



Report of a Private Foster Care Service

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| Name of provider: | Five Rivers Ireland |
| Tusla Region: | Dublin North East |
| Type of inspection: | Announced |
| Date of inspection: | 6,7,8,12 April 2021 |
| Inspectors: | Caroline Browne Grace Lynam Olivia O'Connell Sharron Austin |
| Centre ID | OSV-0004248 |
| Fieldwork ID | MON-0032354 |

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:

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|---|-------------------------------------|
| 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 checked="" 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 Five Rivers Ireland foster care service and spoke with foster carers. Inspectors observed practices and reviewed documentation such as case files, foster carers' assessment files, and relevant documentation relating to the areas covered by the inspection.

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
- recruitment and retention of foster carers
- effective policies
- training and qualifications.

The key activities of this inspection involved:

- the analysis of data,
- interview with a director of the company,
- interview with the Tusla Monitoring Officer
- interview with two principal social workers
- focus group with foster carers
- focus group with team leaders
- focus group with link social workers

- review of the relevant sections of foster carers' files as they relate to the standards covered
- interviews with six child 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 participated in the focus group with inspectors.

2. Profile of the foster care service

The Service Provider

Five Rivers Ireland was set up in 2002 and was the first non-statutory foster care agency in Ireland. The agency provides foster care services across the country including - since 2009 - the provision of emergency place of safety (EPS) out-of-hours placements for Tusla. The agency also conducts relative fostering assessments for Tusla.

The foster care service operated out of offices in Dublin and Cork and comprised two directors: a chief executive officer and an operations manager, both based in Dublin. There were two social work teams, one in each office base. There were six team leaders who managed 29 social workers of which there were four senior practitioners in both the Dublin and Cork offices. The four senior practitioners carried particular responsibilities in relation to emergency placements, recruitment of foster carers, processing enquiries and co-ordinating referrals. The team leaders reported to principal social workers who in turn reported the director of the service. The agency also had a therapeutic and social care service. The social care team was supervised by a social care manager and comprised six social care workers. The therapeutic team consisted of two play therapists, two clinical psychologists, one counselling psychologist and an occupational therapist. The social care manager, psychologists, occupational therapists and speech and language therapist were supervised by a clinical lead principal psychologist. The agency provided additional services to foster carers through two education coordinators and a counselling psychologist and was supported by a finance manager and an administration team

Five Rivers Ireland had 176 foster care households across the country who provided placements for 165 children in the care of Tusla. Five Rivers Ireland had a service level agreement with Tusla for the provision of the emergency place of safety placements. It did not have a service level agreement for provision of general foster care services.

Please see Appendix 2 for Organisational Chart for Five Rivers Ireland.

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.

Five Rivers Ireland is a private foster care provider and its services are monitored by the Child and Family Agency. At the time of this inspection, the service was last inspected by Tusla’s monitoring service in October 2018 and the report was made available to inspectors at the time of inspection.

This report reflects the findings of the inspection relating to eight standards. The findings with respect to the standards are set out in section four of this report and included, safeguarding, assessment and approval, supervision and support, reviews of foster carers, recruitment and retention, staff training and qualifications, effective policies, management and monitoring of the service.

In this inspection, HIQA found that out of eight standards assessed;

- five standards were compliant
- three standards were substantially compliant.

This was HIQA’s third inspection of this service. An inspection of nineteen standards was conducted in April 2016. At that time, the service exceeded in three standards, met eight standards and required improvement in eight standards. A further inspection of six standards was conducted in May 2018. At that time, HIQA found that three standards were compliant, two standards were substantially compliant and one standard was non-compliant moderate. At that time, improvement was required with respect to the services safeguarding practices.

There were effective governance and management systems in place. Management demonstrated effective leadership and there were clear lines of accountability within the service. The service had adequate professionally qualified staff to deliver a high quality

service. Staff were aware of their roles and responsibilities. Management systems were in place to enable effective oversight and monitoring of the service. There were a range of oversight mechanisms in place to ensure a good quality service was delivered in line with standards and regulations. However, some management and oversight systems were not up-to-date at the time of inspection.

Children in foster care were protected from all forms of abuse. Five Rivers Ireland had a number of safeguarding measures in place to ensure children were protected from abuse. Staff and foster carers were aware of their responsibilities and duties under the Children First Act 2015 and Children First: National Guidance on the Protection and Welfare of Children (Children First) (2017) to safeguard and promote the welfare of children. All foster carers had received the mandatory Children First (2017) online training. However, a number of foster carers required up-to-date Children First training. All foster carers had An Garda Síochána (police) vetting. There were effective systems in place to ensure foster carers vetting was updated on a three yearly basis.

Allegations and concerns were managed in line with Children First (2017). Appropriate safeguarding measures, such as safety plans were implemented where required to ensure children placed were safeguarded. Management systems were in place to ensure allegations of abuse and serious concerns were investigated in line with Children First (2017) and the interim protocol for managing concerns and allegations of abuse and neglect against foster carers (2017). Appropriate escalation procedures had been developed by the service and procedures were implemented where there were delays in the progressing of allegations of abuse by Tusla.

All foster carers had an allocated social worker known as a link worker. Foster carers received regular support and supervision. Due to COVID-19 public health restrictions, supervision and support was provided through phone or video conferencing. Home visits were conducted as the needs arose for foster families. There were good quality records of support and supervision provided to foster carers. Records reflected discussions with foster carers about challenges they may have encountered, significant events, training and development. A multidisciplinary team were available to foster carers which provided supports such as direct work, psychological support and tailored training programmes. There was also a 24 hour on-call service available to foster carers who could seek support and advice from a member of the social work team outside office hours.

Operational policies and plans were in place to promote the provision of high quality foster care. Staff and foster carers were aware of policies and procedures with respect to relevant legislation and practice guidance to deliver a safe and quality service.

Recruitment processes were safe, in line with legislation and good practice and systems were in place to ensure all required information was available for all staff. There were sufficient resources in place to recruit and retain foster carers. The service was continually recruiting and retaining an appropriate range of foster carers to meet the needs of children who required placements. Enquiries about fostering were acknowledged and contact was made with potential applicants in a timely manner.

Comprehensive assessments were carried out of the foster care applicant's ability to carry out the role of a foster carer. However, assessments were not always completed within a 16 week timeframe in line with regulations and standards. The service director identified that some assessments had not been completed in a timely manner due to the impact of COVID 19 restrictions. Some systems in place to monitor the assessment and approval process required improvement.

The capacity of foster carers to continue to provide high quality care was reviewed regularly. However, not all foster carers had a review in line with standards. The majority of reviews completed were comprehensive and included all relevant documentation.

Training was made available to staff which enabled them to provide care that reflected best practice in providing a quality service. However, there was no central staff training needs analysis which informed a staff training plan. As a result, it was unclear how the service prioritised training for the staff team.

The majority of staff received regular supervision. Supervision provided was comprehensive and facilitated discussion about professional development and case management, however supervision records did not always reflect the progress of agreed actions. While supervisors had management training, they did not complete supervision training to carry out their duties as supervisors.

Improvement was required in relation the staff training and development plans, staff supervision and updated mandatory training for foster carers.

3. 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 | Substantially 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 | Substantially compliant |
| Standard 19: Management and monitoring of foster care agency | Compliant |
| Theme 5: Use of Resources | |
| Standard 21: Recruitment and retention of an appropriate range of foster carers | Compliant |
| Theme 6: Workforce | |

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| Standard 20: Training and Qualifications | Substantially compliant |
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This inspection was carried out during the following times:

| Date | Times of inspection | Inspector | Role |
|---------------|------------------------|--|---|
| 6 April 2021 | 10:00hrs to 17:00 hrs | Caroline Browne Grace Lynam Sharron Austin Olivia O'Connell | Lead Inspector Support Inspector Support Inspector Support Inspector |
| 7 April 2021 | 09.00 hrs to 16.30hrs | Caroline Browne Grace Lynam Sharron Austin Olivia O'Connell | Lead Inspector Support Inspector Support Inspector Support Inspector |
| 8 April 2021 | 09.00hrs to 16:30 hrs | Caroline Browne Grace Lynam Sharron Austin Olivia O'Connell | Lead Inspector Support Inspector Support Inspector Support Inspector |
| 12 April 2021 | 10:00 hrs to 16:00 hrs | Caroline Browne Grace Lynam | Lead Inspector Support Inspector |

4. 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

Children in foster care were protected from all forms of abuse. There were a number of safeguarding practices in place to ensure children were protected from abuse. A foster carer's handbook was provided to all approved foster carers which outlined safe care practices and provided guidance in relation to the foster carer's role in protecting children from abuse. Management systems were effective to ensure allegations of abuse and serious concerns were investigated in line with Children First (2017) and the interim protocol for managing concerns and allegations of abuse and neglect against foster carers (2017).

The service had a safeguarding statement and a safeguarding and child protection policy. This policy set out the roles, responsibilities and duties of both employees and foster carers under the Children First (2017) guidance to safeguard and promote the welfare of children. Additional guidance documents were also available to staff members on reporting and recording of concerns, serious concerns and allegations of abuse or neglect which was in line with Tusla's interim protocol for managing concerns and allegations of abuse or neglect against foster carers 2017. There were two designated liaison persons (DLP) identified within the service who were responsible for ensuring that the child protection procedures were followed when reporting child protection concerns to Tusla and An Garda Síochána. The service provided training to foster carers relating to the role of the DLP.

Allegations and concerns were managed in line with Children First (2017). Data provided by the service indicated that there had been seven allegations made against foster carers in the last 12 months, of which one remained under investigation. Inspectors reviewed four allegations and found that all 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 Five Rivers 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 found there were delays in notifying the foster care committee of the outcome of the allegations in three cases due to the sign off of documents. The principal social worker told inspectors that while the responsibility for investigation of allegations of abuse lay with the relevant social work department, the service were cognisant of any delays and escalated this to the relevant social work department in order to ensure allegations were progressed in a timely way.

Data provided by the area indicated that there were four serious concerns reported in the past 12 months, of which one remained under investigation. Inspectors reviewed two serious concerns and found that they were categorised correctly and managed in a timely way. The link social workers notified the foster carers, the relevant social work department and the monitoring officer.

Appropriate safeguarding measures, such as safety plans were implemented where required to ensure children placed were safeguarded. Inspectors reviewed two safety plans and found that the service took steps to ensure that all children placed were protected pending the outcome of any assessment or investigation.

There was effective monitoring and oversight of the allegations and serious concerns. The designated liaison persons held a tracker for all allegations and serious concerns. This tracker identified the progress of the investigation and identified whether an allegation had been managed in line with the Children First (2017). Inspectors reviewed the allegations tracker and found that there were two allegations which were ongoing for a number of months. Since the last inspection, the service adapted their child protection policy to include procedures for escalation where there were delays in processing serious concerns and allegations. While the tracker did not indicate whether these delays had been escalated, the principal social worker provided records to inspectors to verify that escalation procedures had been implemented where an allegation was ongoing. The DLP's also attended a monthly meeting to discuss the trackers and relevant updates with respect to the investigation of allegations and serious concerns. In addition, a

report was generated by the DLP with regard to the status of investigations of allegations and serious concerns to the senior management meeting.

Data provided by the area indicated that there was one complaint made against foster carers in the past 12 months. There was also two complaints made by foster carers in the past 12 months. There was a complaints log held by the complaints manager who was also the operations manager. The complaints log identified where the complaint was founded or unfounded and recommendations made following the outcome of the complaints. Inspectors reviewed two complaints and found that they were managed appropriately. The complaints manager provided a report the senior management team with respect to the progress of investigations of complaints.

All foster carers had received the mandatory Children First (2017) training. Foster carers spoken to were aware of their role as mandated persons in line with Children First (2017). Foster carers were required to complete refresher training in Children First (2017) every three years. However, training records indicated that there were 46 carers who required up-to-date Children First (2017) training. While, 14 of these carers were not actively fostering at the time of the inspection, and five carers had not completed the training due to personal reasons, there remained 27 carers who required up-to-date Children First (2017) training. The service director identified that the challenges of COVID 19 restrictions impacted on the foster carers' capacity to complete on-line training due to various personal circumstances and the additional care and support needs of their families. The service also provided Protecting Children, Protecting Ourselves training to their foster carers which was frequently provided on the training plan. The Protecting Children and Protecting Ourselves training covered topics such as the role of the foster carers as a mandated person. The principal social worker was assured that the majority of foster carers who had not received up-to-date Children First (2017) training had received the Protecting Children, Protecting Ourselves training. However, three foster carers required refresher training in both Children First and Protecting Children, Protecting ourselves training. The service director identified that those carers were not currently fostering and plans were in place to ensure this training was delivered.

Data provided prior to the inspection identified that all foster carers had received An Garda Síochána (police) vetting. Data provided by the service identified that two foster carers required up-to-date garda vetting. The service director identified that these foster carers vetting were being progressed at the time of the inspection. There were three young adults who had recently turned 16 and garda vetting forms were being processed at the time of inspection. The service director also identified that audits relating to garda vetting had been completed in July

2020 and January 2021. All garda vetting was tracked through the central database and link workers were notified three months in advance to ensure vetting was processed in a timely way. In addition to this, link workers completed an annual supervision form with foster carers which allowed for the review of foster carers vetting status.

There was a system in place to ensure that significant events and incidents and accidents were appropriately reported and responded to. All foster carers completed an incident report following an incident and this was reported to the operations manager and the relevant link worker. Incidents and accidents were also notified to the relevant social work department. There was a log of incidents and accidents reported however, there was no system in place to categorise these incidents or to separate incidents of a more serious nature. The operations manager identified that incidents were reviewed quarterly and data was analysed in order to categorise incidents and accidents. Where trends were identified additional supports or training was provided to the carers or children as required. Inspectors reviewed three incidents reported and found that there was appropriate follow up by the link worker and additional support and advice was provided where required.

Data provided by the area identified that there were 13 notifications related to children missing from care in the previous 12 months. These episodes of missing from care were also tracked by the operations manager. Inspectors reviewed two cases where children were reported missing from care and found that they were managed appropriately and foster carers and staff took appropriate steps. Foster carers reported these incidents to the out of hours service which was available to provide timely backup, advice and guidance when significant issues were arising for the foster carers and children placed.

Staff were provided with information about the protected disclosures policy and team leaders told inspectors that staff were aware of the steps to take if they had any concerns about a staff member or foster carer.

There were a number of measures in place to ensure children were protected from abuse. Allegations and 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. While all foster carers had received the mandatory Children First (2017) training, 46 foster carers required up-to-date training in Children First, 27 of which were actively fostering. For this reason, Five Rivers was deemed to be substantially compliant with this standard.

Judgment: Substantially 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 board prior to any child or young person being placed with them.

Summary of inspection findings under Standard 14a¹

There were clear written policies and procedures in place for the assessment and approval of foster carers. Foster care applicants were assessed by a qualified social worker against a national assessment framework in order to determine the applicant's suitability and capacity to become foster carers. Data provided to inspectors identified that there were 14 foster carers assessed in the previous 12 months. At the time of the inspection, there were 25 foster care applicants undergoing assessments. The service had developed a dedicated team in September 2020 who held responsibility for the assessment of prospective foster carers. The principal social worker advised that assessments were also conducted by link workers who also provided link work support to foster carers when required. Link workers were continuing to conduct foster care assessments throughout the COVID-19 public health restrictions, however many of the interviews were completed on-line.

Data provided by the service showed that there were 17 applicants on a waiting list for assessments. Inspectors reviewed the waiting list and found that applicants were waiting for approximately two months. The principal social worker identified that some foster care applicants requested that the assessment was put on hold as they wished for the assessment process to be completed through face-to-face meetings. The principal social worker advised that applicants were kept informed about the possible start time frames and reading material was provided to the applicants while they were awaiting an assessment.

Comprehensive assessments were carried out of the foster care applicant's ability to carry out the role of a foster carer. Files were maintained of assessments of the foster carers which included all the information and documentation required by the regulation and standards. Inspectors sampled six assessments and found that they were comprehensive, included several visits, and both individual and joint interviews with the prospective foster carers and relevant family members. Appropriate supporting documents such as medical reports, references, health and

¹ 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).

safety checks and garda vetting were sought and available on file. In addition, the applicant's children were also spoken to as part of the assessment process. The fostering assessment report made clear recommendations relating to the approval, type of fostering and number of children recommended. One foster carer spoken to found the process long but very comprehensive. Two exit interviews conducted with foster carers who left the service also identified the assessment process as lengthy but comprehensive.

Assessments were not always completed within a 16 week timeframe in line with regulations and standards. Of the six assessments reviewed, inspectors found that one assessment was completed in four months, however the remaining five assessment timeframes varied from five to 12 months. While some foster carers files identified the reason for delays such as a family bereavement, rationales for delays were not recorded on all files reviewed. Link workers also identified that assessments were not always completed within the 16 week timeframes. The service director identified that some assessments had not been completed in a timely manner due to the impact of COVID 19 restrictions.

There were monitoring and oversight mechanisms in place on the assessments and approval process. However, some oversight mechanisms were not always updated with all the required information. An assessment tracker was in operation which allowed for management's oversight of the progress of the assessment. This tracker required updates with details of the progress of assessments at specific points in the assessment process. The tracker also monitored the training provided to applicants and when the assessment was sent to the foster care committee. Inspectors reviewed this tracker and found that it was not always updated in a timely way. While rationales for delays in completing some assessments were recorded on the assessment tracker, this was not up-to-date in all assessments which had exceeded the 16 week completion timeframe. Furthermore, when assessments were not completed in the 16 week timeframe, the dates of completion were not always recorded. While the dates of submission to the foster care committee were available, this did not indicate this was the date the assessment was completed.

Supervision of assessing social workers was also used as a mechanism to monitor the timeliness and quality of assessments. The principal social worker told inspectors that there was a specific supervision template for assessing social workers which allowed management team to oversee the assessment process. Link workers also told inspectors that supervision of the assessments was comprehensive and monitored the timeliness of assessments. Inspectors found that there was comprehensive supervision provided to the assessing social

workers while the assessment was ongoing. Management meetings were also used as a mechanism to monitor the progress of assessments. The principal social worker provided a monthly report which provided details of the ongoing assessments, foster care approval and waiting list for assessments.

Contracts were on files for the majority of carers. The service provided contracts for the general terms and conditions of a being a foster carer. In addition, to the general contract, when a placement was made with the foster carers, there was a formal written contract in respect of each child placed and the foster carer was provided with a copy of the contract. However, inspectors found in one foster carer file, the contract on file was not the correct contract. Inspectors brought this to the attention of the principal social worker who assured inspectors that this would be addressed in a timely way.

There was a clear process in place for the approval of foster carers and their placement on the relevant foster care panel. Once a foster care assessment was completed, they were forwarded to the relevant foster care committee where the foster carer resided for recommendations for approval. Letters were provided by the foster care committee for approval as foster carers.

There were clear written policies and procedures in place for the assessment and approval of foster carers. Comprehensive assessments were carried out of the foster carers' ability to carry out the fostering role. There were monitoring and oversight mechanisms in place on the assessments and approval process. For this reason the service was deemed to be compliant with the standard.

Judgment: Compliant

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

All foster carers had an allocated social worker known as a link social worker. Link social workers provided foster carers with support and supervision and ensured that foster carers had access to information, advice and support necessary to enable them to provide high quality care. A comprehensive foster carer's handbook was provided to foster carers outlining information on a range of issues relating to foster carers to guide them in their role.

Foster carers received regular formal support and supervision. Inspectors reviewed 21 foster carers' files and found that foster carers received regular support and supervision. There was a guidance document available which outlined that foster carers received support and supervision visits on a monthly basis to ensure they had the necessary guidance, support and direction available to provide safe, quality care to children. Due to the COVID-19 public health restrictions, link workers provided monthly supervision and support over the phone or via video conferencing. 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.

The director of the service completed an audit in January 2021 of the support and supervision provided to all foster carers in the previous year. The audit identified the number of link work visits to the home, and the frequency of phone calls and video conferencing provided to foster families. This audit identified that eight foster families had not had link worker visits to the foster carers' homes in the previous 12 months. The director of the service provided assurances that all foster carers had since been visited in the last 12 months and actions were taken following this audit to ensure visits were taking place and records were available on file. A survey completed in December 2020 by foster carers identified that the majority of foster carers (88%) were satisfied with the level of support provided and identified the 24 hour on-call service was a great support.

There were comprehensive records of support and supervision on foster carers files. The supervision and support template used by the service recorded discussions regarding many issues such as challenges or difficulties, incidents, accidents, significant events, health, wellbeing, training and development. However, inspectors found that records did not always specify whether the supervision and support was provided virtually or whether there was a home visit to the foster carer's home.

The service had developed a specific supervision template to be completed with foster carers on an annual basis. The use of this supervision template allowed the link worker and foster carer the opportunity to reflect on the foster carers capacity and allowed the link worker to identify what was going well and any areas for development. This forum also provided the link worker an opportunity to ensure implementation of review recommendations, ensure training was provided and documents such as garda vetting was in place. However, an audit completed by the director identified that this supervision tool was not always available on the foster carers file. As a result, this tool was not always accessible for monitoring and oversight purposes.

Team leaders also completed audits in relation to supervision and support provided to foster carers. These audits were completed six monthly and a sample of three foster carers files from each link worker were reviewed. This audit focused on the quality of support and supervision provided in the previous six months. The findings of these audits were discussed with link workers during their supervision meetings. Record of staff supervision showed that these audits were discussed in supervision with their manager.

There was a good level of support available to foster carers. Additional supports and services were in place for foster carers caring for children with complex needs. The service had a multidisciplinary team which provided supports to both foster carers and children as required. Examples of supports included direct work, psychological support and play therapy. This team were also involved in developing tailored training programmes for foster carers and staff. The service also had an educational officer who provided educational support to children as required. Respite was also made available to foster carers in order to support foster carers with appropriate breaks.

Data provided by the service identified that there 25 unplanned endings in the previous 12 months. Inspectors reviewed six files where the placement had ended in an unplanned way. Inspectors found that there was a good level of support provided to foster carers such as support and supervision, respite, and allocation of a social care worker to complete direct work with the family. In one case

reviewed, the link worker attended professionals meetings with the Tusla social work team. In three of the six files reviewed the lack of appropriate matching was identified as a factor contributing to the placement disruption and clear recommendations were made. Four of the six files reviewed showed that a disruption meeting occurred with foster carers, link social workers and child in care social workers in order to reflect on the placement and to discuss reasons why they placement ended. While there was a system in place to ensure foster carers had appropriate information when a child was placed through pre-placement meetings and information provided about the child, some foster carers identified that sufficient information was not always available at the time of the child's placement.

The service provided informal support to foster carers through a range of ways such as family days, coffee mornings and foster carer awards events. However, since the COVID-19 restrictions these support events were no longer occurring within the service. A foster carer forum had been established in 2019 and had been facilitated online during the COVID-19 restrictions. This forum sought foster carer representatives from all regions to represent all foster carers through regular meetings with the service team. This forum facilitated feedback from foster carers with respect to issues arising for foster carers and to share information. Foster carers also identified that attending online training with other foster carers acted as support as it provided an opportunity to meet other carers and support each other. Foster carers spoken to told inspectors that they received good support and the link worker advocated on their behalf for services for the child as required. Three foster carers told inspectors that they were not satisfied with the level of supports provided. Inspectors spoke to six child in care social workers during the inspection and they identified that there was a good level of support provided by link workers to foster families. There was also a good level of communication between the link social worker and the child's social worker.

The service provided 24 hour on-call support to foster carers through a dedicated telephone number. There was a formalized procedure in place for the on-call service. Link workers were on duty for the on call support service on a rota basis and managers were also available to support them. Inspectors reviewed three exit interviews completed by foster carers who identified the supports provided by the service as good and two foster carers identified that the on-call service was invaluable to them in their role as foster carers.

Training was also provided to foster carers on an on-going basis in order to ensure they had the necessary skills and knowledge to provide high quality care. A training and development coordinator developed a comprehensive training schedule and foster carers were requested to attend at least three training events

year. Link workers supported foster carers to identify training which may allow them develop their skills and knowledge through monthly supervision and support meetings and through the foster carer reviews. Foster carers told inspectors that they received the training schedule on a six monthly basis.

All foster carers had an allocated social worker. Foster carers were provided with information, support and advice to enable them to provide high quality care. Foster carers received regular, formal supervision and support. Comprehensive records of support and supervision which included in-depth discussion about the fostering role were available on files. There was a good level of support available to foster carers such as the out of hours on-call service and additional supports were in place for foster carers where required. For these reasons, Five Rivers was deemed 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

Foster carers participated in regular reviews of their continuing capacity to provide high quality care and to assist with the identification of gaps in the fostering service. In line with national standards, foster carers are required to partake in a review one year after the first placement and subsequent reviews take place at three yearly intervals. Data provided by the service showed that 55 foster carers had a review in the previous 12 months. Additional reviews were held following assessments or investigations of abuse or neglect, serious complaints or in circumstances where in the view of the foster care committee, the child and family social worker, the link worker or foster carer that one was warranted. Data provided by the service identified that five additional reviews were conducted in the previous 12 months following a serious concern or investigation.

The service had guidance documents available to guide link workers on tasks to be completed for an upcoming review. Prior to a review meeting, the allocated link worker collated all information relevant to the foster carers suitability to foster in addition to ensuring necessary documentation such as garda vetting, medical reports and health and safety checks were updated. The link worker also collated the views of the children placed with the foster family, the child's social worker and foster carers.

There was a system in place to track the progress and scheduling of reviews to ensure reviews took place as often as required by the regulations. The service director also identified that the central database alerted each link worker three months before a review was due. The management team had oversight of the scheduling of reviews through the use of a tracker. The tracker identified the foster carer's most recent review, when it went to the foster care committee and when the next review was due. The principal social worker told inspectors that the tracker was used to monitor review timelines and was also used to oversee the scheduling of reviews. Inspectors reviewed nine foster carer reviews and found that all reviews were carried out in line with standards. While one foster care review was delayed the reason for this delay was recorded. The review tracker identified that there were eight reviews overdue and the rationale for delay was recorded for the majority of these overdue reviews. The service director identified that COVID 19 restrictions had impacted the completion of some foster care

reviews and the submission of reviews to the foster care committee due to various reasons such as the accessibility of medical reports, conducting health and safety checks and the need to conduct the review in person in some cases.

Reviews conducted were comprehensive and of good quality. Inspectors reviewed nine foster carers' reviews, and found that eight out of the nine reviews were comprehensive. However, one foster care review did not consider the training and support needs of the foster carer. Records of the review meetings including discussions, decisions and recommendations were held on the foster carers file. Reports were completed by all relevant parties which included the foster carers, the child in care social worker, link workers report and these reports were incorporated into an overall review report. Review reports sampled by inspectors considered the performance of the foster carers, their training requirements and changes to their circumstances, health and adequacy of supports provided. Reviews were chaired by a team leader and all relevant parties were invited to attend. The link worker prepared a report which the team leader signed and all forms are sent to the Foster Care Committee. Of the nine reviews sampled by inspectors, there was a delay of seven months at the time of this inspection in one review being considered by the foster care committee. The principal social worker had taken steps to request that this review was considered by the foster care committee in a timely manner. Four of the nine reviews sampled were completed following a serious concern or unplanned endings. Foster carers told inspectors that the review process was regular and thorough and it was a way to bring up any issues they had encountered while fostering. Foster carers identified that the review process was a positive experience and it allowed time for reflection and to consider their needs as foster carers.

There was a system in place to ensure that the recommendations from reviews were implemented in a timely way. The principal social worker and link workers identified that there was an annual supervision template completed with foster carers which provided oversight of the foster placement and provided an opportunity for the link worker to identify any outstanding actions following the foster care review. However, an audit of support and supervision in January 2021 showed that not all annual supervision records were uploaded to foster carers' files. At the time of the last inspection, the service identified that the tracker for reviews would be expanded to include tracking of recommendations from reviews. However, the tracker provided to inspectors did not record recommendations from reviews in order to allow for managerial oversight to ensure implementation of recommendations in a timely way. The service director identified that this was subsequently amended and included during the inspection.

Foster carers participated in regular reviews of their continuing capacity to provide high quality care. Reviews completed were comprehensive and of good quality. There was a tracking system in place to oversee the scheduling of reviews and to ensure they were completed in line with regulations. While there were eight foster care reviews overdue, rationales were recorded for the delay in their completion. For this reason, Five Rivers was deemed 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. The service provided information and guidance to foster carers with respect to the service, relevant legislation and practice guidance relating to key aspects of fostering such as recruitment of foster carers, reviews, supervision and supports and complaints.

There were governance structures in place to ensure policies were up-to-date and in line with national policy, standards and regulations and were consistent with relevant legislation, professional guidance and international best practice. Policies and procedures were reviewed by management and the senior management team. Documentation provided 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. While the majority of policies reviewed were up-to-date and in line with relevant legislation inspectors found that the some aspects of the foster carers handbook was not up-to-date and required review to ensure it was in line with national policy and relevant legislation.

Staff were aware of the policies and procedures in place to deliver a safe and quality service. Staff told inspectors 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. Staff policy workshops were held each year in order to

ensure staff were aware of policies and to provide an opportunity for staff to provide feedback in relation to the implementation of policies and procedures.

The service operated a partnership approach and sought feedback from foster carers and other agencies. A foster carer's survey was completed in December 2020 in order to give carers the opportunity to articulate their own voice in relation to fostering and to work in a focused way to benefit children in care and foster carers. There was also a foster forum where there was a regional representative for foster carers which enabled effective communication and enabled foster carers to provide feedback to the organisation. The service director identified that Tusla area governance meetings were used as a mechanism for addressing the needs of children in foster care. These meetings were also used as a mechanism for planning the development and delivery of the service.

There was ongoing evaluation of the service in order to ensure that there was continuous quality improvement. While there was no service needs analysis document available, the service director told inspectors that the needs of the service were reviewed on an ongoing basis. A monthly report provided by the management team outlined the needs of the service with respect to the approved foster carers, new enquiries, referrals and any identified gaps in the service were reviewed.

There were plans in place for the ongoing development and delivery of the service, however these plans lacked details such as timeframes for completion and persons responsible for their completion. The service plan identified referrals received from Tusla in 2020, recruitment and resources available to meet those needs and identified key areas for growth with a view to increasing placements and to broaden the range of placements. The director of the service told inspectors that Tusla were in the process of a procurement process. As a result, the details of the service required by Five Rivers and the service plan had not been finalized at the time of the inspection.

There was a policy in place for the transfer of cases and the service ensured that due diligence was adhered to. Inspectors reviewed two files where foster families transferred to the service. All necessary documentation was provided at the time of transfer and was available on foster carers' files.

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. The service operated a partnership approach and sought feedback from foster carers and other agencies. Due diligence was adhered to and all necessary documents were available on files where foster carers had transferred

to the service. There were governance structures in place to ensure policies were up-to-date and in line with national policy. While the majority of policies were up-to-date and in line with national policy and relevant legislation, some aspects of the foster carers handbook was not up-to-date and required review. For this reason, Five Rivers was deemed to be substantially compliant with this standard.

Judgment: Substantially 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

There were effective structures in place for the management, monitoring and delivery of a high quality service. Monitoring and quality assurance systems were in place to ensure that children and families received a good quality service.

The service demonstrated effective leadership and staff were held accountable for the service. There were clear lines of accountability. There was a board of four directors, of which, two directors had direct roles in the management of the service. The management team consisted of a managing director and a director of operations, one principal social worker, one acting principal social worker and one clinical lead of the multidisciplinary team. An external consultant was also providing support to the management team. This external consultant's role related to governance and quality assurance and they reported to the managing director and the board of directors. The external consultant provided mentoring to the management teams. This consultant also supported the managing director with supervision of the management team in the service. There were six team leaders who had direct oversight of 29 link social workers.

Staff were aware of their roles and responsibilities. Staff members spoken to knew their roles and responsibilities and they were supported to deliver a good quality service to children and families. There were clear policies and procedures in place which were accessible to staff. A recent staff survey identified that staff felt supported in their roles. Staff spoken to were aware of the relevant policies and procedures and implemented them on a daily basis. Staff also told inspectors that there was a good level of support within the service. There was a staff handbook available which provided guidance on all relevant policies and procedures. There were clear procedures in place to manage complaints, allegations and other disciplinary issues involving staff members.

The service had effective management and governance systems in place to provide for effective oversight by the management team. Monthly reports were generated by the management team with respect to their caseloads and areas they were accountable for, such as, foster care assessments, allegations and serious concerns investigations and placement breakdowns. Management meetings were held monthly and records provided showed that there were robust discussions with respect to many issues such as staff and caseloads, foster care

assessments, risk management and recruitment. Reports were also generated by the principal social workers and were presented to the senior management team. These reports focused on various roles the principal social worker was held accountable for and included information on staff capacity, foster care placements, allegations and serious concerns, staff caseloads and improving quality, status of foster care assessments and complaints. Some other systems of oversight included the use of supervision, audits and trackers, however, some trackers used were not always updated in a timely way.

Serious and adverse incidents were promptly notified and appropriately managed. The operations manager had oversight of all serious incidents. Foster carers completed an incident report within 24 hours of an incident occurring. This incident report was sent to the link worker and the operations manager. All incidents reports were reviewed by the operation manager and notified to the relevant social work department. The operations manager identified that he reviewed serious incidents and identified any reoccurring incidents or trends. However, the system used did not allow the categorisation of incidents. As a result, the trending of issues arising for children and foster carers was completed manually.

Systems were in place to ensure all necessary documentation was available and fully compliant with the statutory requirements and standards. However, some systems required improvement. Inspectors reviewed 10 foster care files and found that there were comprehensive records on foster carers' files which were well organised and up to date. However, inspectors reviewed seven files for children's care plans and found that four were not up to date. As a result, key statutory documents about the child's plan of care were not available to foster carers in order to inform them with respect to children's need and actions in place to meet those needs. Inspectors reviewed nine files for children's care orders and voluntary consent and found that these were on files reviewed.

There were effective communication systems within the service. The senior management team met on monthly basis. Members of the management team such as team leaders and senior practitioners provided reports to the senior management team before meetings. There were also link work team meetings, sub group meetings and peer support group meetings. There were team development days held twice yearly to allow reflection among the staff team and discussion about the implementation of policies and procedures. Inspectors spoke with social workers who identified that the service had good communication systems and they were satisfied that information was shared with them as required.

There was a risk management framework in place which covered the identification and management of risk and the measures in place to control risks. Once a manager found that a risk identified required a higher level of scrutiny they were escalated to the live risk register. The risk register was reviewed by the management team at team meetings and was also reviewed on a six monthly basis. Inspectors reviewed the risk register and found that all risks identified had appropriate controls and mitigating actions were identified. However, the risk register provided was not up-to-date.

There were systems in place to monitor the quality of the service. The Tusla monitoring service had completed a monitoring visit of the service in October 2018. The monitoring service had identified actions for the service in relation to safeguarding, supervision of foster carers and notification of significant events. Inspectors found that actions were implemented for the majority of deficits identified by the monitor. For example, a bi-annual supervision form was introduced that allowed the service track foster carers training, a standard template was developed for safety plans to ensure consistency, and the supervision template for foster carers providing both general and emergency placements was amended to reflect oversight of the foster carers ongoing capacity to provide care and the impact of any other foster placements which the foster carer is providing on other children in the placement. However, the absence of a service level agreement identified on the monitor's visits were also identified on this inspection.

Service level agreements were not in place specifying requirements, expectations and reporting arrangements with Tusla. There was an extension of the service contract for the emergency out of hours foster care service for a period of six months on the terms and conditions, as set out in the original service agreement. While there was a service level agreement with respect to foster carers providing the emergency out of hour's service on behalf of Tusla, there was no service level agreement in place for the general foster care service provided on behalf of Tusla. The Tusla National Director for Service 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. The service director identified that Tusla was finalizing the procurement process and this was not concluded at the time of the inspection.

Tusla held area governance meetings with Five Rivers management team in order to ensure effective oversight and monitoring of the service provided. These meetings occurred quarterly. Inspectors reviewed meeting records and found that

Five Rivers provided updates to Tusla with respect to the service which included an update of placements made, child protection notifications, significant events, assessments and reviews of foster carers. The service also held quarterly meetings with the national out of hours service to discuss the operation of the service provided. Minutes recorded agreed actions and persons responsible for their implementation. The principal social worker told inspectors that three meetings occurred in 2020 and no meetings occurred this year to date. The service also participated in meetings with other Tusla service areas. However, this was not in place for all service areas, the principal social worker told inspectors that the Munster and mid-west were in the process of establishing these meetings. Minutes of meetings held varied in quality. Some records provided showed that the service used these meetings to request that all required documents for children in care were requested and issues with documents were escalated at these meetings.

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. There were systems in place to provide for oversight by the management team. For this reason, Five Rivers was deemed to be compliant with this standard.

Judgment: Compliant

Theme 5: Use of Resources

Services recruit sufficient foster carers to meet the needs of children in the area. Foster carers stay with the service and continue to offer placements to children.

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

Health boards⁴ 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.

Summary of inspection findings under Standard 21

The service was continually recruiting and retaining an appropriate range of foster carers to meet the needs of children who required placements. There were sufficient resources in place to recruit and retain foster carers. The service had recently developed an assessment team whose responsibility was to complete foster care assessments. Data provided prior to the inspection identified that there were 25 foster care applicants undergoing an assessment at the time of inspection. There were 17 foster care applicants on the waiting list for assessments.

Five Rivers recruited general foster carers for both short term and long term placements in addition to foster carers who provided emergency place of safety placements for children and young people who came into care through Tusla Crisis Intervention Service. Five Rivers operated an emergency place of safety placements in conjunction with Tusla since 2009. The service had 25 recruited foster carers who were approved for emergency placements. These carers were based all over the country and were on call on a nightly basis. Once a placement was made Five Rivers followed up with the relevant social work department the following day to agree a plan for a child's ongoing placement. When required, Five Rivers extended the emergency placement where there was no ongoing placement available for the child.

In some circumstances, foster carers provided both emergency placements and general foster care placements at the same time. This arrangement was in place in response to the ongoing need for emergency foster placements nationwide. It

was also in place as the service recognised that where demand for emergency placements was low, foster carers discontinued providing emergency placement in order to provide general foster care. In these circumstances, an agreement was in place to ensure clear governance and support processes were in place for these families. The principal social worker identified that a risk assessment was completed when a referral was received for an emergency placement, this risk assessment also considered the impact of the placement on other children placed with the foster carers. The service directors identified that a placement would need to be agreed with relevant social work department if children were already placed with the foster carer in order to ensure all children placed were safeguarded and that any placement made would not pose a risk to any current placement.

The service director identified that there was a shortage of carers providing emergency placements at the onset of the COVID-19 pandemic due to a number of carers requesting to be put on-hold due to the nature of the service offered and the risk of contracting COVID-19 at that time. However, the service director told inspectors that there was no shortage of emergency placement foster carers at the time of the inspection. The service director identified that there was a gap in emergency carers who could provide specialised placements, for example, for a child with additional needs and they were seeking to recruit carers in this area.

There was a system in place to monitor and review the profiles of existing foster carers and systems to identify gaps in the service. The range of existing foster carers within the service was continuously monitored by the management team. The service director identified that the recruitment process was fluid and that the management team were informed by reports produced by the senior practitioners who analysed referrals and enquiries in order to determine where the service needed to target their recruitment of carers. Monthly reports provided to inspectors showed the range of available foster carers available within the service.

The service director identified that while the Tusla procurement process was not complete, clearly defined objectives and timelines with regard to recruitment were not available at the time of the inspection. While the service director was satisfied that they had an appropriate number and range of foster carers available, gaps were identified for children progressing from emergency placements to long term placements. In addition, the service objective was to provide increased multidisciplinary support to current foster carers due to the complexity of children's needs. The service plan identified that it was a service objective to broaden the range of placements including enhanced placements and to increase the number of placements in order to achieve sustained growth.

The service was actively involved in recruiting foster carers to ensure there were appropriate number and range of foster carers available to meet the needs of children. Recruitment was derived from online campaigns and the service was continually evaluating the effectiveness of online campaigns. The principal social worker identified that foster carers were involved in the recruitment of foster carers prior to the online media campaigns. The service was reviewing how they could involve foster carers in their ongoing recruitment campaigns.

There was an effective system of oversight and monitoring of response time to applications for fostering. The service used a tracker which identified when the enquiry was made and all follow up actions taken by the service following this initial enquiry. This tracker showed that information for prospective carers was readily available and interested parties were afforded prompt and informed responses to their enquiries. People who made enquiries about fostering were provided with an application form and information booklet about fostering. Once the application forms received it was allocated to a social worker to complete an initial visit to the applicants.

The service was had a number of retention strategies in place. There was a good level of support provided to foster carers. However, due to COVID-19 restrictions, some of these supports such as coffee mornings and foster carer awards events were no longer available. Supports currently provided to foster carers included:

- monthly support and supervision
- out of hours service
- respite
- availability of additional supports when required
- support from the multidisciplinary therapeutic team
- training
- a foster care forum.

A survey was completed of foster carers within the service in order to enable foster carers to provide feedback on issues that were important to them. 88% of foster carers identified that there was positive support available to foster carers. The challenges identified related to information available with respect to children being placed in foster care, managing challenging behaviors, and the training programme available. Inspectors spoke with a focus group of 13 foster carers who were also satisfied with the supports provided by the service. Inspectors also spoke with nine foster carers individually of which six commended the supports provided by the service. Some carers were not satisfied with the level of supports available for children. In some instances, issues raised by these foster carers

related to the availability of comprehensive assessments of the child's needs and additional supports, however, in some instances these issues were interrelated with the level of support provided by Tusla.

The service also sought the views of foster carers who had left the service through exit interviews in order to inform the services approach to training, support supervision recruitment and retention of foster carers. Inspectors reviewed three exit interviews and found that feedback was positive with respect to the support provided to foster carers. The principal social worker identified that these interviews were discussed at management team meetings and informed the service.

There were sufficient resources in place to recruit and retain foster carers and the service was continually recruiting an appropriate range of foster carers. There was a system in place to monitor and review the profiles of existing foster carers and to identify gaps in the service. Foster care applicants were responded to in a timely way and there were effective systems of oversight and monitoring of response times to foster care applicants. There was a good level of support provided to foster carers and there were a number of retention strategies employed by the service. For these reasons, Five Rivers was deemed to be compliant with the standard.

Judgment: Compliant

Theme 6: Workforce

Each staff member has a key role to play in delivering child-centred, effective and safe services to support 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 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

Recruitment processes were safe, in line with legislation and good practice and systems were in place to ensure all required information was available for all staff. The service had adequate professionally qualified staff to deliver a high quality service. Staff had the necessary competencies and skills to care for and support children and foster carers. There was a mixture of new staff members and experienced staff members with various levels of skills and experience. Inspectors reviewed ten staff files and found that all staff had the necessary qualifications, garda vetting and professional registration. While four staff files did not contain staff qualifications, these documents were provided in a timely way during the inspection. The director of the service also completed an audit of staff files in order to ensure that staff had the necessary professional registration and garda vetting and any deficits in record keeping identified were addressed.

A culture of learning was promoted through training and professional development. However, there was no centralised staff training needs analysis to inform a staff training plan. There was a staff induction programme which outlined details of policies and procedures and provided an overview of the social work roles and responsibilities. There was evidence of induction periods for new staff members and induction plans were available, however documentation on staff files did not show evidence of a probation period being completed.

Ongoing training made available to staff enabled them to provide care that reflected up-to-date evidence based practice. Staff spoken to demonstrated knowledge and competence with respect to their roles within the service. There was a training schedule which outlined training to be made available to the staff team. The training schedule identified that there were numerous training

opportunities available to staff. Training provided included foster care assessments and the supervision of assessments, training to support staff and families in a therapeutically informed way, social media and the impact of trauma training. The service director identified that staff provided feedback with respect to individual training received. The staff training plan showed that staff and foster carers also had the opportunity to attend joint training programmes.

There was no central staff training needs analysis which informed a staff training plan. The principal social worker identified that staff training needs were identified through individual staff supervision and appraisal system where staff and their supervisor discussed training and development needs. However, inspectors found that three staff members did not have a staff appraisal on file. Staff identified that training needs were self-directed and training was made available when requested. The service director also identified that staff training was also discussed at management meetings. However, there was no central staff training needs analysis and it was unclear how the service identified or prioritised appropriate training for staff or developed a training plan for the organisation. While staff training was recorded and available on individual staff files, central staff training records were not available.

Staff received formal supervision which was supported by a supervision policy. The supervision policy outlined that supervision was provided on a monthly basis to all staff. The service had recently updated their supervision policy and told inspectors that it was not yet operational at the time of the inspection. The updated supervision policy stipulated more specific supervision timeframes for link workers, social work team leaders and principal social workers.

Inspectors found that staff on the management team such as team leaders received supervision on an eight weekly basis. In addition, social work team leader's supervision contracts outlined that supervision was conducted every eight weeks, contrary to the policy in operation at the time of the inspection. Four team leaders had received supervision in line with their supervision contracts. Inspectors also reviewed five link social work staff files and found that they were provided with monthly supervision. However, one staff member had not received supervision in line with policy or their supervision contract which stipulated supervision was to be provided every eight weeks. In this staff file, inspectors found that there were two supervision records available for 2020 and one record of supervision record available for 2021. While supervisors had management training, they did not complete staff supervision training to carry out their duties as supervisors. The principal social workers told inspectors that the service were in

the process of accessing training in the development of the management role which will incorporate the supervisory role.

Supervision reviewed by inspectors was comprehensive and facilitated discussion about professional development, provided support to staff in addition to case management. While supervision records noted clear decision making, inspectors found that in four files reviewed records did not indicate progress being made in implementing actions decided at previous supervision.

An audit of staff supervision identified that an induction process was implemented for new staff members and increased frequency of supervision was provided to newer staff members. The audit identified the frequency of supervision and rationales were recorded if a supervision session was not provided in line with expected frequency.

Recruitment processes were safe and in line with legislation and best practice. All required information was available on staff files. Ongoing training was made available to staff to enable them to provide high quality care. However, there was no centralised staff training needs analysis which informed the staff training plan. Staff received formal regular supervision. However, supervisors did not complete supervision training to carry out their duties as supervisors. One staff member had not received supervision in line with policy. Supervision provided was comprehensive, however some records did not reflect the progress of actions agreed at the previous supervision. For these reasons, Five Rivers was deemed to be substantially compliant with this standard.

Judgment: Substantially Compliant

Appendix 1 – Standards and regulations for statutory foster care services

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| 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 - Five Rivers Ireland - Organizational Chart

