

Action Plan

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

Provider's response to Inspection Report No:	758
Name of Service Area:	The Child and Family Agency Midlands
Date of inspection:	17 – 25 May 2016
Date of response:	27/9/16

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

Theme 1: Child Centred Services

Standard 1

Requires improvement

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

- Some children were not supported to develop a positive sense of identity.
- Some children were placed outside of their local communities.
- A small number of children were not facilitated to remain in the school attended prior to placement, due to the children being placed outside the area.

Action required:

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

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

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

1. Social Workers in their direct work with children will ensure that children are supported to develop a positive sense of identity and sense of self as a separate and valued person. In doing so Social Workers will also explore racial cultural and religious aspects of the child's identity. Children's sense of identity will be a standing item for discussion at Statutory Care Reviews. The Framework for assessment of need underpins the Social Work report for care review and provides a consistent basis for clarifying and exploring issues of identity in the care plan and will be consistently implemented across the area. Principal Social Worker will review progress with Team Leaders in supervision and will request audits of statutory review minutes to ensure that this is occurring consistently.
2. Social Workers with Social Work Team Leader and Principal Social Worker oversight will make every effort to ensure that children are placed with their local communities. Should a situation arise where this cannot happen every effort will be made to maintain the child's strong links with local community as appropriate. The Regional Assessment Fostering Team will actively look to recruit and assess families within the locality to meet this need. Progress in this regard will be measured and tracked by the Area Manager requesting review of the number of children placed in the area every quarter from the Principal Social Worker and any increase/decreases in the number of carers available in the area.
3. Social Workers with oversight of Social Work Team Leader and Principal Social Worker will make every effort in maintaining the child's attendance at the school attended prior to placement. Oversight will be maintained by the Area Manager

through requesting the maintenance of a register of every child placed and whether they are attending the school attended prior to placement.

4. Principal Social Workers and Social Work Team Leaders will complete file audits on a quarterly basis to ensure compliance with the above. A schedule for this will be available to view and included in reports to the Service Director, and verified by the Tusla Quality Assurance and Monitoring Team as part of monthly QA reviews of compliance with the agreed action plan for the next 6 months. Local audit forms will be amended to capture this information. Outcomes of audits will be compiled and learning arising will be discussed at Social Work Team Meetings and incorporated into the area's learning tool with the oversight of the Area Manager. Learning arising will be brought to the attention of the Regional Professional Support Manager. Area Manager, during operational review meetings, will provide the Service Director with updates in respect of numbers of children placed outside the area. This will also be provided through the monthly returns re private placements made to the Regional Office.

Proposed timescale:	Person responsible:
1- December 2016 & subject to review 2- In place & subject to file audit 3- In place & subject to file audit 4- March 2017 & quarterly thereafter	PSW Service Director Service Director Service Director

Standard 2

Requires improvement

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

- The relationships between some children and their families were not supported in their best interests.
- Not all sibling groups were placed together.

Action required:

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

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

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

1. Social Workers with oversight of Social Work Team Leader and Principal Social Worker will review all access plans currently in place for children in care to ensure that family/significant other relationships are promoted and sustained as appropriate. Statutory Care Reviews will actively review all access plans to ensure compliance. Social Work Team Leaders through the Supervision process will actively review access plans. The Area Manager will maintain oversight through the maintenance of a register of access plans which will highlight children where there are difficulties, and actions in place to address within agreed time frames. This will be reviewed with the Principal Social Worker as part of Supervision with the Area Manager monthly. Tusla Quality Assurance and Monitoring Team will review with Area Manager as part of the agreed monthly monitoring schedule with the area. The Service Director will request evidence of progress as part of the verification reviews conducted by the Tusla Monitoring Team.
2. Social Workers with oversight of Social Work Team Leaders and Principal Social Worker will ensure that every effort is made to place sibling groups together when appropriate to their individual needs, taking into account the wishes and the best interests of the child. Principal Social Workers will consult with the Regional Area Foster Team (RAFT) regarding recruitment of foster carers with capacity for sibling groups. Bespoke campaigns are run as required. A register of all siblings in care and whether they are placed together will be developed so the Area Manager has oversight and can measure progress. This will be reviewed with the Principal Social Worker in supervision and verified by Tusla's Quality Assurance and Monitoring Team. Progress will be monitored by the Service Director through the review of verification reports from the Monitoring Team and discussed with the Area Manager.

Proposed timescale:	Person responsible:
1. March 2017 & ongoing oversight/review by Area Manager	Area Manager
2. December 2016 & ongoing oversight/review by Area Manager	Area Manager

Standard 3

Requires improvement

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

- Children's rights were not always upheld.
- Not all children understood their rights.

Action required:

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

Children and young people are treated with dignity, their privacy is respected, they make choices based on information provided to them in an age-appropriate manner, and have their views, including complaints, heard when decisions are made which affect them or the care they receive.

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

1. The National Office is in the process of developing a Children's rights leaflet which is going through a tendering process. The leaflet will be available nationally by end of Q4. In the interim the area has devised a local rights leaflet for children. This has been circulated to the teams and Social Workers will provide and explain the leaflet to all children with whom they are working and record same on the case file.
2. During safeguarding visits with children awaiting allocation, the designated worker will ensure children's rights/complaints process is discussed in an age appropriate manner and this will be recorded on case file.
3. Social Workers in direct work with children will provide them with a copy of the Complaints leaflet and ensure that they are fully informed of the complaints process and this will be recorded on the case file.
4. Social Workers in their direct work with children will provide children in an age appropriate manner with information in respect of how to access their files and this will be recorded in case records. The Area will devise a child friendly leaflet which will outline the process and Social Workers with oversight of Social Work Team Leaders and Principal Social Workers will ensure that all children will be provided with the leaflet and time taken to explain the information to them. A record of same will be recorded on case files.
5. The area in partnership with EPIC is in the process of establishing a Participation Group for children/young people in care and this forum will be used to ensure that young people influence and guide service planning and development of local policies and procedure. Seed funding has been secured to support this.
6. Statutory Care Reviews will incorporate oversight of points 1 to 4 of the above and through the supervision process Principal Social Workers and Social Work Team Leaders will ensure compliance with the above. Principal Social Workers and Social

Work Team Leaders in consultation with the Regional Professional Support Manager will review local case audit forms to ensure that the above areas are incorporated. Principal Social Workers and Social Work Team Leaders will complete audits on a quarterly basis to ensure compliance with above. Outcome of audits will be compiled, forwarded to the Area Manager, discussed at Supervision, Team Meetings and will form part of the area's learning tool. Practice issues arising will be forwarded to the Regional Professional Support Manager for their attention. A register of the number of Children in Care where these actions have been completed will be developed to ensure tracking and stronger oversight. This register will be maintained and kept up to date by the Principal Social Worker. This will be verified by the Tusla Quality Assurance and Monitoring Team. The Service Director will maintain oversight through verification reports provided by the Monitoring Service.

Proposed timescale

- 1. December 2016**
- 2. December 2016**
- 3. March 2017**
- 4. March 2017**
- 5. December 2016**
- 6. March 2017 & quarterly oversight thereafter**

Person responsible:

PSW
PSW
PSW
PSW
Area Manager
Service Director

Standard 4

Requires improvement

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

- Children were not always living with foster carers from their own cultural and ethnic background.
- The needs of children with diverse needs were not consistently addressed through effective multi-disciplinary planning.

Action required:

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

Children and young people are provided with foster care services that take account of their age, stage of development, individual assessed needs, illness or disability, gender, family background, culture and ethnicity (including membership of the Traveller community), religion and sexual identity.

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

1. The Regional Assessment Fostering Team (RAFT) is tasked with recruiting and assessing general foster carers, for the DML area. Regular formal liaison will take place between local fostering teams and RAFT to ensure that the placement needs of children are identified and appropriately addressed through recruitment campaigns. Local bespoke campaigns will also be run as appropriate for children with specific ethnic/cultural/religious needs and children with disabilities. The Foster Care Committee will also have oversight in ensuring that the cultural needs of children and young people are met through the reports submitted for long term matching. The Area Manager will request a schedule of campaigns and a progress report on a quarterly basis to monitor progress to include a breakdown of carers recruited to meet the specific needs of children. A register of all children in care and whether the needs of children in this regard are being met will be maintained by the Principal Social Worker to measure progress and track progress and track improvements to improve oversight.
2. Social Work will contact the Shared Rearing Service in respect of children/young people from a travelling background to ensure that any placement options within the travelling community are fully pursued. The number of children in care from a traveller background will be clearly recorded on the register of all children in care and whether they are placed in a culturally appropriate placement. The Area Manager will maintain oversight through the review of placements with the Principal Social Worker and measure progress in this way.
3. Cultural diversity training was delivered to Foster Carers and Social Workers in June 2016 and further training in this area is scheduled. The Migrant Support Services is scheduled to provide a briefing to Social Workers in respect of cultural diversity. An annual schedule of cultural diversity related training will be developed each year by the team. The Principal Social Worker will maintain the record of this training.

4. Social Workers will ensure that children's ethnicity is recorded on the children in care data base, their care plans and files. Children in Care database will be amended to ensure that ethnicity is recorded. Principal Social Worker will maintain oversight with Social Work Team Leader's to monitor compliance.
5. Social Workers in direct work with children will ensure that they are fully informed and have an understanding of their ethnic background. This will be included and checked as part of the annual statutory child in care review. Principal Social Worker will check this is done with Social Work Team Leaders through reviewing minutes of Children in Care review meetings.
6. Where children have diverse needs Social Workers will ensure that consultation with specific relevant professionals occurs in advance of meetings (children in care reviews/placement review meetings/strategy meetings). Principal Social Workers will request Team Leaders to review regularly with Social Workers to ensure this is done.
7. Through the supervision process Area Manager, Principal Social Workers & Social Work Team Leaders will ensure compliance with the above. Principal Social Workers and Social Work Team Leaders will review local case audit forms to ensure that the above areas are incorporated and will complete audits on a quarterly basis to ensure compliance with above. Outcome of audits will be compiled and discussed at Team Meetings and will form part of the area's learning tool. The Regional Professional Support Manager will have oversight of audit outcomes in respect of practice issues arising. Tusla's Quality Assurance and Monitoring Team will provide verification reports to the Service Director and request evidence of compliance as part of the monthly monitoring reviews for the first six months with the area.

Proposed timescale:

1 February 2017

2 –December 2016

3 –March 2017

4 –December 2016 & ongoing thereafter

5 –March 2017 & ongoing thereafter

6 –March 2017 & ongoing thereafter

7 –April 2017 & ongoing thereafter through supervision & quarterly audits

Person responsible:

AM

AM

PSW

PSW

PSW

PSW

SD

Standard 25

Requires improvement

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

Not all complaints were managed effectively.

The complaints log did not outline the investigation undertaken or record if the complainant was satisfied with the outcome of the complaint.

Some foster carers and children were not confident in the complaints process.

Action required:

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

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

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

1. Staff will record all complaints received and forward to their line manager for investigation as appropriate. In line with national policy complaints are dealt with at as low level as appropriate. The Principal Social Worker completes a complaints log on a monthly basis. The Area's Complaints Manager, who holds the full complaints file, has independent oversight of the process. Each report issued to a complainant has an evaluation form to advise of their level of satisfaction with the investigation of their complaint and for any comments and suggestions. Recommendations arising from the investigation of complaints are incorporated into the Area's Learning Tool. Trends and recommendations arising from complaints are discussed at team meetings including Area Management Team meetings. The Complaints Manager will complete an annual report in respect of complaints and trends arising. The Regional Quality Assurance Manager and Regional Quality assurance Group will carry an oversight role.
2. Child friendly complaints / participation leaflets (Tell Us You Say, We Listen) have been developed by TUSLA National Office, wherein children are advised regarding how to make a complaint and are asked to provide their views in respect of their experience of the service received. These leaflets have been circulated to all staff. Trainings and briefings are being scheduled by TUSLA National to ensure that all staff are familiar with the new policy and clear in respect of their role re same. Principal Social Workers, Team Leaders and other service managers will ensure that all children in receipt of a service will be provided with the leaflet and time taken to explain the information to them. A record of same will be recorded on case files under the section for complaints. Briefings will be provided to Foster Carers to ensure they have a clear understanding of the new complaints policy. The Service Director will maintain oversight of progress and any improvements required by reviewing the outcome of the verification reviews with the Area Manager.

3. An audit will be completed by the end of Q4 2016 by the Area's Complaints Manager and on an annual basis, in respect of circulation of Complaints Leaflet. The outcome of the audit will be reviewed at Area Management Meetings and shared with all staff during Team Meetings. The Regional Professional Support Manager will have an oversight and support role in this regard.

Proposed timescale:	Person responsible:
1. March 2017	Area Manager
2. End of March 2017.	Service Director
3. Complaints Manager will complete an audit by end of December 2016 and on an annual basis thereafter	Area Manager

Theme 2: Safe and Effective Services

Standard 5

Requires improvement

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

- Not all children had an allocated social worker.
- Not all children were visited in line with regulations.

Action required:

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

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

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

1. Area Manager, Principal Social Worker & Social Work Team Leaders will ensure that all children in care have an allocated Social Worker. All existing Social Work vacancies are approved for filling and recruitment is active. When existing Social Work vacancies are filled the area will be in a position to ensure that all children have an allocated Social Worker. All children currently who do not have an allocated Social Worker have a Link Social Worker allocated to the placement.
2. A local area guidance document is in place in respect of Children in Care awaiting Social Work allocation. Social Work Team Leader and Principal Social Worker review the cases awaiting allocation on a monthly basis to ensure that they are appropriately managed and risk assessed. Three monthly safeguarding visits with oversight of Social Work Team Leader are completed by a designated worker in respect of each child awaiting allocation to ensure consistency for the child & families. The Social Work Team Leader will ensure that the designated worker will review the file and meet with the Social Work Team Leader to confirm the issues that need to be addressed prior to completing the home visit and the record of the visit will be kept on file. Any issues arising during the safeguarding visits that need attention will be addressed as appropriate. Children awaiting allocation is a standard item for meetings between the Area Manager and Principal Social Worker. Any child who does not have an allocated Social Worker will have a Link Social Worker allocated to the placement. This will be monitored by the Area Manager and Principal Social Worker. A list will be compiled to monitor progress and to evidence the improvement. The Tusla Quality Assurance and Monitoring Team will verify compliance with this recommendation and provide an independent oversight report to the Service Director.
3. Principal Social Worker & Social Work Team Leaders will ensure that all children are visited in line with regulations and this will be recorded on case files. Details of the

visits will clearly be recorded on file which will also provide evidence that the child was seen alone. Through the supervision process Principal Social Worker & Social Work Team Leaders will ensure compliance with the above. Supervision record forms have been amended to incorporate date of last visit and child has been seen alone. Statutory Care Review forms have been amended to evidence dates of homes visits to children. A register of all children in care and date of last review will be maintained to ensure the Area Manager has oversight with the Principal Social Worker and can provide assurance.

4. Principal Social Worker & Social Work Team Leaders will complete file audits on a quarterly basis to ensure compliance of above. Outcomes of audit will be compiled, forwarded to Area Manager, reviewed at Area Management Meetings and shared with all staff during Team Meetings. Principal Social Workers and Social Work Team Leaders in consultation with Regional Professional Support Manager will address practice issues arising. The Tusla Quality Assurance and Monitoring Team will provide independent oversight of compliance and progress on a monthly basis for six months.

Proposed timescale:	Person responsible:
1- December 2016 & monitored monthly through monthly PI's	Service Director
2- In place & subject to monthly review & 3 monthly safeguarding visits	AM
3- December 2016	AM
4- March 2017 & quarterly thereafter	AM

Standard 6

Requires improvement

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

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

Action required:

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

An assessment of the child's or young person's needs is made prior to any placement or, in the case of emergencies, as soon as possible thereafter.

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

1. Social Workers with oversight of Social Work Team Leaders and Principal Social Worker will ensure that prior to placement every child will have a comprehensive assessment of needs completed. The assessment of needs template will be placed on file and will inform the child's care plan. Principal Social Worker & Social Work Team Leaders with the oversight of the Regional Professional Support Manager will review the needs assessment template to ensure it meets appropriate standards.
2. Principal Social Worker & Social Work Team Leaders will complete audits on a quarterly basis to ensure compliance with the above. Outcomes of the audits will be compiled and discussed at Team Meetings. Area Manager will maintain oversight and request schedule of audits to be completed annually and their findings.
3. Through the supervision process Area Manager, Principal Social Workers & Social Work Team Leaders will ensure compliance with the above. Outcomes of audits will be compiled and learning arising will be discussed at Social Work Team Meetings and incorporated into the areas learning tool with the oversight of the Area Manager. Learning arising will be brought to the attention of the Regional Professional Support Manager. The Tusla Quality Assurance and Monitoring Team will provide independent oversight through a process of verification and inform the Service Director of findings.

Proposed timescale:

1. March 2017

2 March 2017 & audited quarterly thereafter

3 March 2017

Person responsible:
PSW

AM

AM

Standard 7

Significant risk identified

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

- Many children did not have an up-to-date written care plan.
- Care plans were not made available in a timely manner.
- Reports from professionals were not consistently obtained for child in care reviews.
- Reviews did not take place in line with the regulation.
- Reviews were not consistently conducted for placements at risk of ending or have ended in an unplanned way.
- Placement plans were not consistently used.

Action required:

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

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

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

1. Principal Social Worker & Social Work Team Leaders have identified all children where care plans were not up to date. Statutory Care Reviews are scheduled in respect of all allocated children to ensure a comprehensive review & updating of their care plan. In respect of children awaiting allocation Social Work Team Leaders will review their care plans and amend to incorporate any issues arising from safeguarding visits. Once allocated a child will be prioritised for review. All current vacancies have been approved for filling and are actively being recruited. Through the Supervision Process the Principal Social Worker will provide the Area Manager with monthly updates.
2. Care Review Officers with oversight of Principal Social Worker will ensure that all care plans are completed and distributed within a timely manner. The clerical administration support to the Review Service is actively being reviewed to ensure a dedicated level of support.
3. Social Workers with oversight of Social Work Team Leader & Reviewing Officers will ensure that all appropriate professionals are invited to attend the reviews and appropriate reports sought.
4. The Reviewing Officers & Social Work Team Leaders with oversight of Principal

Social Workers & Area Manager have devised and are implementing a work plan to clear the backlog of care reviews and also to ensure that care reviews occur in line with regulations. On average 50 - 60 reviews are scheduled to be held each month. A database is being devised to track reviews and flag when they are due and this will have oversight of Principal Social Workers. Priority is being given to reviews for new admissions to care; new placements; placement breakdowns; children recently allocated a Social Worker where the review is overdue and outside statutory timeframes; young people approaching their 18th birthday and children recently allocated a Social Worker. A contingency plan has been agreed whereby if it arises that a reviewing Officer is out for a prolonged period of time the PS/W with the oversight of the Area Manager will utilise the Team leader staffing resource to ensure that Care Reviews continue to occur.

5. Principal Social Worker and Social Work Team Leaders with the oversight of the Area Manager will ensure that reviews are conducted in respect of placements at risk of ending or ending in an unplanned way.
6. Social Workers with oversight of Social Work Team Leaders & Principal Social Worker will ensure that placement plans are consistently completed. Team Leaders will review all files to ensure that Placement Plans are on file.
7. Principal Social Worker & Social Work Team Leaders will complete audits on a quarterly basis to ensure compliance with the above. Outcomes of the audits will be compiled, forwarded to the Area Manager, discussed at Area Management and Team Meetings. Learning arising will be incorporated into the area's learning tool with the oversight of the Area Manager. Learning arising will be brought to the attention of the Regional Professional Support Manager. Area dataset returns will be reviewed at Area Management meetings to review area performance and address issues arising. Dataset returns will also be discussed with the Service Director in respect of performance management. The Tusla Quality Assurance & Monitoring Team will provide independent oversight of compliance and progress on a monthly basis for 6 months.

Proposed timescale:	Person responsible:
1. March 2017	AM
2. March 2017	AM
3. Implemented/in place	SWTL
4. March 2017	AM

5. December 2016	AM
6. December 2016	PSW
7. March 2017 & quarterly thereafter	Service Director

Standard 8

Significant risk identified

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

Matching did not occur in a consistent way and this contributed to unplanned endings.

Action required:

Under **Standard 8** you are required to ensure that:
Children and young people are placed with carers who are chosen for their capacity to meet the assessed needs of children or young people.

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

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

Matching did not occur in a consistent way and this contributed to unplanned endings.

Action required:

Under **Standard 8** you are required to ensure that:
Children and young people are placed with carers who are chosen for their capacity to meet the assessed needs of children or young people.

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

1. Social Work Team Leader with oversight of Principal Social Worker will ensure that prior to placement all children will have a comprehensive needs assessment completed. This will guide the matching process.
2. RAFT regularly run foster carer recruitment campaigns to ensure an appropriate range of carers to meet presenting needs. Bespoke campaigns are also run as appropriate.
3. Principal Social Worker & Social Work Team Leader will ensure that Social Workers for children in care will actively liaise with the fostering team prior to placement to ensure appropriate sharing of information to guide the matching process.
4. Social Worker with oversight of Principal Social Worker and Social Work Team Leader ensure that the Foster Care Committee is notified of all placements requiring long term approval. The Foster Care Committee considers the appropriateness of the placement to meet the child's long term care needs. Through the supervision process the Principal Social Worker will provide the Area Manager with regular updates.
5. A review has been completed of all previous unplanned placement breakdowns and disruptions and reports have been forwarded to the Foster Care Committee. Social

Worker with oversight of Social Work Team Leader will notify the Foster Care Committee of all placement disruptions and unplanned breakdowns. The Foster Care Committee will identify the learning from same in its annual report. This will be discussed at Area Management Team Meeting to ensure learning's are taken on board.

6. Through the supervision process Area Manager, Principal Social Worker & Social Work Team Leader will review compliance with the above. Principal Social Worker & Social Work Team Leaders will complete audits on a quarterly basis to ensure compliance with the above. Outcomes of the audits will be compiled and discussed at Team Meetings. Outcomes of audits will be compiled and learning arising will be discussed at Social Work Team Meetings and incorporated into the area's learning tool with the oversight of the Area Manager. Learning arising will be brought to the attention of the Regional Professional Support Manager. The Tusla Quality Assurance and Monitoring Team will provide independent oversight of compliance and progress on a monthly basis for 6 months.

Proposed timescale:

1. December 2016

**Person responsible:
PSW**

2. Implemented/ongoing

AM

3. Implemented/ongoing

PSW

4. December 2016

PSW

5. March 2017

AM

6. March 2017 & quarterly thereafter

SD

Standard 9

Requires improvement

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

- A small number of children were in placements where their welfare was not promoted.
- Mechanisms to ensure that foster care accommodation was safe were not always implemented as needed.
- Accommodation did not always ensure children had enough privacy and space.

Action required:

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

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

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

1. Principal Social Worker & Social Work Team Leader will ensure that the welfare of all children in care is actively promoted.
2. Social Worker with oversight of Social Work Team Leader ensure that all children have a safe and nurturing environment which provides appropriate levels of privacy. Children's Social Worker with oversight of Social Work Team Leader will ensure that children's bedrooms are viewed at least once a year to ensure adequate privacy and space and this will be documented on case records. Any issues arising will be noted in file records and will be actively and appropriately addressed.
3. Fostering Link Workers complete health & safety checks to ensure risks in the carers homes are identified and appropriately addressed.
4. Through the supervision process Area Manager, Principal Social Worker & Social Work Team Leaders will review compliance with the above. Principal Social Worker & Social Work Team Leaders will complete audits on a quarterly basis to ensure compliance with the above. Outcomes of audits will be compiled and learning arising will be discussed at Social Work Team Meetings and incorporated into the area's learning tool with the oversight of the Area Manager. Learning arising will be brought to the attention of the Regional Professional Support Manager. The Tusla Quality Assurance & Monitoring Team will provide independent oversight and progress on a monthly basis for six months.

Proposed timescale: <ol style="list-style-type: none"> 1. December 2016 2. December 2016 & subject to annual review 3. December 2016 4. March 2017 & subject to quarterly review thereafter 	Person responsible: PSW PSW PSW Area Manager
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Standard 10

Significant risk identified

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

- Appropriate measures were not in place to safeguard all children.
- Not all allegations against foster carers were managed in line with policy.
- Not all child protection concerns were managed in line with Children First.

Action required:

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

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

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

1. Principal Social Worker, Social Work Team Leader & Social Worker will ensure that children in care are visited in line with statutory requirements. Social Workers during statutory visits will meet with children privately. Social Workers ensure visits take place both outside of the placement as well as in the carer's home. The frequency and quality of visits will be monitored through the supervision process and six monthly file audits undertaken by Social Work Team Leaders. The area will develop a register to track frequency of visits. The register will have the oversight of the Area Manager and Principal Social Worker.
2. A local area guidance document is in place in respect of Children in Care awaiting Social Work allocation. Social Work Team Leader and Principal Social Worker review the cases awaiting allocation on a monthly basis or more frequently pending information arising, to ensure that they are appropriately managed and risk assessed. Three monthly safeguarding visits with oversight of Social Work Team Leader are completed by a designated worker in respect of each child awaiting allocation to ensure consistency for the child & families. The Social Work Team Leader will ensure that the designated worker will review the file and meet with the Social Work Team Leader to confirm the issues that need to be addressed prior to completing the home visit and the record of the visit will be kept on file. Any issues arising during the safeguarding visits that need attention will be addressed as appropriate. The area will develop a register to track safe guarding visits to children awaiting allocation. The register will have the oversight of the Area Manager and Principal Social Worker.
3. Principal Social Worker & Social Work Team Leader ensure that all children & placements have an allocated Social Worker. In situations arising where this is not possible due to staffing capacity/difficulties Principal Social Worker & Social Work Team Leader's will ensure that there is either a Link Worker or Children in Care Social Worker allocated to the placement. The area will develop a register to

ensure that there is either a Link Worker or Children in Care Social Worker allocated to the placement and will have oversight of the Area Manager and Principal Social Worker.

4. The area has a protocol for the assessment of allegations in respect of foster carers. All child protection allegations against foster carers are referred to the Duty Social Work Team and are prioritised for assessment in line with Children First.
5. In line with National Procedures Principal Social Worker & Social Work Team Leader's ensure the Foster Care Committee is notified of all allegations and significant concerns in relation to foster carers. Principal Social Worker will ensure that outcomes of assessments are forwarded to the Foster Care Committee. The Foster Care Committee has implemented time frames and a tracking system for allegations/significant concerns received and will actively seek reports from Social Workers to conclusion. To enhance governance Principal Social Worker will ensure that Area Manager receives a copy of all child protection allegations regarding foster carers.
6. Area Manager & Principal Social Worker through the supervision process ensure that all allegations of a Child Protection nature are assessed in a timely manner and in line with Children First.
7. Principal Social Worker, Social Work Team Leaders and Foster Care Reviewing Officers ensure in line with regulations, that a foster carer review is held in respect of all foster carers about whom a Child Protection allegation has been made. Principal Social Worker & Foster Care Reviewing Officers will ensure that the Foster Care Committee is furnished with a report of the review which is examined by the committee and appropriate recommendations will be made.
8. Principal Social Worker & Social Work Team Leaders will complete audits on a quarterly basis to ensure compliance with the above. Outcomes of audits will be compiled and learning arising will be discussed at Social Work Team Meetings and incorporated into the area's learning tool with the oversight of the Area Manager. Learning arising will be brought to the attention of the Regional Professional Support Manager.
9. Social Worker with oversight of Social Work Team Leader & Principal Social Worker will ensure the outcome of the assessments of the allegations is noted on the link and child's file. This will be monitored in the regular file audits. Any allegations against carers are also discussed in the foster carer review process.
10. Principal Social Worker & Social Work Team Leaders will ensure that Children First training is offered to all foster carers.
11. The Tusla Quality Assurance and Monitoring Team will provide independent oversight and progress on a monthly basis for 6 months.

Proposed timescale:	Person responsible:
1- December 2016	AM
2- December 2016 & reviewed monthly thereafter & through 3 monthly safeguarding visits	AM
3- December 2016	PSW with oversight of AM
4- Implemented and ongoing	AM
5 –Implemented and ongoing	AM
6 – Implemented and subject to ongoing review	AM
7 –December 2016 and ongoing thereafter	PSW
8– March 2017 & quarterly thereafter	AM
9- Implemented & subject to regular audit	PSW
10 - March 2017	AM
11 - Nov 2016 Monthly for 6 six months	Nat. QA & Monitoring Team

Standard 13

Requires improvement

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

- Not all young people were receiving an aftercare service in line with policy.
- Assessments of young people's leaving care needs were not comprehensive.
- The quality of aftercare plans was poor.

Action required:

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

Children and young people in foster care are helped to develop the skills, knowledge and competence necessary for adult living. They are given support and guidance to help them attain independence on leaving care.

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

1. Social Workers with oversight of Principal Social Worker & Social Work Team Leaders will ensure, in line with national policy, that all children in care will be referred to the Aftercare service six months prior to their 16th Birthday.
2. The Reviewing Officers will ensure that planning for aftercare and referrals to aftercare service are reviewed at each child in care review, as appropriate and ensure that this is recorded in the action plan. Principal Social Worker to maintain oversight of this Action.
3. The local IT system has been amended to include a flagging system for notifying Social Worker, Social Work Team Leaders and the Aftercare Co-ordinator when children are reaching their 16th birthday to ensure they are referred to the aftercare service.
4. Principal Social Worker, Social Work Team Leader & After Care Co-Coordinator will ensure that all children have an allocated aftercare worker. Should a situation arise where this is not possible children and young people awaiting allocation for the aftercare service will be prioritised & reviewed on a monthly basis by Aftercare Co-Coordinator and this will be recorded on the case file. The Principal Social Worker through the supervision process will regularly update the Area Manager.
5. Through the supervision process Principal Social Worker & After Care Co-Coordinator will ensure appropriate standards are adhered to. Principal Social

Worker, through the supervision process, will conduct quarterly audits of a sample of aftercare plans and needs assessments. The After Care Co-Coordinator will review all existing aftercare plans to ensure that appropriate standards are met in line with National Policy.

6. A National Aftercare Case Load Management Tool is in the process of being drafted and this will assist in aftercare resource management. In the interim the area has devised a case allocation guidance procedure for implementation. Through the supervision process Area Manager, Principal Social Worker & Aftercare Co-Coordinator will actively & consistently review the above.
7. An Aftercare Service Day is organised for September to examine consistency in standards of practice, clarity of Aftercare Service role and potential gaps within the service.
8. Tusla Quality Assurance & Monitoring Team will provide independent oversight and progress on a monthly basis for six months.

Proposed timescale:

1- December 2016

2- March 2017

3- Implemented

4- December 2016 & reviewed thereafter on a monthly basis

5 – March 2017 & subject to quarterly audit

6 – March 2017

7 – December 2016

8 – November 2016

**Person responsible:
PSW**

PSW

PSW

AM

PSW

AM

PSW

Quality Assur. & MonitoringTeam

Standard 14(a)

Requires improvement

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

- Assessments did not take place within the 16 week timeframe outlined by the standards.
- Garda vetting was not always in place for adults living in or with significant unsupervised access to foster homes.
- Formal written contracts were not on all files.

Action required:

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

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

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

1. All general foster care assessments are completed by the Regional Assessment Fostering Team (RAFT) who also deal with all fostering enquiries, fostering information, training and assessments through to approval. RAFT is fully compliant with the National Standards for Foster Care 2003, Policy Procedures and Best Practice Guidance 2012, Child Care Regulations 1995 and Training Manual 2007. Assessments are being completed within the timeframe as outlined in the standards.
2. Principal Social Worker with Fostering Team Leader ensure that all over 16's living in or with significant unsupervised access to foster homes are Garda Vetted and this is updated every three years in line with regulations.
3. Principal Social Workers & Social Work Team Leaders ensure that at time of placement, foster care contracts are signed and are placed on file. Signed contracts are approved by the Principal Social Worker. The original contract is forwarded to fostering link file and a copy placed on the children in care file.
4. Principal Social Worker and Social Work Team Leaders will complete audits on a quarterly basis to ensure compliance with above. Outcomes of audits will be compiled, learning identified and addressed. The Area Manager and Regional Professional Manager will have oversight. The Service Director has oversight through receiving updates in respect of assessments completed. Tusla Quality Assurance & Monitoring Team will provide independent oversight of compliance and progress on a monthly basis for six months.

Proposed timescale:	Person responsible:
<ol style="list-style-type: none"> 1. Implemented & ongoing 2. December 2016 3. December 2016 4. March 2017 & quarterly thereafter 	RAFT PSW PSW SD

Standard 14(b)

Significant risk identified

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

- Assessments of relative foster carers were not carried out in a timely way.
- Screening checks in order to assess the applicant's suitability were not carried out consistently prior to placing a child.
- Garda vetting was not always in place for adults living in or with significant unsupervised access to foster homes.
- Not all children had an established relationship with foster carers who were assessed as relative foster carers.
- Formal written contracts were not on all files.

Action required:

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

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

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

1. Principal Social Worker & Social Work Team Leaders will ensure that Section 36 assessments are completed within the regulation time frames. Four additional fostering Social Work positions have been approved and are actively being recruited. Once these vacancies are filled the area will be in a position to ensure that assessment timeframes are met. A work plan has been devised to address the backlog of Section 36 assessments currently in existence. A private provider has been contracted to complete (within regulatory timeframes) all outstanding assessments which could not be allocated internally and this is under regular review by Area Manager & Principal Social Worker. The Service Director has oversight of same through meetings with the Area Manager.
2. Principal Social Worker & Social Work Team Leaders ensure that appropriate screening checks are completed prior to a decision being made to place. Social Worker with oversight of Social Work Team Leader complete a screening form confirming that all appropriate screenings have been completed. The screening process will establish that the child and the proposed carers, (relatives or friends), have a bonafida relationship with the child. This is forwarded with the carer's declaration to Principal Social Worker for approval to place the child under Section 36. Once approval for placement is given, the Fostering Team Leader is informed and an information meeting is scheduled as soon as possible prior to

commencement of Section 36 assessment.

3. Principal Social Worker with Fostering Team Leaders will ensure that all over 16's living in or with significant unsupervised access to foster homes are Garda Vetted and this is updated every three years in line with regulations
4. The Fostering Social Worker at commencement of Section 36 assessment ensure that foster carers sign the declaration committing to attending training.
5. Principal Social Worker & Social Work Team Leaders will complete audits on a quarterly basis to ensure compliance with the above. Outcomes of the audits will be compiled and discussed at Team Meetings. Outcomes of audits will be compiled and learning arising will be discussed at Social Work Team Meetings and incorporated into the area's learning tool with the oversight of the Area Manager. Learning arising will be brought to the attention of the Regional Professional Support Manager. Tusla Quality Assurance & Monitoring Team will provide independent oversight of compliance and progress on a monthly basis for six months.

Proposed timescale:

1. December 2016

2. December 2016

3. December 2016

4. December 2016

5. March 2017 & subject to quarterly audit thereafter

Person responsible:

SD

AM

PSW

PSW

SD

Standard 15

Requires improvement

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

- Not all foster carers had an allocated link worker.
- The quality of supervision and support sessions with foster carers was mixed.
- There was a lack of follow up on actions agreed in supervision and support sessions.
- There was no out-of-hours service available to foster carers.

Action required:

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

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

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

1. Principal Social Worker & Social Work Team Leaders will ensure that all foster carers have an allocated Social Worker. Four additional link Social Work positions have been approved and await filling. Once these positions are filled the area will be in a position to ensure that all foster carers have an allocated Social Worker. In the interim three monthly supervision/support visits are being carried out to carers. A report is completed and provided to the appropriate Social Work Team Leader and actions identified are followed up as appropriate. The area will develop a register to track which will have the oversight of the Area Manager.
2. Principal Social Worker & Social Work Team Leaders through the supervision process review supports available to foster carers and amend as required. Carers awaiting the allocation of a Link Social Worker is a standard item for supervision meetings between Area Manager and Principal Social Worker.
3. Tusla Nationally is actively exploring the provision of an out of hours Social Work support service to foster carers.
4. Tusla Quality Assurance & Monitoring Team will provide independent oversight of compliance and progress on a monthly basis for six months.

Proposed timescale:

1. December 2016

Person responsible:

AM

2. December & subject to ongoing review 3. March 2017 4. Nov 2016 & monthly for six months	AM National Office Nat. QA & Monitoring Team
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Standard 16

Requires improvement

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

- Foster carers had not completed regular training.
- Recommended training from the foster care committee was not put in place for foster carers.

Action required:

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

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

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

1. The Principal Social Worker & Social Work Team Leaders will ensure that regular training is provided to foster carers. In 2014 a Training Needs Analysis of foster carers was completed. A further Training Needs Analysis will be completed in Q1 2017. Carer's attendance at training is reviewed in the foster carer review process and through supervision & support visits. Targeted training is arranged to address additional training needs as they arise. All foster carers are required to sign the declaration of training and Social Workers will regularly review same with foster carers.
2. The Foster Care Committee and the foster carer review process have oversight of training provided to ensure training needs are addressed and carers attend. In Q3 Children First training and Cultural Awareness training was provided to foster carers. An aftercare briefing was also provided by the after care service. A database of foster carer training is held centrally with oversight of Principal Social Worker & Foster Care Team Leader
3. Area Manager, Principal Social Worker and Team Leader, through the supervision process, will keep the matter under regular review and actively address issues arising. Tusla Quality Assurance & Monitoring Team will provide independent oversight of compliance and progress on a monthly basis for six months.

Proposed timescale:

1. March 2017

2. March 2017

3. March 2017 & subject to regular review

Person responsible:

AM

AM

AM

Standard 17

Requires improvement

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

- Most foster carers were not reviewed regularly, in line with the standards.
- Reviews did not occur following unplanned endings or allegations of abuse.
- The social work department did not always notify the foster care committee of the outcomes of those reviews that had occurred in a timely manner.

Action required:

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

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

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

1. The area has a dedicated Reviewing Officer for foster carers, with responsibility to ensure that each foster carer is reviewed in line with national regulations. A working plan is in place which will ensure that all foster carers will have been reviewed by Q3 2017. On average 15 -20 reviews are scheduled per month, averaging two per Social Worker. Reviews are prioritised for Foster carers where an allegation or concern has been presented to the FCC; Cases where the fostering standards are not consistently being met by the carers; Carers where a review is due one year after their first placement; Cases where significant changes has occurred in the family circumstances; Cases where the status or approval of the carers needs to change. The number of reviews held will increase pending the allocation of additional Link Social Worker positions. Additional reviews will be scheduled in respect of unplanned endings and allegations of abuse. The Foster Carer Reviewing Officer with oversight of Principal Social Worker ensures that the Foster Care Committee is informed of the outcome of each review. The full schedule of reviews is shared with Foster Care Committee to enhance governance and oversight. The Foster Care Committee has a tracking system in place and will seek written explanation if any review does not occur in line with the schedule.
2. Area Manager, Principal Social Worker & Social Work Team Leader through the supervision process will ensure compliance with the above.
3. Principal Social Worker & Social Work Team Leaders will complete audits on a quarterly basis to ensure compliance with the above. Outcomes of the audits will be compiled and discussed at Team Meetings. Outcomes of audits will be compiled and learning arising will be discussed at Social Work Team Meetings and incorporated into the area's learning tool with the oversight of the Area Manager who will provide updates to the Service Director. Learning arising will be brought to the attention of the Regional Professional Support Manager. Tusla Quality Assurance & Monitoring Team will provide independent oversight of compliance and

progress on a monthly basis for six months.	
Proposed timescale:	Person responsible:
1. SEPT 2017	PSW
2. Implemented & subject to ongoing review	Area Manager
3. March 2017 & subject to quarterly reviews thereafter	AM

Standard 22	
Requires improvement	
The provider is failing to meet the National Standards in the following respect:	
There was no specialist foster care service.	
Action required:	
Under Standard 22 you are required to ensure that: Health Boards provide for a special foster care service for children and young people with serious behavioural difficulties.	
Please state the actions you have taken or are planning to take:	
1. Area Manager, Principal Social Worker & Social Work Team Leaders will ensure that bespoke recruitment campaigns occur when the need arises to address the identified complex needs of children. RAFT in their recruitment campaigns also look to recruit foster carers to meet complex needs. Access to additional supports and services are provided as the need arises. Tusla Quality Assurance & Monitoring Team will provide independent oversight of compliance and progress on a monthly basis for six months.	
Proposed timescale:	Person responsible:
1. Implemented and ongoing as need arises	AM

Theme 3: Health and Development	
Standard 11	
Requires improvement	
The provider is failing to meet the National Standards in the following respect:	
<p>Not all children had a medical upon admission to care.</p> <p>Action required: Under Standard 11 you are required to ensure that: The health and developmental needs of children and young people in foster care are assessed and met. They are given information, guidance and support to make appropriate choices in relation to their health and development.</p> <p>Please state the actions you have taken or are planning to take:</p> <ol style="list-style-type: none"> 1. Principal Social Worker & Social Work Team Leaders ensure that in line with National Regulations all children have a medical completed on admission to care. Medical reports will be placed on file and it will be recorded that the medical is completed. Social Work Team Leaders will monitor this in the regular file audits. 2. Social Workers with oversight of Social Work Team Leaders will seek written updates from all relevant medical services for each child in care review. Where appropriate medical and allied health professionals involved with the child are invited to attend/ submit reports to the Child In Care Review. 3. Any outstanding medical issues or actions required are clearly recorded in the Social Work report to the Child In Care Review under the supervision of the Social Work Team Leader and recorded in the updated Care Plan by the Chair of the Review. 4. Where children have no allocated Social Worker, medical issues will be addressed in the three monthly safeguarding visits. The designated worker undertaking the visits will report back any outstanding medical issues or actions to the Team Leader and will record them in the record of the visit. The Team Leader will ensure that the medical issues are addressed. 5. All of the above will be reviewed through the supervision process by Principal Social Worker and Team Leaders. Tusla Quality Assurance & Monitoring Team will provide independent oversight of compliance and progress on a monthly basis for six months. 	
Proposed timescale:	Person responsible:
1 December 2016 & ongoing thereafter	PSW

2 December 2016 & ongoing thereafter 3 December 2016 & ongoing thereafter 4 December 2016 & subject to 3 monthly safeguarding visits.	SWTL SWTL PSW
5 December 2016 & subject to ongoing review	PSW

Standard 12

Requires improvement

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

- There was a lack of consistency for planning in relation to children's education.
- Liaison with school personnel impacted on the ability of the service to plan for and meet children's educational needs.

Action required:

Under **Standard 12** you are required to ensure that:

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

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

1. Principal Social Worker & Social Work Team Leaders ensure that Social Workers actively review and address children's educational needs. Following admission to care or placement move, school placements are supported and maintained where practical. A representative from the school, where appropriate, will be invited to the child's Statutory Child in Care review to ensure appropriate planning for the child's educational needs is in place. Where a representative from the school cannot attend, a written report is requested, detailing the educational needs of the child.
2. Social Worker with oversight of Social Work Team Leader will ensure that educational supports are sought and provided as required and is clearly documented on file.
3. Social Workers actively liaise with Educational Welfare Officers to address any educational concerns as arising.
4. Principal Social Worker & Social Work Team Leaders through supervision and the completion of audits on a quarterly basis will ensure compliance with the above. Outcomes of the audits will be compiled and discussed at Team Meetings. Outcomes of audits will be compiled and learning arising will be discussed at Social Work Team Meetings and incorporated into the area's learning tool with the oversight of the Area Manager. Learning arising will be brought to the attention of the Regional Professional Support Manager. Tusla Quality Assurance & Monitoring Team will provide independent oversight of compliance and progress on a monthly basis for six months.

Proposed timescale:

- 1- December 2016
- 2- December 2016 & ongoing thereafter
- 3- Implemented & ongoing
- 4- March 2017 & subject to quarterly audit

Person responsible:
PSW
SWTL
SWTL
AM

Theme 4: Leadership, Governance and Management

Standard 18

Requires improvement

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

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

Action required:

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

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

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

1. A National Policy Catalogue is available on the TUSLA Hub. All staff will be made aware of this at Team Meetings. A process of audit and self assessment to ensure compliance with National Policies, Procedures and Standards will take place annually. The Regional Professional Support Manager will devise a work plan with the Area Manager and Principal Social Worker to oversee compliance.
2. It is planned that the National Tusla Quality Assurance Framework will be implemented in Q4. This will include a process of self assessment by the area management and the development of an annual service improvement plan. The area's self assessment of compliance with national policies will be completed as part of this process by the Area Management Team. The Regional QSRI will assist in this regard.
3. All placements of children placed outside the area will be reviewed in respect of the National Inter Area Transfer Policy and will regularly be reviewed by the Principal Social Worker & Social Work Team Leaders. All cases meeting the criteria for transfer will be actively progressed. Through the supervision process the Area Manager and Principal Social Worker will regularly review.
4. The Duty/Intake Social Work Management Team have met with the Children in Care/Fostering Management Team to review the process of assessments of allegations against foster carers to ensure compliance with National Policy and the local Guidance document was updated accordingly. All allegations against foster carers are notified to the Fostering Committee and outcome reports provided within appropriate timeframes. To enhance governance copies of allegations against foster carers are copied to the Area Manager who review through the supervision process with the Principal Social Worker. The Foster Care Committee has implemented a tracker system to ensure follow up on allegations with appropriate timeframes.
5. An additional Principal Social Worker position has been approved which will assume responsibility for Fostering, Aftercare and Reviewing officers. Recruitment is active.

It is planned that dividing the workload between two Principal Social Workers will enhance governance / oversight.

6. Tusla Quality Assurance & Monitoring Team will provide independent oversight of compliance & progress on a monthly basis for six months.

Proposed timescale:	Person responsible:
1. –May 2107 & subject to yearly audit	AM
2. –March 2017	AM
3 –December 2016 & subject to regular review	AM
4 - Implemented	AM
5- December 2016	AM
6- Nov 2016 & monthly for six months	National QA &Monitoring Team

Standard 19

Significant risk identified

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

- The management structure did not ensure children and foster carer assessments, planning and reviews occurred in a timely manner.
- Management systems did not support the consistent delivery of a high quality foster care.
- Monitoring and oversight of the service had not resulted in improvements in the service.
- Statutory visits were not effectively monitored to ensure the safety of children in foster care.
- Systems in place for reviewing children and foster carers were not effective.
- Risk management systems did not control risks effectively.
- The information systems in place to support the delivery of the service were not fit for purpose.
- System in place to gather and analyse data and information was limited in its capacity to support effective planning and delivery.
- There were discrepancies in data/information to support effective decision making.
- There was insufficient staff in place to deliver an effective foster care service.
- The register of children was not up-to-date.
- Not all children's files were a complete record and did not contain chronologies.

Action required:

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

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

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

1. Area Manager, Principal Social Worker & Social Work Team Leaders will ensure that comprehensive needs assessments are completed for children prior to admission to care i.e.
 - Foster Carer assessments are completed within appropriate time frames
 - that care plans are completed and statutory care review occur within regulation time frames
 - Foster Care review occurs within regulation time frames.
2. All of the above will be actively reviewed through the supervision and audit process.
3. Outcomes of audits will be compiled and forwarded to the Area Manager & Regional Quality Assurance Manager and Regional Professional Support Manager for review and identified learning. Audit outcomes will also be addressed at Team Meetings and Senior Area Management Meetings and measures taken to address issues arising.
4. The Risk Register is reviewed with the Area's Risk Manager and the Principal Social Worker on a quarterly basis or more frequently if required to ensure the existing control measures are preventing the increase in the level of risk while awaiting the additional control measures to be put in place. The review is then brought to the Area's Management Team Meeting for approval. The Regional Quality Assurance Manager and the Regional Quality Assurance and Risk Group has oversight
5. The Areas information system has been upgraded to ensure appropriate data collection. The Area Information Officer will regularly review the integrity of data collected and provide reports to the Area Manager & Principal Social Workers. Monthly Measuring the Pressure & Quarterly Dataset returns will also be reviewed. Area Manager, Principal Social Workers & Social Work Team Leaders will analyse data collected and utilise same for effective learning to enhance service planning & delivery. The Foster Care Committee will provide quarterly and annual reports to the Area Manager incorporating an analysis of the data collected which will further assist in directing and developing service delivery. Area performance will also be reviewed during operational review meetings between the Area Manager and Service Director.
6. A full review of the register of children in care was completed and the register was updated accordingly. Principal Social Worker & Social Work Team Leaders ensure that the register of children in care is regularly reviewed and updated appropriately.
7. Principal Social Worker & Social Work Team Leaders ensure that all children's files are complete and fully updated and incorporate case chronologies. Principal Social Worker & Social Work Team Leader through supervision and file audit process ensure compliance.
8. Tusla Quality Assurance & Monitoring Team will provide independent oversight of compliance and progress on a monthly basis for six months.

9. On a quarterly basis the Area Manager and Service Director will meet with the Chief Operations Officer to provide a comprehensive update in respect of compliance within the Fostering Service.

Proposed timescale:	Person responsible:
1. March 2017	Area Manager
2. Implemented	Area Manager
3. March 2017 & ongoing thereafter	AM
4. October 2016	SD
5. March 2017	SD
6. Sept and ongoing	PSW
7. December 2016	PSW
8. Nov 2016 & Monthly for six months	Nat. QA & Monitoring Team
9. December 2016	COO

Standard 23

Significant risk identified

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

- The Foster Care Committee did not comply with the standards or Tusla policy.
- The governance arrangements of the Foster Care Committee were not robust.

Action required:

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

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

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

1. The Foster Care Committee has been meeting consistently on a monthly basis with the same Chairperson since February 2016.
2. The Foster Care Committee is undertaking in-service training slots on its purpose, governance function and new policy developments on a monthly basis. A log of training undertaken is maintained by the Registrar.
3. The Chairperson and Registrar on the Foster Care Committee have reviewed all decisions and notifications to the Committee in 2015 and requested reports within timeframes on all outstanding matters identified.
4. The Chairperson and Registrar will review all decisions and notifications to the Committee for 2014 and will request reports within timeframes on all outstanding matters identified.
5. The Chairperson and Registrar of the Fostering Care Committee have initiated a tracking system for all notifications of a child protection concern, all disruption notifications, and all breaches of standards/policies since January 2015 and this will be reviewed on a three monthly basis to check and drive requests for reports outstanding from both the area and private agencies.
6. The Chairperson and Registrar of the Foster Care Committee utilize the template of appendix 3 of the Foster Care Committee Policy, Procedure and Best Practice Guidance to record outstanding documents required and degree of the compliance requirements arising at monthly meetings. This data informs the three monthly compliance reports to the Area Manager.
7. Social Workers and Social Work Team Leaders are now requested to sign self audit declarations on all reports submitted from September 2016 to the Foster Care Committee. .

8. Themes/learning gleaned from Disruption Reports will be identified by the Foster Care Committee at monthly meetings, recorded, and included in the Committee's Annual Report.
9. The Foster Care Committee will decide on the appropriate type of report/action (requesting a Foster Care Review) required when considering notifications of breaches.
10. The Foster Care Committee will be notified of Foster Care Reviews planned by the Reviewing Officer for Foster Carers and will check this plan on a three monthly basis for receipt of reports.
11. Allegations against Foster Carers notified to the Foster Care Committee will be checked against area database on a three monthly basis to ensure Foster Care Committee awareness of all allegations
12. All presenting Social Workers to the Foster Care Committee will be sent a "Feedback Form for staff who present to Foster Care Committees" in early December each year so that their Feedback informs Foster Care Committee Annual Report.
13. Tusla Quality Assurance & Monitoring Team will provide independent oversight of compliance & progress on a monthly basis for six months

Proposed timescale:	Person responsible:
1. Implemented	AM
2. Implemented	AM
3. Implemented	AM
4. October 2016	AM
5. Commenced July 2016 & subject to three monthly review	AM
6. Commenced July 2016, completed for Q1 & Q2 2016 & ongoing	AM

7.	Commencing Sept 2016 & Ongoing	PSW
8.	Commenced June 2016 & ongoing	Chairperson of FCC
9.	Commenced from July 2016 & ongoing	Chairperson of FCC
10.	Commencing in Q4 2016 & ongoing/subject to 3 monthly review	Chairperson of FC
11.	Commencing in Q4, 2016 & ongoing/subject to three monthly review	Chairperson of FCC
12.	Commencing Dec 2016 & Ongoing	Chairperson of FCC
13.	November 2016	National QA & Monitoring

Standard 24

Requires improvement

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

- There was no service level agreement in place for non-statutory agencies.
- There was no effective monitoring of non-statutory services where children from this service area were placed.

Action required:

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

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

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

1. Tusla National is in the process of completing a procurement process to contract non-statutory providers to provide foster placements. In the interim individual placement contracts & placements plans are completed for individual children.
2. Social Workers with oversight of Social Work Team Leaders and Principal Social Worker will ensure that all children in placements with non statutory agencies are visited by Social Workers as per statutory regulations.
3. Social Workers with the oversight of the Social Work Team Leader & Principal Social Worker will ensure that all children placed with non-statutory agencies have up to date care plans and have scheduled Care Reviews in line with statutory time frames.
4. Social Workers will seek bi-monthly reports from link Social Workers.
5. Through the supervision process, Area Manager, Principal Social Worker and Social Work Team Leaders will ensure oversight of the above.
6. The Area Manager and Principal Social Worker will meet with Private Providers on a bi-annual basis to review the overall quality of service provision. The Area Manager will update the Service Director re issues arising. Tusla Quality Assurance & Monitoring Team will provide independent oversight of compliance & progress on a monthly basis for six months

Proposed timescale:

1. December 2016

Person responsible:

COO

2. December 2016 and ongoing thereafter	PSW
3. March 2017 and ongoing thereafter	PSW
4. December 2016 and ongoing thereafter	SWTL's
5. December 2016 and subject to ongoing review	AM
6. December & biannually thereafter	AM

Theme 5: Use of Resources	
Standard 21	
Requires improvement	
The provider is failing to meet the National Standards in the following respect:	
<ul style="list-style-type: none"> • There were no effective retention strategies in place to develop and retain foster carers. • There was an insufficient range of foster carers to meet the diverse needs of children and demands for the service. 	
Action required:	
<p>Under Standard 21 you are required to ensure that:</p> <p>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.</p>	
Please state the actions you have taken or are planning to take:	
<ol style="list-style-type: none"> 1. Principal Social Worker & Social Work Team Leader with oversight of Area Manager will ensure retentions strategies are in place to develop and retain foster carers. This will be addressed through provision of Training Needs Analysis for Foster Carers & appropriate training provided. Foster care support groups will be developed across the area. All carers will have an allocated Link Worker and consultation will occur directly with the foster carers to ascertain additional support measures required. An area forum is being established with the Irish Foster Care Association which will assist in identifying and addressing issues arising for foster carers. 2. Information gathered in Foster Carer reviews will be utilised to identify any additional supports required by Foster Carers. To acknowledge the positive contribution of foster carers the local Fostering Team will include foster carers in any local recruitment campaigns. 3. RAFT will regularly run recruitment campaigns to ensure a wide and diverse range of foster carers are available to meet presenting needs. Tusla Quality Assurance & Monitoring Team will provide independent oversight of compliance & progress on a monthly basis for six months 	
Proposed timescale:	Person responsible:
1. Ongoing from March 2017	Area Manager
2. March 2017	PSW
3. March 2017	SD

Theme 6: Workforce

Standard 20

Requires improvement

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

- Not all staff files were up to date.
- Induction and orientation processes were not consistently followed or recorded on staff files.
- Supervision was not consistently carried out in line with policy and was not always effective.
- Not all staff had received mandatory training.

Action required:

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

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

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

1. Staff files will reflect any changes to an individual's positions/appointments.
2. Social Work Team Leaders with the oversight of the Principal Social Worker will adhere to National Induction processes and record same on staff files.
3. Area Manager, Principal Social Worker, Social Work Team Leaders and Service Managers ensure that supervision is delivered in line with the National Policy and that case decisions are clearly recorded on supervision records. The Area Manager and Principal Social Worker are in the process of conducting six monthly supervision audits, as per National Policy. The information arising from the audit will be compiled and disseminated to Line Managers for discussion at Team Meetings.
4. All staff have Personal Development Plans (PDP's) which are reviewed on a six monthly basis during the supervision process. Training needs identified within PDP's directly influence annual training schedules.
5. A central training register is maintained. All staff requiring refresher training in Children First have been identified and will be scheduled to attend training which is being arranged in consultation with Workforce Learning and Development (WFLD). Principal Social Worker and Social Work Team Leaders will regularly review the training register to ensure all staff attend mandatory training.
6. Tusla Quality Assurance & Monitoring Team will provide independent oversight of compliance & progress on a monthly basis for six months.

Proposed timescale:	Person responsible:
1. December 2016	National & Regional HR
2. December 2016	PSW
3. December 2016	AM
4. Implemented	AM
5. December 2016	PSW
6. November 2016	National QA & Monitoring