

Regulation of
Health and Social
Care Services

Governance of Foster Care Services Thematic Programme

Self-assessment questionnaire

About the Health Information and Quality Authority (HIQA)

The Health Information and Quality Authority (HIQA) is an independent statutory authority established to promote safety and quality in the provision of health and social care services for the benefit of the health and welfare of the public.

HIQA's mandate to date extends across a wide range of public, private and voluntary sector services. Reporting to the Minister for Health and engaging with the Minister for Children, Equality, Disability, Integration and Youth, HIQA has responsibility for the following:

- **Setting standards for health and social care services** — Developing person-centred standards and guidance, based on evidence and international best practice, for health and social care services in Ireland.
- **Regulating social care services** — The Chief Inspector within HIQA is responsible for registering and inspecting residential services for older people and people with a disability, and children's special care units.
- **Regulating health services** — Regulating medical exposure to ionising radiation.
- **Monitoring services** — Monitoring the safety and quality of health services and children's social services, and investigating as necessary serious concerns about the health and welfare of people who use these services.
- **Health technology assessment** — Evaluating the clinical and cost-effectiveness of health programmes, policies, medicines, medical equipment, diagnostic and surgical techniques, health promotion and protection activities, and providing advice to enable the best use of resources and the best outcomes for people who use our health service.
- **Health information** — Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information on the delivery and performance of Ireland's health and social care services.
- **National Care Experience Programme** — Carrying out national service-user experience surveys across a range of health services, in conjunction with the Department of Health and the HSE.

Introduction

This self-assessment questionnaire has been developed by the Director of Regulation within the Health Information and Quality Authority (HIQA). Its purpose is to aid service providers of foster care services to critically assess their governance arrangements across their foster care services.

It is organised according to the standards contained in the *National Standards for Foster Care* (2003).

How to complete the self-assessment

This document is intended to allow service providers to subjectively assess their own performance against the national standards, which in turn helps to identify where improvements are required. In order to do so, respondents should make reference to the combined Governance of Foster Care Services Guidance and Assessment-Judgment framework which has been developed for this programme (available at www.hiqa.ie) and the *National Standards for Foster Care*. The combined guidance and assessment-judgment framework document outlines the standards that are being assessed in the programme, describes what a good service looks like, sets out the lines of enquiry which inspectors will follow and what they will look for as sources of evidence when carrying out an inspection.

In this self-assessment, you will see a series of statements relevant to eight of the standards in the *National Standards for Foster Care*.

Under each standard, please consider the listed points and select the preferred descriptor for your service in assessing your performance. As such, when assessing your performance under each standard, your answer should reflect performance in the context of the thematic programme. Provide additional information, for example, areas of good practice or initiatives, if required, in the space provided.

The self-assessment of this service is being completed within the context of what has been a challenging time nationally for children in care and their families, foster carers and local social work teams arising from the COVID-19 pandemic. Please include in your responses if current circumstances have impacted on the performance of your service.

Judgment descriptors

The following Table 1 shows the levels of compliance — which we term ‘judgment descriptors’ — which are used to assess performance against each of the standards. During this self-assessment you will be asked to select the descriptor which most accurately describes how you are meeting each of the standards.

Compliant	Substantially Compliant	Moderate Non-Compliant	Major Non-Compliant
A judgment of compliant means that no action is required as the service has fully met or has exceeded the standard.	A judgment of substantially compliant means that some action is needed in order to meet the standard. The action taken will mitigate the non-compliance and ensure the safety, and health and welfare of the children using the service.	A judgment of moderate non-compliant means that substantive action is required by the service to fully meet the standard. Priority action is required by the provider to mitigate the non-compliance and ensure the safety, and health and welfare of children using the service.	A judgment of major non-compliant means that the services have not met the standard and may be putting children at risk of harm. Urgent action is required by the provider to mitigate the non-compliance and ensure the safety, and health and welfare of children using the service.

You are required to submit the completed self-assessment to HIQA when requested.

Service Details

Click in the boxes below to add responses about your centre.

Service area:	
Name of person completing form:	
Role:	
Date:	

Effective Policies

Standard 18

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 consider the following in assessing your performance:

- if there is a clear plan and objectives for the development and delivery of services
- if consultation processes are in place with key stakeholders for planning the delivery of services
- if there are sufficient foster care teams to deliver services and a panel of approved persons to act as foster carers
- if there are systems in place to review policies and procedures to ensure: relevancy to changing needs of children in care; are informed by relevant research and findings from reviews, monitoring inspections, learning from best practice and mistakes and promote partnership with all stakeholders/service users and are reflective of Tusla's national policies and procedures
- if policies and procedures take account of public health risks
- if the needs of children leaving foster care are advocated for and awareness raised with agencies involved in their welfare, such as those responsible for housing, education and social welfare
- if the responsibility for the care of children who are moved to another service area is transferred to the other service area and there is a formal written agreement in place, unless there are specific reasons where it is not appropriate to do so
- if partnership protocols are in place for the transfer of children to other service areas in a timely manner, where appropriate.



1. Compliant	2. Substantially Compliant	3. Moderate Non-Compliant	4. Major Non-Compliant
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If you selected:

- 1 or 2, please briefly outline the initiatives or measures you have in place to meet the standard
- 3 or 4, please briefly outline why the service is failing to meet this standard.

500 word limit

Management and monitoring of foster care services

Standard 19

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

Please consider the following in assessing your performance:

- if management systems are in place to ensure delivery of a high-quality foster care service, which includes effective risk management strategies to deal with internal and external pressures, including adherence to public health measures
- if systems are in place to ensure there are enough resources to meet the needs of children placed in foster care
- monitoring and quality assurance systems are separate from the line management structures
- if these systems identify good practice and set out the actions to be taken to address risks and practice that require further development and improvement in relation to:
 - compliance with statutory requirements and standards
 - consistent and equitable quality of service
 - effective and timely response to complaints about foster care services
 - continuous monitoring of actions taken to address risks and areas for improvement to improve outcomes for children
- if effective leadership and management ensure that staff roles and responsibilities are clearly defined and understood by all relevant parties
- if there is a good awareness and adherence to Tusla policies and procedures for dealing with complaints, allegations and other disciplinary issues in relation to staff
- if there is learning from successes, mistakes and sharing of good practice with other areas
- if the register of all children in foster care is maintained and is accurate and compliant with statutory requirements
- if information systems are in place that provide up to date and timely data and is information used to inform, monitor, learn from and adapt practice as necessary. Such information includes, but is not limited to:
 - the number and type of available foster placements
 - the level of unmet need
 - foster care breakdown and children who have multiple placements
 - complaints and allegations
 - up-to-date information on the population characteristics of the region in order to facilitate planning and evaluation of their foster care services

- if a sufficient number of social workers are employed to undertake the duties of the child and family social worker and link worker in compliance with statutory regulations
- if contingency plans are in place for dealing with situations where a child's allocated child and family social worker is unavailable for an extended period
- if structures are in place to ensure the preparation and implementation of assessments, care plans and care plan reviews for children in foster care; the recruitment, assessments, approvals and reviews of foster carers and the implementation of the foster care training strategy
- if the annual 'Adequacy of the Child Care and Family Support Services' report is produced which reports on:
 - the recruitment and retention of foster carers
 - the number of placements made
 - the number of children in need of placements
 - the appropriateness of current placements
 - and representations and complaints.



1. Compliant	2. Substantially Compliant	3. Moderate Non-Compliant	4. Major Non-Compliant
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If you selected:

- 1 or 2, please briefly outline the initiatives or measures you have in place to meet the standard
- 3 or 4, please briefly outline why the service is failing to meet this standard

500 word limit



Training and qualification

Standard 20

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 consider the following in assessing your performance:

- if a system is in place to ensure that staff working and recruited have an up-to-date An Garda Síochána (police) vetting disclosure and are registered with relevant accreditation bodies
- if staff training and development plans are in place that identify, and subsequently meet, the training needs of those involved in delivering the foster care service
- if plans are evaluated and updated at regular intervals to ensure implementation and ongoing relevance. Do the plans include induction training, including further training and support needs as identified during induction; access to in-service and post-qualifying training and regular and formal supervision?
- if child and family social workers and link workers attend joint training programmes with foster carers.

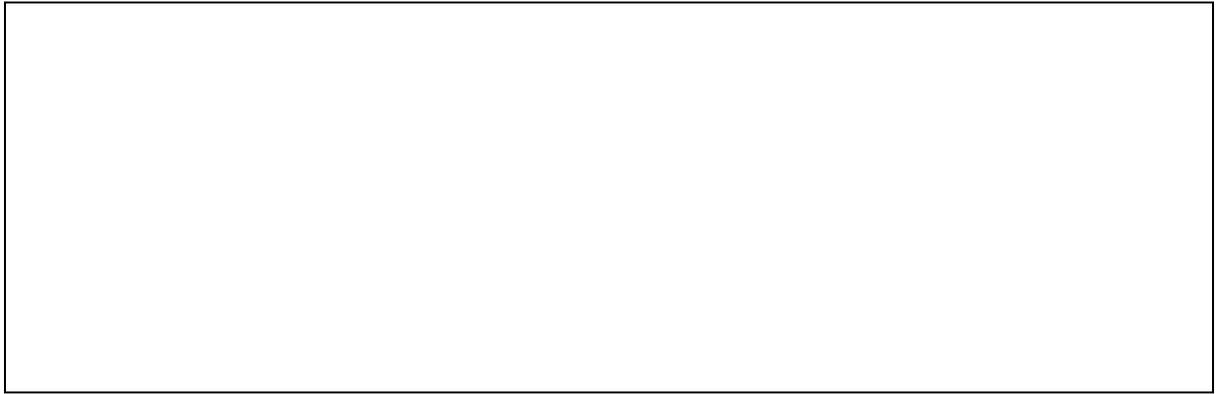


1.	2.	3.	4.
Compliant	Substantially Compliant	Moderate Non-Compliant	Major Non-Compliant

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500 word limit



500 word limit

Special Foster Care

Standard 22 Health boards provide for a special foster care service for children and young people with serious behavioural difficulties.

Please consider the following in assessing your performance:

- if the area has special fosters carers on your panel
- if policies and procedures are in place to support the care provided to the particular needs of children with complex needs
- if multidisciplinary assessments are completed for all children deemed to require special foster care
- if the child's care plan is regularly reviewed, and management ensure that any additional supports identified in the care plan are provided
- if persons who provide special foster care receive ongoing training, additional support, and are skilled foster carers, have relevant experience and there is at least one full-time carer available in each special foster care placement
- if special foster carers are consulted with and provided with agreed regular and emergency respite breaks.

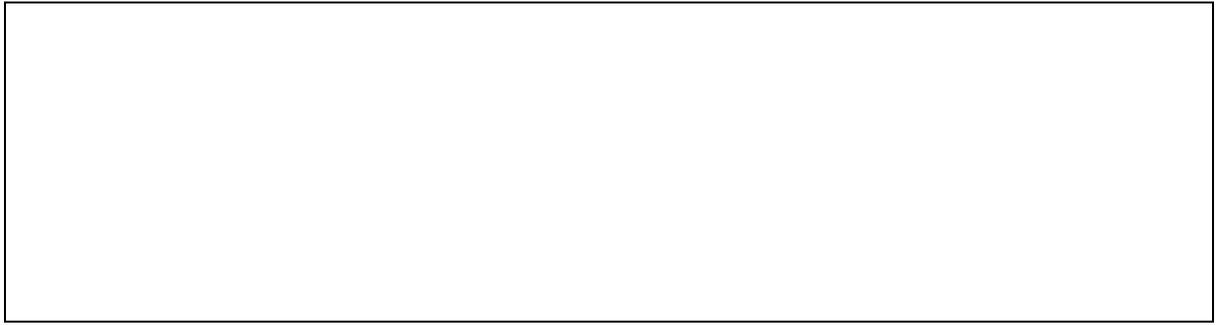


1. Compliant	2. Substantially Compliant	3. Moderate Non- Compliant	4. Major Non- Compliant
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500 word limit



The Foster Care Committee

Standard 23

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

Please consider the following in assessing your performance:

- if the terms of reference for the foster care committee identifies their primary responsibility to act in the best interests of children in foster care
- if foster care committees are responsible for considering the assessment reports for foster care applicants; recommending whether or not to put the applicants names on their panel of foster carers; receiving notification of the outcome of foster carer's reviews; recommending endorsement or review of their status; approving long-term placements planned for a duration of at least six months; reviewing and overseeing allegations, serious concerns, placement disruptions
- if the membership of the foster care committee is in accordance with Tusla's policies and procedures, and is made up of people with expertise in child welfare
- if committee members:
 - have an up-to-date An Garda Síochána (police) vetting disclosure and any other relevant checks in accordance with Tusla policies and relevant legislation
 - have access to specialist advice to clarify any aspect of an assessment, review of a foster carer, or placement of a child
 - are provided with relevant and up-to-date information, including feedback on the management of the foster care service; relevant research; inspection findings and information on best practice initiatives
 - are provided with induction and in-service training programmes to enable them to discharge their responsibilities
 - collectively contribute to the completion of the annual Adequacy of the Child Care and Family Support Services reports
- if recommendations and decisions of foster care committees are recorded and circulated to their members and to relevant Tusla managers
- if management consult with and consider the recommendations from their foster care committee when making decisions regarding the delivery of foster care services.

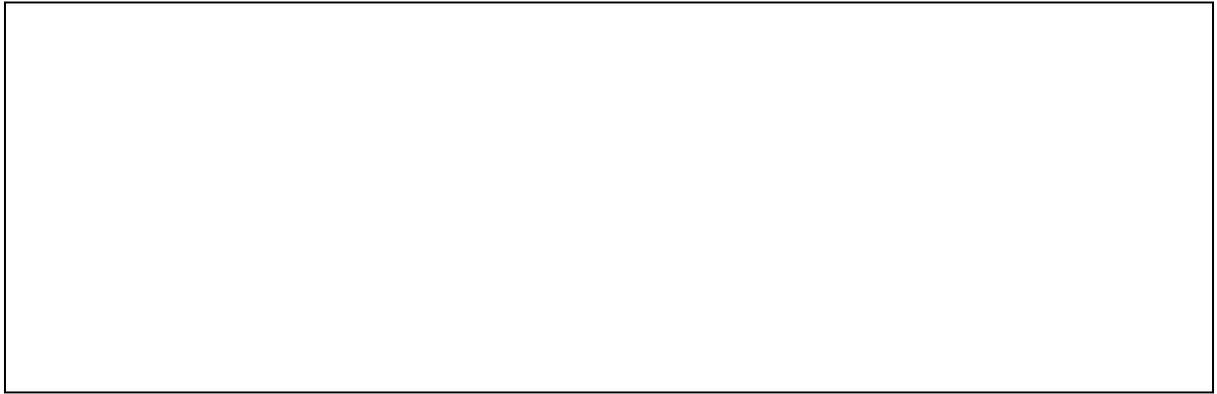


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- 3 or 4, please briefly outline why the service is failing to meet this standard

500 word limit



Representations and Complaints

Standard 25

Health boards have policies and procedures designed to ensure that children and young people, their families, foster carers and others with a bona fide interest in their welfare can make effective representations, including complaints, about any aspect of the fostering service, whether provided directly by a health board or by a non-statutory agency.

Please consider the following in assessing your performance:

- if procedures and guidelines for dealing with complaints and representations are readily available and in line with Tusla policies
- if copies of the complaints process are:
 - provided to children in an age appropriate and accessible format which considers children with disabilities; those with learning difficulties and those with language barriers
 - made available to parents and foster carers
- if management ensure that all parties involved in the foster care service understand the complaints process and are made aware of their right to make a complaint
- if the complaints procedures clearly outline:
 - what constitutes a complaint
 - how a child can be helped to make a complaint
 - the procedure to be followed (steps to be taken, timescale, who investigates the complaint, where and how it is recorded, feedback to the complainant)
 - how the complainant who is unhappy with the outcome can appeal a decision
- if management takes responsibility to:
 - facilitate children, their families, foster carers and others with a bona fide interest in their welfare to make representations and complaints
 - inform them of their right to avail of the services of an advocate or other independent service
 - ensure they are aware of any independent services which exist and know how to access them
 - ensure complainants and other interested parties are heard on the matter of the complaint;
 - notify the complainant and other interested parties in the writing of the outcome of their complaint and of the actions taken in response to it
- if there is a system to monitor, review and trend information from complaints to promote learning and improvement.



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Empty response area for providing details on initiatives or reasons for non-compliance.