

Statutory foster care service inspection report

Health Information and Quality Authority
Regulation Directorate monitoring inspection
report on a statutory foster care service under the
Child Care Act, 1991



Name of service area:	Dublin South East/Wicklow
Dates of inspection:	12 - 14 February 2019
Number of fieldwork days:	3
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Type of inspection:	<input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced <input type="checkbox"/> Full <input checked="" type="checkbox"/> Focused
Fieldwork ID:	MON-0026104

About the Health Information and Quality Authority (HIQA)

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

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

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

About monitoring of statutory foster care services

HIQA monitors services used by some of the most vulnerable children in the State. Monitoring provides assurance to the public that children are receiving a service that meets the requirements of quality standards. This process also seeks to ensure that the wellbeing, welfare and safety of children is promoted and protected. Monitoring also has an important role in driving continual improvement so that children have better, safer services.

HIQA is authorised by the Minister for Children and Youth Affairs under Section 69 of the Child Care Act, 1991 as amended by Section 26 of the Child Care (Amendment) Act 2011 to inspect foster care services provided by the Child and Family Agency (Tusla) and to report on its findings to the Minister for Children and Youth Affairs. HIQA monitors foster care services against the *National Standards for Foster Care*, published by the Department of Health and Children in 2003.

In order to promote quality and improve safety in the provision of foster care services, HIQA carries out inspections to:

- **assess** if the Child and Family Agency (Tusla) — the service provider — has all the elements in place to safeguard children
- **seek assurances** from service providers that they are **safeguarding children** by reducing serious risks
- **provide** service providers with the **findings** of inspections so that service providers develop action plans to implement safety and quality improvements
- **inform** the public and **promote confidence** through the publication of HIQA's findings.

HIQA inspects services to see if the National Standards are met. Inspections can be announced or unannounced.

As part of the HIQA 2019 and 2020 monitoring programme, HIQA is conducting focused inspections across 17 Tusla services areas focusing on **The child and family social worker, Assessment of children and young people, Care planning and review, Matching carers with children and young people, Safeguarding and child protection and Preparation for leaving care and adult life**. These focused inspections will be announced, and will cover six of the national standards.

This inspection report sets out the findings of a monitoring inspection against the following themes:

Theme 1: Child-centred Services	<input type="checkbox"/>
Theme 2: Safe and Effective Services	<input checked="" type="checkbox"/>
Theme 3: Health and Development	<input type="checkbox"/>
Theme 4: Leadership, Governance and Management	<input type="checkbox"/>
Theme 5: Use of Resources	<input type="checkbox"/>
Theme 6: Workforce	<input type="checkbox"/>

1. Inspection methodology

As part of this inspection, inspectors met with the relevant professionals involved in foster care services and with children in care and foster carers. Inspectors observed practices and reviewed documentation such as care files, and relevant documentation relating to the areas covered by the theme.

During this inspection, the inspectors evaluated the:

- social work role
- assessment of children in care
- matching of children in care and foster carers
- care plans, placement plans and aftercare plans
- child in care reviews
- safeguarding processes
- aftercare service.

The key activities of this inspection involved:

- the analysis of data submitted by the area and questionnaires completed by 25 children in care and a sample of parents of children in care
- interviews/meetings with the area manager, two principal social workers, four team leaders and an aftercare manager of a Tusla funded aftercare service.
- home visits to eight foster care households
- focus groups with fostering social workers, child in care social workers, aftercare workers, foster carers, and child protection and welfare social workers
- review of the relevant sections of 41 files of children in care as they relate to the theme

- observation of a child in care review meeting
- phone calls/meetings with the parents of children in care.

Acknowledgements

HIQA wishes to thank the staff and managers of the service for their cooperation with this inspection, the children in care who completed questionnaires, parents of children in care, and the children in care and foster carers who facilitated home visits and participated in focus groups with inspectors.

2. Profile of the foster care service

2.1 The Child and Family Agency

Child and family services in Ireland are delivered by a single dedicated State agency called the Child and Family Agency (Tusla), which is overseen by the Department of Children and Youth Affairs. The Child and Family Agency Act 2013 (Number 40 of 2013) established the Child and Family Agency with effect from 1 January 2014.

The Child and Family Agency (Tusla) has responsibility for a range of services, including:

- child welfare and protection services, including family support services
- existing Family Support Agency responsibilities
- existing National Educational Welfare Board responsibilities
- pre-school inspection services
- domestic, sexual and gender-based violence services.

Child and family services are organised into 17 service areas and are managed by area managers. The areas are grouped into four regions each with a regional manager known as a service director. The service directors report to the chief operations officer, who is a member of the national management team.

Foster care services provided by Tusla are inspected by HIQA in each of the 17 Tusla service areas. Tusla also places children in privately run foster care agencies and has specific responsibility for the quality of care these children in privately provided services receive.

2.2 Service Area

Based on the 2016 census of population, the area had a population of 286,000 of which 86,810 are children. Dublin South East / Wicklow is the fourth largest of the 17 service areas of Tusla, The Child and Family Agency. It is an amalgamation of 3 previous Local Health Office (LHO) areas. The former Dublin South East LHO includes the areas of Dundrum, Rathfarnham, Nutgrove, Ballinteer, and Churchtown. The former Dublin South LHO includes the areas of Dun Laoghaire, Mounttown, Hillview, Loughlinstown, Monkstown and Blackrock. Wicklow includes the majority of the County Wicklow, excluding West Wicklow, and it borders the counties of Carlow and Wexford.

The area is under the direction of the service director for the Child and Family Agency Dublin Mid-Leinster Region and is managed by an area manager. There were five principal social workers in the area overseeing duty and child protection, children in care and fostering, children in care and after care, partnership, prevention and family support and welfare and child protection case conferences.

At the time of the inspection there were 247 children in foster care in the area. Of these 70 children were placed with relatives and the remaining 177 children were placed with general foster carers. There were 28 children placed in private foster care placements.

The organisational chart in Appendix 2 describes the management and team structure as provided by the Tusla service area.

3. Summary of inspection findings

The Child and Family Agency (Tusla) has the legal responsibility to promote the welfare of children and protect those who are deemed to be at risk of harm. Children in foster care require a high-quality service which is safe and well supported by social workers. Foster carers must be able to provide children with warm and nurturing relationships in order for them to achieve positive outcomes. Services must be well governed in order to produce these outcomes consistently.

This report reflects the findings of the focused inspection, which looked at the role of the social worker, the assessment of children's needs, care planning and statutory reviews, matching, safeguarding and child protection and preparation for leaving care and adult life.

In this inspection, HIQA found that, of the six standards assessed:

- two standards was substantially compliant
- four standards were non-compliant, of which two were moderate non-compliance and two were major non-compliance.

Children who met or spoke with inspectors were positive about their experience of foster care and family contact. Although the majority of them said they liked and got on well with their social worker, some of them found it difficult when their social worker had changed on several occasions. Children said they were consulted when decisions were being made about their lives, but the majority of those who spoke with inspectors did not attend their review meetings, as they did not really like people talking about them. Young people who were preparing to leave care said they felt supported at this important time and they valued the assistance they were getting.

There were examples of good practice in the area. For example, social workers went to great lengths to support children and their families to remain in contact and to ensure parents continued to be part of their child's life, when this was appropriate. Social workers communicated well with children and kept them informed about what was happening in relation to their care and children were routinely met in order to assess their needs. The area had formed good links with external agencies and professionals, and children had benefited from this, particularly when they had complex needs and required specialist supports.

Social workers coordinated the care of children, ensured their care was delivered in a planned way and visited them in their placements. Social workers maintained a record for each child but these records were not easily accessed as there was no uniform way of labelling social work case notes to indicate what the record was for, for example, a statutory visit. Not all children had an allocated social worker and as

a result, some were not visited by a social worker. Inspectors escalated this issue to the area manager and received a satisfactory response in return.

Assessments of children's needs were not recorded on a stand-alone document but were contained in various different documents such as care plans, child in care review minutes and social work reports. Assessments of need for children placed in an emergency were not always carried out within the required timeframe.

There was a good system in place to review children's cases and decisions arrived at during these reviews were clearly recorded and informed children's care plans. However, there was a low rate of children who attended their review. Records of reviews were difficult to find on the integrated information system in place and it was not always evident that foster carers and birth parents were provided with the decisions of reviews they had attended.

The quality of care plans varied for children. Good quality care plans reviewed by inspectors were clear about the needs of the child, family contact arrangements and supports for children in their placement. However, 12% (31) children in care did not have a care plan and one third of the care plans reviewed by inspectors lacked essential detail, such as the actions required to ensure the child's needs would be met. Managerial oversight of care plans was not always evident and social work records did not always include whether children and their parents and or carers received a copy of the final document.

Although the area endeavoured to place children with carers who could meet their needs, there was no formal matching process in place. This was in the context of limited available foster care placements. These limitations meant that not all children could be placed in their local community or with carers who shared the same ethnic background, or who had experience of providing care which was in line with the child's individual needs.

There were safe guarding practices in place to ensure that children were protected from all forms of abuse and social workers were committed to protecting children in care. All allegations and serious concerns were managed in line with Children First (2017). There was good practice in relation to the categorisation and management of complaints and allegations against foster carers and there were no outstanding allegations of abuse at the time of the inspection. However, one case was escalated by inspectors as safety planning for the child involved was not adequate. A satisfactory response was received from the area manager as a result. Safeguarding practices that needed improvement included safeguarding visits to children in their placements and training for foster carers in Children First: National Guidance on the Protection and Welfare of Children (Children First) (2017).

Aftercare supports were in place in the area but there was a lack of governance oversight of the Tusla aftercare service as the position of aftercare manager was vacant at the time of the inspection. This was being addressed at the time of the inspection. In addition, the quality of assessments of need and aftercare plans required improvement.

Despite HIQA affording the provider two opportunities to provide a satisfactory action plan, the action plan provided was not adequate and did not provide assurances that appropriate and timely corrective action would be taken to address the deficits outlined in the report.

4. Summary of judgments under each standard and or regulation

During this inspection, inspectors made judgments against the National Standards for Foster Care. They used four categories that describe how the national standards were met as follows: we will judge a provider to be compliant, substantially compliant or non-compliant, major or moderate, with the regulations and or national standards. These are defined as follows:

- **Compliant:** a judgment of compliant means that no action is required as the provider or person in charge (as appropriate) has fully met the standard and is in full compliance with the relevant regulation.
- **Substantially compliant:** a judgment of substantially compliant means that some action is required by the provider or person in charge (as appropriate) to fully meet a standard or to comply with a regulation.
- **Non-compliant:** a judgment of non-compliance means that substantive action is required by the provider or person in charge (as appropriate) to fully meet a standard or to comply with a regulation.

National Standards for Foster Care	Judgment
Theme 2: Safe and Effective Services	
Standard 5: The child and family social worker	Non-compliant major
Standard 6: Assessment of children and young people	Substantially compliant
Standard 7: Care planning and review	Non-compliant major
Standard 8: Matching carers with children and young people	Non-compliant moderate
Standard 10: Safeguarding and child protection	Substantially compliant
Standard 13: Preparation for leaving care and adult life	Non-compliant moderate

What children told us* and what inspectors observed

An inspector met with 11 children in their foster care homes during the inspection. Inspectors also received 26 completed questionnaires from children (24) and young adults (2) who have experience of living in foster care in the Dublin South East/Wicklow area.

Thirty four out of 35 children were positive about their experience of foster care. Children told the inspector that they liked the house they were living in, their bedrooms, the food, some children said they liked the family pet and learning to play musical instruments. Some of the things that children said were:

"Loving [foster] parents who respect and listen to me and help me when I'm sad"

"I got my own privacy"

"I have people I can trust"

"Big extended family that make me laugh and come over for Christmas"

"They love me and I love them"

"They care for me"

"They're very kind"

"I have a lovely family"

"They respect our decisions"

"The dogs keep us safe like big cuddley bears. They're cute. They're crazy"

"Their the best family in the world".

Inspectors heard from children about the importance of foster siblings in their lives. One child said "it's fun having a brother to play with", another that their foster sibling "is really funny" and described learning piano from another foster sibling in their home. One child said they have a lot of siblings so "I'm never bored and I can talk to them about anything".

Children told the inspector about their hobbies which included scouts, playing piano, swimming, martial arts, basketball, trampoline, soccer and boxing. Activities formed an important part of the lives of nine children who met with the inspector. They told the inspector about their achievements in these pursuits with pride and excitement.

Thirty two out of 35 children who were consulted as part of the inspection were allocated a social worker. The three children who did not have an allocated social worker said they wanted one. Thirty one of the 32 children were positive about their social worker. Children described social workers as "nice", "kind and caring", being "easy to talk to" and good at listening. Children also said:

"she is very funny and nice"

"they listen and let me get hot chocolate"

"can go to him, he listens"

"have stuff in common".

Where only one child was unhappy with their social worker, they said "she doesn't listen to anything I say or want".

* Comments, both verbal and written, made by children are quoted in this report unedited.

Two children who met the inspector had had a number of social workers. They described having "too many changes". One child said "its kindove hard when someone comes and then they leave so when [social worker's name] came we got used to her so well and then she left and it was very hard to get used to someone else". The other child described feeling "confused" when her social worker changed. The majority of children (22 of 23) reported that they had a care plan and had felt listened to (21 of 23 children). None of the 11 children that met with the inspector reported attending their review. One child told the inspector "I don't like that everyone finds out absolutely everything about me". The inspector asked children about why they didn't go to their review and they said:

"just didn't want to go"

"social worker told me it's really boring so why would I want to go"

"think it'd be weird having people talk about you".

Sixteen of the 24 questionnaire respondents said their social worker explained the decisions in their care plan to them. Most of the children who met the inspector said that their foster carer usually told them what happened. One child said "she [foster carer] tells us everything".

Three of eight questionnaire respondents over the age of 16 years said they had an aftercare plan. Two respondents reported that they were due to meet their aftercare worker soon. One child who met the inspector said they had one meeting with their aftercare worker so far and they were getting help with planning for college and getting on the housing list.

5. Findings and judgments

Theme 2: Safe and Effective Services

Services promote the safety of children by protecting them from abuse and neglect and following policy and procedure in reporting any concerns of abuse and or neglect to the relevant authorities. Effective services ensure that the systems are in place to promote children's welfare. Assessment and planning is central to the identification of children's care needs. In order to provide the care children require, foster carers are assessed, approved and supported. Each child receives the supports they require to maintain their wellbeing.

Standard 5: The child and family social worker

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

Summary of inspection findings under Standard 5

The majority, but not all, children in care were allocated a social worker. Data provided by the area showed that 30 (12%) out of 247 children placed in foster care did not have an allocated social worker. The principal social worker told inspectors that these unallocated cases were confined to one of the three social work offices in the area which was experiencing staff shortages. Although the area was taking steps to manage these cases and to recruit new workers, some of these children were not visited in line with the regulations.

The area manager and principal social worker explained to inspectors that while the area was in the process of recruiting for staff to fill current vacancies across the service, including foster care, recruitment processes were reported as slow. This risk was escalated to the national office by the area manager. In the interim, a social work team leader had oversight of all unallocated cases and there was a system in place to manage identified risk in these cases if it emerged. Inspectors met with one child who was not allocated a social worker and although they were too young to give a view, their foster carer told inspectors that a new social worker had been identified. They said that the child had significant input from therapeutic and other services and as a result, the impact on the child was limited. They were confident that any issues arising would be dealt with by the social work department while the new social worker was awaited.

Social workers carried out statutory visits to the majority of children in their foster care homes, in line with regulations. However, some children were not visited as often as was required by the regulations. Inspectors reviewed 23 children's files for the purpose of identifying whether they were visited by their social worker in line with the regulations and found that visits had taken place for 17 children and not for six. Records of visits that did take place showed that children were visited more frequently when required. For example, when there were issues in the placement or if the child had a high level of need and additional social work support was necessary.

Six children out of the sample of 23 cases reviewed were not visited in line with the regulations. For example, one of these children was not visited in the 12 months prior to the inspection. Another child, according to their social worker, was visited twice since December 2017, but the allocated social worker was unable to provide evidence that services provided to the child were being effectively co-ordinated.

Inspectors identified records of statutory visits for two children which, when the record was reviewed by inspectors, indicated that the visits were not in fact statutory visits. In one case, attendance at a family access visit was recorded as a statutory visit and in the other; the social worker had visited the foster care home when the child was not present. These did not constitute statutory visits to a child in a foster care placement, as required by the regulations. A social work team leader who had responsibility for managing unallocated cases told inspectors that she had a system for tracking statutory visits and child in care reviews for these children which she monitored regularly. Within this cohort of children who did not have an allocated social worker there were six cases where children had not been visited by a social worker in line with regulations, albeit two of the six were visited by a student social worker and a social care worker. Inspectors escalated this issue and were provided with written assurances including dates when visits would occur for four of the six children.

The quality of records of statutory visits was mixed. There were examples of good recording, outlining the discussions with the child and decisions that had been made. Inspectors reviewed 19 files for the purpose of quality and found that 10 files had good quality records including the recording of statutory home visits, details of discussions and planning for children in care reviews. However, inspectors found that the records on nine files were of poor quality. Inspectors were unable to access the records of three files and hard copies had to be requested. Inspectors reviewed one file and found the case note of another child was saved on the electronic

system. One file did not have recent case notes and inspectors found gaps in recording of case notes and home visits on the nine files.

In order to provide effective care to children in foster care, social workers coordinated the child's care and multidisciplinary and multiagency input through the care planning and review process. Inspectors reviewed files for 12 children with disabilities and other complex needs. In all but one case, inspectors found good practice in relation to the coordination of their care. Social workers worked in collaboration with the child, their foster carer, and other health professionals to ensure best possible outcomes for these children. It was evident that social workers referred children to specialist services when required, and arranged multidisciplinary meetings to ensure those responsible for particular actions related to the child's care implemented these actions. The principal social worker told inspectors that the joint protocol between Tusla and the Health Service Executive (HSE) for managing children with a disability was implemented nationally and was working well in the area. The principal social worker reported their attendance at six weekly "early warning" meetings to ensure children with disabilities and complex needs received the services they required. In addition, the area manager met with the head of services of the HSE on a three monthly basis to discuss children with complex needs. This meeting provided the area manager with an opportunity to highlight and escalate to the HSE, when necessary, instances where services to particular children were delayed or not forthcoming.

Records showed that social workers maintained good links with birth families and facilitated access with the children's family when it was in the best interest of the child. Inspectors found that social workers ensured that access arrangements were discussed in child in care reviews and were recorded on the child's care plan. Social workers facilitated and attended access visits with the child's family and/or arranged for social care workers to attend family visits where supervision of access visits was required as part of the care plan. While there was evidence of telephone calls, letters, emails and texts to parents, there was some evidence of delays in communication. For example, in one case parents requested a review of access arrangements but did not want to meet with the social worker. The social worker messaged back multiple times and advised the parents to meet with them as opposed to offering alternative solutions to address the issue of access. In addition, two parents who met with the inspectors said that they were not always provided with up-to-date information about their children.

Social workers responded appropriately to significant events for children in care and ensured that families were kept informed. For example, there was one occasion during the previous 12 months when a child went missing from foster care.

Inspectors reviewed the file and found that social workers followed the missing from care protocol and informed the relevant parties as required.

Data provided by the area showed that there were five unplanned endings in the area in the 12 months prior to the inspection. Inspectors reviewed three children's cases where the placement had ended in an unplanned way and found they were managed well. There was evidence that strategy meetings were held in each case. Records of these meetings were reviewed by inspectors and found to be of good quality as they outlined the discussion and decisions that had been made. Follow-on placements with foster carers who could meet these children's needs were also discussed, but this was in the context of limited available placements.

Each child placed in foster care had an individual case record but they varied in terms of quality and accessibility, and the system in place to manage information required improvement. The service area operated a dual recording system and this meant that there was a paper and electronic case record for each child. Electronic records held by the area were transferred to Tusla's national integrated information system (NCCIS) in April 2018. Although this electronic system was developed to ensure children's records were safe and accessible, there were issues in relation to how information was being recorded, stored and how accessible it was. The migration of information from one electronic system to another had resulted in duplication of some children's records. Inspectors observed that records were not clearly labelled or saved in the same location, and this made it difficult to find specific records, such as statutory visits, care plan documents or case chronologies. This level of recording did not support the area to have timely access to information about children when making decisions about their care.

Furthermore, family records were previously maintained in a family file by the service area. In the new system (NCCIS), information about multiple family members was sometimes stored in a file for the youngest child in the family. This was not good practice in relation to information management and did not constitute a private record for each child involved. In general, the quality of record-keeping required improvement. Inspectors found unsigned and undated key documents such as care plans and child in care review minutes. In addition, key documents were not always uploaded onto the electronic system for safe storage.

Thirty children in care in the area did not have an allocated social worker. While a child in care team leader monitored the unallocated child in care list, inspectors found that six children had not received a safeguarding visit in line with regulations; therefore the system in place in the area to ensure statutory requirements were met, for these unallocated children, was not effective. The issue of safeguarding visits to

these children in care was escalated in writing to the area manager. In addition record-keeping in the service area was not always of good quality and key information about children was not always easily accessible. For these reasons, the area was judged to be in major non-compliance with the standard.

Judgment: Non-compliant Major

Standard 6: Assessment of children and young people

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.

Summary of inspection findings under Standard 6

The needs of children placed in foster care were assessed by social workers, but this was not contained in one comprehensive assessment document which clearly outlined the outcome of the assessment and the child's unmet needs. Needs assessments were instead, a combination of various documents produced by social workers. The timeliness of children's needs assessments varied and were closely linked with the circumstances of the child's placement and level of complexity of need.

Data provided by the area indicated that in the 24 months prior to this inspection, 28 children placed in statutory foster care had an assessment of need carried out prior to their placement. Eight children were placed on an emergency basis and the data provided by the area indicated that an assessment of their needs was completed within the required six week timeframe. However, on review of a sample of two such children's cases, inspectors found that this was not the case, as one child's needs assessment had exceeded this timeframe. This corresponded with what team leaders told inspectors. They said that as a general rule, needs assessments would be completed within the required timeframes, but that some were delayed due to the level of complexity involved. They were confident that children admitted to care on an emergency basis would have their needs initially assessed, as this was a requirement of the court.

When children were placed in foster care in a planned way, a comprehensive assessment of their needs was completed. Inspectors reviewed records for 11 children whose first or subsequent foster care placement was planned, and found that their health, educational and mental health needs were assessed within varying

timeframes. Medical assessments were in place for children at the time of their placement. Assessments were also completed by external professionals such as educators and psychologists and their recommendations informed the social workers overall assessment of the child. These assessments were recorded in a range of documents such as records of a review of the child's case, the child's care plan document and social work reports for the court. It was evident in children's case records and social work case notes, that children were seen alone as part of the assessment process, and that there was a good level of consultation with parents, legal guardians, other family members and external professionals.

For children on their second and subsequent placement, assessments of need were timely and social workers took into account the reason for previous placement breakdown and the child's current level of need. Children and their carers benefited as a result from specific services to support these placements, such as input from clinicians and mental health and disability services.

While assessments of need were carried out on all children placed in foster care, the timeframes within which comprehensive needs assessments were completed could be improved. In addition, as the area used several types of record to outline the assessed needs of children, it was difficult to ascertain where the assessment of needs was contained on the child's file. For this reason the area was judged to be substantially compliant with this standard.

Judgment: Substantially compliant

Standard 7: Care planning and review

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.

Summary of inspection findings under Standard 7

The management of child in care reviews and care planning was mixed. Data provided by the area showed that the majority of children in foster care had a child in care review held in line with regulations. The child in care team leaders told inspectors that child in care reviews were monitored through the supervision process and that discussions had been taking place with social workers about completing reviews in a timely manner, as this was part of the key performance indicators for social workers. Child in care team leaders told inspectors that the new integrated information system (NCCIS) was able to signpost when a review was due and that team leaders had a database to track all upcoming reviews. Social workers who

attended a focus group told inspectors that child in care reviews were seldom cancelled. However, the principal social worker told inspectors that a shortage in child in care social workers in the area had an impact on completing some child in care reviews in a timely manner. In addition, bereavements/sickness in the foster family, children who were in a difficult space and not able to participate in the review process and placements at risk contributed to a delay in holding reviews. However, 31 children in care reviews were not held in line within regulatory timeframes.

Child in care social workers described the review process to inspectors. The child in care team leaders chaired the review meetings. The reviews were attended by the child in care team leader, the child in care social worker, social care workers, fostering social workers, other professionals where appropriate, the foster carers, and birth parents where appropriate. Social workers told inspectors that children were always invited to their child in care reviews; but they often did not attend. Two children who spoke to inspectors said that they did not feel comfortable sitting in a meeting with people that discussed every aspect of their lives.

Inspectors reviewed 28 children's records and found that review minutes were of good quality and considered the child's health needs, educational needs and appropriate supports. Inspectors found evidence of where decisions and the views of children were clearly recorded. For example, one child requested more frequent visits with their birth family and this was agreed at the child in care review and recorded on the new care plan. Of the 28 children's cases reviewed for child in care reviews, only three indicated that children had attended. Although it is acceptable that very young children may not attend their review, there were children identified in the sample reviewed who were old enough to attend and participate in the process. While the area indicated that they encouraged and fully facilitated children to attend, the number of children attending their child in care review remained low.

From a review of files, inspectors found that practice differed in two of the three offices in how social work reports were submitted to the child in care review meetings. One office submitted written social work reports to all children in care review meetings. The other two offices however, gave a verbal report and subsequently recorded the verbal report in the review minutes, which was not in line with policy. In addition, inspectors were not always able to access minutes of meetings on NCCIS and had to request hard copies to verify that minutes of reviews had been completed. Furthermore, inspectors could not always verify that foster carers and birth parents had received signed copies of the decision made or had been given a signed copy of the care plan.

Child in care social workers who attended a focus group told inspectors that they scheduled reviews later in the day to enable parents and foster carers to attend. Foster carers who attended a focus group said that they mostly received invites to the child in care review in advance, that the dates were flexible and that the foster carer's availability was considered. Foster carers said that the link social workers met with foster carers beforehand to discuss details of the review.

Social workers told inspectors that they discussed upcoming reviews with children and foster carers and that they sought the views of birth parents. Seventeen children who completed a questionnaire said that they had been invited to their child in care review. Child in care social workers told inspectors that the majority of children did not attend their reviews.

There was evidence that outcomes of the reviews were discussed with children. Children who completed a questionnaire indicated that their social worker told them what decisions had been made and children who spoke to inspectors said that the decisions were communicated to them by their foster carers. However, inspectors found that decisions or how decisions were shared with children was not always recorded on children's files.

Inspectors observed one child in care review and found it was well managed. The review was attended by the foster carer, the child in care social worker, the child in care social work team leader and the fostering link social worker. The birth parents was unable to attend on this occasion but inspectors found evidence on the file that parents had completed the appropriate form with the child in care social worker. The child declined to attend but inspectors found that the views of the child were represented through the child in care review form that the child had completed with their social worker prior to the meeting. The reports submitted by the child in care social worker, the fostering social worker and the school were comprehensive, child-centred and detailed how the needs of the child could be best met when leaving care.

Data provided by the area showed that there were five unplanned endings during the 12 months prior to this inspection. Inspectors reviewed four case records of unplanned endings and found that they were managed appropriately. Social workers held 'disruption meetings' and sought appropriate placements where possible. Inspectors found evidence that extra supports were put in place for the children and foster carers to support them in their new placements. Child in care reviews were held in four out of five unplanned endings as required by the national standards in foster care. The fifth child in care review had been scheduled and was to commence

shortly after the inspection. A child in care social work team leader told inspectors that it was practice in the area to ensure that the child remained with the same social worker after an unplanned ending, to maintain consistency and to ensure that the social worker that had known the child supports them through the transition into the new placement, even if a child was placed in a different area.

Data provided by the area indicated that the majority of children in care had an up-to-date care plan. Social workers told inspectors that care plans were developed shortly after the child in care review meetings and or within two to five days following the child in care review. However, 31 children or 12% did not have an up-to-date care plan. The principal social worker told inspectors that adequate staffing resources were not in place to complete the outstanding care plans. The lack of staffing resources had been escalated by the area manager to the service director who had escalated this to the national office. However, the recruitment of social workers had been an ongoing challenge for the area. In addition, inspectors reviewed 21 care plans for the purpose of timely completion and found that 10 care plans had not been completed until four to 12 weeks after the child in care review and one care plan had not been completed until four months after the review had taken place. Inspectors found one example where a child who had come into care for the first time did not have their care plan completed until three months after coming into care.

Where children had a care plan in place, inspectors found that 14 (66%) of the 21 care plans that were sampled by inspectors were of good quality. They considered the child's health needs, educational needs, and appropriate supports for the child and foster carers, family and sibling access and aftercare planning for children over 16. Decisions made in relation to the care of the child were clearly recorded and it was evident from case notes that the decisions made were followed up. However, inspectors found that seven (33%) out of 21 care plans were inadequate. The care plans lacked detail and decisions of what actions were required were not recorded. In addition, inspectors found that care plans had not been signed off by the child in care team leader and there was not always evidence that foster carer's, parents or children had received a copy of the plan.

There was evidence that children with disabilities and/or therapeutic needs received specialist supports as outlined in their care plan. Inspectors reviewed 11 files and found evidence on ten files that social workers involved a range of multidisciplinary professionals to provide specialist supports to children. The supports included specialist disability services, additional educational supports, occupational therapy, children's mental health services, life story work and therapeutic supports.

Case management and oversight by team leaders of cases of child in care social workers varied. Inspectors reviewed 25 children's files for this purpose and found that the majority of social workers received case management supervision. In 15 out of 25 files sampled by inspectors oversight of case management by team leaders was adequate. Inspectors found evidence of good practice with detailed case discussion, how to progress a case, discussions on assessments and how to best support children with special needs. However, in seven cases, the quality of case management was inadequate. In three other cases, records could not be located on the electronic file. A fourth file lacked details that lead to a placement breakdown and three files did not have evidence of case management supervision on the electronic system. Team leaders told inspectors that they reviewed children's care plans for quality and discussed them in supervision. However, audits of social workers files were postponed as the area had other priorities such as the introduction of the new electronic information system and a new social work assessment process.

Team leaders told inspectors that placement plans were used in two of the three offices in the area but that they were not completed consistently as one of the three offices had not completed placement plans in approximately eight years. Data provided by the area showed that 120 or 48% of 247 children in foster care did not have an up-to-date placement plan. Team leaders told inspectors that the principal social workers were addressing this issue through discussions in management meetings. Team leaders had been asked to streamline practice across the service area to ensure that the all three offices were consistent in completing placement plans in the future. Standard 7 of the National Standards for Foster Care requires that all children in care have a separate placement plan which is developed in consultation with the child, the allocated child in care social worker and the link worker, with the foster carer/s. The child's placement plan should detail how the aims and objectives set out in the care plan will be achieved and should outline the ways in which the child's needs will be met on a day-to-day basis. The absence of placement plans indicated there was no evidence on 120 children's files of how the aims and objectives of care plans were implemented in the service area.

Thirty one children did not have an up-to date child in care review in line with regulations. In addition, 31 children did not have an up-to-date care plan. Social work reports were not always submitted to child in care reviews as required by regulations. Inspectors found that out of 28 files reviewed only three children attended their child in care review. The management of reviews and care planning was mixed. While 66% of care plans reviewed by inspectors were of good quality, 33% were inadequate. 120 children did not have placement plans. For these reasons, the area was judged to be in major non-compliance with the standard.

Judgment: Non-compliant major

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 or young people.

Summary of inspection findings under Standard 8

Data provided by the area showed that 50 children were placed outside the area and 28 were placed with non-statutory foster care placements (privately provided services). Social workers who attended a focus group told inspectors that ideally children should be matched with foster carers who could best meet their needs. However, there were an insufficient number of foster carers from which to choose from to provide the best placement for each child. The principal social worker told inspectors that the area endeavoured to make the best possible matches from the available pool of foster carers. They said it was increasingly difficult to place children in an emergency, or who were over 16 years of age, and or children with complex needs. Staff also expressed a view that there was a need to increase the number and range of foster carers, to reflect the demand on the service, and the diverse ethnic backgrounds of the children who required a foster care placement in the area.

The area did not hold formal matching meetings, therefore inspectors did not find minutes of matching meetings on case records for the children whose cases were reviewed, but there was evidence across a range of other documents that matching did occur for some children. For example, matching for one child was ordered by a court and was clearly recorded in the social workers court report. In several instances, long term matching was recorded in the record of the child in care review, and in others, it was recorded in case management meeting minutes.

The principal social worker was transparent about the fact that although the area endeavoured to make the best possible matches for children from the available pool of foster carers, that there were not enough foster carers available in the area. In relation to unplanned endings the principal social worker explained that in these circumstances, matching meetings were held and usually attended by members of the child in care team, the foster care team, including team leaders, social care workers and the principal social worker, to discuss the best possible placement options for the child involved.

It was apparent from the 41 cases reviewed by inspectors that many children (23) had remained in their foster care placement for between three and 18 years. Although there was no evidence of formal matching in these case records, these were successful placements to date. However, the matching process had begun for one child who was placed with the same carers for 15 years, six months prior to the inspection. There was no rationale for the instigation of this process at such a late stage in a child's placement.

The area did not have a formal matching process in place. In addition, there were not enough foster care placements in the area and there were not enough foster care placements available to adequately meet the needs of children who were over 16 or children with complex needs. In addition, according to data provided by the area, there was a backlog of 13 children awaiting long-term matches to be completed and approved. For these reasons, the area was judged to be in moderate non-compliance with the standard.

Judgment: Non-compliant Moderate

Standard 10: Safeguarding and child protection

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

Summary of inspection findings under Standard 10

All allegations and serious concerns made by children in care were investigated in line with Children First (2017). The service area had systems in place to ensure that allegations, concerns, and complaints about foster carers were categorised correctly and received the appropriate response.

According to data provided by the area there were four allegations and five serious concerns made against foster carers in the last 12 months. Inspectors reviewed four of the allegations and two serious concerns and found that they were categorised correctly. Two of the allegations that met the threshold for a child protection investigation were well managed and investigated in line with Tusla "Interim protocol for managing concerns and allegations of abuse and neglect against foster carers". A third allegation did not meet the threshold for a child protection response and was managed as a serious concern. Records related to the fourth allegation were not sufficient, as they did not provide assurance that the safety plan for the

child involved was implemented and reviewed as required. Furthermore, the safety plan in place was not informed by the findings of a third party risk assessment. Inspectors wrote to the area manager in relation to this case and received written assurances that the safety plan had been and continued to be reviewed fortnightly. Since the inspection, the safety plan was updated to include all relevant information.

There was a system in place to ensure allegations and concerns were correctly categorised. Strategy meetings were held between social work teams to decide whether allegations reached the threshold for a formal statutory response. Inspectors found that necessary actions were taken to safeguard the children, including interviewing the children on their own. Inspectors found evidence of the completed intake records for two allegations. Home visits and interviews were carried out immediately following the allegations to ensure that the children were safe and both children were visited and interviewed. There was evidence on children's files that the foster care committee was notified of these allegations, however the timeframe for notification was not clear in one case, as the notification was undated.

There were effective systems in place to track allegations and serious concerns. The area manager told inspectors that allegations and serious concerns were tracked through the foster care committee and that she met with the chair of the committee twice a year to review allegations and serious concerns. In addition, principal social workers tracked allegations and serious concerns and reported back to the area manager at senior management meetings and supervision to ensure that there was management oversight of allegations and serious concerns. Inspectors reviewed minutes of management meetings and found that these systems were in place.

The principal social worker told inspectors that the interim protocol for managing allegations and serious concerns against foster carers was imbedded in day-to-day practice and was raised regularly in team meetings, where the processes and thresholds were discussed. Child in care team leaders told inspectors that they had good knowledge of the interim protocol for managing allegations and serious concerns against foster carers.

Inspectors held focus groups with children in care social workers, link social workers and child protection social workers and found their understanding of how to manage allegations and serious concerns was mixed. Social workers in a focus group told inspectors that they had a good collaborative relationship with the duty team to manage allegations and serious concerns. Children in care team leaders told inspectors that there were still some inconsistencies in children in care social workers applying the interim protocol correctly, particularly when social workers

were new. The interim protocol for managing concerns and allegations of abuse and neglect against foster carers was not part of the induction programme for new social workers; therefore team leaders had already identified this as a gap in the induction programme. Team leaders told inspectors that the interim protocol was raised in supervision and staff team meetings to ensure that all social workers understood the interim policy for managing allegations and serious concerns and their role in reporting these matters to their team leader.

There were practices in place in the area to ensure that children were protected from all forms of abuse. The majority of foster care households had an allocated link social worker and there were no dual unallocated foster care households in the area. The area had implemented a tracking system of safeguarding visits to children who did not have an allocated social worker. Twenty five children who had completed a questionnaire for this inspection stated that their social worker had told them who to talk to if they felt unsafe.

Foster carers were trained in child protection and safe caring as part of the assessment process. The principal social worker told inspectors that the majority of foster carers have been trained in Children First (2017). However, data provided by the area showed that 61 foster care households had not completed training in Children's First (2017). The principal social worker told inspectors that a letter has been sent out to the foster carers that had not completed the training to advise them of training dates that were available to them in February and March 2019.

Fostering social workers who attended a focus group told inspectors that safe care plans were in place for all children placed in foster care. Safe care plans were drawn up by fostering social workers to ensure that children and foster carers were clear about the boundaries, family routines, use of the internet, house rules and how to manage day-to-day issues that could occur within a family.

There was a system in place to manage complaints according to the Tusla complaints policy. According to information provided by the area, there were six complaints made about the service in the year prior to inspection. The area maintained a central log of complaints and on review; inspectors found that it contained all relevant information including the outcome of the complaint and if the complainant was satisfied. There was a process in place to manage complaints and the area divided them into the category of either 'formal' or 'informal'. The principal social worker explained to inspectors that the area manager managed formal complaints and those informal ones which could not be resolved locally. The principal social worker said that she had responsibility for managing complaints that could be resolved locally. Inspectors reviewed a sample of three complaints recorded

on the central log and found that they were not always managed in a timely way. Although children who completed questionnaires as part of this inspection said they knew how to make a complaint and had done so successfully, birth parents who talked with inspectors said that they did not have confidence in the complaints process, particularly when their complaint related to contact with their child. Inspectors found from records of complaints that the complaints process was followed and complainants were met with. However, in one instance, the response to a complaint by a foster carer was delayed for three months and this limited the areas ability to resolve the issue, as the supports required by the foster carer were no longer required.

The area had a system in place to manage compliments and positive feedback. The principal social worker told inspectors that there had been positive feedback from the courts, from foster carers and from birth parents. Inspectors reviewed the compliments log and sampled a letter from the courts complimenting both the child in care social worker and the team leader for the good work that had been accomplished in a case before the courts. In addition there were entries in the log of phone calls from birth parents and foster carers thanking child in care social workers for their good work and support.

Inspectors reviewed questionnaires completed by 25 children who stated that they knew how to make a complaint and were confident in the complaints process. Twenty two of these children said that they had made what they considered to be a complaint, and that they felt listened to by their social worker. They were satisfied with the outcome of their respective complaints. Although this was a positive finding, these instances were not recorded by the area in children's case records.

The principal social worker told inspectors that child in care social workers explained the complaints process to children that were placed in foster care and that children were provided with child friendly information about how to make a complaint. However, three children who completed a questionnaire stated that they did not know how to make a complaint. Furthermore, of the 20 children's files reviewed for the complaints process, a minority (three) contained written evidence that their social worker had explained the complaints process to them.

Serious and adverse incidents were promptly notified and appropriately managed. The area manager told inspectors that all incidents were recorded in the local risk register. Inspectors reviewed an adverse event folder and found that it contained adequate information and outlined the plan in place to respond to the presenting issues. In addition, inspectors reviewed minutes of management meetings and found evidence that the risk register was discussed at those meetings.

While all allegations and serious concerns were managed in line with Children First (2017) and there were systems in place to oversee allegations and serious concerns, some improvements were required in relation to this standard. Such as one safety plan was not updated, monitored and reviewed as required. In addition, 61 foster care households had not completed Children's First training (2017). For these reasons the area was judged to be substantially compliant with the standard.

Judgment: Substantially compliant

Standard 13: Preparation for leaving care and adult life

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.

Summary of inspection findings under Standard 13

Children and young people who were living in foster care were supported to develop independent living skills. Children and young people were assisted to develop day-to-day living skills, which included, guidance and practical support in education, finance, building social network supports and living independently.

The area had an aftercare service that comprised of a Tusla coordinated aftercare service based in the area and a contracted aftercare agency. There was a service level agreement in place between the service area and the private aftercare service that clearly outlined the criteria of the services that were to be provided to young people who were in receipt of an aftercare service. The post of aftercare manager in the area was vacant at the time of the inspection and a principal social worker was caretaking the role in the interim. All aftercare team leaders who spoke to inspectors had a good knowledge of Tusla's aftercare policy and managerial oversight of Tusla aftercare workers.

The aftercare team leaders told inspectors that children aged 16 were referred to the aftercare services by their child in care social worker. Child in care social workers who attended a focus group told inspectors that they discussed aftercare with children and that children were requested to sign the aftercare referral form. The referrals were then sent to a centralised referral committee who met every six weeks. The committee was made up of a Tusla principal social worker, team leaders and administration staff. It also included a manager from the contracted aftercare service. The committee determined the eligibility of the referral and prioritised

referrals according to need. The principal social worker told inspectors that the committee considered current caseloads and availability of aftercare workers and strived to match children with the most appropriate aftercare worker where possible. In addition, children and young people with disabilities and complex needs were prioritised and referred to the aftercare services before turning 16 to ensure that appropriate services could be sourced, as there were waiting lists to access these services when required.

Comprehensive assessments of need were carried out of all children leaving care. Inspectors sampled five files of children between the ages of 16 and 18 years and found that four of them contained an assessment of need which was completed by an aftercare worker and one did not.

Aftercare workers told inspectors that assessments of need were completed as soon as possible in conjunction with children and young people. Aftercare workers told inspectors that the assessment of need was led by the young person and was considered a working document that was developed in tandem with the relationship that children and young people developed with their aftercare worker. Inspectors reviewed four assessments of needs and found that although they included the criteria outlined in Tusla's national policy and procedures for aftercare they were not of good quality. These assessments were found to lack detail and one did not outline the child's specific needs. One assessment was returned by the courts for more detail to be added as the child was turning 18 in 3 months' time from the time of inspection.

Aftercare team leaders told inspectors that the post of aftercare manager and three aftercare worker positions were vacant and that this had resulted in some delays in completing aftercare assessments. This was acknowledged by the principal social worker who advised that the area was in the process of recruiting for these vacant posts.

Inspectors reviewed four aftercare plans and found that three were of good quality. They addressed the child needs to develop independent living skills including money management, education and training, accommodation and needs specific to each child in aftercare. However, one aftercare plan was of poor quality and lacked detail on how the child could develop independent living skills.

The service identified children who had complex needs or disabilities and required a multidisciplinary service response. These children were referred to the aftercare steering committee before they reached their 16th birthday to ensure that specialist services required by the child in the future could be identified and planned for. The

principal social worker told inspectors that the joint protocol early warning meetings between Tusla and the Health Service Executive (HSE) for managing children with a disability considered children with disabilities and complex needs who required aftercare services. However, team leaders told inspectors that sourcing disability services that met the needs of a child leaving care could be challenging. While there were residential services available for children with disability and complex needs there were not enough services available to support a child or young person in the community. In addition, there were further obstacles in accessing housing, appropriate mental health services and education and training options when children were leaving care.

While aftercare workers and aftercare team leaders fulfilled their roles in supporting children to develop independent living skills, the governance and oversight of the service was inadequate as the position of aftercare manager was vacant at the time of inspection. In addition, the quality of assessments of need and aftercare plans required improvement, and not all children who required assessments of need and aftercare plans had them completed. For these reasons, the area was judged to be in moderate non-compliance with the standard.

Judgment: Non-compliant Moderate

Appendix 1 -- Standards and regulations for statutory foster care services

<i>National Standards for Foster Care (April 2003)</i>
Theme 1: Child-centred Services
Standard 1: Positive sense of identity Children and young people are provided with foster care services that promote a positive sense of identity for them.
Standard 2: Family and friends Children and young people in foster care are encouraged and facilitated to maintain and develop family relationships and friendships.
Standard 3: Children's Rights 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.
Standard 4: Valuing diversity 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.
<i>Child Care (Placement of Children in Foster Care) Regulations, 1995</i> <i>Part III Article 8 Religion</i>
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 interest in their welfare can make effective representations, including complaints, about any aspect of the fostering service, whether provided directly by a health boardError! Bookmark not defined. or by a non-statutory agency.

* These services were provided by former health boards at the time the standards were produced. These services are now provided by the Child and Family Agency (Tusla).

National Standards for Foster Care (April 2003)**Theme 2: Safe and Effective Services****Standard 5: The child and family social worker**

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

Child Care (Placement of Children in Foster Care) Regulations, 1995
Part IV, Article 17(1) Supervision and visiting of children

Standard 6: Assessment of children and young people

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.

Child Care (Placement of Children in Foster Care) Regulations, 1995
Part III, Article 6: Assessment of circumstances of child

Standard 7: Care planning and review

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.

Child Care (Placement of Children in Foster Care) Regulations, 1995
Part III, Article 11: Care plans
Part IV, Article 18: Review of cases
Part IV, Article 19: Special review

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 or young people.

Child Care (Placement of Children in Foster Care) Regulations, 1995
Part III, Article 7: Capacity of foster parents to meet the needs of child

Child Care (Placement of Children with Relatives) Regulations, 1995

National Standards for Foster Care (April 2003)*Part III, Article 7: Assessment of circumstances of the child***Standard 9: A safe and positive environment**

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

Standard 10: Safeguarding and child protection

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

Standard 13: Preparation for leaving care and adult life

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.

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.

Child Care (Placement of Children in Foster Care) Regulations, 1995

Part III, Article 5 Assessment of foster parents

Part III, Article 9 Contract

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. **Error! Bookmark not defined.**

* These services were provided by former health boards at the time the standards were produced. These services are now provided by the Child and Family Agency (Tusla).

National Standards for Foster Care (April 2003)***Child Care (Placement of Children with Relatives) Regulations, 1995****Part III, Article 5 Assessment of relatives**Part III, Article 6 Emergency Placements**Part III, Article 9 Contract***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.

Standard 16: Training

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

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.

Standard 22: Special Foster care

Health boards~~Error! Bookmark not defined.~~ provide for a special foster care service for children and young people with serious behavioural difficulties.

Standard 23: The Foster Care Committee

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

Child Care (Placement of Children in Foster Care) Regulations, 1995*Part III, Article 5 (3) Assessment of foster carers****Child Care (Placement of Children with Relatives) Regulations, 1995***

* These services were provided by former health boards at the time the standards were produced. These services are now provided by the Child and Family Agency (Tusla).

National Standards for Foster Care (April 2003)

Part III, Article 5 (2) Assessment of relatives

National Standard for Foster Care (April 2003)**Theme 3: Health and Development****Standard 11: Health and development**

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.

Child Care (Placement of Children in Foster Care) Regulations, 1995

Part III, Article 6 Assessment of circumstances of child

Part IV, Article 16 (2)(d) Duties of foster parents

Standard 12: Education

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.

National Standards for Foster Care (April 2003)**Theme 4: Leadership, Governance and Management****Standard 18: Effective policies**

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.

Child Care (Placement of Children in Foster Care) Regulations, 1995

Part III, Article 5 (1) Assessment of foster carers

Standard 19: Management and monitoring of foster care agency

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

Child Care (Placement of Children in Foster Care) Regulations, 1995

Part IV, Article 12 Maintenance of register

Part IV, Article 17 Supervision and visiting of children

* These services were provided by former health boards at the time the standards were produced. These services are now provided by the Child and Family Agency (Tusla).

Standard 24: Placement of children through non-statutory agencies

Health board 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.

Child Care (Placement of Children in Foster Care) Regulations, 1995

Part VI, Article 24: Arrangements with voluntary bodies and other persons

National Standards for Foster Care (April 2003)**Theme 5: Use of Resources****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.

National Standards for Foster Care (April 2003)**Theme 6: Workforce****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.

* These services were provided by former health boards at the time the standards were produced. These services are now provided by the Child and Family Agency (Tusla).

5. Appendix -- 2: Organisational structure of Statutory Alternative Care Services, in the Dublin South East Area



