briefing on the "Tell Us" national complaints policy.
2. Each social worker will ensure that National Tusla office children's rights leaflets are delivered to each child in care. The area will ensure that a discussion takes place with each child in care in an age appropriate manner and that this is evidenced on the files. This will take place also when a child enters the care system for the first time. Tactic booklets also to be provided for each new child's admission to care. The Principal Social Workers for Children in Care and Quality remit will lead out this action which will be completed by July 2017.
3. Constant review of files to ensure that all children in care are aware of their rights through an audit schedule process. Templates to be developed for social work visits to children in care to include section on children's rights. Audit schedule will be completed for each quarter. File Audit Quality Group to meet in April 2017 to develop audit schedules.
4. The Local area will use the National complaints 'Tell Us' leaflet and this will be circulated to all children in care by the beginning of Q3 (July /August 2017). This action is being led by the Principal Social Worker for Children in Care
5. Children in care, when they request so, will be facilitated by social workers to

access information on their files in an age appropriate and child centred manner. This action to be facilitated by allocated social workers in consultation with their team leaders and will be in place from April 2017.

6. The area is involved with EPIC children in care fora to promote children's rights and consult on an on-going basis with children in care. Any information from the group relating to the need for service improvements will be included in the annual service plan.
7. Care review process will continually address children's rights and will be monitored by the area File Audit Quality group. Learning from Audits to be reviewed by AM with PSWs at area strategic management meetings. The File Audit Quality group will meet in April 2017 and be led out by the designated Principal Social Worker for Quality in the DSC Area.

Proposed timescale:

1. July 2017
2. April 2017 and Quarterly Audit schedules
3. July and august 2017
4. April 2017
5. On-going consultation with Children in Care Fora.
6. April 2017

Person responsible:

1. CIC & Quality PSWs TLs and SWs
2. AM and PSWs and TLS.
3. AM & PSWs
4. PSWs and TLS and SWs
5. PSWs with EPIC
6. AM with PSWs for Quality and TLS in the area.

Standard 4

Requires improvement

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

Where children were placed outside their cultural, ethnic or religious group, not all foster carers were supported to enable children to develop a positive understanding of their origins and background.

The needs of children with diverse needs were not consistently addressed through effective planning.

Action required:

Under **Standard 4** you are required to ensure that:

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.

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

1. An audit is taking place in the DSC area from the end of March 2017 of all children in care which will identify ethnic and cultural backgrounds of children in care in the area. This will inform care planning in respect of promoting cultural, ethnic and religious identities to ensure that foster placements and care planning reflects and promotes each child's understanding of their cultural origins and backgrounds. The audit will be completed by mid-May 2017 and is being led out by a designated Data information officer.
2. A consultation strategy meeting will take place with diverse cultural and ethnic groups chaired by the Area Manager in conjunction with the RAFT team, to develop a local area fostering recruitment campaign to promote diverse foster placements reflecting the ethnic and cultural breakdown of children in care in the area This meeting will take place in May 2017 to be chaired by the Area Manager.
3. Cultural diversity training to be delivered to all social workers and foster carers will be reviewed as part of the training needs analysis for the DSC area in 2017. This training is scheduled to take place during April and May 2017 and is being led by Workforce Learning Development (WLD).
4. The area training needs analysis (TNA) is to be reviewed and updated for 2017 to include cultural diversity training for its entire staff. WLD are attending a management meeting in late March 2017 to discuss the updating of the area TNA during the following 2 months. This will be completed by June 2017.
5. The File Audit Quality group will ensure that care plans reflect and promote the cultural and ethnic backgrounds of each individual child in care. This will be

<p>monitored by a schedule of quarterly audits. The first meeting of this group will take place in April 2017 and will be led by the designated Principal Social Worker for Quality.</p>	
<p>Proposed timescale:</p> <ol style="list-style-type: none"> 1. March -May 2017. 2. May 2017 3. April/May 2017. 4. June 2017 5. April 2017 and a schedule of quarterly audits during 2017. 	<p>Person responsible:</p> <ol style="list-style-type: none"> 1. Data information officer with PSWs TLS & SWs. 2. AM PSWs Fostering TLs 3. WLD and PSWs 4. AM and PSWs with WLD 5. PSWs for Quality and TLs

Standard 25

Requires improvement

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

Not all complaints were managed effectively.

Not all children, parents and foster carers had been given information on complaints.

Records of complaints did not include details of responses to complaints, action taken or outcomes.

There were no central records of locally managed complaints.

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:

1. A local area DSC complaints and compliments log is established in the area which will record all complaints. This will ensure timely and effective tracking of all complaints made to the area. The complaints log will be a standing item at the bi monthly area management meetings chaired by the Area Manager with PSWs.
2. The local area will use the National 'Tell Us' leaflet which will be distributed to all children in care. An explanation of this leaflet will take place with each child in care by their social worker and evidenced on case files. The Principal Social Worker for Children in Care is taking the lead on this action and this will be completed by June to August 2017.
3. A briefing will be provided to all staff in relation to the Tell Us national complaint procedure. This training will also include how to log and record complaints and how to discuss with children and families the complaints process. This will be included on the area TNA. The Principal Social Worker for Quality will organise this training during Q3 2017 (June to August 2017).
4. A PSW in the area is the lead on Quality and Complaints and will ensure that tracking of complaints and actions taken are fully in place. Evaluation forms of outcomes of investigations with complainants is completed as standard quality process. This action will be reviewed at bi monthly management meetings.
5. A template is being developed in the area for social work safeguarding visits to children in care will include section on complaints. The Area Manager circulated this

template during February 2017 and this will be communicated with the area team leaders at a meeting with the Area manager in early April 2017 for implementation in the area.

6. This action will be reviewed by the area strategic management teams with a report presented by the designated PSW for Quality on a bi-annual basis to the management team meeting for review and to develop learning from complaints. This will commence in June 2017.
7. Feedback will be provided to the wider social work teams on learning arising from complex complaints. The PSW for Quality will provide this learning to the area management team and area social workers at large team meeting during Quarter 3 2017 (June/July 2017).
8. An annual report will be provided to the AM and strategic management team by the PSW for Quality capturing all complaints made on a yearly basis and to develop learning from same. This report will be used to identify key themes/trends and used for service improvements and service planning.

1. June 2017
2. June-August 2017
3. June-August 2017
4. June 2017.
5. April 2017
6. June 2017
7. July 2017
8. Annual report.

- Person responsible:**
1. PSW Quality at bi monthly area management meetings.
 2. AM & PSWs CIC
 3. PSW Quality and WLD
 4. PSW Quality
 5. AM & PSWs TLs
 6. AM
 7. PSW Quality and WLD.
 8. PSW Quality

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 were visited in line with regulations

Not all children had up-to-date case files

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:

Actions.

1. All children in care in the DSC have an allocated social worker. All children in care will be visited in line with regulations. PSWs and TLs will ensure that all children are visited and that evidence of these visits is clearly recorded on case files. Supervision process will ensure that this is taking place. This action is in place from March 2017.
2. The audit of the children in care register will ensure that details of the last visit to each child in care are recorded during this audit process. This audit will take place by the designated data information officer from March 2017
3. A template already circulated by the Area Manager to Principal Social Workers in February 2017 is to be used for each visit (statutory and non-statutory). This will ensure that visits to children in care are recorded and standardise quality of these visits to be evidenced in the case files.
4. An audit process during supervision meetings will ensure that minimum of one case file is audited during each supervision meeting. This will be communicated and the process explained to the Team Leaders by the Area Manager at a meeting on April 5th 2017.
5. The Area File Audit Quality Group will ensure that a schedule of audits will take place with particular focus on visits to children in care. The file Audit Quality group will meet in April 2017 to develop a schedule of quarterly audits of files.
6. It will remain a priority action within the area that all children in care have an allocated social worker. In the event that a child becomes unallocated due to staff resignation, this information will be escalated in the monthly Measuring the Pressure reports. If this occurs, the Principal social worker will ensure there is a plan regarding visiting this child in line with the regulations. The Area Manager will have monthly oversight and if necessary either reassign staff to ensure all children in care are allocated or if required escalated to service director.

Proposed timescale: <ol style="list-style-type: none"> 1. March 2017. 2. March-Mid May 2017 3. March/April 2017. 4. From April 2017. 5. From April 2017. 6. March 2017 	Person responsible: <ol style="list-style-type: none"> 1. PSWs TLs and SWs 2. Data information officer with PSWs and TLS and SWs 3. AM, PSWs TLs 4. PSWs TLs 5. PSWs TLs 6. Area Manager

Standard 6

Requires improvement

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

Assessment of children's needs were not consistently completed prior to or as soon as possible after children's admission to care.

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:

Actions.

1. Prior to placement, or as soon as possible in the case of emergency placements, each child will have a full assessment of their needs completed or, in the case of emergency admission, as soon as possible after admission to care. This action will be led primarily by the duty team leaders where children are admitted to care. The PSWs for duty and Children in Care will ensure that this action is implemented. The area management team will explain and communicate this action to Team Leaders at its meeting in early April 2017.
2. After admission to care at the child's first child in care review (which should take place within the child's first 6-8 weeks) the team leader will ensure that a comprehensive needs assessment has been completed in respect of each child's care admission. This action is being fully implemented in the DSC area from April 2017.
3. This will be further monitored and reviewed during the supervision process to ensure compliance. A training input will be provided to team leaders regarding this action at the area management meeting in early April 2017.
4. The area File Audit Quality Group will ensure compliance with a schedule of audits for each quarter. The group will meet in April 2017 to develop same.

Proposed timescale:

1. From April 2017.
2. April 2017.
3. From April 2017.
4. From April 2017.

Person responsible:

1. PSWs and TLs
2. TLs and SWs
3. PSWs and TLs
4. AM and PSWs

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 care plan.

The quality of some care plans was poor.

Care plans were not made available in a timely way following child-in-care reviews.

Placement plans were not consistently completed.

The quality of placement plans were poor.

Not all children had a child-in-care review as required by regulations.

Minutes of child-in-care reviews were not routinely completed and retained on children's case files.

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:

Actions.

1. The PSWs and Area manager will receive a monthly report from the Child Care Information Officer on the number of care plans completed and outstanding. On receipt of this report, the Area manager will request updates on corrective action being taken in relation to outstanding care plans. This will be reviewed at each area management meeting from April 2017 to ensure AM oversight. The designated data information officer will monitor on a weekly and monthly basis.
2. Data regarding child in care reviews and care plans will be a standing item in 1:1 supervision meetings between Area manager and PSWs.
3. Care plan training to be provided to all social work teams. This will be included on the TNA for the DSC area for 2017. Particular focus on the quality of care plans will be made. WLD will meet with area management team in late March 2017 and this training schedule will be discussed in respect of delivery of training to the social work teams over the course of the year.
4. Team leaders will ensure that care plans are completed in a timely manner following care plan reviews during their on-going supervision with social workers. PSWs will ensure that outstanding care plans will be a standing item on

supervision agenda meetings with social workers team leaders

5. Placement plans are to be completed prior to the child in care being placed with foster carers or as soon as possible after placement (within 3 days of placement). This will be reviewed at the child's care plan review to ensure that the child has a current placement plan. This action will be communicated by the Area Manager and PSWs to team leaders and the wider social work teams during the April 2017 for full implementation by November 2017.
6. The Area File Audit Quality Group will ensure compliance with these actions with a schedule of audits for each quarter.

Proposed timescale:

1. From April 2017.
2. From April 2017.
3. June /August 2017.
4. March 2017
5. November 2017.
6. From April 2017

Person responsible:

1. AM and PSWs and data information officer
2. AM and PSW with WLD.
3. PSWs and TLS
4. PSWs
5. PSWs TLs AM
6. PSWs File Audit Quality Group

Standard 8

Requires improvement

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

Not all children were placed with carers who were chosen for their capacity to meet their assessed needs.

Action required:

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

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

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

Actions.

1. The area will ensure that matching of children's needs with placements will take place as far as limited placement options are currently available. The area will continue to work with the Regional fostering assessment team to ensure that the capacity of the fostering service to meet the diverse needs of children is increased. A strategic planning meeting for on-going fostering recruitment in the DSC area will take place in May 2017 attended by RAFT and chaired by the Area Manager to look at all strategies to recruit foster carers and increase the area's capacity to match children's needs with placements.
2. DSC area will co-ordinate an on-going recruitment campaign with the RAFT team to recruit local area foster carers in the Dublin South Central Area. A Principal Social Work post for the RAFT team has been approved. A key part of this role will be to increase the capacity of fostering service to respond to needs of children. This post has been accepted and the person will take up position in May 2017.
3. Regular monitoring of each child in care through safeguarding visits by their social worker and the care plan review process will ensure that placements are meeting the identified needs of children in care. The Area Manager and Principal Social Workers will meet with Team Leaders in early April 2017 to ensure that this action is being implemented. This will be communicated to all social workers at a large area meeting at the end of April 2017 and will be regularly monitored through the supervision process. This session will include discussion on escalating cases of concern to SWTL and PSW so that the necessary measures are taken to address any issues arising regarding a child's need in a placement.
4. Foster carer supervision meetings by fostering link workers will ensure that placements are meeting the needs of children placed and support carers with any identified difficulties in meeting these needs. The Area Manager will meet with the PSW and Fostering team leaders to discuss the need to implement this action. A meeting has been scheduled to take place at the end of March 2017.

Proposed timescale: <ol style="list-style-type: none"> 1. May 2017 and on-going. 2. April 2017. 3. April 2017 and on-going through monthly supervision. 4. March 2017 and on-going supervision by PSW and Fostering TLs. 	Person responsible: <ol style="list-style-type: none"> 1. Area Manager CIC & Fostering TLs 2. Fostering PSW TLS & RAFT PSW 3. AM PSWS TLs and SWs 4. AM PSW and Fostering TLs and SWs
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Standard 9

Requires improvement

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

A small number of children were in placements where their welfare was not promoted.

Not all foster care homes had adequate accommodation for the number of people living in the home and to ensure that children had enough privacy and space.

Action required:

Under **Standard 9** you are required to ensure that:

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

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

Actions

1. Principal Social Worker and Team Leaders will ensure that the welfare of all children in care is actively promoted at all times. This will be monitored by social workers and also team leaders during regular supervision process. In addition any case where a child's welfare was not being promoted in a placement will be escalated to PSW. This will be communicated by the area management team to the social work team at a large team meeting by end of May 2017.
2. Social Workers will continually monitor and inspect the living accommodation of all children in care, including the sleeping arrangements, to ensure that each child in care has adequate privacy and space. Social Workers will ensure that each child has a sense of belonging, the ability to express their individuality and have a nurturing environment within their foster placements and that foster care accommodation reflects these needs. The area management team will ensure that this is taking place and will communicate the necessity for social workers to be vigilant in this respect when conducting safe guarding visits to children in care. This will be discussed with the social work teams at a large area management meeting scheduled for the end of May 2017.
3. Fostering Social Workers will ensure that foster care accommodation is in compliance with health and safety checks. Supervision and support visits will take place during 2017 to all allocated and unallocated foster carers. The Principal Social Worker for Fostering will ensure that Fostering Team Leader and fostering social workers are aware of the need to ensure the same and this will be communicated at fostering departmental meetings.
4. The area File Audit Quality Group will ensure compliance in relation to these checks, and that these are being made during social work visits to children in care and supervision visits to foster carers. A schedule of quarterly audits will be devised during the first meeting of this group in April 2017.

Proposed timescale: <ol style="list-style-type: none"> 1. May 2017 2. May 2017 3. April and May 2017 4. April 2017 and on-going 	Person responsible: <ol style="list-style-type: none"> 1. PSWs and TLs 2. AM PSWs and TLs and SWs 3. Fostering PSW SWs and TLs 4. PSWs and TLs

Standard 10
Significant risk identified

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

Appropriate measures were not in place to safeguard all children.

There were numerous policies used by staff in relation to the management of allegations against foster carers.

Not all child protection concerns were managed in line with Children First (2011).

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:

Actions.

1. A National working group is currently reviewing and preparing a national policy in relation to responding to allegations of abuse. This group must consider on-going case law in relation to its development. A draft national document has already been prepared in relation to responding to allegations against foster carers. This draft document will also require consultation with IFCA prior to final sign off. The national guidance in relation to responding to allegations of abuse against foster carers will be finalised by end of May 2017.
2. In the interim, a regional approach will be agreed (based on an existing regional document and the national draft document) to ensure a standardised approach in relation to responding to allegations of abuse made by children in care.
3. All children in foster care will be visited in line with statutory requirements. Principal Social Workers and Team leader will ensure that safeguarding visits will take place to all children in care. Social Workers will use the new template for visits to children in care to ensure that safeguarding is continually monitored and visits to children in care are evidenced in case files. Training and support in relation to the use of this template will be provided to all social worker teams by the area management team at the end of April 2017 for use in the area.
4. A review is taking place of allegations and serious welfare concerns in the DSC area using an audit template. This action is a priority action for the DSC area. All current allegations in the DSC area have been reviewed by the Area Manager at meetings which took place in March 2017 with the relevant social work teams. Each of these meetings has been minuted including plans of actions to address progress on each of these current investigations. Safeguarding plans are in place, where these are required and appropriate, to ensure the safety and wellbeing of all children in care in these placements. There is no child currently placed where there is any identified

risk to their safety. The Area Manager will be kept regularly informed on the progress of these investigations. In addition a process is now in place to ensure that the Foster Care Committee and also National Quality Assurance are being notified of each of these concerns. A schedule of meetings is also due to take place in April 2017 with the Area Manager, Principal Social Workers and Team Leaders and Social Workers in respect of current Serious Welfare Concerns to ensure that all child protection concerns have been managed in line with Children First (2011).

5. Outcomes of these reviews will be notified to the Foster Care Committee to ensure compliance with governance guidelines to FCC. A database will be maintained by the area of all allegations and serious welfare concerns. The FCC with the local area management will ensure tracking and timely investigations all new allegations and serious welfare concerns. Notifications of all new allegations and final outcomes to the FCC will take place. A notification form has been circulated in the area in February 2017 to notify the Foster Care Committee and National Quality Assurance of all new allegations and Serious Welfare Concerns. This will also be done retrospectively for all current allegations and serious welfare concerns. Fostering Team Leaders will ensure the completion of all these forms.
6. Quality Assurance (QA) Directorate Tusla will also be notified by the DSC area of all allegations and serious welfare concerns. A quarterly governance meeting chaired by the AM with PSWs and TL, Quality Assurance monitoring service, to review all new or currently investigated allegations and serious welfare concerns and to ensure compliance with Children First (2011) and safeguarding of all children in foster care placements. The Chair of the Foster Care Committee will also attend this meeting to support a system check and tracking of all allegations/serious welfare concerns. The Area Manager will convene the first Quarterly meeting of this governance group by May 2017.
7. Foster carer reviews will be prioritised for all founded allegations or serious welfare concerns. These will take place as a priority once the Foster Care Committee review each of these concerns currently being investigated. Any foster placement where a founded outcome has been made will be prioritised for review. An additional resource will be provided to the area to support this process with a SWTL being assigned to commence these reviews from April 2017.
8. Outcomes of all investigations will be noted on both the children in care case files and also the foster carer's files. Team Leaders and Social workers will ensure that this takes place and a schedule of quarterly audits will also ensure compliance with this action from April 2017.
9. Fostering TLs will ensure that Children First training is provided to all foster carers. A schedule of training for foster carers to include this action will be completed by the PSW for Fostering and Fostering Team leaders by June 2017.
10. A governance and oversight group will be convened by the regional service director for the purpose of tracking actions relating to significant risks to completion. The

Quality Directorate will undertake verification exercises relating to the actions relating to significant risks and report back to the governance and oversight group.

Proposed timescale:

1. May 2017
2. April 2017
3. End of April 2017.
4. Review took place in March 2017 of all current allegations. Review due to take place in April 2017 of all current serious welfare concerns. Report will be submitted to HIQA on 20th April 2017.
5. February and March 2017.
6. May 2017.
7. April 2017
8. From April 2017
9. June 2017.
10. Quarter 3

Person responsible:

1. National Director for Policy and Strategy
2. Regional Service Director
3. PSWs TLs
4. National office , Regional director, AM PSWs
5. AM PSWs
6. FCC & data officer
- 7.
8. PSWs and Fostering TLs
9. PSWs & Fostering /CIC TLs
10. PSW Fostering TLs
11. Service Director DML

Standard 13

Requires improvement

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

Not all young people were receiving an aftercare service in line with policy

Assessments of young people's leaving care needs were not completed in a timely manner and were not comprehensive

The quality of aftercare plans was poor

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:

Actions:

1. The AM and PSW for aftercare will review the adequacy of the aftercare service and provide a business case to the Service Director for additional aftercare posts to meet the area's responsibilities and compliance with National Policy in respect of provision of an aftercare service to all young people who require an aftercare service. This will include a business case for an aftercare coordinator post. The Area Manager will complete this review by August 2017 with the Principals for Children in Care. The Service Director is also progressing the aftercare Co-ordinator post for the area.
2. Aftercare co-ordinator post with PSWs and TLs will ensure that assessments of young people's leaving care needs are of good quality and completed as per the National policy. Training in relation to assessments of young people leaving care needs will be part of the area Training Needs Analysis to be completed with the Regional WLD unit.
3. The designated Data information officer will identify all young people reaching 16/17 years of age to flag with children in care teams that an aftercare referral will need to be made. This will be monitored on a quarterly basis.
4. The use of regular supervision process, TLs and aftercare co-ordinator will ensure the good quality aftercare referrals and young people leaving care needs assessments.
5. The aftercare co-ordinator post will ensure that the area is in compliance with its statutory aftercare provision and with National policies. The aftercare co-ordinator post is being progressed by the Service Director for DML.

<p>6. An aftercare planning day to take place with AM, PSWs, TLs and aftercare co-ordinator once post is filled.</p> <p>7. Quality Assurance (QA) to be requested to monitor aftercare provision by end of Q4 in the DSC area to monitor</p>	
<p>Proposed timescale:</p> <ol style="list-style-type: none"> 1. August 2017. 2. June 2017. 3. August 2017 4. July 2017 5. September 2017. 6. September 2017 or when aftercare co-ordinator post is filled. 7. End of Q4- December 2017. 	<p>Person responsible:</p> <ol style="list-style-type: none"> 1. AM & PSW 2. PSWs TLs aftercare co-ordinator post and WLD. 3. Data Information Officer 4. TLs PSWs and aftercare co-ordinator 5. Aftercare co-ordinator post. 6. AM PSWs Aftercare co-ordinator 7. QA

Standard 14(a)

Requires improvement

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

Not all general foster carer's assessments were completed within the 16 week timeframe as outlined by national standards.

Garda vetting was not always in place for adults living in or with significant unsupervised access to foster homes.

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:

Actions:

1. The DML Regional Assessment Fostering Team (RAFT) is ensuring that all general foster care applications are in compliance with the National Standards and time frames in relation to general fostering enquiries and assessment of applications. The RAFT team provides core training to all new general fostering applicants and co-ordinates all recruitment of general fostering for the DSC area from fostering information meetings through to fostering enquiries and assessment of general applications. A Principal Social Worker has been appointed to RAFT in March 2017 and the AM and PSW for fostering DSC will have regular updates from RAFT on a monthly basis during 2017
2. The DSC area will maintain a data base in respect of Garda vetting of all foster carers in the area and all adults over 16 in foster family households. This data base is in place in DSC from April 2017 and will be regularly monitored and maintained by dedicated fostering administration person with oversight from fostering team leaders in DSC.
3. The area will audit all foster placements by end of May 2017 to ensure that all foster carers and all over 16s in the foster placements have current Garda vetting. This will also include any adult having regular access to the foster family's homes. Fostering link workers will ensure foster carers are advised of need to inform fostering team of any young person/adult over 16 years and in regular contact with family. The fostering team leaders will ensure oversight of this action.
4. Regular review and monitoring will take place in respect of the database to ensure that the area is compliant with this standard. Oversight by Fostering TLs and supervision between PSW for fostering and fostering team leaders. This will be actioned by April 2017.

5. The Area File Audit Quality Group will ensure that a schedule of foster carer files audits will be completed on a quarterly basis by fostering Team leaders. This will be led by the PSW for Quality and a schedule of audits will be in place on a quarterly basis from April 2017.

Proposed timescale:

1. March and on-going during 2017.
2. April 2017.
3. May 2017.
4. April 2017.
5. April 2017.

Person responsible:

1. RAFT
2. PSW
Fostering and
Fostering TLs
SWs and
Fostering
admin.
3. PSWs
Fostering and
TLs
4. Fostering TLs
and PSW.
5. PSW Quality
and Fostering
TLs

Standard 14(b)

Significant risk identified

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

Not all relative foster carers had undergone a comprehensive assessment as required and assessments of relative foster carers in general, were not carried out in a timely way.

Garda vetting was not always in place for adults living in or with significant unsupervised access to foster homes.

Recommendations of assessing social workers were not always implemented in the area and plans to address risks identified during assessments were inadequate.

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:

Actions:

1. The Area has allocated all 39 of its current unapproved Section 36 relative fostering assessments. A schedule of timeframes for presenting of these assessments to the Foster care committee (FCC) has been developed. Whilst some of these assessments are complex, all are being prioritised for presenting to the FCC by the end of June 2017, dependent on no presenting issues which may emerge during the course of these assessments. All have been allocated and are due to be in assessment by end of March 2017. The area has commissioned a private fostering agency to assess 14 of these 39 assessments. These will be completed by the end of June 2017. The Principal Social Worker for fostering will maintain oversight of these assessments and timeframes and provide regular monthly updates to the Area Management team.
2. The area will ensure through the supervision process by the Principal Social Worker for Fostering with Fostering team leaders that all new S.36 relative assessments will be allocated and assessed as per the National Standards for relative assessments. If required the capacity of the fostering service will be increased by commissioning private foster care agencies to ensure assessment of all new relative foster care placements so as to ensure there will be no backlog of outstanding relative foster care assessments moving forward.
3. A standing item on the bi monthly strategic management meeting will be the number of new S. 36 relative assessments and tracking information in respect of assessment status and allocation. The tracking of existing S.36 relative assessments

will also be rigorously monitored by AM with PSW and Fostering Team leaders.

4. The area will maintain a database of all vetting in respect of foster carers in the area to ensure that current vetting is in place for all relative foster carers, over 16s in these foster placements and all adults with regular access to the relative carer's homes. This will be regularly monitored and reviewed on a monthly basis by fostering team leaders. This will also be part of regular supervision meetings by PSW with fostering TLs and Fostering TLs with Fostering social workers.
5. The area will ensure that all recommendations made in respect of relative assessments by the FCC are actioned upon. A log of recommendations following approval of relative carers by the FCC will be maintained by the fostering team leaders.
6. Any risks identified during the assessment process will be detailed with a safeguarding plan put in place by the fostering team in respect of that identified risk.
7. As per assurances provided by the interim service director in January 2017, the PSW with a lead role for quality will conduct a review of all unassessed relative placements to ensure safeguarding plans are robust while child is in placement and pending approval by FCC.
8. A governance and oversight group will be convened by the Service Director to ensure actions relating to significant risks are completed by due date. The Quality Assurance directorate will complete a verification exercise relating to actions reported as completed and presented to the governance and oversight group.

Proposed timescale:

1. By end of June 2017.
2. March 2017.
3. From April 2017.
4. April 2017.
5. May/ June 2017.
6. From April 2017.
7. Quarter 3

Person responsible:

1. PSW
Fostering and Fostering TLs.
AM and Area Management meetings.
2. PSW
Fostering and Fostering TLs.
3. AM and PSW
4. Fostering TLs
5. Fostering TLs and PSW
6. Fostering TLs and PSW
7. Service Director

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 social worker.

Not all foster carers were receiving regular support and supervision.

Not all foster carers case notes were appropriately maintained or up-to-date.

There was no support group and limited out-of-hours service available for foster carers or their children in the area.

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:

Actions:

1. A duty system for unallocated foster carers will be established in the area for unallocated foster carers. A protocol for unallocated foster carers and a risk estimation tool for unallocated foster carers will be developed in the area. The Principal Social Worker and Fostering Team leaders will provide the Area Manager with a plan for a duty fostering social work system for the fostering teams by May 2017.
2. Social workers and team leaders have provided support out of hours to carers where placements have been in crisis. A National out of hours support service for foster carers is current being negotiated with trade union with the plan for implementation in 2017.
3. A template will be implemented for support and supervision visits to all unallocated foster carers. A duty rota will also ensure that all unallocated foster carers receive support and supervision visits. This will be in place by end of May 2017. Report to be provided to Area Manager by PSW for Fostering and Team leaders.
4. Support groups will be developed in the area in consultation with IFCA in the DSC area. This will be developed in the final quarter of the year by the Principal Social Worker and Fostering Team leaders.

<p>Proposed timescale:</p> <ol style="list-style-type: none"> 1. May 2017. 2. On-going since March 2017 / National office Out Hours Service to confirm. 3. May 2017. 4. Q3 –September to December 2017. 	<p>Person responsible:</p> <ol style="list-style-type: none"> 1. PSW & Fostering TLs report for AM. 2. TLs and SWs. National lead for Out of Hours Service to advise. 3. AM PSW TLs 4. PSWs TLs
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Standard 16

Requires improvement

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

Not all foster carers had completed the foundation to fostering course in advance of presentation to the foster care committee.

Not all foster carers had completed regular training.

Records of all training attended by foster carers were not consistently maintained

In the absence of reviews, not all foster carers had undergone an appraisal of their training needs.

There were no arrangements in place to ensure that foster carers outside the area had access to on-going training.

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:

Actions:

1. The area will ensure through the RAFT team that all new general foster carers complete core training prior to approval by the FCC. A new Principal Social Worker for RAFT has been appointed in March 2017 and will ensure compliance with this action for all new general assessments.
2. The fostering teams in the DSC area will ensure that a training needs analysis of each foster carer is completed during 2017 which will inform the provision of its training calendar for 2017 and 2018 for foster carers. Foster carers will be supported to attend identified training supports. Fostering team leaders will provide a report to Principal Social Worker and Area Manager by September 2017.
3. A database of all training attended by foster carers within the area will be developed. Training records will also be placed on all foster carers files of training attended and completed. The data base will be established with administration support and monitored by the Fostering Team leaders in the area.
4. An analysis report will be completed of all foster carers outside the area to identify their training needs. Efforts to identify access to local training supports will be made for each of these carers in their local communities. Fostering team leaders will ensure this is completed by Q4-September to December 2017.

Proposed timescale: <ol style="list-style-type: none"> 1. April 2017. 2. September 2017. 3. July /August 2017. 4. Q4 September to December 2017. 	Person responsible: <ol style="list-style-type: none"> 1. RAFT PSW 2. Fostering TLs and SWs 3. Fostering TLs /Admin Support 4. Fostering TLs SWs
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Standard 17

Significant risk identified

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

Foster care reviews were not occurring as required.

Outcomes of foster care reviews that did take place were not routinely notified to the foster care committee.

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:

Actions:

1. Foster carer reviews are being prioritised by the area for all foster carers where allegations or serious welfare concerns have been made to identify any additional training or supports. The area will submit all completed outstanding investigations to the Foster Care Committee for their review and governance in respect of founded or unfounded outcomes. Any recommendations made by the FCC in respect of these investigations for a foster care review to be held will be prioritised by the area. All founded allegations and serious welfare concerns will have a foster carer review held by end of July 2017.
2. A schedule of foster carer reviews is being developed by the Principal Social Worker and Fostering Team leaders during 2017. 5 foster carer reviews have taken place since January 2017. A schedule of 30 foster carer reviews for the remainder of the year has been developed by one of the fostering team leaders. The second fostering team leader is finalising her schedule of foster carer reviews at this point in time and this will be completed by end of March 2017. In addition, a dedicated foster care review officer has been identified by the Service Director who will take up post by April/ May 2017 to ensure that all remaining foster carer reviews will be scheduled to take place in the remainder of 2017 and the first Quarter of 2018.
3. All foster carer reviews taking place will be notified to the FCC. A quarterly governance meeting will be chaired by the Area manager and attended by the PSWs and FCC Chair and information relating to Foster care reviews will be cross referenced. The Area Manager will chair the first quarterly meeting by May 2017.
4. The outcomes of all foster carer reviews reports will be presented as a matter of routine and governance oversight to the Foster Care Committee. Fostering team leaders will ensure compliance with this action from April 2017.
5. A data base of all foster carer reviews will be maintained in the area. The data

<p>information officer will assist the fostering team leader to establish this database. Fostering Team Leaders will be responsible for oversight of this database.</p> <p>6. The supervision process of Principal Social Worker and Fostering team leaders will ensure that foster carer reviews are regularly reviewed. This will also be a standing item on at the strategic management meeting in the area.</p> <p>7. A governance and oversight group will be convened by the regional Service Director for the purpose of tracking actions relating to significant risk to the point of completion. The quality assurance directorate will complete a verification exercise in relation to actions relating to significant risk and present this to the governance and oversight group.</p>	
<p>Proposed timescale:</p> <ol style="list-style-type: none"> 1. July 2017. 2. By end of 2017 and first Quarter of 2018. 3. May 2017. 4. From April 2017. 5. June 2017. 6. April 2017. 7. Quarter 3 	<p>Person responsible:</p> <ol style="list-style-type: none"> 1. Fostering TLS and SWs. 2. PSW and Fostering TLs 3. Fostering TLs 4. Fostering TLs and SWs 5. PSW and Fostering TLs and data information officer. 6. PSWs with Fostering Team leaders 7. Service Director

Standard 22

Requires improvement

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

The service had a very limited 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:

Actions:

1. The Area Manager will work with Principal Social Workers in the area to identify children in foster care whose placements are at risk and whom have had multiple foster placement breakdowns to ensure that effective planning for these children's needs is in place. This will include identification of further supports and therapeutic interventions aimed at preventing further placement breakdowns. The Area Manager will establish a complex case forum to have a structured forum to discuss complex cases. Discussions in respect of provision of specialist foster care placements will be on the agenda for this forum. The Area Manager will establish the complex case forum in the DSC area by end of June 2017 to ensure that all children's placements in foster care which are at risk of breakdown will be notified and listed for review at this forum. This will ensure that any additional supports or clinical interventions are identified.
2. The area will work with the RAFT team to run bespoke recruitment campaigns for children with complex needs. A meeting will take place between the area and the newly appointed Principal Social Worker for RAFT during May 2017 to identify children who require bespoke fostering recruitment campaigns.

Proposed timescale:

1. June 2017.
2. May 2017 for strategy meeting and June/July/August 2017 for bespoke fostering recruitment campaigns.

Person responsible:

1. AM with PSWs and TLs.
2. RAFT Team with AM and PSW Fostering and CIC and Team leaders

Theme 3: Health and Development

Standard 11

Requires improvement

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

Not all children's files contained a clear and complete record of their health and development information from birth.

Action required:

Under **Standard 11** you are required to ensure that:

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.

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

Actions:

1. The area will ensure that all children in care have health records on their files, including immunisation records and medical and birth records from maternity hospitals also requested. All children in care will have an annual health check up with the GP as part of their care plan review process. Team leaders will ensure that this is requested at each care plan review. Any missing medical records will be requested as part of the care plan actions. This action will be monitored by children in care team leaders and Principal social workers and social workers.
2. The area will ensure that all children receive a medical check-up following their admission to care. This action will be implemented immediately on duty and children in care teams.
3. The area File Audit Quality group will ensure that as part of its quarterly schedule of audits that medical records are part of this audit for each child in care. The File Audit Quality Group will meet in April 2017 and be chaired by the Principal Social Worker for Quality. A schedule of audits will be devised on a quarterly basis.
4. The template to assist social workers statutory and safeguarding visits to children in care includes a section on health and this will be part of each safeguarding visits. The Area Manager will meet with the Principal Social Worker and Team Leaders in April 2017 to ensure that this template is actioned. This will be communicated to all social workers at a large area meeting by the end of April 2017.

Proposed timescale:

1. September 2017.
2. March /April 2017.

Person responsible:

1. Team leaders and SWS

3. April 2017. 4. End of April 2017.	2. Duty social workers and TLs 3. PSWs and TLs. 4. PSWs TLs and SWs
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Theme 4: Leadership, Governance and Management

Standard 18

Requires improvement

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

Some policies were not being fully implemented by the staff and management team, including inter-area transfer, caseload management and the foster care committee policy.

There were numerous policies and procedures in place for the management of allegations.

Action required:

Under **Standard 18** you are required to ensure that:

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.

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

Actions:

1. The area manager has requested a review of all children placed outside the area whose care plan supports long-term matching their foster placements. This category of children will be prioritised for inter-area transfer. Any blocks relating to the transfer of children in care will be escalated to the PSW, Area Manager and Service Director as required. The audit of the children in care register by the data information officer commences end of March 2017. Children placed outside the area who meet the criteria to be transferred to local areas where they reside and this will be a priority action within area in April 2017.
2. The area will ensure that the case load management tool is fully implemented in the area. The area manager will discuss at area management meetings with Team Leaders in April 2017 to ensure compliance with this action. Additional briefings for staff to support implementation will be made available from Work Force Development if this is identified as a need to support implementation.
3. The area will ensure that the National Policies are fully implemented in the area and will utilise the Tusla Hub as part of its Quality Agenda with social work teams. The Principal Social Worker for quality in the area will ensure that this action is being implemented by social work teams through a process of communication and training where required.
4. A national guidance for dealing with allegations against foster carers will be available at the end of May 2017. In the interim, a regional guidance has been developed that is reflective of the draft national guidance. A review of all current allegations has taken place in the area chaired by the Area Manager during March 2017 and actions identified on all of these cases for immediate and robust follow up. Further meetings will take place in April 2017 in respect of current serious welfare concerns which the Area Manager will chair in respect of each case discussion. Improved monitoring and quarterly governance meetings commencing

<p>in May 2017 will be put in place to review all new allegations and serious welfare concerns. A report outlining this audit will be made available to HIQA on 20th April 2017.</p> <p>5. The area will work with National QA to ensure that the Tusla National Quality framework is fully implemented in the area. This action will be implemented by Q4 –September to December 2017.</p>	
<p>Proposed timescale:</p> <ol style="list-style-type: none"> 1. March-May 2017 2. April 2017 3. July 2017. 4. March and April 2017. 5. Q 4-September-December 2017 	<p>Person responsible:</p> <ol style="list-style-type: none"> 1. AM with PSWs and TLs 2. PSWs and TLs 3. PSW Quality lead 4. AM with PSWs 5. PSWs and QA

Standard 19

Significant risk identified

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

Management systems did not support the consistent delivery of a high quality foster care service.

The management structure did not ensure children and foster carer assessments, planning and reviews occurred in a timely manner.

Statutory visits were not effectively monitored to ensure they were occurring as required.

Risk management systems did not identify all risks and control measures had not served to effectively manage or reduce risks.

Monitoring and oversight of the service had not resulted in many improvements in the service.

The information system in place did not support effective service planning and delivery.

There were significant gaps in records and case files for children and foster carers and children's files did not contain chronologies.

The register of children was not up-to-date.

There was insufficient staff in place to deliver an effective foster care service.

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:

Actions:

1. A governance and oversight group will be convened by the service director to track actions relating to the identified significant risks to ensure they are prioritised and addressed. The Quality Assurance Directorate will complete verification exercises relating to these actions and present to the governance and oversight group.
2. The area manager will review and update the information management systems in respect of the fostering service. A Data information officer has been assigned to the area to support this function (March 2017). A key priority for the area is to ensure that these information/data systems are maintained and used to inform service delivery, planning and improvements. Learning will also be reviewed and a learning

log established in the area by the Principal Social Worker with a lead for Quality in the area. The learning will be communicated to all teams at large area meetings during the second half of 2017.

3. New governance structures are being established in the Area including quarterly review meetings chaired by the Area Manager in respect of any new allegations /serious welfare concerns. This will take place by May 2017. A File Audit Quality Group is also being established and will be in place by April 2017 to improve service delivery and to ensure that file audits are taking place. The group will ensure that new templates are implemented in respect of the quality of safeguarding visits to children in care. The quality of supervision and support visits to foster carers will also be reviewed by the Area manager and Principal Social Worker with the fostering team leaders. Complex case forums will be established by June/ July 2017 to alert AM to placements at risk and also to review cases of children with high and complex level of needs placed in foster care. Quality Assurance directorate (QA) will be requested to review these systems.
4. The area will ensure that needs assessment and placement plans are completed in respect of each child placed in foster care to ensure that placements are meeting children's needs. This action will be communicated to the area team leaders and social workers during meetings with the Area Manager during April and May 2017.
5. The area risk register will be reviewed at the strategic management meetings on a quarterly basis or more frequently if required to ensure that care planning and risk management control measures are taking place in relation to any identified risk to a child placed in care. The area will work with the Regional Risk Quality Assurance Manager in this regard. Risks that are escalated to the regional service director will be reviewed at the regional quality, risk and service improvement governance meeting which takes place on a monthly basis. The purpose of this group includes to review that adequate control measures are in place to respond to identify risks and to escalate nationally if this is not possible.
6. Any identified gaps in file records or documentation will be addressed through the supervision process between team leaders and social workers and the regular auditing of files. The area File Audit Quality Group will ensure that a schedule of audits is completed on a quarterly basis and that any identified gaps are followed up in respect of records. Follow up actions and audits in respect to missing documentation will be part of the File Audit Quality Group Agenda to ensure that identified actions are followed up and monitored by Team Leaders.
7. File chronologies will be reviewed at the File Audit Quality Group and a template devised and implemented in the area. This action will be reviewed for implementation in Quarter 4 2017-September –December 2017.
8. An audit of each child's information on the child in care register will take place to ensure the accuracy of the information and that all information fields are populated. This action will be completed by May 2017.

<p>9. Staffing resources will be reviewed in respect of the fostering service delivery in the area by the AM with the PSW for that service and business cases will be submitted for identified additional resources. This review will take place by the Area Manager with the Principal Social Worker for Fostering by May 2017.</p> <p>10. A governance and oversight group will be convened by the service director to track actions to address significant risks are tracked to completion. The Quality Assurance Directorate will complete verification exercises relation to these actions and present to the governance and oversight group.</p>	
<p>Proposed timescale:</p> <ol style="list-style-type: none"> 1. March /April 2017 and later half of 2017 2. June/July 2017 3. April and May 2017. 4. April 2017. 5. September -December 2017 6. September –December 2017. 7. May 2017. 8. May 2017. 9. Quarter 3 	<p>Person responsible:</p> <ol style="list-style-type: none"> 1. AM and PSWs 2. AM and PSWs and QA 3. AM PSWs Regional Risk Quality Manager 4. AM PSWs 5. TLs and SWs 6. PSWs and TLs 7. Data Information Officer with TLs and SWs 8. AM with PSW and Regional Service Director 9. Service Director

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 did not ensure effective and timely oversight of the foster care service.

The foster care committee did not fully comply with Tusla's national policy.

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:

Actions:

1. The Foster Care Committee (FCC) for the Area is a joint FCC with DSW/KK/WW. The Area Manager and Regional Director are working with the Chair of the FCC to improve governance functions and notification information systems to the FCC by the DSC area. New governance structures including databases of all disruptions of placements, the tracking of allegations and serious welfare concerns including outcomes of investigations are being implemented in DSC to ensure that the FCC is informed in respect of same. Quarterly meetings will take place in respect of allegations and serious welfare concerns and the chair of FCC will attend. Minutes of these meetings will be provided to the FCC members for their review. This will take place by May 2017 and will be convened by the Area Manager.
2. The Chair of the FCC and secretary to the Committee will review all notifications to the FCC during 2015/2016 and any outstanding documentation will be submitted by the area. Disruptions reports will be submitted in respect of all identified disruptions not submitted to the FCC identified during the recent HIQA inspection. The AM has circulated a disruptions template to the PSWs in the area for implementation. A review of all allegations and serious welfare concerns is also taking place in the DSC area using an audit template. The outcomes of these reviews will be submitted also to the FCC for oversight and governance purposes. Themes and learnings will be identified during this process in respect of disruptions and also in relation to allegations and serious welfare concerns. Notification outcomes will be submitted by the Principal Social Workers to the FCC Chair in respect of all allegations and serious welfare concerns.
3. Any breaches of standards/policies by the DSC area since January 2016 will be submitted to the FCC by the area if not already notified. The Fostering Team Leaders will review this action and follow up with the Chair of the FCC by Q3 2017-August 2017.

4. The Regional Service Director DML, Area Manager and PSWs will work with the Chair and Secretary of the FCC to ensure that the template Appendix 3 of the Foster Care Committee Policy, Procedure and Best Practice guidance to record any outstanding documentation and to inform compliance data reports to the Regional Director and Area Managers for the Foster Care Committee. A meeting will take place with the Chair of the FCC with the Area Manager and Service Director by end of May 2017 to discuss this action.
5. Self -audit declarations will be signed by Social Workers and Team Leaders presenting reports and assessments to the FCC. This action will be implemented by PSW and Team leaders for fostering by May 2017.
6. Membership, training and functioning of the FCC will be reviewed by the Chair of the FCC with the Regional Service Director DML and the Area Manager for the DSC area. Full compliance by the FCC with National FCC guidelines is to take place.
7. The Quality Assurance and Monitoring Directorate will be requested to review the functioning of the FCC by the Regional Director DML.

Proposed timescale:

1. May 2017.
2. June 2017.
3. June 2017.
4. May 2017.
5. May 2017.
6. June 2017.
7. December 2017.

Person responsible:

1. AM and PSWs and FCC Chair.
2. AM PSWs TLs
3. PSW Fostering TLs
4. Regional Director, AM and PSWs
5. PSWs TLs and SWs
6. Regional Director, Chair of FCC, AM
7. Regional Director and QA

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 agencies.

There was no effective monitoring of non-statutory services with which children from the service area were placed.

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:

Actions:

1. Tusla National Office is in the process of establishing service level agreements for non-statutory agencies. A procurement process has commenced and is due for completion in 2017. An individual service agreement for each child placed with a private fostering agency will be placed on child's file and signed off by PSW.
2. Principal social workers and team leaders will ensure that all children in private fostering placements are visited in line with statutory regulations and in receipt of safeguarding visits. Team Leaders will ensure compliance by their social work teams with this action through the supervision process and through file audits.
3. Regular reports in respect of each child's placement with non-statutory providers will be requested to be supplied by all private agencies on a twice-monthly basis. This will be reviewed at supervision meetings.
4. The Area Manager and PSWs will meet on a Twice yearly basis with all private providers to review placements of each child and compliance with standards and regulations to ensure the quality of each child's placement and that the children's needs are being met as per their care planning review process. Care plans are to be up-to-date and in line with the National Standards for foster care.
5. Placing Social Workers and SWTL will be asked to review fostering inspection reports relating to the agencies that they are placing children with. Team Leaders will ensure oversight of this action prior to the placement of any child with private agencies. The Principal Social Worker for Quality will also review inspection reports from all our private fostering services where our children in care are placed and communicate any identified issues to the DSC teams. This will be completed by end of June 2017.

Proposed timescale: <ol style="list-style-type: none"> 1. To be progressed with National Office by the Service Director DML. 2. April 2017. 3. By end of May 2017 4. June 2017. 5. June 2017. 	Person responsible: <ol style="list-style-type: none"> 1. Regional Director and AM 2. PSWs TLs SWs 3. PSWs and TLs 4. AM PSWs and TLs. 5. PSW Quality TLs and SWs
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Theme 5: Use of Resources

Standard 21

Requires improvement

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

There were no effective strategies in place to develop and retain foster carers.

There was an insufficient range of foster carers to meet the diverse needs of children and the demands of the service.

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:

Actions:

1. A Training Needs Analysis (TNA) will be completed for each foster carer by the fostering team. A central folder of attendance at training will be maintained by the area. A yearly training calendar based upon the completed TNA and also identified by the Fostering Team Leaders and Principal Social Worker will be provided to all foster carers. This will be completed by end of Quarter 3-July/August 2017.
2. Support groups for foster carers will be developed by the area as resources allow. A review of the service delivery of the fostering teams will be completed by the Principal Social Worker and Area Manager. This will be completed during Quarter 4-September to December 2017.
3. Consultation will take place by the area with foster carers and also IFCA in relation to strategies to develop and retain foster carers. This will take place by June 2017 and attended by the Area Manager and PSWs and Fostering Team Leaders.
4. The area will hold a consultation day with diverse community groups to identify recruitment strategies and work with the RAFT team to provide on-going recruitment strategies in the area. The Area Manager will convene this meeting by end of May 2017.
5. Exit interviews will be held with foster carers who have decided to discontinue fostering. This information will be used to identify key themes and inform service planning for the fostering service. Fostering team leaders will ensure that an exit interview process in place for all foster carers who leave the service during 2017.
6. Tusla are currently in process of developing an Alternative Care Strategy. This work has included a literature review regarding foster care, including issues relating to retention and the strategy will include areas such as foster care retention.

Proposed timescale: <ol style="list-style-type: none"> 1. July /August 2017. 2. September –December 2017. 3. June 2017. 4. May 2017. 5. To be completed for all foster carers who exit the service during 2017 6. Q4 	Person responsible: <ol style="list-style-type: none"> 1. Fostering TLs and SWs 2. AM with PSW Fostering TLS 3. AM PSWs Fostering TLs 4. AM PSW 5. Fostering SWTLS 6. National Area Manager lead for Alternative Care
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Theme 6: Workforce

Standard 20

Significant risk identified

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

Mechanisms in place to ensure that staff employed to work with children, their families and foster carers are professionally qualified and suitably trained were not robust.

There was no system in place to ensure that all staff working in the foster care service were appropriately vetted.

Supervision did not always take place within the timeframes in Tusla's national policy.

Action required:

Under **Standard 20** you are required to ensure that:

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.

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

Actions:

1. The area will ensure that a central register is maintained of all employed social worker's CORU registrations and renewal status of same provided on a yearly basis. This will be reviewed at the end of May/June 2017 when renewal of yearly registration with CORU takes place and will be followed up by the dedicated data information officers and also by Team Leaders during supervision. All social workers are Garda vetted as part of their CORU registration process.
2. A full review of HR files for staff in DSC is underway and will be completed by April 2017. A comprehensive re-vetting process has also commenced for all staff within the area.
3. In the event of a circumstance where there is no record of Garda vetting on a personnel file, safeguarding measures will be put in place, including that individual not having unsupervised direct access with children. This safeguarding measure is place since late 2016 in the area.
4. Supervision meetings between PSWs and TLs will monitor on-going compliance with this action.
5. A governance and oversight group will be convened by the regional Service Director for the purpose of ensuring actions relating to significant risks are tracked to completion. The quality assurance directorate and HR directorate will be required to complete verification exercises relating to this action to ensure this risk is addressed.

Proposed timescale: <ol style="list-style-type: none"> 1. May/June 2017. 2. By end of June 2017 3. In place in the area. 4. February/March 2017. 5. Q 2 2017-June 2017. 	Person responsible: <ol style="list-style-type: none"> 1. PSWs and data information officer 2. HR and AM 3. AM and PSWs HR 4. PSWs & TLS 5. Regional Director
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