



Report of a Private Foster Care Service

Name of provider:	Fostering First Ireland
Tusla Region:	Dublin Mid Leinster
Type of inspection:	Announced
Dates of inspection:	13 – 16 April 2021 19 April 2021
Inspectors:	Sabine Buschmann Pauline Clarke Orohoe Grace Lynam Jane McCarroll
Centre ID	OSV-0004245
Fieldwork ID	MON-0032439

About monitoring

The purpose of monitoring is to safeguard vulnerable children of any age who are receiving foster care services. 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 continuous improvement so that children have better, safer lives.

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

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

- **Assess** if the service provider has all the elements in place to safeguard children and young people and promote their well-being while placed with their service
- **Seek assurances** from service providers that they are **safeguarding children** through the mitigation of 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 the HIQA's findings.

Monitoring inspections assess continuing compliance with the regulations and Standards, can be announced or unannounced.

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 checked="" type="checkbox"/>
Theme 5: Use of Resources	<input type="checkbox"/>
Theme 6: Workforce	<input checked="" type="checkbox"/>

1. Inspection methodology

As part of this inspection, inspectors met with the relevant professionals involved in Fostering First Ireland foster care service and spoke with foster carers.

Inspectors reviewed documentation such as case files, foster carers' assessment files, and relevant documentation relating to the areas covered by the standards assessed.

During this inspection, the inspectors evaluated the:

- safeguarding processes,
- assessment and approval of foster carers,
- supervision and support of foster carers,
- reviews of foster carers
- management and governance of the service
- effective policies
- training and qualifications.

The key activities of this inspection involved:

- the analysis of data,
- interviews with one director of the company, two principal social workers, the manager for quality and training and two social work team leaders
- focus groups with assessing social workers and fostering link social workers
- A focus group and individual interviews with foster carers
- review of the relevant sections of foster carers' files as they relate to the standards
- interviews with five children in care social workers.

Acknowledgements

HIQA wishes to thank the staff and managers of the service for their cooperation with this inspection, and foster carers who spoke with inspectors.

2. Profile of the foster care service

The Service Provider

Fostering First Ireland provides a range of services including emergency, short-term, respite, general and specialist foster care placements. It has been in operation in Ireland since 2005 and receives referrals from all 17 Tusla areas. Fostering First Ireland is a social enterprise and is part of Key Assets – The Children’s Services Provider, an international provider of children and family social services that operates in over 10 countries.

Fostering First Ireland was made up of one director who reports to the CEO of Key Assets Europe. She was supported in her role by two principal social workers, a business support manager and a quality and training manager. There were two principal social workers who oversaw different aspects of the service. A principal social worker for practice and compliance line managed two social work team leaders who in turn line managed the link social work teams. The education officer and the children’s resource manager also reported to this principal social worker. A second principal social worker with responsibility for carer approvals and placements had oversight of foster carer recruitment, the screening of potential foster carers, foster care assessments and foster care reviews. The finance, reception and business support functions were managed by the business support manager. The quality and training manager was responsible for quality assurance and training.

The service operated out of offices in Dublin, Mullingar and Cork. At the time of inspection, there were 23 home based staff and 11 office based staff. However with level 5 COVID-19 restrictions in place all office based staff (except those new staff undergoing induction) were attending the office on a rota basis. Internal communication was facilitated through phone, video conferencing and email during COVID-19 lock down.

According to the data returned to HIQA from Fostering First Ireland prior to the inspection, the service had 119 foster care households across the country that provided foster care placements for 137 children from across the Tusla service areas.

Summary of inspection findings

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

Tusla have responsibility for a range of services, including the provision of a range of care placements for children such as statutory foster care services.

Children's foster care services may also be provided by non-statutory foster care agencies following agreement with Tusla. Tusla retain their statutory responsibilities to children placed with these services and approve the foster carers through their foster care committees. The foster care agency is required to adhere to relevant standards and regulations when providing a service on behalf of Tusla. Both services are accountable for the care and wellbeing of children.

Private foster care services are monitored by the Child and Family Agency. Fostering First Ireland was last inspected by Tusla's monitoring service in May 2019 and the report was made available to inspectors.

This report reflects the findings of the monitoring inspection relating to seven standards. These are set out in Section four of this inspection report and include safeguarding, assessment and approval, supervision and support, reviews of foster carers, management and monitoring, and training and qualifications.

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

- seven standards were compliant.

This was HIQA's third inspection of Fostering First Ireland. On the first inspection of the service in June 2016, inspectors found that of the 19 standards assessed, the service exceeded four standards, met eight standards, and required improvement in seven standards. In response to the findings of the 2016 HIQA report, Fostering First Ireland submitted an action plan and all outstanding actions had been completed prior to the subsequent inspection in 2018.

An inspection of six standards was conducted in June 2018. At that time the service was found to be compliant in five standards, and substantially compliant in one standard. The 2018 inspection found that allegations, serious concerns and complaints were well-managed and appropriate action was taken to safeguard children. Assessments of prospective foster carers were comprehensive. Foster

carer's reviews were completed in line with national standards and were of good quality. There was good practice in relation to the support provided to foster carers.

During the course of this inspection, inspectors found that Fostering First Ireland was a well-managed service with a competent and experienced management team who demonstrated good leadership to ensure the delivery of a high quality foster care service. There were clear lines of accountability, staff were clear about their roles and responsibilities and there was a sufficient numbers of qualified and skilled staff to deliver the service. The service had robust governance systems and management structures in place that provided effective oversight to ensure that services provided were safe and ensured that foster carers were fully supported to meet the needs of the children in their care. Within the context of COVID-19, the director and her management team were proactive at ensuring the impact of restrictions on service provision was minimal. Risks impacting on service provision were regularly reviewed by the management team and plans to mitigate risks were identified and implemented.

Fostering First Ireland had effective systems in place to ensure that children placed with foster carers were protected and safe from all forms of abuse and neglect. Allegations, serious concerns and complaints about foster carers were addressed in a timely manner and allegations were managed in line with Children First: National Guidance for the Protection and Welfare of Children, 2017 (Children First).

In addition, there was an effective system in place where allegations, complaints and serious concerns were recorded, managed, monitored and tracked until a final outcome was reached. Foster care committees were informed of all allegations and complaints and there was good management oversight.

Safeguarding arrangements included regular An Garda Síochána (police vetting) for foster carers and adults who had significant contact with the children in care. Each foster care household had a safe care plan which was reviewed regularly. A system of at least one unannounced visit per year to foster care households was also in place. All foster carer's had received the mandatory Children First (2017) online training. In addition, foster carers who required a Children First refresher training had completed the training at the time of the inspection.

Serious incidents and significant events were promptly notified and appropriately managed. Inspectors found evidence of discussions and relevant action in relation to key practice areas such as risk management, child protection, serious concerns, foster care assessments and reviews, supervision and support and training needs throughout the minutes of team and management meetings.

Assessments of prospective foster carers were comprehensive, detailed and of good

quality. Assessments were completed in a timely manner and there was good oversight by the management team. There was a clear process for the approval of foster carers by the relevant foster care committee. The assessments were a comprehensive analysis of the carers' ability to be a foster carer and included verification of information provided.

There was good practice in relation to the supervision and support provided to foster carers. Each foster care household had an allocated fostering link social worker, who visited regularly when COVID-19 restrictions did not apply. In respect of COVID-19 during level five lock down restrictions supervision and support sessions were moved on-line. However, foster carers were contacted by phone or email at least once a week by their link social worker.

Specialist support to foster carers and children in care was provided by two therapists and an educational officer and carers could avail of a respite service. Foster carers had access to two social care workers who provided direct work to the family. The majority of foster carers attended a monthly support group that was facilitated and supported by a link social worker. Foster carers were facilitated to become members of a national organisation for foster carers. There was also a dedicated out-of-hours service available to foster carers.

Data provided by the area showed that out 119 foster carers in the service 50 had been reviewed in the 12 months prior to the inspection. The reviews were comprehensive, detailed and of good quality. Three additional reviews were carried out following the investigations of serious complaints and allegations. These were also of good quality and the outcomes were notified to the relevant foster care committees.

Operational policies and plans were in place to promote the provision of high quality foster care service. From a review of policies, inspectors found that Fostering First Ireland's policies and procedures were consistent with relevant legislation and policies, procedures and professional guidance. The policies and procedures were clear, transparent and easily accessible. The service provider had completed a service needs analysis and the service was adequately resourced with two dedicated foster care teams covering the whole of the Republic of Ireland.

There was good evidence of ongoing evaluation of the effectiveness of the foster care service, outcomes for children, and written policies which were an element of the continuous quality improvement cycle. Fostering First Ireland had clear plans for the continuous development and delivery of a high quality foster care service.

There were effective mechanisms in place to monitor the quality of the service. The service completed internal audits, while also having established a new position in

2019 for the role of compliance/training manager to audit and review specific aspects of service provision on a regular basis and provided a consistent internal monitoring mechanism to improve the quality of service provision.

Fostering First Ireland service had a risk management framework in place which identified relevant risks in relation to the services provided. At the time of the inspection Tusla did not have a service level agreement in place for Fostering First Ireland, this issue remained outstanding since the first inspection in 2016.

All foster carers received foundational training before their approval as foster carers and there was a programme of regular training events in place for all foster carers. Foster carers were provided with ongoing training as required and appropriate arrangements were put in place for remote training to continue during COVID-19. Attendance at training was good and since training was provided on-line, the attendance at training events had increased. In addition, training records were of good quality and well-maintained.

Communication systems in Fostering First Ireland were very effective. Link social workers told inspectors that they felt supported and were kept up to date by their managers. Foster carers told inspectors that the service was responsive to their needs and that they felt supported. Various management meetings were held monthly to discuss issues related to current issues which impacted on the service such as the COVID-19 pandemic, service developments, service audits, assessments and other issues relating to the functioning of the foster service.

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 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 10: Safeguarding and child protection	Compliant
Standard 14a: Assessment and approval of foster carers	Compliant
Standard 15: Supervision and support	Compliant
Standard 17: Reviews	Compliant
Theme 4: Leadership, governance and management	
Standard 18 Effective policies	Compliant
Standard 19: Management and monitoring of foster care agency	Compliant
Theme 6: Workforce	
Standard 20: Training and Qualifications	Compliant

This inspection was carried out during the following times:

Date	Times of inspection	Inspector	Role
13 April 2021	10:00hrs to 16:00hrs	Sabine Buschmann Pauline Clarke Orohoe Grace Lynam	Inspector Inspector Inspector
14 April 2021	10:00hrs to 16:00hrs	Sabine Buschmann Pauline Clarke Orohoe Grace Lynam	Inspector Inspector Inspector
15 April 2021	10:00hrs to 16:00hrs	Sabine Buschmann Pauline Clarke Orohoe Jane McCarroll	Inspector Inspector Inspector
16 April 2021	12:00hrs to 14:00hrs	Sabine Buschmann Pauline Clarke Orohoe	Inspector Inspector
19 April 2021	11:00hrs to 12:00hrs	Pauline Clarke Orohoe	Inspector

3. 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 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

Fostering First Ireland had effective systems in place to ensure that children placed with foster carers were protected and safe from all forms of abuse and neglect. Allegations, serious concerns and complaints about foster carers were addressed in a timely manner and allegations were managed in line with Children First: National Guidance for the Protection and Welfare of Children, 2017 (Children First).

Data provided to the inspectors showed that there were two allegations and seven serious concerns made against foster carers in the 12 months prior to the inspection. Inspectors reviewed both allegations and five serious concern and found they were categorised correctly and received an appropriate response to ensure the safety and welfare of children. Fostering First Ireland reported allegations and serious concerns to Tusla in a timely manner and there was evidence of good communication and collaboration between Fostering First Ireland and the children's social workers. Fostering First Ireland maintained good oversight of all allegations and serious concerns. A principal social worker was the designated liaison person for child protection. She maintained a child protection log, a monitoring and oversight system for the progress of allegations and concerns that included the details of all key elements of the process and the outcome. Link workers notified managers of allegations and concerns in writing. Inspectors found that allegations were reported to the relevant social work department in line with Children First (2017). Strategy meetings were held

and were attended by both the Child and Family agency social workers and Fostering First Ireland staff. On receipt of an allegation the service also notified foster carers and the relevant foster care committees in line with policy. The outcome of the allegations were also notified to the relevant foster care committee.

Inspectors reviewed minutes of senior management meetings and found that all allegations and serious concerns were communicated to the senior management team and were a standing item on the agenda of all management meetings. In addition the service had created a new position of quality and training manager in 2019 who in part of her role was auditing the service and who reported directly to the director of the service. Inspectors reviewed a tracker that evidenced all allegations and serious concerns and found they were subject to regular review to ensure the timeliness and adherence to legislation.

There were a number of good safeguarding practices in place for foster carers. Safety plans were in place where required, and set out the appropriate actions needed to keep children safe. The service maintained a log in order to provide oversight of foster carers and children where safety plans were required. The actions, date of completion, person responsible and outcome were recorded on this log. Fostering First Ireland had also implemented their own comprehensive safeguarding statement in line with the Children First Act. The foster carer's handbook provided information and guidance to foster carers on how to manage allegations and serious concerns and their responsibilities as mandated persons. Each foster care family had their own safe care plan which was a detailed account of the family rules around keeping the children in care, the foster carers and their own children safe. The safe care plan was reviewed at foster carers reviews and when there was a new placement of a child. In addition, in order to ensure that foster carers were meeting their responsibilities, the service ensured that one visit a year either by the link social worker or a member of the management team was unannounced.

All foster carers had received the mandatory Children First training. Foster carers spoken to were aware of their role as mandated persons in line with Children First (2017). All Foster carers were required to complete refresher training in Children First (2017) every three years. The service had systems in place in order to track when updated Children First training was required and took appropriate steps to ensure this was completed. An internal audit was completed by the service in September 2020, which identified that 21 carers did not have evidence of refresher training on their files, and identified that there had been a delay in the uploading of 12 of these carers' certificates. From a review of senior managers meeting minute's inspectors found evidence that carers who had not completed the refresher training were contacted by the service in writing requesting them to complete the Children's First refresher training

as a matter of urgency. The remaining carers who required updated training had subsequently completed their Children First refresher by the end of October 2020. Inspectors reviewed the foster carer training tracker and found that all foster carers that required up-to-date Children First training (2017) had completed the training by the time of the inspection.

The service had an effective system in place for updating An Garda Síochána (police vetting) for foster carers and other relevant persons every three years. An administrator maintained a data base for this purpose and alerted all link social workers when their updates were due. Data submitted prior to the inspection showed that all foster carers and relevant others had up-to-date An Garda Síochána (police vetting).

From a review of ten files relating to significant incidents, inspectors found that serious and adverse incidents such as children missing from care or incidents of children being sick, were recorded, promptly notified and appropriately managed by the service. All foster carers completed an incident report following an incident and this was reported to the senior manager and the relevant link social worker. Incidents and accidents were also notified to the relevant social work department. From a review of children files inspector found that appropriate actions were then taken to address the issues identified. The service maintained a register of significant events. From a review of senior management meeting minute's inspectors found that the register of significant events was reviewed monthly at the senior management meetings and was kept up to date.

Fostering First Ireland had a complaints policy and the details of this were made available to foster carers in the foster carer's handbook. Complaints were managed well by the area and addressed appropriately. Data received prior to the inspection showed that 13 complaints had been made against foster carers in the 12 months prior to the inspection and two complaints had been made by foster carers during that time. Inspectors sampled five out of 13 complaints and found they were all correctly categorized and addressed appropriately in a timely manner. Inspectors found evidence that all complaints were discussed with foster carers and that outcomes were clearly recorded on foster carer's files. A principal social worker had oversight of all complaints and maintained a complaint log. From a review of files inspectors found that as part of the induction process all children placed with foster carers received a copy of the complaints procedure. In addition link social workers met with children in foster care placements and discussed with them how to make a complaint which was recorded in the foster carers file.

There was a policy in place on protected disclosure (whistle blowing). Staff and managers told inspectors that they felt confident in raising any concerns they might

have.

There were measures in place to ensure children were protected from abuse. Allegations and serious concerns were managed in line with Children First (2017) and there were effective management systems in place to ensure allegations and serious concerns were investigated in line with Children First (2017). There was a system in place to ensure that significant events and incidents and accidents were appropriately reported and responded to. All foster carers had received the mandatory Children First (2017) training and had completed the required up-to-date training in Children First. For this reason, Fostering First Ireland was deemed to be compliant with this standard.

Judgment: Compliant

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 board³ prior to any child or young person being placed with them.

Summary of inspection findings under Standard 14a

There was a written policy on the assessment and approval of foster carers and there was detailed guidance for the social workers carrying out the assessments. Assessments were carried out by independent social workers employed on a contractual basis by Fostering First Ireland, for the sole purpose of carrying out foster care assessments. The assessment coordinator and principal social worker had oversight of all completed assessments for the purpose of quality assurance. The director of the service told inspectors that she reads all completed assessments as an additional quality assurance measure before they are sent out to the appropriate parties.

Data provided by Fostering First Ireland showed that 12 general foster carers were assessed and approved in the 12 months prior to the inspection. Inspectors reviewed a sample of five assessments of foster carers who had been approved during that time and found them to be comprehensive, detailed and of good quality. There was evidence that assessing social workers interviewed prospective foster carers several times, including individual and joint interviews. The assessments provided a comprehensive and in-depth analysis of the carer's ability to provide foster care and included key areas such as a previous history, training needs, employment, education and why foster carers wanted to foster children. The files contained An Garda Síochána (police vetting) for all adults in the households, references, medical assessments, child protection checks, health and safety checks and foster care contracts. At the time of the inspection there were no applicants on a waiting list for assessment.

There was good oversight of the assessment process by the assessment co-ordinator who supervised the assessing social worker and oversaw the quality of the assessments. The provider held recruitment and assessment meetings every two weeks where assessments were discussed in detail and these meetings were used as an additional oversight system to ensure timely completion of assessments.

When an assessment was completed and quality assured by the assessment co-ordinator, it was reviewed by the principal social worker who maintained a monitoring and oversight system for all assessments. This system was used as a supervision tool and a tracker of progress. The assessment coordinator and the assessing social worker discussed the assessment in face to face supervision, emails and phone calls. A midway

meeting was held to discuss timelines and progress and issues that may delay the assessment process. Inspectors found that all five assessments were completed within the timeframe of 16 weeks, as required by regulations.

There was a clear process for approval of foster carers. In order to obtain approval, the foster care committee required a comprehensive assessment report, An Garda Síochána (police vetting), medical reports, references and health and safety checks.

Foster carers were given the opportunity to read and sign their assessment reports. Assessment reports were presented to the foster care committee which operated with the geographical area where the foster carers were living. Foster carers were notified in writing of the decision in relation to their approval as foster carers. Foster carers told inspectors that they were aware of what was taking place at each stage of the assessment process. The foster carers said that the assessment was completed through home visits and also video calls due to COVID-19, and the service were responsive to any questions that the foster carers had during the process.

Fostering First Ireland also conducted relative fostering assessments on behalf of Tusla. The agency had contracted 47 assessing social workers to complete these assessments and the assessment co-ordinator maintained oversight of the quality of these assessments.

Fostering First Ireland had a robust policy in place that detailed the procedures to be followed for foster carers transferring from another service. However, there have been no transfers from another service in the last 12 months prior to this inspection.

Inspectors sampled eight assessments of prospective foster carers and found them to be comprehensive, detailed and of good quality. Assessments were completed in a timely manner and there was good oversight by the management team. There was a clear process for the approval of foster carers by the relevant foster care committee. For this reason, Fostering First Ireland was deemed compliant with this standard.

Judgment: Compliant

³ 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 15: Support and Supervision

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.

Summary of inspection findings under Standard 15

Data provided by the area prior to the inspection indicated that all foster carers had an allocated link social worker and inspectors found that to be the case. The fostering team comprised of 11 link social workers and two team managers. As a national service, the two teams provided support to foster carers across the entire country. From a review of foster carers files and interviews with link social workers, there was evidence that all link social workers were in regular contact with the foster carers allocated to them on a weekly basis. Foster carers who attended a focus group said that the supports they received from their link social worker was regular and of very good quality.

Link workers provided a range of supports to foster carers including, training, the sourcing of respite placements when required, facilitated monthly support groups as well as monthly support and supervision as part of their role. However, due to COVID-19 restrictions support and supervision for many carers through this period had been provided virtually as physical visits to carers' homes were restricted. Link social workers told inspectors that home visits were completed where a need arose and a risk assessment was completed prior to a home visit being completed.

There was good evidence of formal supervision of foster carers in line with the service's policy and procedures for support and supervision of foster carers. This policy described the minimum of monthly support and supervision which was expected to be afforded to foster carers by link social workers. Inspectors found good practice in all 21 files that were sampled. There was a supervision contract in place on all files which set out the frequency, duration and content of supervision and support visits between foster carers and link workers. A formal supervision template was used to record supervision visits. These templates included key components of good supervision, such as the needs of carers, the needs of their family and the needs of the children in their care. In the 21 files reviewed, inspectors found that supervision was held monthly as required by the services policy. Twenty files contained comprehensive supervision records that

described issues that were discussed. Records also included follow-up actions and identified who was responsible for this action, indicating that foster carers received good supervision from their link workers. In addition, inspectors found that it was not always possible to identify from the supervision records when foster carers had face-to-face or virtual supervision. Out of 21 files reviewed for this purpose, three did not indicate how supervision was provided.

Due to the public health restrictions in place during COVID-19, the service developed a policy providing practice guidance on the provision of support and supervision to foster carers during COVID-19. This policy outlined that formal supervision would continue to take place with foster carers through video calls every month. Despite the COVID-19 restrictions, inspectors found that all foster care households had received face-to-face visits in the 12 months prior to this inspection. In three circumstances where visits were limited to one or two visits in a twelve month period, the service provided detailed assurances including actions taken to ensure the safety and welfare of children in placement as well as continued support and supervision of carers.

Inspectors found that there were good supports available to foster carers caring for children with complex needs. Fostering First Ireland had a therapeutic team, consisting of two part-time therapists and two social care workers that provided additional support to foster carers, the link social workers and to biological children of carers. There was evidence that the therapeutic team provided a wide range of services, including behavioural supports, critical incident debriefing and support after a placement break down. In addition, the therapists provided formal training as part of the induction process, on-going training as well as support for birth children and support to link social workers in their role. Due to COVID-19 restrictions these supports were provided through on-line support. Foster carers who spoke to inspectors stated that they were provided with good quality support and supervision.

Foster carers were provided with opportunities to attend training remotely due to the public health restrictions. An ongoing programme of training was provided to foster carers and foster carers were consulted in what training they may require.

Fostering First Ireland provided good quality support and supervision to foster carers. All foster carers had an allocated link social worker who provided information, advice and support to the foster carer and their family. Foster carers were visited regularly as required. The service developed a policy providing practice guidance on the provision of support and supervision to foster carers during COVID-19 to ensure ongoing support during the pandemic. Inspectors found that there were good supports available to foster carers caring for children with complex needs. For these reasons Fostering First Ireland was found to be

compliant with this standard.

Judgment: Compliant

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.

Summary of inspection findings under Standard 17

The majority of foster carer reviews were carried out in line with regulations and standards. According to the standards, the first foster care review should take place one year after the first placement and subsequent reviews should take place at three-yearly intervals. Additional reviews should take place following an allegation of abuse or a serious concern. Data provided by the area showed that, of 119 foster care households in total, 50 had a review in the 12 months prior to the inspection.

This inspection found that 10 reviews were delayed for valid reasons; this was due to unexpected leave of staff, as well as awaiting meeting outcomes following serious concerns and placement disruptions. Documentation provided by the service showed that seven of the delayed reviews were re-scheduled in 2021 and had been completed by the time of the inspection. The three outstanding reviews were tracked by the senior management team using a tracking template which outlined the reasons for the delays, all of which were valid. Inspectors found that there were also delays in review reports being submitted to the foster care committees. Inspectors reviewed nine files and found that on three files review reports to the foster care committees had not yet been submitted. Team managers told inspectors that the child in care reports from the Tusla social workers were not always completed in a timely manner and that this delayed some review reports going to the foster care committee.

There was good practice evident in the review process and the service had a system in place to ensure that good quality reviews of foster carers were carried out in line with the standards. In addition, Fostering First Ireland held yearly internal reviews or appraisals to monitor the performance of foster carers. Inspectors reviewed nine foster carer reviews and found that eight reviews were carried out in line with standards. While one foster care review was delayed the reason for this delay was clearly recorded.

Inspectors found evidence of good practice in relation to the foster carer review process. Management oversight of foster carer reviews was evident through monthly team and management meetings. Monthly file audit meetings tracked the dates of foster care reviews, and noted when the next review was due to be completed. Inspectors were told that the administrator placed the next review date

on the electronic recording system, which then created a prompt to social workers of when a foster carer's review process was due. Link social workers and managers told inspectors that updates on the progression of foster care reviews and reports were discussed in staff supervision.

Inspectors found that the nine reviews sampled were found to be of good quality. The reports were comprehensive, detailed and they addressed key issues, including the foster carer's performance, health, support needs and training needs. Foster carers told inspectors that they found the review process to be fair and considered the review process to be a good system.

The nine review reports sampled included the views of the children, the foster carers and the Tusla child in care social workers. Child in care social workers told inspectors that they had been sent out forms in order to provide feedback to the foster carer reviews. The service maintained a checklist of documents required to be submitted to the Tusla foster care committees. The foster care committees had been informed of the outcome of the reviews.

Additional reviews of foster carers following serious concerns or allegations were timely, comprehensive and good quality. They included the views of all relevant people and where individuals declined to engage, efforts to address this were clearly documented and reviews were completed in their absence if required. The foster care committee as well as Tusla were promptly notified of the outcomes of these reviews and recommendations were implemented as required.

The majority of foster carers' reviews were completed in a timely manner in line with the standards and additional reviews took place, following allegations or concerns. While 10 reviews were delayed for valid reasons, seven had been completed by the time of the inspection and the service had a system in place to track the timelines and rationale of any reviews that were delayed. Reviews were detailed and review reports were comprehensive and of good quality. For this reason, Fostering First Ireland was deemed to be compliant with this standard.

Judgment: Compliant

Theme 4: Leadership, Governance and Management

Effective governance is achieved by planning and directing activities, using good business practices, accountability and integrity. In an effective governance structure, there are clear lines of accountability at individual, team and service levels, and all staff working in the service are aware of their responsibilities. Risks to the service as well as to individuals are well managed and the system is subject to a rigorous quality assurance system. Services provided on behalf of the area are robustly monitored. The Foster Care Committee is a robust mechanism for approving both placements and foster care applications.

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.

Summary of inspection findings under Standard 18

Operational policies and plans were in place to promote the provision of high quality foster care. From a review of policies, inspectors found that Fostering First Irelands policies and procedures were consistent with relevant legislation. The policies and plans were clear, transparent, service specific and easily accessible. The service provider had completed a service needs analysis and the service was adequately resourced with two dedicated foster care teams based in the Republic of Ireland.

Policies and procedures were reviewed by management and the senior management team. Documentation provided by Fostering First Ireland showed that the senior management team reviewed policies as needs arose within the organisation. The management team ensured that there was oversight of the implementation of policies through auditing of foster care files and through the supervision of staff.

Staff were aware of the policies and procedures in place to deliver a safe and quality service. Social workers who spoke to the inspectors said that all policy documents were available to them on a central database and staff were notified when there was a new policy or policy change through monthly team meetings. Foster carers files reviewed demonstrated that staff were aware of and implementing policies and procedures in their day-to-day work.

The service maintained an up-to-date panel of carers as required by regulations. The service demonstrated a culture of continuous improvement, where evaluating

the effectiveness of the service and identifying learning was a prominent feature. Staff were aware of service policies and understood procedures in place for the delivery of a safe service.

The service promoted a partnership approach to foster care. Consultation with carers, birth children and children involved with Fostering First Ireland was a key feature of their planning process.

Fostering First Ireland provided carers and children with information in relation to policies and procedures as required. A foster care handbook was available for all carers and a child friendly version was available to children in the service.

The service had a policy in place for the management of transfer of carers both into and out of their service, which provided guidance as required.

There were operational policies and plans in place to promote the provision of high quality foster care. Inspectors found that staff were aware of policies and procedures. There were governance structures in place to ensure policies were up-to-date and in line with national policy. Policies were up-to-date and in line with national policy and relevant legislation. In addition the service had a policy in place for the management of transfer of carers both in and out of the service. For these reasons Fostering First Ireland has been found to be compliant with this standard.

Judgment: Compliant

Standard 19: Management and Monitoring of Foster Care Services.

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

Summary of inspection findings under Standard 19

Fostering First Ireland was a well-managed service and the governance arrangements in place ensured that the services provided to foster carers and children were of good quality. There was a well-defined management structure in place which clearly outlined lines of authority and accountability. The director was experienced and competent and was supported by an equally experienced senior management team. Roles and responsibilities were delegated to two principal social workers. The service director reported to a board of management who had overall responsibility for the quality and effectiveness of services provided.

The service director demonstrated competent leadership and was accountable for the services delivered. There were two principal social workers who reported monthly to the director who oversaw different aspects of the service. A principal social worker for practice and compliance line managed two social work team leaders who in turn line managed the link social work teams. The education officer and the children's resource manager also reported to this principal social worker. A second principal social worker with responsibility for carers' approvals and placements had oversight of foster carer's recruitment, the screening of potential foster carers, foster care assessments, placements and foster care reviews. The finance, reception and business support functions were managed by the business support manager. In addition, a manager with specific responsibility for quality assurance and training had been appointed in 2019. The managing director reported to the board on a monthly basis in relation to all aspects of service provision and operations including strategy, quality and safety, training and finance.

The service had robust management, reporting and governance systems in place that provided effective oversight of the services provided. Serious incidents and significant events were promptly notified and appropriately managed. Inspectors found evidence of discussions and relevant action in relation to key practice areas such as risk management, child protection, serious concerns, foster care assessments and reviews, supervision and support and training needs throughout the minutes of team and management meetings. These systems ensured that the service director had oversight of the quality of the service, and the level of support provided to foster carers. Management meetings were held monthly and records provided showed that managers were held accountable for their oversight of foster care assessments, allegations and

serious concerns investigations, support and supervision of foster carers and placement breakdowns.

Fostering First Ireland was committed to continuous quality improvement and embedding learning into practice. Quality assurance mechanisms were in place and regular auditing of different aspects of the service against national standards were being further developed. The service had recruited a quality and training manager to audit and review specific aspects of service provision. Following these audits, reports were developed outlining recommendations for actions where required. Inspectors reviewed a sample of these audit reports on support and supervision of foster carers, and refresher training in Children First and found that the service followed up on the outcomes of these in a timely manner. Learnings from these audits and review processes were shared across the staff teams, and additional monitoring and oversight systems were implemented as needed. The director told inspectors that the audits were not only in place to strive for compliance but to ensure that the service provided a high quality service to its service users and to provide continuous improvement to the service provided. Social workers who spoke with inspectors talked positively about their experience of quality improvement. They welcomed audits of their files and other aspects of their work as they felt they assisted in providing better services for both foster carers and the children in their care.

Communication systems in Fostering First Ireland service were effective. Link and assessing social workers told inspectors that they felt supported and were kept up to date by their managers. Foster carers told inspectors that the service were responsive to their needs. Various management meetings were held regularly to discuss practice issues and identify issues to highlight to management such as training needs, changes in induction training after a staff consultation and introducing a new supervision template. Inspectors reviewed these minutes and found the agenda items related to current issues which impacted on the service such as COVID- 19 pandemic, service developments, audits, assessments and other issues relating to the functioning of the foster service.

Fostering First Ireland tried to ensure that children were matched with foster carers who had the capacity to meet their needs and there was a formal matching process in place.

Foster carers were supported by the service to provide good quality care to children. Fostering First Ireland had a therapeutic team, consisting of two part-time therapists and two social care workers that provided additional support to foster carers, the children, the link social workers and to biological children of carers. There was evidence that the therapeutic team provided a wide range of services, including behavioural supports, critical incident debriefing and support

after a placement break down.

There were effective mechanisms in place to monitor the quality of the service. The Tusla monitoring service had completed a monitoring visit of the service in May 2019. Another visit had been planned for March 2020 but was cancelled due to COVID-19 public health restrictions. No actions were identified during the monitoring inspection in 2019 as the service was compliant with the standards assessed.

The service completed internal audits, while also having recruited a compliance and training manager to audit and review specific aspects of service provision. Following these audits, reports were developed outlining recommendations for actions where required. Inspectors reviewed a sample of these actions and found that the service followed up in a prompt and timely manner as required. Learnings from these audits and review processes were shared across the staff teams, and additional monitoring and oversight systems were implemented as needed.

Fostering First Ireland had a risk management framework in place which identified relevant risks in relation to the services provided. Inspectors reviewed the risk register for the service and found that it was up to date, and had appropriate measures in place to control risks. For example, within the context of COVID-19 the director and her management team were proactive in developing policies and procedures to provide safe services to foster carers on-line. Inspectors reviewed minutes of these meetings and found that risks impacting on service provision such as reduced face-to-face visits, and reduction in unannounced visits were regularly reviewed and plans to mitigate risks were identified and implemented promptly. In addition, Fostering First Ireland had service also had a clear system in place to escalate issues to Tusla where required.

At the time of the inspection Tusla did not have a service level agreement (SLA) in place with Fostering First Ireland. In the absence of an SLA, the service ensured that there was a contract of care, specifying all relevant details as required, for each individual child placed with carers in their service. However, this did not adequately outline the service that was to be provided by Fostering First Ireland to Tusla, and was not in line with the requirements of the standards. The Tusla National Director for Services and Integration advised HIQA that formal procured contracts were not in place at a national level with private foster care agencies but that Tusla were engaged in a procurement approach that will result in the creation of an approved providers list of services eligible to provide services in the private foster care sector on behalf of Tusla. Inspectors found that this issue remains unresolved since Fostering First Ireland was set up in 2005 and was raised in both previous inspections in 2016 and 2018.

Fostering First Ireland was a well-managed service and the governance arrangements

in place ensured that the services provided to foster carers and children were of good quality. There were effective structures in place for the management, monitoring and delivery of the service. There was effective leadership and clear lines of authority. There were good communication systems in place and staff were aware of their roles and responsibilities.

Judgment: Compliant

Theme 6: Workforce

Each staff member has a key role to play in delivering child-centred, effective and safe services to children. Children's agency recruit and manage their workforce to ensure that staff has the required skills, experience and competencies to respond to the needs of the children.

Standard 20: Training and Qualification.

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.

Summary of inspection findings under Standard 20

Fostering First Ireland was staffed by a skilled, knowledgeable and experienced team of qualified social workers. The service had effective recruitment processes in place that ensured that each member of the team had all documentation, qualifications and registration as required. Each staff member had the necessary competencies and skills to care for and support children, their families and foster carers. Social workers who spoke to the inspectors were clear on their roles and that of their management team and all staff received training as required. Recruitment processes were robust, in line with legislation and best practice. This included the completion of relevant An Garda Síochána (police vetting) and reference checks for each staff member. Recruitment information was well recorded in electronic format. The service had a tracker in place to monitor and update An Garda Síochána (police vetting) for staff. Relevant members of staff were registered with the appropriate professional body, and copies of this registration were held on staff members' individual files.

The service had a comprehensive induction programme for new staff and sessional workers. Principal social workers told inspectors that the induction programme was recently reviewed and updated after a consultation with the staff team. The service provided all staff with a comprehensive employee handbook and a clear staff induction policy which set out the procedures to be followed when a new staff member began working with Fostering First Ireland. Inspectors reviewed nine staff files, and found that the induction checklist had been completed for staff who were new to the service.

Fostering First Ireland had a dedicated quality and training manager in the organisation who had responsibility for oversight, monitoring and evaluation of training requirements within the service. The maintained a record of training for staff including details of all mandatory training completed and a record of all training needs identified through personal learning plans. The service had completed a training needs analysis and had

scheduled relevant training throughout 2021.

The service had a supervision policy and there was an expectation that social workers received monthly formal supervision. Inspectors reviewed a sample of supervision records for social workers, social work team leaders and principal social workers and found they were of good quality, detailed and delivered in line with policy. Supervision sessions covered the areas of case load, areas of responsibility, accountability, projects and professional development. Staff who spoke to the inspectors said that they received regular supervision and that the process of supervision was a positive experience that was supportive and assisted in their professional development.

Staff received appropriate training that enabled them to provide care that reflected up-to-date, evidence-based practice which enabled them to meet the needs of children and foster carers. Staff told inspectors that there was a culture of learning and development across the service, where value was placed on providing adequate training for both staff and foster carers. Training provided to staff included delivering online training to foster carers, virtual reality training, learning from placement breakdowns, managing challenging behaviours, person brain training and safe care.

Fostering First Ireland was staffed by a skilled, knowledgeable and experienced team of qualified social workers. The service had effective recruitment processes in place that ensured that each member of the team had all documentation, qualifications and registration as required. The service had a comprehensive induction programme for new staff and sessional workers. The service had a supervision policy and there was an expectation that social workers received monthly formal supervision and inspectors found that to be the case. Staff received appropriate training that enabled them to provide care that reflected up-to-date, evidence-based practice which enabled them to meet the needs of children and foster carers. For these reason Fostering First Ireland was found to be compliant with this standard.

Judgment: Compliant

Appendix 1 – Standards and regulations for statutory foster care services

National Standards for Foster Care (April 2003)
Theme 1: Child Centred Services
<p>Standard 1: Positive sense of identity</p> <p>Children and young people are provided with foster care services that promote a positive sense of identity for them.</p>
<p>Standard 2: Family and friends</p> <p>Children and young people in foster care are encouraged and facilitated to maintain and develop family relationships and friendships.</p>
<p>Standard 3: Children’s Rights</p> <p>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.</p>
<p>Standard 4: Valuing diversity</p> <p>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.</p> <p><i>Child Care (Placement of Children in Foster Care) Regulations, 1995</i> <i>Part III Article 8 Religion</i></p>
<p>Standard 25: Representations and complaints</p> <p>Health boards⁵ 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.</p>

⁵ 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).

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

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 board⁶ 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

⁶ 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 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*.

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 boards⁷ provide for a special foster care service for children and young people with serious behavioural difficulties.

⁷ 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 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

Part III, Article 5 (2) Assessment of relatives

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.

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 boards⁸ 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

Standard 24: Placement of children through non-statutory agencies

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.

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

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

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

⁸ 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).

people in their care.

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.

Appendix 2 — Organogram



