



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

Regulation and Monitoring  
of Social Care Services

# **Foster Care Guidance for Non-Statutory Foster Care Services**

**December 2022**

***Safer Better Care***

## 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 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 Services** — Developing person-centred standards and guidance, based on evidence and best international practice, for health and social care services in Ireland.
- **Regulating social care services** — The Office of 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.

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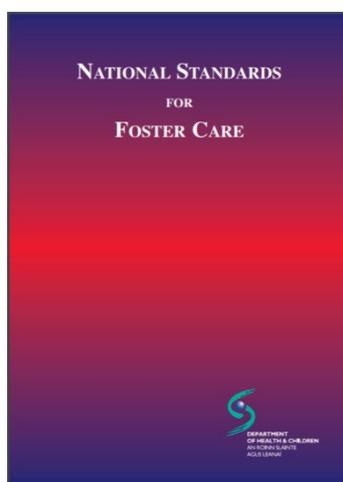
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## Section 1 - Introduction

HIQA is authorised by the Minister for Children, Equality, Disability, Integration and Youth under section 69 of the Child Care Act, 1991 as amended by Section 26 of the Child Care (Amendment) Act 2011 to inspect services taking care of a child on behalf of the Child and Family Agency (Tusla)<sup>1</sup>, including non-statutory providers of foster care.

This guidance should be applied in conjunction with *the National Standards for Foster Care* (2003).

## Section 2 – *The National Standards for Foster Care (2003)*



The national standards are grouped into three sections:

- Section 1 focuses on children and young people,
- Section 2 on foster carers and
- Section 3 on the Health boards, now Tusla or the provider of non-statutory foster care services.

Under each section, standard statements are provided with a list of criteria describing what a good service looks like and how the standard may be met. The standards are available to download on the HIQA website, [www.hiqa.ie](http://www.hiqa.ie).

At the time of the development of these standards, the former health boards were responsible for the provision of foster care services. Since 2003, non-statutory providers of foster care services have commenced operating services. In 2014, The

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

Child and Family Agency (Tusla) became the statutory provider of foster care services. Therefore, for the purposes of inspecting foster care services, HIQA under Section 3 of the *National Standards for Foster Care* inspects the provider of the foster care service.

Non-statutory providers and foster carers work in partnership with Tusla to support children in care in ensuring that their rights and their needs are met. Inspections of non-statutory foster care providers focus on the responsibilities of the providers towards their foster carers, as outlined in parts of Sections 1-3 of the *National Standards for Foster Care* (2003). Providers need to be mindful in the delivery of their service of all the standards under Section 1, and how they ensure that their service promotes the rights of children.

Non-statutory providers of foster care services recruit, assess, supervise and support approved foster carers who look after children who are in their care. Social workers called link workers are employed by non-statutory providers to supervise and monitor foster carers contracted by non-statutory agencies. The Child and Family Agency (Tusla) commissions these services to provide foster care placements to children in care.

HIQA monitors and inspects how children in non-statutory foster care placements are supported by Tusla when statutory foster care services (services provided by Tusla) are inspected, this includes reviewing standards in relation to the child's social worker, assessing children's needs and care planning. In addition, specific standards in relation to children's positive sense of identity, family and friends, valuing diversity and children's rights are also part of that inspection process.

## Section 3 – Guidance

### Children and Young People

This section of focuses on how the provider ensures that children receive a safe service.

It includes how the provider:

- matches the needs of children with foster carers who are able to meet their needs
- ensures that the homes of foster carers provide a safe and healthy environment for children
- keeps children protected from any harm and abuse.

#### **Standard 8: Matching carers with children and young people**

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

#### **Regulation 7:** Capacity of foster parents to meet the needs of child

#### **What a rights based quality service looks like**

Children and young people should be placed with foster carers who are chosen for their capacity to meet the assessed needs of the children or young people. Matching carers with children and young people is based on a comprehensive written assessment of the child's needs and their care plan. This involves all relevant professionals, the child (where appropriate) and their family, and the matching process considers the proposed foster carer's capabilities, their family and any other children in the household.

The child's views are considered in accordance with their age, stage of development and individual needs. Children, where possible, spend time with the proposed foster care families prior to placement, so they can express an informed view. Links between the children's family and the foster carers are encouraged by the link social worker to enable the children to settle in their new placement, if appropriate. The appropriateness of the match is reconsidered if the plan for the care of the child changes or the circumstances of the foster carers change.

### **What this means for the child**

Children are placed with foster carers who have been identified as the most suitable to meet the child's assessed needs. Children are enabled to feel comfortable, safe and are consulted about moving to a new foster home. Children have the opportunity to meet foster families prior to placement to get to know the foster family when possible. Children's transition to foster care is a positive one, where they feel consulted and where they are assured that the service will facilitate positive links between foster families and the child's family.

### **Examples of information or evidence that will be reviewed and how this will be done**

#### **Through observation**

The provider facilitates the inspector's observation of:

- matching meetings
- case management meetings.

#### **Through communication**

Inspectors will communicate with children to explore if:

- their views were considered when the placement was being planned
- they had an opportunity to meet their foster carers before moving there
- they are happy living with their foster carers.

Inspectors will communicate with foster carers to explore:

- their experience of the matching process
- their understanding of the matching process and what did link social workers consider when placing the child
- they got enough information about the child.

Inspectors will communicate with parents to explore if:

- they feel the children's foster carers were well suited to meet their child's needs.

Inspectors will communicate with managers and social workers to explore:

- if there are a sufficient number and range of foster care placements to meet the requests received for placements in a timely manner
- how they ensure that children are effectively matched to foster carers
- how inappropriate matches are managed.

## **Through a review of documents during or after onsite activity**

Inspectors will review the provider's documentation such as:

- procedures or policies on matching children with carers
- placement planning policies
- comprehensive matching assessments
- minutes of meetings attended by foster carers and or birth parents
- unplanned endings – disruption meeting minutes
- responses to requests for placements.

Additional documents that may be reviewed include:

- children's surveys.

## **Compliance indicators**

Indicators of compliance include:

- The matching process:
  - is effective, based on a comprehensive assessment and children are placed with carers who have the capacity to meet their assessed needs
  - ensures matches are achieved by means of information sharing and discussion involving all relevant professionals, children and their families, where appropriate, and the proposed foster carers, their families and other children in the placements
  - is discussed at professionals meetings
- foster carers are provided with all the information required, prior to placement, as required under the regulations
- that children, where possible, spent some time with the proposed foster care families prior to placement, so that they were able to express an informed view about the planned move
- children's views are considered
- there is a placement or matching policy in place.

Indicators of substantial compliance includes when:

- there are some delays in carrying out the matching process, but this does not pose a medium or high risk to children.

Indicators of non-compliance includes when:

- there is no matching process and children are placed with carers who do not have the capacity to meet their assessed needs
- the matching process was not based on a comprehensive assessment and did not consider the need to consult with families, professionals and foster families
- children were not always consulted and, as part of a planned move, did not have the opportunity to visit the foster carers prior to the placement
- there was no policy to guide the matching process.

### **Standard 9: A safe and positive environment**

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

#### **What a rights based quality service looks like**

Each child living in foster care have placements that keep them safe and healthy. Children are cared for with affection and foster carers ensure the children in their care are valued, accepted and supported. Children are living in a safe and positive environment and have their welfare promoted and their developmental needs met. The provider, together with foster carers ensures that children are provided with appropriate, stimulating environments in which children can play and learn.

The provider, together with the foster carers, ensures that children are supported and encouraged to maintain family links, friendships and interests and supported to develop new relationships, as appropriate.

All children in foster care have their rights protected and promoted. Children are supported to live a healthy and happy life. Their health and emotional needs along with their personal preferences, cultural, ethnic and religious backgrounds are taken into consideration in all aspects of their life, such as diet and dress, as appropriate to their age and culture.

Foster carers' homes are safe, well-maintained, clean and have enough space to allow children to have privacy. The provider must ensure that the home is well maintained and adequate for the number of people living there. The service ensures that the foster carers' vehicles are safe, clean and are maintained to meet all legal requirements.

#### **What this means for the child**

Children feel valued, supported and their right to privacy is respected in the foster home. Children feel that their family, friends and interests are respected and valued

by the provider and foster carers. Children are supported to maintain links with their family and friends, when appropriate.

## **Examples of information or evidence that will be reviewed and how this will be done**

### **Through communication**

Inspectors will communicate with children to explore or determine:

- their views on and experiences of living in foster care
- how their needs are met including social, emotional and dietary needs
- how they are supported to maintain relationships with family and friends and to develop new relationships and interests.

Inspectors will communicate with foster carers to explore or determine:

- their understanding of their role in providing a safe, healthy and nurturing environment for children in their care
- how they are supported in their role to provide a safe and positive environment
- how are they supported in promoting and supporting the child's rights
- how they are supported to provide for children's individual needs and their role in supporting children's relationships with family and friends.

Inspectors will speak with parents (where appropriate) to get their views on their child's foster placement and how their needs are met.

Inspectors will speak with staff to enquire how they ensure that there are appropriate measures in place to provide all children in foster care with a safe, healthy and nurturing environment.

### **Through a review of documents during or after on-site activity**

Inspectors will review the provider's documentation such as:

- minutes of meetings, such as care plan reviews, strategy meetings and professionals meetings
- care plans
- records of specialist services
- supervision records
- reports from child and family social workers and guardians ad litem
- individual records relating to facilitation of social, cultural and religious practices
- foster care reviews

- health and safety assessments and other relevant assessments, such as assessments regarding animals, medication, environmental hazards
- governance meeting minutes.

Additional documents that may be reviewed include:

- children's surveys.

## **Compliance indicators**

Indicators of compliance include:

- The provider:
  - ensures that children in foster care have their needs met and are provided with safe healthy and nurturing environments
  - reviews placements in line with the standards and regulations and addresses any issues arising.

Indicators of substantial compliance include:

- a child's right to a safe and healthy environment is promoted, but issues arising are not appropriately addressed
- there are gaps in documentation in relation to the child's living environment.

Indicators of non-compliance include:

- Placements:
  - are not supported in a way that keeps children safe and healthy
  - are not reviewed in line with the standards and regulations to ensure that they remain suited to the child's needs
  - issues within the placement have not been addressed to promote the child's safety and development in a timely manner.

## **Standard 10: Safeguarding and child protection**

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

### **What a rights based quality service looks like**

Every child has the right to feel protected and safe from all forms of abuse (physical, sexual, emotional, financial, institutional, neglect and discriminatory). Safeguarding is, first and foremost, about proactively protecting children and young people and empowering them to speak up if they believe they are at risk.

The provider promotes children's safety and children's rights, these are central to the culture of the organisation. The culture of the organisation is one of openness and transparency, where children can raise and discuss any issues without prejudice. Staff, including link workers and foster carers are also encouraged to raise any concerns directly with the provider or through protected disclosure processes.

Care practices, policies and procedures promote and protect the safety and welfare of children. The safeguarding policy and procedures are in line with Children First (2017) adhere to international human rights instruments, relevant legislation, regulations, national policy, professional guidance and evidence-based guidelines. The provider's approach to risk management safeguards children and supports responsible risk taking appropriate to the child's age, capacity and the presenting risks. The relevant policies and procedures are implemented, and staff and foster carers are knowledgeable regarding their content, including their responsibility as mandated persons.

Robust policies and supporting procedures are implemented so that strong safeguarding practices are in place to protect children from all forms of abuse.

Children are protected by practices that promote their safety in relation to:

- the duty of each foster carer or staff member to report any concerns for the safety of the children
- access to an advocate or advocacy services
- children's private access to their social worker, family, advocates and external professionals
- the use of restrictive procedures
- robust reporting systems.

Foster carers receive the appropriate training and are knowledgeable about how to recognise and respond to the possibility of bullying, abuse or neglect. This ensures that effective steps are taken to protect a child and to contribute to the ongoing safety of children, and they are clear on their roles as mandated persons, as

applicable. Link social workers prepare foster carers and provide guidance and training in caring for children who have been abused or neglected, in safe care practices, and recognising and reporting signs of abuse. The provider is proactive in providing information in relation to internet safety to carers. Foster carers understand and know how to manage challenging behaviour, only use appropriate sanctions, and know that any form of corporal punishment and humiliating treatment is unacceptable. There are clear guidelines in place to manage incidents where children go missing from care, and foster carers are fully informed on what to do if this happens.

Providers provide training and information to foster carers in order to support children to feel safe and to support them to develop the knowledge, self-awareness, understanding and skills for self-care and protection, taking into consideration their age, personal history and stage of development.

When a child is placed in foster care, foster carers are given information in writing about the children to enable them to protect the children, the foster carers, their own children and other children who may have contact with children in their foster care. Foster carers are made aware that this information is treated in confidence and stored securely.

Where an allegation or concern has been made by or about a child within the service, it is managed in line with Children First (2017) and relevant legislation, national guidance and policies. The provider must refer the matter through the child protection notification process to Tusla's Child Protection Social Work team for investigation in line with Children First (2017). The provider works in partnership with Tusla, who has the responsibility for the management of allegations.

Safeguarding measures, such as safety plans, are put in place to protect children while the assessment is ongoing and for as long as they are required. The provider, foster carers and Tusla, work together in implementing safeguarding measures and these are regularly reviewed to ensure they are effective.

Where an allegation of abuse is being investigated, the provider will follow direction from the relevant social work department and take all reasonable and proportionate interim measures to protect the child, pending the outcome of any assessment or investigation. The provider must ensure that no further children are placed with the carers until the matter is concluded. The provider ensures that all child and family social workers who have or had other children placed in the foster care household are notified of the allegation.

In the event that the matter is deemed a serious concern and does not meet the

threshold for a child protection notification, the provider manages the matter in line with serious concern guidance and policies. The provider takes all reasonable and proportionate interim measures to protect the child, pending the outcome of any assessment or investigation.

The provider treats foster carers with dignity and respect throughout the process of assessment or investigation. The provider continues to support the foster family and keep them updated. Foster carers are advised of additional supports and advocacy services available to them. The provider should also consider offering foster carers appropriate counselling at any point in the process. Information is made available to foster carers with respect to an appeals mechanism for foster carers whom allegations of abuse or neglect have been made and who are unhappy with the outcome of the assessment. Following the completion of an investigation of a serious concern or allegation the provider will convene a foster care review which will be presented to the foster care committee in order to make a recommendation on the future approval status of the foster carer.

The provider is aware of their obligations under the Child Care ( Placement of Children in Foster Care) Regulations 1995 and has no more than two children placed in the same foster home, except in the case of siblings, who should not be placed with other foster children. Any departure from this should be closely monitored and should be notified and approved in advance by the Foster Care Committee. Foster carers are informed of their right to refuse a placement and that this decision will be respected by the provider.

The provider is proactive in continual quality improvement. Oversight and monitoring is carried out on a routine basis. The provider maintains oversight of serious concerns and allegations made against foster carers and the progress and outcomes are tracked to ensure they are reported and managed in line with Children First (2017), relevant legislation and national policy. Evaluation of the effectiveness of the protection of children consists of an element of the continual quality improvement cycle.

### **What this means for the child**

Children are informed of and understand self-care and protection. Children are confident they will be protected and safe from all forms of abuse. Children's safety and wellbeing is promoted. Link workers, staff and foster carers recognise signs of abuse and take appropriate steps including reporting their concerns to Tusla in line with Children First (2017). Children feel comfortable raising any issues with the service and their foster carers. Children are listened to and supported and the service takes reasonable and proportionate steps to protect children.

## **Examples of information or evidence that will be reviewed and how this will be done**

### **Through observation**

The provider facilitates the inspector's observation of:

- strategy meetings regarding allegations or serious concerns and conferences regarding children's care and placement planning
- professional meetings relating to child protection concerns or allegations.

### **Through communication**

Inspectors will communicate with children to determine or explore:

- whether they feel safe in the foster homes and how they have been supported to develop their knowledge, self-awareness, understanding and skills required for self-care and protection
- what children would do if they had concerns for their safety
- whether they have raised any safeguarding concerns and how this was responded to.

Inspectors will communicate with parents to determine or explore if:

- they can talk to anyone in the service if they have a worry about their child
- they feel listened to
- they feel their children are safe
- a concern or allegation has been raised about their child since they have been in foster care.

Inspectors will communicate with foster carers to determine or explore:

- their knowledge of their statutory obligations as mandated persons
- if they are aware of the policy and procedures for reporting abuse and what they would do in the event of an allegation or disclosure of abuse
- their understanding about safeguarding and what to do in the event of an allegation or disclosure of abuse
- what they would do if a child goes missing from their care
- if they have received appropriate training in relation to use of appropriate sanctions and safe care practices
- if there have been any child protection concerns or allegations made by the foster child during their placement
- if an allegation or concern has ever been made about them, and if so, what was their experience of the investigation.

Inspectors will communicate with staff and managers to determine or explore:

- how they are assured that all allegations in relation to children in care are investigated and managed in line with policies, procedures and Children First (2017)
- how they ensure that all foster carers are equipped with the relevant training to ensure that children are safe in their care, for example, what to do when a child goes missing from care, what are safe care practices
- the system regarding notification of serious or adverse incidents
- the arrangements in place for staff to make a protected disclosure about the effectiveness and safety of the service
- the management of allegations against a staff member
- the supports in place for children in foster care and foster carers outside of working hours
- how they ensure that concerns and complaints raised by foster carers are well managed.

### **Through a review of documents during or after on-site activity**

Inspectors will review the provider's documentation such as:

- policies on the prevention, detection and responses to abuse
- information provided to foster carers on safeguarding, child protection and safe care practices
- policies and procedures managing reports of allegations against carers
- policies, procedures and protocols for children missing from care
- policies on whistleblowing for staff and foster carers
- staff training records on safeguarding children
- records of the investigation of any incident, allegation or suspicion of abuse or neglect
- minutes of strategy meetings relating to allegations or suspicions of abuse or neglect
- outcome of allegations and reviews of foster carers
- child-friendly information on child protection and safeguarding, including written and web-based information
- records of children missing from care or absent and at risk
- sample meeting minutes relating to safeguarding, children missing from care, serious incident review group meetings, children absent and at risk

Additional documents that may be reviewed include:

- children's surveys.

### **Compliance indicators**

Indicators of compliance include:

- the provider has prepared in writing, adopted and consistently implemented a safeguarding policy and relevant procedures
- staff and foster carers receive training relevant to their role and responsibilities and includes mandatory training in Children First (2017), safe care and other relevant safeguarding training such as bullying, internet safety
- allegations against foster carers or their significant others are reported in line with Children First (2017) and any relevant policies in a timely manner
- the link worker supports foster carers with respect to the management of concerns, allegations or complaints about them and or relating to the child in placement
- foster carers are informed in writing of the allegation or serious concerns, the assessment procedure and receive regular updates and the outcomes of assessments of allegations of abuse or serious concerns
- the provider provides foster carers with information about an appeals process if they are unhappy with the outcome of an assessment
- the provider undertakes a review of the foster carers following the investigation of a serious concerns or allegation and submits to the relevant foster care committee, who reconsiders foster carers approval status
- practices are in place to ensure that children are protected and safe from all forms of abuse
- the provider ensures there are appropriate safeguarding arrangements in place for foster carers
- serious and adverse incidents are promptly notified and appropriately managed.

Indicators of substantial compliance include:

- while there are appropriate policies, procedures and practices in place, there are some gaps in the associated documentation that do not result in a medium or high risk to children using the service.

Indicators of non-compliance includes:

- *Children First: National Guidance for the Protection and Welfare of Children* (2017) is not implemented
- the relevant policies and procedures are not prepared in writing, not adopted and or not consistently implemented
- practices do not demonstrate the adoption and implementation of policies and procedures that reflect best practice
- foster carers do not know what to do in the event of an allegation or suspicion of abuse
- children do not know what to do in the event they experience abuse

- incidents, allegations, or suspicions of abuse are not appropriately reported in accordance with the services policy and *Children First: National Guidance for the Protection and Welfare of Children* (2017)
- policies and procedures are not reviewed and updated in accordance with legislation and best practice
- relevant staff and foster carers are not aware of their statutory obligations as mandated persons.

## The Foster Carers

This section focuses on how the provider ensures that effective systems are in place to support foster carers in providing child-centred and high-quality care to children.

It includes how the provider:

- Ensures that foster care applicants are assessed in a timely and comprehensive manner
- Ensures that foster carers care for children in line with their approval
- Supervises, supports and trains foster carers to enable them to provide high-quality child-centred care
- Completes regular reviews of foster carers in line with the regulations.

### **Standard 14a: Assessment and approval of non-relative foster carers**

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

### **Regulation 5(1) & 5(2), 7, 9(1) & 9(2)**

### **Standard 14b: Assessment and approval of relative foster carers**

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

### **Regulation 5(2) & 6(1) & 6(2) and 9(1) & 9(2)**

## **What a rights based quality service looks like**

The provider that is striving for quality improvement has systems, processes and practices including written policies and procedures in place for the assessment of foster carers which enable them to assess foster carers and match them to the individual needs of children.

Enquiries about fostering are promptly acknowledged and contact is made with the potential applicant. Persons who enquire about fostering are provided with information about fostering and what it involves - including all the elements of the

assessment process and the requirement to attend training. This is promptly followed up with a visit from a social worker to the potential applicant to ascertain their suitability for fostering and their ability to engage with the assessment and training process. This process assists the person who enquires about fostering in deciding whether they will make an application to become a foster carer including clear written information on all aspects of being a foster carer. There are formal processes in place for the assessment of foster carers by a suitably qualified social worker and a framework which outlines the criteria against which the applicants will be assessed and the qualities they will be expected to demonstrate. The assessment framework supports the social worker and the applicant(s) to identify the suitability and capacity of the applicant(s) to become a foster carer(s). Assessments of general foster carers are completed within sixteen weeks.

The provider in some instances may be requested by Tusla to conduct relative (or someone with whom the child already has a relationship) foster care assessments on Tusla's behalf to provide care for the child or young person when it becomes clear that they need alternative care. The applicants for relative foster care receive clear written information on all aspects of being a foster carer. Tusla may have already completed emergency checks in regard to a relative and have placed the child in the care with a relative subject to the successful completion of the fostering assessment.

There are formal processes in place for the assessment of relative foster carers by a suitably qualified social worker and a framework which outlines the criteria against which the applicants will be assessed and the qualities they will be expected to demonstrate. The assessment framework supports the assessing social worker and the applicant to identify the suitability and capacity of the applicant(s) to become a relative foster carer(s). The regulations requires that relative assessments are completed within 12 weeks from the date of placement of a child.

The formal assessment for general and relative foster care assessment is an assessment of the household and includes:

- Tusla checks and Area Clearance Forms (checks outside of Ireland if lived for more than six months) with those service areas where the applicants lived and of other equivalent authorities to ascertain applicants suitability for fostering
- appropriate medical reports on applicants
- two or more references from people not related to the applicant that are checked by a social worker

- vetting from an Garda Síochána (police) relating to the applicants and all members of their household who would have unsupervised contact with children
- vetting from An Garda Síochána (police) relating to adults with significant unsupervised access to the foster home
- and any other information that is deemed relevant to determine the applicants suitability to become foster carers
- an analysis of the particular competencies and experiences of the applicants relevant to fostering
- an assessment of the applicants home
- interviews with all family members, including children, to ascertain their views on becoming part of a fostering household.

Foster care assessment reports are comprehensive and include an analysis of the applicant's capacity to provide foster care. The fostering assessment report includes clear recommendations regarding approval, type of fostering and number of children recommended. Foster carers are given access to their assessment report before it is presented to the Foster Care Committee (FCC) and they are afforded the opportunity to add comments. Foster care applicants are invited to meet the FCC considering their application. Foster carers and the provider are informed of the decision of the FCC in writing.

The names of all approved foster carers are placed on a panel of foster carers maintained by the service area in which they live. A file is maintained on the assessment of the foster carer(s) which includes all the information and documentation required by the regulations and standards.

When a placement is made with the foster carer there are formal written contracts in place in respect of each child placed with a foster carer(s) and the foster carer is provided with a copy of the contract.

Where foster carers move to another provider or move residence to another service area during the assessment process or during their tenure as foster carers, there is a clear due process procedure by which they are transferred to the new service area or provider.

### **What this means for the child**

Children can be assured that the provider recognises the importance and makes every effort to place them with their relatives and or within their own community in the first instance. When a child is placed with relatives in an emergency, children can be confident that all necessary safeguards are in place to ensure they are placed

with suitable persons who can provide safe care.

Children can be confident that they will be placed with carers who have been assessed as having the necessary qualities and competencies to provide high- quality care and who are best suited to meet their individualised needs.

### **Examples of information or evidence that will be reviewed and how this will be done**

#### **Through observation**

The provider facilitates the inspector's observation of:

- a referral meeting
- information sessions for prospective foster care applicants.

#### **Through communication**

Inspectors will communicate with:

- recently approved non-relative foster carers to ascertain their experience of the fostering assessment
- assessing social workers to ascertain their knowledge of the assessment process
- managers to ascertain their oversight of the assessment process to ensure it is timely and of good quality.

#### **Through a review of documents prior to, during or after on-site activity**

Inspectors will review the provider's documentation such as:

##### **Pre-on-site activity**

- dataset submitted by the provider
- unsolicited information and notifications received by HIQA relating to the provider
- the National Foster Care Assessment Framework
- the National Relative Foster Care Assessment Framework
- any provider specific policies relating to the assessment of foster carers
- information about foster care provided to potential applicants
- written information provided to applicants.

##### **On-site activity:**

- data about enquiries about foster care and the response provided
- assessment files of applicants
- assessment reports to identify if they reflect all the elements of a good assessment

- correspondence to foster care applicants and the provider from the FCC outlining the decision regarding their approval or otherwise
- contracts with foster carers for all children placed in their care
- a health and safety assessment template for foster care home
- medical reports on applicants
- waiting lists for foster care assessments
- evidence of management oversight of the process from receipt of an enquiry about fostering to the completion of the fostering assessment.

## **Compliance indicators**

Indicators of compliance include:

- The provider ensures:
  - written policies on the assessment and approval of foster carers are in place and foster carers receive all relevant information in writing
  - all foster carers are comprehensively assessed in a timely manner in line with regulations and standards
  - assessment reports are comprehensive and are shared with the applicant(s) prior to presentation to the FCC
  - all adults in the foster care home have Garda (police) vetting
  - there is a due diligence process in place for foster carers transferring from one provider to another in line with the policy
  - signed and up-to-date contracts are in place for each child placed in a foster home.

Indicators of substantial compliance include:

- foster carers receive all the relevant information, but it is not always recorded adequately
- adequate checks are carried out, but these are not consistently signed or dated
- assessments are of good quality, but there are some gaps evident in the maintenance of records
- all adults are vetted by An Garda Síochána (police), but records are not easily accessible
- the approval process is followed, but there are some gaps evident in the maintenance of records
- there are some delays in signing foster carer contracts
- there are genuine reasons for delays completing assessments, but these reasons are not recorded by the provider.

Indicators of non-compliance include:

- Children:
  - are placed with unassessed and unapproved carers and risks are not identified
  - have been placed with carers who have not been Garda (police) vetted.
  
- Foster carers:
  - pre-placement checks are not carried out for emergency placements
  - contracts are not in place or implemented between the foster carers and the provider. There is no legal binding contract between foster carers and the provider
  - contracts are in place but not all carers have up-to-date contracts in place for each child placed with them or there are contracts that are not signed by all parties
  - assessments are of poor quality or there are significant delays completing assessments
  - assessments of potential foster carers are not presented to the FCC in a timely manner resulting in significant delays of approvals
  - some checks are carried out, but not all components are fully completed
  - garda vetting of adults and foster carers' children who have become adults takes place sporadically or not in a timely manner
  - there is no due diligence process in place for foster carers transferring from one provider to another
  - the process of approving foster carers is complex and not clear to all parties. This creates backlogs. There are delays in the decision-making process regarding approvals.

### **Standard 15: Supervision and Support**

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

### **Regulation 9 (1) & (2) and 15 & 16**

#### **What a rights based quality service looks like**

The provider that is striving for compliance ensures all foster carers are appropriately supervised and supported by an allocated professionally qualified social worker, who provides information, advice and support to the foster carer and their family.

There are clear protocols in place that define the role of the link social worker and how this differs, but compliments that of the child's social worker and these are understood by the foster carer. Link social workers provide foster carers with the relevant standards, policies and guidance and ensure that foster carers understand, accept and carry out their responsibilities and duties as outlined in the regulations. There are appropriate systems in place for sharing of information which ensures foster carers receive all relevant information relating to a child in their care and communication is effective. There are clear lines of communication between the link worker and the child's social worker and information relevant to each placement is exchanged between them in a timely manner. The child's social workers and link workers visit the foster carer's home together to make arrangements for any new placement, and draw up an agreed placement plan.

The views and opinions of foster carers are sought and considered in any decisions made about a placement and foster carers are confident that their view is valued. Foster carers, link workers and the child's social worker work in partnership to support a placement and foster carers are proactive in seeking additional supports when these are required to meet the needs of a child. Additional supports are made available as appropriate.

Link social workers take responsibility for organising training for foster carers, in line with the identified needs of the children placed with them and the identified training needs of the foster carers. They provide regular support and supervision to foster carers. Link workers visit foster carers regularly and meet with their children separately. Foster carers are given information and guidance on how to deal with a complaint or allegation made against them and the supports that are available to them in such an event. Foster carers are given information and guidance on how to deal with a child going missing from their care and are supported if and when that

happens. Foster carers and their family get adequate support and services - including counselling- when a critical event or placement breakdown occurs. Where there are difficulties in a placement foster carers feel they have a voice and are confident that their opinions and views are heard and considered in decision-making.

Link social workers maintain clear records of all contact with foster carers, including supervision of the foster carer, support requested and the response to the request, discussions about training, all other issues, and meetings with the foster carers own children. Foster carers know that they have a right to access records pertaining to them. There are adequate supports in place for foster carers including out-of-hours supports, peer or group supports and direct supports appropriate to the needs of the child(ren) they are caring for. Foster carers are aware of such supports and how to access them. Foster carers receive all the supports they require in order to meet the needs of the child(ren) in their care.

### **What this means for the child**

Children can be assured that foster carers are provided with support and guidance in order to enable them to provide good quality care in line with policies and procedures. Children are confident that both the social worker and link social worker will work in partnership to support the placement and that children will receive the necessary support to meet their needs.

### **Examples of information or evidence that will be reviewed and how this will be done**

#### **Through observation**

The provider facilitates the inspector's observation of:

- relevant meetings between the link social worker and the child and family social worker, and between the link social worker and foster carers, including disruption meetings
- support groups and or training sessions held with foster carers.

#### **Through communication**

Inspectors will communicate with:

- child and family social workers to enquire about the difference between their role and that of the link worker, how communication occurs between them and how to obtain their views about the support and supervision of foster carers
- link workers to discuss their role in the support and supervision and training of fosters and their collaboration with the child's social worker

- foster carers to ask about their views of the support and supervision they receive from their link workers and how they work together to support the placement
- managers regarding their oversight of support and supervision provided to foster carers
- facilitators of foster care support groups as appropriate.

### **Through a review of documents during or after on-site activity**

Inspectors will review the provider's documentation such as:

- written information given to foster carers on all aspects of fostering
- documents or guidance that pertain to supervision and support for foster carers, the role of the link worker, how to make a complaint, procedures to be taken when an allegation is made against a foster carer, out-of-hours support in an emergency situation, unplanned endings or placement breakdowns, support services and local support groups provided for foster carers including counselling when a child is removed from their custody
- the dataset provided by the provider for the inspection
- foster carer support groups provided by the provider in the last 12 months, their attendance records and topics covered
- files maintained by link social workers on the support and supervision provided to foster carers and management oversight of this process.

### **Compliance indicators**

Indicators of compliance includes:

- Foster carers:
  - have an allocated link worker
  - receive regular formal supervision and support visits, and actions arising from these visits are recorded and promptly followed up
  - their own children are seen separately by the link social worker
  - are provided with additional supports and services for those caring for children with complex needs including respite where appropriate
  - are encouraged to attend local foster carer support groups
  - can access an out-of-hours service
  - are proactive in requesting additional supports and these are provided
  - report that their opinions are sought and valued and they that feel supported by the service.

Indicators of substantial compliance include:

- there are occasions when foster carers do not have an allocated link worker, but appropriate contingency plans are in place

- records of support and supervision are poor quality and are not signed and dated
- supports and services are in place for foster carers caring for children with complex needs, but there is a lack of evidence of their coordination
- attendance at local foster carer support groups is not tracked for oversight
- there is an out-of-hours service available to foster carers, but there are delays in the response times.

Indicators of non-compliance include:

- Foster carers:
  - a significant number of carers do not have an allocated link worker and there are inadequate contingency arrangements in place
  - some have allocated link workers but most of the support is provided over the phone
  - do not receive regular formal supervision and support visits and some do not think support is effective
  - are not fully informed about the complexity of the children's needs
  - support groups are held but not well attended or there are no support groups
  - have no out-of-hours service available
  - do not know how to access support in an emergency or have limited support for in an emergency
  - are not provided with adequate supports or services to enable them to provide adequate care for children with complex needs and behaviour that challenges. There are negative outcomes for children.

### **Standard 16: Training**

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

### **Regulation 15** Support services for foster carers

#### **What a rights based quality service looks like**

The provider that is striving for improvement seeks to provide foster carers with appropriate training that will equip them with the skills and knowledge required to provide high quality care. This includes a mandatory foster care training programme followed by provision of regular training sessions on topics identified as beneficial to foster carers. All foster carers participate in Children First and mandated persons training. Individualised training is also provided to foster carers when a need for additional knowledge or skills is identified to upskill or support the foster carer to meet the needs of a specific child.

The provider has a clear training strategy and there is a training programme in place for foster carers. The strategy addresses the specific training needs of foster carers and is flexible enough to respond to requests for individual training from foster carers. Foster care training programmes are evaluated and reviewed regularly for their effectiveness and relevance to the needs of carers in the service and the needs of the children in their care. Foster carers are supported and facilitated to attend training and link social workers maintain a contemporaneous record of training attended by foster carers. Training is delivered in a manner and at times that maximise foster carers' participation.

Foster carers are committed to the requirement to attend training and they attend all training that is required of them. They can also request additional training in a particular skill or knowledge which will enhance their ability to take on a new placement or support a current placement. When foster carers are reviewed, the review includes an appraisal of their training needs and these needs are met through the provision of training tailored to the identified need. Where a need for training is identified at any time, it is addressed and the training is provided to the foster carer in a timely manner to support them in the fostering task.

### **What this means for the child**

Children are placed with carers who are equipped with the necessary training, skills and knowledge to provide good quality care. Children are confident that training will be tailored to support foster carers meet the child's identified needs. Foster carers training needs will be continually assessed in order to ensure that children are being provided with up to date and relevant individualised care.

### **Examples of information and evidence that will be reviewed and how this will be done**

#### **Through observation**

The provider facilitates the inspector's observation of any support groups or training sessions for foster carers.

#### **Through communication**

Inspectors will communicate with:

- foster carers about their experience of training provided to them
- link workers regarding their role in training
- child and family social workers regarding their views of the training strategy for foster carers

- any other staff involved in providing or recording training
- managers regarding their oversight and management of provision of training for foster carers, training needs and additional training requests to support placements.

### **Through a review of documents during or after on-site activity**

Inspectors will review the provider's documentation such as:

- datasets of information provided on the number and topics of training sessions
- foster care training strategy or programme
- list of training sessions provided to foster carers in the last 12 months
- foster carer file review
- foster care training needs analysis
- foster carer review documents reflecting appraisal of training needs
- support and supervision records reflecting discussions about training needs
- requests for additional training and responses received and evidence of individualised training provided on topics requested by foster carers
- training attendance records including Children First and mandated persons training.

### **Compliance indicators**

Indicators of compliance include:

- The provider:
  - has a training strategy and programme for foster carers
  - has training programmes that encourage and facilitate attendance by foster carers, and provides individualised training where requested, so as to equip foster carers to meet a child's needs
  - ensures foster carers participate in the training necessary and if not the provider responds appropriately
  - ensures all carers have completed mandatory training, such as Children First and mandated persons.

Indicators of substantial compliance includes:

- The provider:
  - has a training strategy and programme for foster carers but information on training events is not always made available to all foster carers
  - maintains a record of foster carers participation in the necessary training but it is not well documented.

Indicators of non-compliance include:

- The provider:

- does not have a training strategy or training programme in place
  - provides training on a limited basis or at times that do not suit foster carers
  - does not regularly evaluate the training provided
  - does not retain up-to-date training records.
- Foster carers:
    - do not consistently attend the required training and do not appreciate the need to do so
    - some have not completed the core training including Children First and mandated persons training and the service did not follow up on this
    - do not receive ongoing training and do not have the skills and knowledge to meet children's needs or rights.

### **Standard 17: Reviews of foster carers**

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

### **Regulation 18**

#### **What a rights based quality service looks like**

A provider focused on quality improvement regularly reviews every foster carer's continuing capacity to provide high-quality care to children. The first review takes place one year after a placement is made and at three-yearly intervals thereafter in line with the national standards. Comprehensive three-yearly reviews include updated vetting by An Garda Síochána. Additional reviews are held following serious complaints, child protection assessment and or in other circumstances where the child's social worker, the link worker, foster carer or foster care committee believe that it is warranted.

Preparatory work is completed by all parties to the placement (including previous placements as relevant) in a timely manner in advance of the review and all relevant information is gathered and available in advance to attendees. Reviews follow an agreed format and are a comprehensive assessment, which includes all members of the foster care household. Good quality reviews consider the performance of the foster carers, their training requirements, significant changes in their circumstances, their health and the adequacy of supports and training provided by the service area, and makes recommendations regarding the foster carers ongoing capacity to provide appropriate care. A social worker manager is responsible for scheduling and chairing

the foster care review meeting and all relevant parties are invited to attend. Review meetings should be well attended by all relevant people and the review considers reports from the foster carer, the link worker, the child and family social worker, the views of the child(ren) and their parents as appropriate.

There is an effective system in place to track the progress of any actions, including training and support agreed at the foster care review up to the next review. Records are maintained of the review meeting including discussions, decisions and recommendations made. Link social workers maintain comprehensive records of foster care reviews and notify child and family social workers of decisions following reviews.

Foster carers are encouraged to and facilitated to prepare a separate report for the review. Where their views are different from those to the parties contributing to the link workers report and where there are separate reports these are exchanged at least one week before the review meeting.

Where the parties to the review agree, a recommendation is added to the report for the foster care committee regarding the ongoing status of the foster carer. Where they do not agree, a written account of the issues is submitted to the committee for its consideration. The FCC is informed of the outcome of reviews in a timely manner including recommendations on the ongoing status of the foster carers.

In a good quality service, additional reviews of foster carers are carried out following serious complaints, investigations, assessments or in other circumstances where, in the view of the foster care committee, the child and family social worker, the link worker or the foster carer one is warranted.

Where the provider or foster care do not agree with the decision of the foster care committee, the provider either makes or supports the foster carer in making an appeal. Foster carers may if they wish meet with the committee to discuss the matter or the committee may request to meet with them. Foster carers are appropriately notified of any changes to their approval status as the result of a review.

### **What this means for the child**

Children are assured that foster carers will be continually reviewed by the service to ensure they are continuing to provide a high quality service. Children's views of the placement, as well as the views of all other key people identified in the child's life such as parents, foster carers, social workers and link social workers, are provided with an opportunity to contribute to a comprehensive review which considers whether the placement continues to meet the needs of the child.

## **Examples of information or evidence that will be reviewed and how this will be done**

### **Through observation**

The provider facilitates the inspector's observation of a foster care review.

### **Through communication**

Inspectors will communicate with:

- foster carers to determine their experience of the review process
- child and family social workers to ascertain how they can contribute to the review process and whether they are informed of the outcome of the review process.
  
- link workers to:
  - discuss the review process, how they consult and document the views of the child, the child and family social worker, parents (where appropriate) and all members of the household
  - to establish how training and support is recorded.
  
- managers of foster care services to:
  - establish how they ensure reviews are carried out in a timely way
  - establish how actions agreed following the review are monitored and delivered.

### **Through a review of documents during or after on-site activity**

Inspectors will review the provider's documentation such as:

- datasets provided for the inspection regarding foster carer reviews which will include figures on the
  - number of foster carers who have not had a review for more than 3 years
  - number of foster care reviews which have taken place in the last 12 months
  - number of additional foster carer reviews carried out in the past 12 months following serious complaints or investigations
- schedule of reviews
- policies and procedures for carrying out reviews of foster carers
- foster carer review records.

## Compliance indicators

Indicators of compliance include:

- The provider ensures:
  - timely, comprehensive reviews of all foster carers are carried out in line with regulations and standards
  - additional reviews are carried out following serious complaints or investigations where warranted
  - the FCC have been notified of the outcome of reviews
  - the views of the child and any other relevant person is considered as part of the review
  - decisions made following reviews are followed up on in a timely manner, by the appropriate person
  - good records are maintained of the review process that reflect the preparatory work completed and the review meeting, including any decisions or recommendations made as a result of the review.

Indicators of substantial compliance include:

- reviews are of good quality, but there are some gaps evident in the maintenance of records
- the views of the child and any other relevant person was considered as part of the review, but there were some deficits in the recording of this
- there are delays in implementing actions agreed at the foster care review.

Indicators of non-compliance include:

- Foster care reviews:
  - are carried out sporadically, the frequency of which is not in line with regulations and standards
  - there are a significant number of foster carers who have not been reviewed in line with the timeframes
  - there are delays in communicating findings of foster care reviews and or the FCC are not notified of the outcome of reviews
  - additional reviews following serious complaints or investigations, where warranted, are either not carried out or not done in a timely manner
  - no system in place to track progress in relation to decisions made following a review
  - do not consider the views of the child or other relevant person as part of the review and children may have been at risk in their placements as a result.

## The Health Boards (The Provider)

At the time of the development of these standards, the former health boards were responsible for the provision of foster care services. Since 2003, non-statutory providers of foster care services were established and in 2014, The Child and Family Agency (Tusla) are the statutory provider of foster care services. Therefore, for the purposes of inspecting foster care services, HIQA inspects the provider of the foster care service.

The focus of this section is focused on the governance of the service and how the provider is assured that a rights-based, high-quality, safe and effective foster care service is provided to children. It includes how the provider;

- ensures that it has effective policies in place to promote the provision of a child-centred, safe and effective foster care service
- makes sure that effective governance arrangements are in place to monitor the quality of foster care service
- ensures that the necessary resources are in place to support foster carers and in ensuring the effective delivery and quality of care to children
- delivers a foster care service in line with legislation, regulations and service level agreements.

### **Standard 18: Effective policies**

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

### **Regulation 5 (1)**

### **What a rights based quality service looks like**

Operational policies and plans are essential for the safe delivery of a high-quality foster care service and guide staff in promoting safe and appropriate care. In a well-governed service, policies and procedures are not considered in isolation to the systems in place to ensure safe and effective care. They are about good governance from a provider perspective. Policies and procedures are reviewed regularly to ensure their ongoing relevance, and updated if required, to ensure they are consistent and up to date. They are clear, accessible and understood by the workforce, children, their families and foster carers. They actively seek to embed children's rights and equality and promote a rights-based culture within the service.

The provider ensures that the policies and procedures are consistent with relevant legislation, regulations, national policy, professional guidance and international best practice, such as the United Nations Convention on the Rights of the Child. The

policies and plans are service specific, clear, transparent and easily accessible. The provider has a service needs analysis which is regularly reviewed ensuring that the service is adequately resourced with dedicated foster care teams. The provider also maintains a panel of approved foster carers.

There is clear evidence that staff understand and use the foster care service policies and procedures to deliver a safe, child-centred and quality service. Policies and procedures are available on request to all interested parties.

The provider's policies and procedures promote a partnership approach to the care of children involving all interested parties (including children, their families, foster carers and professionals employed) in the development and delivery of services. The provider engages other agencies, where appropriate, to address particular needs of children in foster care, including housing, education and social welfare.

The provider aims to ensure children can be placed in foster care placements close to their families, in order to best support each child or young person to maintain their social and community networks with their friends and family. In circumstances where this is not possible, or not in their best interests, the provider needs to ensure effective liaison with the relevant Tusla service area to promote children's ongoing contact with their family and community.

Children's placement moves are supported by the provider in line with relevant policies and procedures. The provider retains responsibility for ensuring safe and good quality care is provided to the child until the move can be facilitated. Providers evidence good communication and risk management involving the child, their family and linked professionals in supporting the transition process. They ensure additional training and support is provided to foster carers, as required, following a placement breakdown.

There is ongoing evaluation of the effectiveness of the service, outcomes for children, and written policies and plans, which are an element of the continual quality improvement cycle. There are clear plans for ongoing development and delivery of a range of services which take account of the unique characteristics of relative foster carers.

### **What this means for the child**

Children and young people in care are protected by evidence-based policies, procedures and guidance. They are confident that those who care for them and those who oversee the service know what they are doing. Through the implementation of the policies, children in care know they will be consulted and involved in the development and delivery of foster care services. Children and young people are aware of the organisation's policies, can access them if they wish, and are supported to understand them, if required.

## **Examples of information or evidence that will be reviewed and how this will be done**

### **Through observation**

The provider facilitates the inspector's observation of:

- placement planning meetings to establish if there are a range of foster carers available to deliver services
- consultation or engagement meetings with providers or agencies when planning the development and delivery of the services to address particular needs of children in foster care, including housing, education and social welfare.
- Management or team meetings to explore how policies are shared and discussed among the service.

### **Through communication**

Inspectors will communicate with children to explore or determine:

- their experience of living in their foster care homes and whether their rights, independence and safety are promoted
- their understanding of the provider's foster care service, policies and procedures and how they have reached this understanding.

Inspectors will communicate with foster carers and parents to explore or determine:

- their experiences of the quality of care provided and their understanding of the policies, procedures and plans in place to support the child's placement in foster care.

Inspectors will communicate with other interested parties, professionals and or agencies as appropriate to explore or determine:

- their experience of the provider's compliance with policies and practice standards
- their involvement in the development and delivery of foster care services as appropriate.

Inspectors will communicate with staff to explore or determine:

- if there is a system in place to inform staff of any changes to policies and procedures, and opportunities for staff to discuss their content and effectiveness with the provider

- if they can demonstrate sufficient knowledge of the policies and procedures relevant to their work.

Inspectors will communicate with provider's senior management team to:

- determine how they have ensured that staff understand and consistently implement the policies and procedures.
- discuss the evaluation of the provider and outcomes for children
- discuss the process and procedures to help children move on to another placement.

### **Through a review of documents during or after on-site activity**

Inspectors will review the provider's documentation such as:

- written policies and procedures relevant to the foster care service
- records relating to transfer of children between providers and or Tusla
- needs analysis, strategic plans and any service improvement plans
- case records relating to placement endings or moves.

Additional documents that may be reviewed include:

- children's surveys
- supplementary policies, procedures and guidelines to support specific care needs
- inter and intraagency meeting minutes relevant to the foster care service
- records or documentation raising awareness with other agencies of the specific needs of children in foster care, if the policies and procedures are pertinent to the specific service, or if they are generic in nature.

### **Compliance indicators**

Indicators of compliance include:

- The provider:
  - implements their operational and strategic plans for the provision of a foster care service
  - collects, validates and analyses relevant information and data in line with relevant legislation to inform a comprehensive needs analysis
  - reviews their policies and plans in light of changing needs
  - consults with interested parties when planning the development and delivery of a child-centred services
  - is an effective advocate for children in foster care and supports the development and implementation of joint plans when required
  - operates a partnership approach with children, families, foster carers

and relevant professionals and other agencies in the development and delivery of service

- when children are placed outside their area or community of origin, the provider ensures arrangements are made to maintain children's links with their family and community if appropriate
- ensures the transfer of cases between providers or areas are well managed.

Indicators of substantial compliance include:

- The provider:
  - has operational plans, but they lack necessary details such as, timeframes for completion or persons responsible
  - has a service plan, but staff are not fully aware of service objectives and how to meet them.
  - has in place a policy on inter provider transfers, but it is not implemented in a timely way, and does not evidence effective joint working
  - has adopted and implemented written policies and procedures, but some gaps are evident in the maintenance of the documentation
  - inconsistently maintains records of their activities to raise awareness of the needs of children in foster care.

Indicators of non-compliance include:

- The provider:
  - does not have up-to-date policies and procedures and these are not reviewed in light of changing needs or practice developments and are not relevant to the changing needs of children in care
  - is not planned and operates in a reactive way on a day-to-day basis
  - has inadequate or no systems in place to collect and analyse data to ensure the service is safe.
  - has inadequate or no systems in place for consulting with children, families, foster carers and other interested parties
  - has poor or no effective links with other agencies involved in the welfare of children in foster care, for example, health, education, child protection and social welfare
  - has not implemented a policy on interarea or provider transfers
  - children have to wait for a service or do not receive a quality service.

### **Standard 19: Management and monitoring of foster care services**

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

#### **Regulation 12 and 17**

##### **What a rights based quality service looks like**

A well-governed provider has effective structures in place for the management, monitoring and delivery of a high-quality foster care service. A high performing provider is one with strong leaders who have a shared vision for delivering a safe, rights-based service, which achieves positive outcomes for all looked after children and young people.

There are appropriate systems and resources to meet the needs of children who require a range of services. A well-led provider has clear organisational priorities, structures and accountabilities in relation to the roles and responsibilities of all staff. Managers ensure that the roles and responsibilities of relevant staff are clearly defined and understood by all relevant parties. The responsibilities and duties of the manager, and to whom they are accountable, are clear and understood by them. Management exercises effective leadership such, that the fostering service is organised, managed and staffed in a manner that promotes children's rights and delivers the best possible care that meets the individual needs of each fostered child and of foster carers. Managers of non-statutory foster care services have good knowledge and experience of practice relating to children and young people in foster care; they are skilled and qualified in managing the work efficiently and effectively, and have the expertise to ensure that the fostering service is run in line with standards and regulations.

The provider has effective monitoring and quality assurance systems in place to ensure:

- compliance with statutory requirements and standards.
- consistency and equity in relation to the quality of services provided
- to collate information on complaints about foster care services
- to take action as appropriate.

Staff members in the service know their roles and responsibilities, they are supported to do their jobs well and are knowledgeable about structures and systems in place to support them. Staff at all levels have consistent and competent line managers from whom they can seek advice and support, communicate risks or concerns and develop their skills.

Providers have effective policies and procedures in place for dealing with

complaints, allegations and other disciplinary issues in relation to staff, and staff grievances in a timely and proportionate way. There are systems in place for tracking, monitoring and overseeing the progress of complaints and investigations into allegations of serious concerns.

The provider maintains good information about the needs and circumstances of the children it cares for. Data and information about children cared for by the provider is kept up to date and is used to inform planning and evaluation of the quality, effectiveness and safety of its services.

Data and information about the population served by the foster care service is kept up to date and is used to inform planning and evaluation of the foster care services provided.

The provider has sufficient managers and management systems in place for ensuring effective oversight of the service. Information about the number and types of foster care placements available, as well as those required, is known to the service. Details of foster care reviews, placement breakdowns, complaints, allegations and the level of unmet need for children and families in the service is regularly gathered, analysed and plans for addressing these are evaluated. Information gained informs the allocation of resources within the service and the provider proactively plans to ensure every child, family and foster carer receives the service they require. Managers are aware of any gaps in service provision, or unmet needs, and develop plans for the service to meet these needs, including where required sourcing additional resources, placements or private services. The provider ensures that every foster carer has an allocated link social worker. When a situation arises where a foster carer is unallocated, a contingency plan is in place. Gaps in capacity are dealt with promptly and effectively to ensure the impact for foster carers or children placed with them is minimal.

The provider has structures in place to ensure the:

- active engagement in and support for the preparation and implementation of assessment, care plans and care plan reviews
- preparation and implementation of recruitment, assessments approval and reviews of foster carers
- implementation of the foster care training strategy.

### **What this means for the child**

Children in care receive an appropriate, well governed, good quality service that meets their needs in a timely way. They are consulted about their experience of

the service and benefit from a quality improvement approach to the delivery of foster care services as the service learns from its successes and mistakes.

### **Examples of information or evidence that will be reviewed and how this will be done**

#### **Through observation**

The provider facilitates the inspector's observation of any meetings relevant to the inspection.

#### **Through communication**

Inspectors will communicate with child and family social workers, link workers, managers and other relevant staff to:

- assess their understanding of the roles and responsibilities
- establish how they are supported, supervised, have opportunities for staff for development and training
- discuss quality assurances mechanisms in place
- explore their experience of the management of the service, their awareness of policies, procedures and resources available and seek their insight into the challenges facing the foster care service
- establish the oversight and monitoring arrangements in place for the care plans reviews, recruitment, assessment and training of foster carers
- explore where unacceptable practice is identified and addressed, next steps and how to escalate risks
- to consider organisational learning from serious incidents, allegations, concerns and complaints
- assess how children, families, foster carers and other agencies are engaged and communicated with
- explore if they are confident in advocating and raising awareness of particular needs of children in foster care as required
- explore if they are confident and comfortable seeking advice and support and sharing concerns with their line managers
- establish their awareness of the relevant complaint procedures, allegations and disciplinary procedures
- explore their experience of joint working with Tusla and the quality, safety and impact of its service delivery
- to discuss the evaluation of the service and processes in place to secure improved outcomes for children
- establish if practice reflects the identified needs of the service and is consistent so as to ensure safe and effective care for all children.

Inspectors will communicate with:

- children, parents, foster carers, external professionals and other support providers engaged in delivery of the foster care service to explore their experience of the provider, the quality of care provided and communication.

### **Through a review of documents during or after on-site activity**

Inspectors will review the provider's documentation such as:

- data sets
- service organograms
- policies and procedures relating to foster care provision
- minutes of management meetings
- audits and monitoring reports relating to the foster care service
- staff training schedules
- protected disclosure policies
- risk registers
- training needs analysis for staff and foster carers
- supervision and personnel records including records relating to staff disciplinary issues
- complaints records
- serious incident records
- records of adverse events
- staff training and development plans
- annual reports
- service plans including improvement plans and quality assurance reports relating to the foster care service
- service level agreements (SLAs).

Additional documents that may be reviewed include:

- children's surveys.

### **Compliance indicators**

Indicators of compliance include:

- The provider:
  - has competent and qualified managers who show leadership and are accountable for the services delivered and take prompt action to address risks or concerns
  - has staff who are aware of their roles and responsibilities and fulfil them on a day-to-day basis

- operational and strategic plans are clear and effectively implemented
- has robust management structures and governance systems in place that provide effective oversight to ensure that the service provided is safe and appropriate to children's needs
- ensures serious and adverse incidents are promptly notified and appropriately managed
- has effective communication systems in place
- has a risk management framework in place which covers the identification and management of risks, and the measures in place to control risks
- mechanisms in place to monitor the quality of the service
- ensures there is learning from monitoring and review processes and improvements are made
- ensures there are service level agreements in place for services delivered on behalf of the foster care service
- ensures staff receive formal supervision and comprehensive records are available.

Indicators of substantial compliance include:

- there are good monitoring and quality assurance systems in place, but records of how these inform learning and better service provision require improvement
- there is good managerial oversight and governance arrangements in place but managers are inexperienced and require a lot of support which can impact on the timeliness of service delivery
- records of all relevant communications in relation to a child or family require improvement in some cases
- ICT systems support good communication, however, infrastructure requires improvement to support timeliness and efficiency
- risk identification, assessment and management is good, however, related records relating require improvement
- there are minor delays in updating SLAs in some cases
- staff supervision is not always in line with policy.

Indicators of non-compliance include:

- The provider:
  - does not have or has poor systems of monitoring the quality of the service
  - does not have or has ineffective structures and mechanisms for monitoring how the service is performing against standards
  - does not have or has poor managerial oversight and managers have

- no indication of how effective or safe the service is
  - does not have effective governance systems, children are potentially at risk due to the failure to provide appropriate governance arrangements
  - the managers of the foster care service lack some core competencies to carry out their role, require further supports or are do not have the relevant experience and this impacts on the quality and safety of services to children
  - has ineffective or poor communication systems and there is a lack of ICT to support good communication
  - there is no or minimal learning from monitoring and review processes. It is unclear how learning is disseminated throughout the service.
  - there is a lack of clarity in the line management structure, accountability is not clear or always exercised
  - notifications of significant events is inconsistent
  - SLAs are in place, but they do not include robust monitoring systems or are not signed or up to date, and Tusla does not monitor services delivered on its behalf.
- Risk:
    - there is no risk management framework in place and serious risks are not identified and children are at risk
    - there is no risk register in place
    - risks are not regularly identified, evaluated and necessary actions taken and there is a pattern of reoccurring serious risk
    - risks to children are identified but there is no oversight of aggregated or organisational risk and there is poor contingency planning
    - there is no learning from adverse events, the rate of reoccurrence is high
    - adverse events are managed in an informal process and not always investigated. Recommendations are not specific, measurable and there are long delays in their implementation
    - investigations are not carried out or are ineffective and not thorough
    - recommendations do not result in effective changes that reduce or eradicate risk.
  - Staff:
    - are unclear about their roles and responsibilities, are unaware of the line management structure
    - do not always identify adverse events or risks as required. Events are not notified to managers and senior managers are not aware of the risks in the service

- there is no system to review cases within the supervision process to ensure practice is of good quality and this has placed children at risk. Supervision takes place, but this is not a formal process and is not recorded. There is no professional development of staff members.

### **Standard 20: Training and Qualifications**

Health boards ensure that the staff employed to work with children and young people, their families and foster carers are professionally qualified and suitably trained.

### **Regulation 15 & 16**

#### **What a rights based quality service looks like**

The provider has adequate numbers of professionally qualified staff to deliver a high-quality foster care service. There are safe recruitment processes in line with relevant legislation. Management organises and manages its workforce to ensure that the number, qualifications, experience, suitability and availability of staff members employed is appropriate, having regard to needs of the foster care service.

The provider ensures all staff have the necessary An Garda Síochána (police) vetting and there is a system in place to ensure that vetting is updated every three years. Staff recruited have the required skills, knowledge qualifications experience and suitability to deliver a high-quality child-centred safe and effective service.

The provider has comprehensive job descriptions that ensure staff members are clear on their roles and responsibilities and all staff members are registered with their relevant professional body as required. A culture of learning is promoted through training and professional development. There are training and development plans for staff which ensure that they have access to professional development courses and training, from their induction and throughout their employment in the foster care service.

As aspects of service provision change and develop over time, the provider supports staff to continually update and maintain their knowledge and skills. A record is maintained of any professional development courses or training undertaken. Staff receive regular formal supervision and the training needs of the workforce are regularly monitored to ensure the delivery of high-quality, safe and effective care and support.

The provider ensures that there are opportunities for joint training programmes attended by social workers and foster carers. Evaluation of the effectiveness of training and development is completed at regular intervals, ensuring this remains relevant to the needs and demands of the foster care service.

### **What this means for the child**

Children and young people in care engage with experienced, qualified, vetted and registered (where appropriate) staff. The child is encouraged and supported to participate in a meaningful way in decisions about their care.

Children can talk to the staff charged with their care easily, openly sharing their experiences of the service. Staff are skilled at communicating with children and ensuring that the child's experience and voice is heard.

### **Examples of information or evidence that will be reviewed and how this will be done**

#### **Through observation**

The provider facilitates the inspector's observation of:

- staff practices and interactions with children, families and foster carers ensuring they understand and contribute to the relevant processes
- staff interactions with colleagues and line managers, to observe their level of knowledge and how effectively they communicate, to determine if learning is routinely shared
- the way in which staff are deployed to meet foster carer needs, to determine if practice is informed by training
- team meetings to ascertain the quality of communication amongst staff and the extent to which this forum is used to discuss and direct the progress for foster carers and children accessing the service.

#### **Through communication**

Inspectors will communicate with children, parents and foster carers to establish their views on and experience of the provider.

Inspectors will communicate with partner agencies/professionals to establish their views on and experience of the provider.

Inspectors will communicate with staff (including new staff members) and managers to explore or determine:

- their views and experience of working within the foster care service
- how they are supported
- the quality of induction training and whether they feel this has enabled them to provide a safe and effective service from when they started work and on an ongoing basis

- if they are informed of and are knowledgeable about legislation, regulations and standards relating to foster care.

### **Through a review of documents during or after on-site activity**

Inspectors will review the provider's documentation such as:

- the staff induction programme
- a sample of staff training files
- the relevant current registration status with professional bodies for health and social care professionals that work in the service.
- An Garda Síochána (police) vetting for staff and the system in place to ensure staff vetting is updated every three years.
- contract agreements for agency staff, if applicable
- staff training and development policy
- staff training and development attendance records
- the continuing professional development programme or training matrix.

Additional documents that may be reviewed include:

- minutes of team meetings
- records of complaints
- audits relating to staffing
- surveys
- training needs analysis.

### **Compliance indicators**

Indicators of compliance include:

- The provider ensures:
  - there are effective recruitment procedures in place that includes checking and recording all required information
  - all relevant members of staff have an up-to-date registration with the relevant professional body
  - all staff have the necessary An Garda Síochána (police) vetting
  - staff are qualified and there is appropriate skill-mix in terms of experience
  - staff undergo an orientation, induction and a probation process
  - staff, including managers, receive sufficient training to carry out their duties that reflects up-to-date, evidence-based practice
  - a staff training needs analysis in place which informs a training plan
  - staff receive good quality supervision which is supported by a supervision policy and trained supervisors

- supervision covers foster carer cases and professional development.

Indicators of substantial compliance include:

- gaps are identified in the documentation, but they do not result in a medium or high risk to foster carers and to children using the service.
- staff have professional development plans but these are not updated regularly as required
- supervision is in place but is not valued by staff or managers. Performance issues are addressed but not through an appropriate process.
- the quality of supervision records varies across the service
- supervisors are not adequately trained in the provision of supervision.

Indicators of non-compliance include:

- The provider:
  - does not have sufficient staffing levels and skill-mix to meet the needs of foster carers and is not appropriate to deliver a safe quality service
  - has unsafe recruitment processes
  - does not know why there is a high staff turnover, and this has a destabilising effect on the team and service delivery.
  - does not consistently follow and or document induction and orientation processes. New staff are unfamiliar with relevant policies, procedures, practice guidance and or legislation and are not fully aware of all relevant information or processes.
  - has no contingencies in place to cover staff on annual leave or sick leave, and there is evidence of negative outcomes for foster carers due to staff shortages.
- Staff:
  - change regularly and this has a negative impact on the quality of services to children and foster carers
  - lacked the required skills or qualifications to meet the children's needs and to support their care
  - are slow to respond to children who require social work intervention
  - professional development is inconsistently considered or not addressed in supervision
  - have very limited or no access to appropriate training
  - have received training but there is evidence that training is not always put into practice
  - have limited or no awareness of relevant legislation, regulations and or the standards relevant to the foster care service

- do not receive supervision and performance is not managed. Poor or dangerous practice goes unidentified or unaddressed
  - breaches of professional codes of conduct have not been identified or reported to the relevant professional body.
- Training:
    - the policy on training is not implemented
    - programmes were in place for staff but had not been completed by all staff
    - programmes are not consistently evaluated and there is no evidence that training has improved staff skills and or competencies
    - no systems in place to ensure staff are trained in areas directly relevant to practice.
    - records are of poor quality
    - the training needs analysis does not inform a training plan or there is no needs analysis or training plan to ensure staff can meet the needs of children. This may place foster carers and children at risk.

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

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

### **Regulation 15 Support service for foster carers**

#### **What a rights based quality service looks like**

The provider recruits foster carers with relevant experience, skills or within localities, where demand remains high to ensure children are safe and well matched with carers best placed to meet their individual needs. The provider is actively involved in recruiting foster carers, they have clear recruitment and retention strategies which ensure an appropriate number and range of foster carers are available to meet the needs of children in their service.

The provider closely monitors and carries out periodic profiles of the existing panel of foster carers and has systems in place to identify gaps and recruit foster carers to meet assessed needs of children requiring foster care.

The provider safeguards a children's right to be cared for within their own families, by ensuring procedures for investigating the availability of relatives as potential foster carers for each child are embedded in day-to-day practice. Recruitment strategies are informed by the priority given for children to live in their own

community, where appropriate, and a range of strategies are employed to attract and retain a large number of foster carers.

Recruitment campaigns run by the provider are supported by experienced foster carers who can offer a realistic view of expectations to applicants. Care is taken to recruit foster carers from diverse backgrounds to meet the specific cultural and additional needs of children. Information for perspective foster carers is readily available and interested parties are afforded a prompt and informed response to their enquiries. There is an effective system of oversight and monitoring of response times to applications which ensures foster care applicants are not lost.

The provider conducts a thorough review of efficiency and effectiveness of their recruitment campaigns and retention strategies and implements learnings for these reviews.

The provider maintains up-to-date knowledge of data and research related to best practice in the recruitment, retention and support of foster carers. Foster carers who leave the service are seen as a valuable source of information on the experience of being a foster carer and exit interviews are conducted. Information gained from exit interviews is used to inform the provider's approach to training, support, supervision, recruitment and retention of foster carers.

### **What does this mean for the child**

Children can expect to be placed with foster carers who are sufficiently skilled in supporting their needs, including complex needs and cultural backgrounds. Children are provided with suitable foster carers within their local community, where this is consistent with meeting their assessed needs. The diverse current and future needs of the child are recognised. Children receive a structured assessment and matching process with their foster carer.

### **Examples of information or evidence that will be reviewed and how this will be done**

#### **Through observation**

The provider facilitates the inspector's observation of:

- matching or meetings and processes for placement of children with foster carers
- staff practices in exploring family foster care options for children requiring a foster care placement.

#### **Through communication**

Inspectors will communicate with:

- staff members:
  - working on or involved in recruitment campaigns
  - in relation to their knowledge about recruitment and retention strategies and campaigns
  - with respect to placing children in foster care and the availability of foster care placements
  - in relation to learning shared from foster carers who have left the service
  - regarding information provided or available in relation to the recruitment of foster carers.
  
- foster carers who assist with recruitment of new applicants
- new foster carers to explore their experience of the recruitment process
- the provider to discuss oversight mechanism of the recruitment process.

### **Through a review of documents during or after on-site activity**

Inspectors will review the provider's documentation such as:

- policies and procedures on the recruitment and retention of foster carers
- recruitment and retention strategies
- information available to perspective foster carers
- recruitment campaign material or information
- records of foster care applicants and response by the provider
- exit interviews with foster carers who have left the panel including any recommendations or learning gained from these.

Additional documents that may be reviewed include:

- panel of foster carers and any reviews undertaken of the panel of foster carers
- data and information relating to children placed outside of their communities
- data and information relating to foster care applicants including contracts with the provider
- complaints, concerns or representations from foster carers and how these were managed.

### **Compliance indicators**

Indicators of compliance include:

- The provider:

- has recruitment and retention strategies or campaigns in place
- has sufficient foster carers in place to meet the demand for services
- has sufficient resources in place to recruit and retain foster carers
- has a foster carer panel that is reviewed periodically to ensure there is an appropriate range of foster carers to meet the need of children
- prioritises placing children within their local community when this is possible and meets the child's assessed needs.

Indicators of substantial compliance include:

- The provider:
  - has recruitment and retention strategies or campaigns in place, but their success is limited or gaps remain in relation to attracting foster carers from a diverse range of backgrounds. It does not carry out exit interviews with foster carers who choose to leave the service
  - reviews the foster care panel but not on a regular basis and actions to ensure there is an appropriate range of foster carers to meet the needs of children are not carried out
  - has no oversight of the recruitment process to ensure the enquiries are responded to in a timely and efficient manner
  - recruitment campaigns are reviewed for effectiveness, but there are no learnings shared or changes implemented.

Indicators of non-compliance includes:

- The provider has:
  - no recruitment and retention policies, strategies or campaigns in place
  - insufficient foster carers in place to meet the demand for services, which is not identified on the risk register
  - some children awaiting foster care placements
  - delays in or has not responded to enquires about becoming a foster carer
  - a lack of awareness about the need to build organisational capacity to support continual improvement in matching arrangements
  - no evaluation of the recruitment campaigns and retention strategies in order to assess their efficacy and effectiveness
  - no recruitment and retention strategies or campaigns in place
  - no resources in place to recruit and retain foster carers, and no new foster carers are recruited
  - gaps in foster care capacity and resources are not identified on the provider's risk register.

## **Standard 22: Special foster care**

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

### **Regulation 6, 7 15 and 16**

#### **What a rights based quality service looks like**

The provider has the capacity and competencies to provide special foster care services for children with high and complex needs, including those with severe disabilities or life-limiting conditions or experiencing significant emotional and or behavioural difficulties. The provider has policies and procedures in place to support special foster care services which meet the particular needs of children with serious behavioural difficulties. Children whose behaviour is such that it poses a real and substantial risk to their health, safety, development or welfare and may require special foster care have multi-disciplinary input in the assessment of their needs. Its workforce can demonstrate levels of knowledge and expertise to keep children safe and effectively manage risks.

The provider ensures that special foster care placements are provided by persons who are specifically trained, skilled and experienced to provide care for children with particular behavioural needs. There is at least one full time carer available in each placement. Carers who provide special foster care receive ongoing mandatory training, in accordance with best practice. There are appropriate mechanisms in place to provide adequate levels of support to ensure safe and effective care and there are arrangements for providing regular and emergency respite breaks for children in special foster care placements.

Children being cared for in special foster care placements receive additional or specialised supports as required. Children's care plans clearly record needs requiring additional or specialised support and there are systems in place to ensure effective provision, oversight and review of such supports.

The provider safeguards children's right to education and makes certain that appropriate education service is provided to children in special foster care.

#### **What does this mean for the child**

Children with complex needs are supported and have their needs, including educational needs, met. They can be confident that the people who care and support them have the necessary knowledge and experience. They are assured that a multidisciplinary team are working together to ensure they receive the best care within their local community.

#### **Examples of information or evidence that will be reviewed and how this will be done**

### **Through observation**

The provider facilitates the inspector's observation of:

- special foster care placements (where applicable)
- supports groups available to special foster carers
- link worker interactions with children, foster carers and parents in relation to special foster care placements.

### **Through communication**

Inspectors will communicate with:

- children and their parents to explore their experience of the special foster care placement
- carers providing special foster care placements to discuss experience of the service, level of training and supports available to them
- link social workers allocated to carers providing special foster care placements
- child and family social workers allocated to children placed in special foster care
- provider managers to:
  - discuss oversight of training provided to carers providing special foster care placements
  - discuss how respite is arranged to ensure continuity of care for children in special foster care and oversight of emergency respite arrangement in place.

### **Through a review of documents during or after on-site activity**

Inspectors will review the provider's documentation such as:

- foster care contracts with carers providing special foster care placements
- care files of children placed in special foster care (multidisciplinary assessments and care plans)
- foster care files for carers providing special foster care
- relevant minutes of meetings relating to special foster care
- policies and procedures relating to the placement, monitoring and oversight of children in special foster care
- training records and training schedule for foster carers providing special foster care
- schedule of emergency respite arrangements available to foster carers
- data and information pertaining to special foster care service provision

- auditing and monitoring reports relating to special foster care service provision.

## **Compliance indicators**

Indicators of compliance include:

- The provider:
  - has appropriate foster care services in place for children with serious behavioural difficulties
  - has foster carers who are trained, skilled and supported to provide foster care for children with complex needs and behaviour that challenges
  - has respite arrangements in place to support children and foster carers
  - has a comprehensive multidisciplinary assessment of need in place, for each child, and ensures the needs are being met
  - ensures there are adequate supports in place including specialist supports in place
  - ensures link social workers provide effective guidance and supports to foster carers.

Indicators of substantial compliance include:

- The provider:
  - has limited supports in place for children with serious behavioural difficulties and there are delays assessing them
  - has limited supports and training for foster carers in relation to children with complex needs and serious behavioural difficulties
  - has limited access to respite care
  - has no formal mechanisms in place to support learning from incidents of behaviour that challenges with special foster carers
  - does not provide adequate guidance to foster carers.

Indicators of non-compliance includes:

- Children:
  - with serious behavioural difficulties or complex needs do not receive the support and care they require
  - their assessment of need is not completed in a timely manner or has not been undertaken
  - their assessment of need is not comprehensive and the findings are not clearly recorded
  - are not placed with carers who have the capacity to meet their assessed needs, placements are at risk of breaking down or have

- been de-stabilised, and there are negative outcomes for children
- required services and supports are not always identified and delivered, and there is a high risk that placements will end in an unplanned manner due to lack of supports.
- Foster carers:
  - are not trained and skilled to provide foster care for children with complex needs and serious behavioural difficulties, there are negative outcomes for children
  - respite arrangements are not clearly agreed, sourced in a timely manner, or are not in place and this has contributed to placement breakdowns
  - there is no learning and high risk incidents are repeated.

#### **Standard 24: Placement of children through non-statutory agencies**

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.

#### **Regulation 17(1) and 13 (1) and (2)**

##### **What a rights based quality service looks like**

The provider has clear policies and procedures for ensuring that the contract to provide foster care service, or part of the service, complies with all required legislation, regulations, and standards for foster care. The provider has clear leadership, systems and capacity to deliver safe, child-centred care in accordance with its service level agreements or contracts with Tusla, the commissioner of its services. It recognises its accountabilities for acceptance onto the national 'approved provider list' and ensures a continued high standard of performance in line with all service and individual child specifications. Service monitoring reports undertaken by Tusla indicate the service is well-run and effective in providing safe, stable foster care placements that enhance the life chances and opportunities for children in care.

The provider has a clear and comprehensive agreement with Tusla outlining specifics of services offered and conditions under which they are offered, prior to the placement of any child.

The provider, prior to entering into any contractual agreement with Tusla to

provide a foster care service, must ensure that the agency has:

- established and effective governance and management structures,
- sound financial procedures
- appropriate policies and procedures
- sufficient number of suitably qualified and skilled staff
- appropriate arrangements for vetting of staff and foster carers
- complied with requirements of all relevant legislation, regulations and standards
- access to foster carers who have been recruited, assessed and approved in line with all statutory requirements and can meet the needs of children requiring a placement.

The provider appropriately and promptly notifies the FCC of any placement breakdowns, concerns, allegations or complaints. The provider can evidence the impact of improvement actions taken and organisational learning. Arrangements for the approval and review of non-statutory foster carers indicate the provider is well led and delivers a high-quality service.

The provider clearly recognises its statutory responsibilities for the delivery of foster care services and ensures its care practices and service delivery meet the requirements set out in the Child Care (Placement of Children in Foster Care) Regulations, 1995. The provider undertakes regular audits of practice and quality assurance checks including seeking feedback about the experiences of children, their families, foster carers and partner agencies or linked professionals to support continual improvement.

The provider ensures the FCC in which its foster carers reside is kept up to date about service capacity and availability. The provider welcomes and is supportive of the involvement of the child's social worker through regular communication, statutory visits, and implementation and review of children's care plans.

The provider maintains an up-to-date list of all foster carers engaged with their service and updates Tusla as required. The provider has established and implemented effective monitoring arrangements for ensuring its work, contracted to provide foster care service, or part of the service, maintains compliance with all required legislation, regulation, and standards for foster care.

### **What does this mean for the child**

Children placed in non-statutory foster care can be assured that Tusla is monitoring and ensuring that the care being delivered is safe and appropriate.

## **Examples of information and evidence that will be reviewed and how this will be done**

### **Through observation**

The provider will facilitate the inspector's observation of meetings arranged with Tusla with regard to children placed to assess oversight of children in care

### **Through communication**

Inspectors will communicate with:

- staff in the non-statutory agency in relation to arrangements in place for the oversight and monitoring of foster care placements provided by the service
- foster carers providing placements through the non-statutory agency
- children placed with foster carers providing services through the non-statutory agency, and their parents.

### **Through a review of documents during or after on-site activity**

Inspectors will review the provider's documentation such as:

- service level agreements with Tusla
- care files of children placed with foster carers providing services through the non-statutory agency
- team meetings minutes
- minutes of meetings between the provider and Tusla
- policies and procedures relating to the placement of children through the non-statutory agency
- policies and procedures relating to engaging, monitoring and oversight of by Tusla
- data and information pertaining to the non-statutory service provision
- auditing and monitoring reports relating to service provision.

### **Compliance indicators**

Indicators of compliance include:

- the provider can evidence that its performance complies with all service and child-specific contract specifications, effective quality assurance mechanisms are in place to ensure providers are fully compliant with all statutory requirements and meet their accountabilities as an 'approved foster care provider'.

- there are clear and effective procedures in place for joint working, communication and sharing of information between children's service area of origin, its FCC and the non-statutory agency, as required
- service monitoring reports indicate the service is well run and effective in providing children with positive experiences of safe and stable care.

Indicators of substantial compliance include:

- there are a few gaps in the capacity of the provider to meet all its contractual obligations; but they do not impact negatively on the experience of children, or the service area has plans in progress to address these
- systems of quality assurance and review of service effectiveness in demonstrating all aspects of its performance as an approved provider are not fully embedded.

Indicators of non-compliance include:

- the service provider is unaware or slow to address gaps in its capacity to meet the quality or safety of service or child specific requirements set out in contracts
- the provider has not effectively quality assured its performance and practice to evidence continued compliance with its approved provider status
- the provider's arrangements for joint working, communication and information-sharing are not timely, child-centred or sufficiently well developed to address organisational failures or effect the required improvements.
- action plans or improvements made in response to previous HIQA inspection reports or Tusla's monitoring reports have not been sustained.

## **Standard 25: Representations and complaints**

Health boards have policies and procedures designed to ensure that children and young people, their families, foster carers and others with a bona fide (genuine) 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.

### **What a rights based quality service looks like**

The provider has policies and procedures designed to ensure that children, their families, foster carers and others with an interest in the welfare of a child can make representations, including complaints about the foster care service. Copies of these procedures are given to children in an age appropriate format, their parents

and foster carers. The provider has established and implemented effective systems to address and resolve issues raised by children, their families and other representatives.

A good complaints procedure is one which demonstrates that children using the service have a right to raise issues and have those issues addressed in a timely and respectful manner. A good provider promotes a culture of openness and transparency that welcomes feedback, the raising of concerns and the making of suggestions and complaints. These are seen as a valuable source of information and, where necessary, are used to make improvements in the service provided.

Children, their families, carers and others with an interest in their welfare are aware of their rights to raise issues without retribution, know what constitutes a complaint, how to raise issues and to whom they may report their concerns. Children are supported through this process and where necessary, they have access to advocacy services or independent services. They are made aware of any independent services which exist and know how to access them.

The provider has easy to follow procedures which include;

- the steps to be taken,
- timescale,
- details of who investigates complaints,
- where and how it is recorded,
- how the person making the complaint will be communicated with throughout the process and
- how to appeal a decision if you are not happy with the outcome of your complaint.

The complaints mechanism is in an accessible format for all, and information about complaints is readily available. The provider ensures that complainants and other interested parties are heard on the matter of the complaint, notified in writing of the outcome and provided with details of action taken in response to the complaint.

The complaints procedures takes account of particular needs of people with a disability. The provider facilitates access to translation, interpretation and communication and advocacy services for those who require these services.

The provider ensures that complaints are responded to, investigated and the outcome communicated to the complainant in a timely manner. An effective complaints process ensures that any learning is incorporated into operational

policies for the service.

The provider maintains accurate, up-to-date records of representations and complaints including details of outcome, action taken and whether or not the complainant was satisfied with the outcome. There are systems in place to regularly monitor the management of complaints and evaluate the quality of the service provided. These systems ensure that children feel confident to raise issues and make complaints without retribution.

### **What does this mean for the child**

Children in care are encouraged to give feedback about their experiences. They are informed about the complaints procedure and are provided with it in an age appropriate format. They know who to talk to if they are feeling unsafe and know what will happen. They receive timely feedback when they raise a concern or complaint.

Children with particular needs are provided with access to support if they need it, such as access to translation, interpretation and communication services.

Staff are accessible to children when they have a concern or complaint. Children can be assured that staff have a good knowledge of the different ways in which they express concerns or distress and disclose harm.

### **Examples of information or evidence that will be reviewed and how this will be done**

#### **Through observation**

The provider will facilitate the inspector's observation of whether the complaints procedure and information on advocacy services is readily available to children, their families, carers and other representatives in an accessible and age-appropriate format.

#### **Through communication**

Inspectors will communicate with children, parents and carers to explore or determine:

- if they know how to raise a complaint; if they feel comfortable raising a complaint; if they feel listened to; if they were satisfied that complaints were responded to appropriately and in a timely manner; and if anything changed as a result,

- if they know how to access advocacy support and advice when providing feedback or making a complaint.

Inspectors will communicate with:

- other representatives who have a genuine (bona fide) interest in the welfare of children, to explore if they are aware of policies and procedures in relation to making representations and complaints to the foster care service,
- staff and managers to:
  - ascertain what they understand their role and responsibilities are regarding complaints, how complaints are managed and to establish if any complaints have led to service improvement
  - ascertain whether there is a culture of openness that welcomes feedback and raising of concerns
  - establish if complaints have been used to inform and improve service delivery, where applicable.

### **Through a review of documents during or after the on-site activity**

Inspectors will review the provider's documentation such as:

- the complaints policy and procedure
- information on advocacy services
- information on translation, interpretation and communication services
- complaints logs and complaints management records
- records of any representation, investigations or staff disciplinary actions
- audits relating to complaints
- learning from complaints
- team meeting minutes.

Additional documents that may be reviewed include:

- children's surveys.

### **Compliance indicators**

Indicators of compliance include:

- Complaints and representations:
  - the process is user friendly, accessible to all and readily available
  - there is an appeals process that is fair and objective
  - are appropriately managed in a proactive and timely manner, and fully and promptly investigated
  - are clearly recorded

- bring about changes when required
  - complainants are made aware promptly of the outcome of any complaint
  - the complainant's satisfaction with the process is ascertained and clearly recorded
  - there is a culture of continual improvement where complaints are used to plan, deliver and review services.
- Children, their families, carers and others with a genuine ( bona fide) interest in the welfare of the child:
    - are made aware of the complaints process and that copies of complaints procedures are given to children in an age-appropriate format, their parents and foster carers
    - can make complaints without fear of adverse consequences.

Indicators of substantial compliance include:

- Complaints and representations:
  - while there are appropriate policies, procedures and practices in place, there are some gaps in the associated documentation that do not result in a medium or high risk to children using the service
  - there is a system to record, manage and resolve complaints but this is not effective and or timely
  - the complainant's satisfaction with the process is not ascertained or adequately recorded
  - all parties involved in the foster care service are aware of their right to make a complaint but have little confidence in the process.

Indicators of non-compliance include:

- Complaints and representations:
  - all parties involved in the foster care service are not aware of their right to make a complaint
  - the procedure is not accessible and or in an age-appropriate format
  - a copy of the procedure is not readily available
  - are not investigated in a prompt or timely manner
  - improvements are local and do not impact on the service as a whole
  - verbal complaints or representations are unacknowledged by the provider, despite their seriousness
  - there is no appeals process
  - processes are weak and complainants are not informed about outcomes

- staff do not know what to do in the event of a complaint being made to them
  - measures required for improvement in response to a complaint are not implemented, errors and poor practice continues
  - practice related to the management of complaints is inconsistent
  - are ignored and go uninvestigated and children experience adverse effects as a result.
- 
- Children, parents, carers and or other representatives:
    - have made complaints but have not received a response, and are adversely affected as a result
    - are not facilitated to exercise their right to make a complaint
    - do not know who to complain to as they have not been supported to understand the complaints procedure
    - children, parents, carers have no access to advocacy services to assist in making a complaint or representation.

## Appendix 1

### Summary of published guidance

#### Advisory

Please note that guidance may be updated and that published website links may change over time. If a website link does not work, please search online using the title of the document. If you cannot locate a document from the list below, it may have been replaced, superseded or removed from our website.

An individual report will be generated for each service inspected. Inspection reports will be published on HIQA's website at [www.hiqa.ie](http://www.hiqa.ie)

Name of guidance	Publication date	Location on <a href="http://www.hiqa.ie">www.hiqa.ie</a>
Making a Submission on a Stage 2 Inspection Report to the Chief Inspector of Social Service	Published 4 June 2019	<a href="#">Making a Submission on a Stage-2 Inspection Report to the Director of Regulation   HIQA</a>

## Appendix 2 Authority Monitoring Approach

### Queries about this guide

Queries or questions in relation to this programme or the information contained within this guide can be forwarded by email to [children@hiqa.ie](mailto:children@hiqa.ie). Such queries will be referred to a member of the children's team involved in the programme for consideration and reply. It should be noted, however, that specific queries about an inspection can only be accepted from the manager in overall charge of the Tusla service area.

### Our approach to inspection

The following section of this guidance outlines how HIQA conducts inspections and progress to the publication of individual inspection reports under this programme of monitoring. Further details of what HIQA will be assessing against the national standards is outlined in Section 3 of this document.

### Inspectors

Inspection teams comprise HIQA staff within the Chief Inspector's Directorate who have been appointed by HIQA as Authorised Persons under the Health Act 2007, and work within the powers described in the Act to monitor compliance with standards. Inspectors are obliged to comply with HIQA's Code of Conduct for staff, which is available at [www.hiqa.ie](http://www.hiqa.ie).

### Inspection as part of the monitoring programme

An inspection is part of the monitoring programme. HIQA will review key pieces of information relating to the way the service is organised and operated. Key pieces of information include:

- information from previous HIQA inspections of the service
- notifications of serious incidents or death of a child
- relevant unsolicited information received by HIQA in relation to the service.

HIQA may conduct a full inspection of a foster care service against all of the *National Standards for Foster Care* (2003). A foster care inspection that monitors a service under all of the foster care standards will be announced 20 working days in advance of the inspection.

Risk-based inspections will monitor against specific standards, which will be referenced in the announcement letter. Services will receive short notice of these inspections<sup>2</sup>.

### **On-site fieldwork**

At the beginning of the inspection, inspectors will introduce themselves, outline the purpose and duration of the inspection to the person with overall responsibility for the service. Information will be gathered by the inspection team through:

- communicating with management, staff, children and children's families and other professionals,
- reviewing documents and data to determine if appropriate records are kept and reflect practice
- observing meetings, where appropriate.

The provider will be asked to nominate a liaison person who will be responsible for engagement with HIQA during the course of the inspection.

### **Documentation, data and information requests**

HIQA will review documentation and data received prior to inspection and review documentation, data and information as part of the inspection while on site.

### **Confidentiality**

In line with current data protection legislation, HIQA requests that unless specifically requested to do so, services should not send personal identifiable information that could identify an individual child to HIQA by email or by post.

### **Communication**

Providers are asked to facilitate the inspection team to meet with key personnel within the service. As part of the inspection, Inspectors will communicate with, for example:

- social workers
- social work team leaders
- principal social workers
- area manager.

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<sup>2</sup> A short notice announcement of an inspection will be issued ten days prior to the inspection fieldwork

The purpose of this communication is to gather information about:

- how the service is led and managed
- how risks are identified and managed
- how the management team is assured that the service provided is safe and effective.

### **Risk management and escalation**

HIQA takes a risk-based approach to monitoring. This approach informs how frequently HIQA will inspect any individual service. It also informs the nature, intensity and the type of inspection carried out.

Risk identified by HIQA during inspections will be escalated to the manager in charge in line with HIQA's risk management process.

### **Judgments on compliance with the standards**

Inspectors will judge whether the registered provider or person in charge has been found to be **compliant**, **substantially compliant** or **not compliant** with the standards and regulations associated with them as outlined in the assessment judgment framework guidance.

The assessment judgment framework should be applied in conjunction with the following:

### **HIQA's inspection report**

Each inspection report goes through three main draft stages in preparation for publication. HIQA welcome feedback from providers on a stage 1 inspection draft report issued to providers. Following the review of any feedback the inspector may update the report and issue a stage 2 report to the provider. Following this the manager in overall charge can make a formal submission if they believe that the judgment(s) contained in the stage 2 inspection report are not based on the evidence made available to inspectors at the time of the inspection or the judgment(s) are disproportionate to the evidence reviewed.

The standard operating procedure for 'Making a Submission on a Stage 2 Inspection Report to the Chief Inspector of Social Service' - is published on HIQA's website at [www.hiqa.ie](http://www.hiqa.ie)

### **Freedom of Information**

HIQA is subject to the Freedom of Information Acts and the statutory code of practice regarding freedom of information.

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