

Statutory foster care service inspection report

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



Name of service area:	Cavan/Monaghan area	
Dates of inspection:	6 November 2017 – 9 November 2017	
Number of fieldwork days:	3	
Lead inspector:	Sabine Buschmann	
Support inspector(s):	Tom Flanagan Rachel McCarthy	Ann Delany Lisa Horgan
Type of inspection:	<input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced <input type="checkbox"/> Full <input checked="" type="checkbox"/> Themed	
Monitoring event number:	Mon - 0020099	

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About monitoring of statutory foster care services

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

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

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

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

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

As part of the HIQA 2017 monitoring programme, HIQA is conducting thematic inspections across 17 Tusla services areas focusing on the **recruitment, assessment, approval, supervision and review of foster carers**. These thematic inspections will be announced, and will cover eight national standards relating to this theme.

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 checked="" type="checkbox"/>
Theme 6: Workforce	<input type="checkbox"/>

1. Inspection methodology

As part of this inspection, inspectors met with the relevant professionals involved in foster care services and with 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 theme.

During this inspection, the inspectors evaluated the:

- assessment of foster carers
- safeguarding processes
- effectiveness of the foster care committee*
- supervision, support and training of foster carers
- reviews of foster carers.

The key activities of this inspection involved:

- the analysis of data
- interview with the area manager, one principal social worker and social work team leader
- interview with the chairperson of the foster care committee and review of minutes of the foster care committee
- separate focus groups with fostering social workers, children in care social workers and with foster carers
- review of the relevant sections of 52 foster carers' files as they relate to the theme
- observation of a foster care committee meeting.

Acknowledgements

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

2. Profile of the foster care service

2.1 The Child and Family Agency

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

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

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

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

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

2.2 Service Area

Cavan/Monaghan is one of the 17 service areas in the Child and Family Agency (Tusla). The area is comprised of a large rural configuration of Cavan and Monaghan bounded by the border with Northern Ireland. The geographic area covers 1245 square miles.

The total population of the area based on the 2016 Census is 137,562. There are 37,587 children (27.3%) of the total population which is slightly above the national average of 26%.

Cavan/Monaghan is ranked as a deprived area relative to the national average (Pobal H.P deprivation index) with an unemployment rate of 12.4% in Monaghan and 15% in Cavan compared to the national average of 12.2%.

13.2% of the population in the area classify themselves as non- Irish nationals, while 0.54% of the population classify themselves as Irish Travellers.

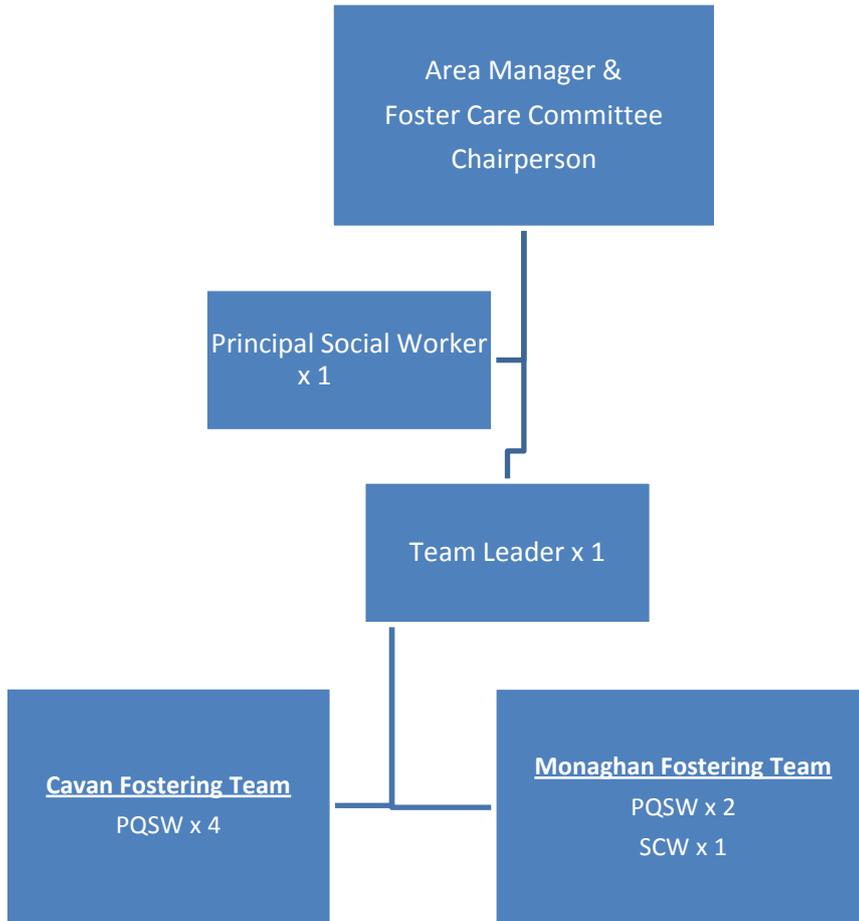
The area is characterised by a large rural spread with Tusla's offices based in the two main towns of Cavan and Monaghan. There are currently 158 children in foster care in the area. There are 128 children in general foster care, 28 in relative care and 2 in residential care. There are 113 foster care households in the area, 97 of those are general foster carers and 16 are relative carers.

The area manager reports to the service director for Tusla Dublin North East. There is currently one principal social worker who holds responsibility for children in care and the fostering team. The fostering team consists of a social work team leader, six social workers and one social care worker. The team is bi-located in the towns of Cavan and Monaghan. The area has a foster care committee.

The organisational chart in Figure 1 on the following page describes the management and team structure as provided by the Tusla service area.

Figure 1: Organisational structure of Statutory Foster Care Services, in Cavan Monaghan Service Area*

Cavan Monaghan Foster Care Service



* Source: The Child and Family Agency

3. Summary of inspection findings

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

This report reflects the findings of the thematic inspection, relating to the recruitment, assessment, approval, supervision and review of foster carers, which are set out in Section 5 of this inspection report. The provider is required to address a number of recommendations in an action plan which is attached to this report.

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

- one standard was substantially compliant
- seven standards were non-compliant of which:
 - five were identified as moderate non-compliances and
 - two were identified as major non-compliances.

Not all allegations were managed in line with the Children First: National Guidance for the Protection and welfare of Children (2011) (Children First, 2011) and children were not always appropriately safeguarded when an allegation had been made. Four of the nine allegations had not been managed in line with Children First (2011) and two of the allegations had not been risk assessed nor had appropriate safeguards been put in place. Inspectors requested that the area manager undertake a review of the nine allegations that had been made in the 12 months prior to the inspection to assure himself that they had all been managed in line with Children First (2011) and that the necessary safeguards were in place. In addition, inspectors escalated one case where there was no safety plan in place and the area manager responded with an appropriate plan to address the risk.

Appropriate safeguarding arrangements, such as An Garda Síochána (police) vetting and adequate home visits by link workers, were not in place for all foster carers. Inspectors escalated two cases to the area manager where there was an absence of vetting and he responded identifying that Garda vetting forms were being completed by the carers and the safeguarding arrangements while the vetting was sourced.

Inspectors also escalated three cases sampled where there was no record of Garda vetting for a number of household members aged 16 years and over and requested that the area complete an audit to determine the number of adults (including children over 16 years) who had no record of Garda vetting of file and the

safeguarding arrangements while the vetting was sourced.

The majority of assessments in the area were of good quality. A regional assessment team had been established in 2016 to undertake assessments of general foster carers. However, not all assessments were completed in line with the timelines set out in the standards.

Foster carers received foundation training before their approval as foster carers. However, there was no overall training strategy for foster carers in the area and a comprehensive training needs analysis had not been completed.

Not all foster carers had an allocated link social worker. Inspectors found that, out of 113 families, 15 did not have an allocated link social worker. However, the unallocated foster carers were supported and visited by a social care worker supported by the social work team leader. The quality of support and supervision varied.

Comprehensive reviews of foster carers were not carried out in line with regulations and Standards. Of the 113 foster carers in the area, 42% (52) had not had a review in the last three years. The absence of reviews had been identified as a significant risk following the last inspection in 2015 but the actions put in place to manage the risks had not been successful. Of the 16 reviews completed 12 months prior to the inspection the quality and timeliness of the reviews for the majority sampled (70%) was poor. The area had a plan in place to address the backlog of reviews but this plan did not outline what criteria the area would use to prioritise the outstanding reviews.

The foster care committee comprised a range of members who were experienced in childcare and their work was effective. However, it was not fully compliant with the Standards and national policy, procedure and best practice guidance. The chair of the foster care committee was also the area manager which was not in line with current policy as it presented as a conflict of interest. The area manager did not have a plan in place to address this deficit.

There was not a sufficient number of foster care placements available in the area. Data provided by the area at the time of the inspection detailed that there were 24 foster care placements available within the area. However, there were also 28 foster care households who were providing placements outside of their approval status and 10 foster care households where the number of unrelated children placed exceeded standards. There was an overall formal recruitment strategy in place in the area for 2017. Data returned to HIQA by the area showed that there were three recruitment campaigns and 20 information evenings held in the 12 months prior to this inspection. The response to the campaign resulted in 20 new

foster carer applications.

4. Summary of judgments under each standard and or regulation

During this inspection, inspectors made judgments against the National Standards for Foster Care. They used four categories that describe how the national standards were met as follows. We will judge a provider to be compliant, substantially compliant or non-compliant 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	Non-compliant — Major
Standard 14a: Assessment and approval of non-relative foster carers	Substantially compliant
Standard 14b: Assessment and approval of relative foster carers	Non-compliant — Moderate
Standard 15: Supervision and support	Non-compliant — Moderate
Standard 16: Training	Non-compliant — Moderate
Standard 17: Reviews of foster carers	Non-compliant — Major
Theme 4: Leadership, Governance and Management	
Standard 23: The Foster Care Committee	Non-compliant — Moderate
Theme 5: Use of Resources	
Standard 21: Recruitment and retention of an appropriate range of foster carers	Non-compliant — Moderate

5. Findings and judgments

Theme 2: Safe and Effective Services

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

Standard 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

There was no national policy document to guide the area in responding to allegations of child abuse and neglect against foster carers. However, the Child and Family Agency (Tusla) had implemented an interim protocol for managing concerns and allegations of abuse or neglect against foster carers in April 2017. The area manager told inspectors that the interim policy had been fully implemented in the area and inspectors found that to be the case.

Not all allegations were managed in line with Children First (2011) and children were not always appropriately safeguarded when an allegation had been made. In the majority of cases the area took appropriate actions to protect children in the care of foster carers where child protection allegations had been made. Data provided by the area showed there were nine child protection or welfare concerns about foster carers in the 12 months prior to the inspection. Inspectors reviewed the files relating to all of these allegations and serious concerns and found that eight of the nine allegations were classified correctly. Inspectors found that, with the exception of one child, children were met with and spoken to on their own when an allegation or serious concern had been made. However, inspectors found from case file reviews sampled that the voice of the child was not always heard or listened to.

Inspectors found that five out of the nine allegations were managed in line with Children First (2011) and that appropriate safeguarding measures were put in place

for seven of the allegations. However, there were two cases that were not risk assessed when an allegation had been made and there was no safety plan in place to safeguard the children. As children remained in one of these placements, inspectors escalated the case at the end of inspection to the area manager who responded identifying that a safety plan had been put in place. Records did not always reflect that the foster care committee was notified of all allegations and serious concerns.

Inspectors found evidence that strategy and professionals meetings were held when an allegation/and or serious had been made against a foster carer and that initial assessments were completed. However, inspectors found, these meetings were not always held in a timely manner and only one initial assessment was completed in the 20 day timeframe required by Tusla's own procedures. In addition, records did not sufficiently detail the social workers' rationale for the outcome reached when a serious concern was made.

Following the inspection, inspectors requested that the area manager undertake a review of the nine allegations that had been made in the 12 months prior to the inspection to assure himself that they had all been managed in line with Children First (2011) and that the necessary safeguards were in place.

Safeguarding measures were not effective. The majority of foster carers had been Garda vetted. However, of the 24 files sampled inspectors found two foster carers who did not have a record of An Garda Síochána (police) vetting on file. Inspectors escalated these two cases to the area manager who responded identifying that Garda vetting forms were being completed by the carers.

In addition, of the 24 files sampled inspectors found that there were three foster care households where there were adults/persons over the age of 16 living in the household who did not have a record of Garda vetting on file. Inspectors also escalated these cases to the area manager who responded identifying that Garda vetting forms were being completed. In addition the area had communicated with all foster care households identifying the requirement for all children of foster carers over the age of 16 years to be vetted.

Updated vetting was not in place for all foster carers. Data provided by the area showed that there were 25 general foster carers for whom garda vetting was completed more than three years ago. The principal social worker told inspectors that a new database has been established, subsequent to the submission of the dataset which would enable managers to track garda vetting for all foster carers.

The area did not source Garda vetting for other non Tusla professionals undertaking assessments and or reviews. Inspectors found that the area manager did not have a

system in place to be assured that all of these independent professionals had appropriate Garda vetting in place.

Not all foster carers had attended Children First (2011) training. The social care worker told inspectors that Children First (2011) training has not been provided over the period of the last 12 months and that most foster carers required updated training.

Staff were aware of the process for making a protected disclosure. Social workers had received information on the protective disclosure legislation and pamphlets were placed on the staff noticeboard. In addition a copy of the poster on protected disclosure information was published in the monthly staff newsletter in 2017. Link social workers told inspectors that they were familiar with the protected disclosure legislation.

Judgment: Non-Compliant - Major

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.

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.

Summary of inspection findings under Standard 14

There was a national policy on the assessment and approval of foster carers that was implemented within the area. Prospective foster carers were facilitated to attend the foster care committee meeting when recommendation to approve them was being considered and foster carers received all relevant information in writing.

The majority of general assessments in the area were of good quality. A regional assessment team had been established in 2016 to undertake assessments of general foster carers. This change had occurred as a means of responding quickly to enquiries and progressing them to application and completion of full assessments for presentation at the foster care committee. There were 16 general foster care assessments carried out in the area in the 12 months prior to inspection. Inspectors sampled eight of the assessments and found that the majority of the assessments were good quality. Inspectors found that the assessors interviewed general foster carers several times, both jointly and individually, and also met with the children of foster carers. The assessments provided a comprehensive in-depth analysis of the foster carers' ability to provide foster care to children and included key areas such as previous history, training needs, employment, education and why prospective foster carers wanted to foster children.

The majority of files sampled contained all of the required documentation for approval, including references, medical assessments, child protection checks and foster care contracts. However, inspectors sampled two files that did not have a

* 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).

record of a health and safety check and one other file where the chronology of the assessment was inaccurate.

Not all of the general assessments sampled were completed in a timely manner. The National Standards set out that assessments should be completed within 16 weeks. Out of the eight files sampled, three had not been completed in a timely manner. In addition inspectors found that they could not always determine how long the assessment took as documents were either not in the file or were undated.

There were some delays in presenting three of the assessments sampled to the foster care committee but inspectors found that there were reasonable explanations for these delays.

The system in place to safeguard children prior to placing them with relatives, in an emergency was not always effective. Records showed that, of the four files sampled, immediate checks such as Garda vetting, child protection checks and references had been completed in line with regulations for three of these cases.

While the quality of relative assessments was good they were not all completed in a timely manner. In the 12 months prior to inspection children had been placed with three relative carers, two of whom had an assessment completed. Inspectors reviewed both files and one assessment from the previous year and found that the three assessments completed were of good quality and very detailed. However, for the other placement, the assessment had not commenced four months after the placement of the children.

While there was a clear process in place for the approval of foster carers and their placement on the foster care panel, it was not always effective. From files sampled, inspectors found on two occasions that foster carers were recommended to be placed on the panel of foster carers though there were gaps in the documentation.

There were no foster carers that had transferred into the area from another service in the 12 months prior to inspection.

Judgment: Standard 14a Substantially Compliant

Standard 14b Non-compliant - Moderate

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

The fostering team in the area comprised six link social workers, one social care worker, a social work team leader, (post filled in September 2016) and a principal social worker who managed both the foster care team and the child in care team.

Data provided by the area prior to the inspection indicated that all foster carers had an allocated link social worker; however, inspectors found that out of 113 families, 15 did not have an allocated link social worker. Inspectors found that the unallocated foster carers were supported and visited by the social care worker with oversight by social work team leader.

Supervision and support did not always occur in line with the National Standards. Inspectors sampled 25 foster carers' files to assess the supervision and support they received and found that link workers were in regular telephone contact with foster carers. However, 15 of the 25 carers whose files were sampled, did not have regular home visits with their link social worker. Three of the 25 files sampled had no record of a home visit in over nine months despite the carers caring for children with complex needs or a child newly placed. When home visits did occur the quality of the support provided by link social workers was mixed. Some of the files sampled by inspectors reflected clear detailed case notes, discussions and records of good case management and support. Foster carers who attended a focus group were positive about the support they received from their link social worker.

The quality of supervision when it did occur was generally good. Out of the 25 files sampled, 11 had a record of formal supervision. Inspectors found that some of the files had comprehensive case notes that detailed the issues that were discussed, including follow-up actions and training needs.

There were local foster care support groups available to the foster carers. Inspectors reviewed minutes of these meetings and found there were four support groups across both counties. Meetings were held every four to six weeks in both counties. Foster carers told inspectors that the foster care support groups were positive and provided good support. In addition, the area had hosted a social gathering for foster

carers in September 2017 and had received very positive feedback from carers who had attended. Further gatherings were planned for 2018.

There was no dedicated out-of-hours service available to support foster carers outside of office hours. This meant the foster carer had to rely on calling An Garda Síochána if an incident occurred outside of office hours.

Judgment: Non-compliant — Moderate

Standard 16: Training

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

Summary of inspection findings under Standard 16

There was a training needs analysis completed in September 2016 in the area. In addition, the area, through discussions with carers during support meetings, had developed a training plan for 2017. Social workers had liaised with some of the foster carers to identify training needs earlier in 2017 with a view to developing a training plan for all foster carers in 2018.

Not all foster carers had attended ongoing training provided by the area. Training offered in the 12 months prior to inspection included foundations in fostering, working with at risk adolescents in care, common awareness of drugs, therapeutic training, and training in fetal alcohol syndrome. However, the social care team leader told inspectors that training in Children First (2011) has not been provided in the 12 months prior to the inspection.

There was no oversight of foster carers attendance at training. Records did reflect that invitations were issued to carers regarding upcoming training opportunities. When a carer attended training the process was to record this in the carers file. However the quality of training records in the foster carers' files sampled, varied. While some files showed the training attended, and relevant certificates, others did not have any or very limited training records.

Judgment: Non-compliant –Moderate

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

At the time of the last inspection in 2015 the low number of reviews of foster carers was identified as a significant risk. At the time of this inspection the area had not managed to clear the backlog of reviews. The purpose of a foster care review is to assess the capacity of the foster carers to provide high quality care, renew garda vetting, health and safety checks and identify support and training requirements.

Reviews were not taking place in line with the National Standards. According to data provided by the area, only 61 (54%) of the 113 foster care households had had a review in the last three years. Inspectors found that reviews did not always take place following an allegation or unplanned ending.

Following the last inspection, the area took the decision in 2016 to contract independent professionals to complete reviews but this had not been effective. Of the 35 reviews contracted out to these independent professionals only eight had been completed.

The majority of reviews completed were of poor quality. Data submitted to HIQA showed that 16 foster carers had a review in the 12 months prior to the inspection and that one review was carried out following an allegation. Inspectors sampled 10 of these foster carer reviews and found that three of the reports were comprehensive, completed in a timely manner and records reflected that the foster care committee had been informed of the outcome. However, for the other seven reviews sampled they were not carried out in line with standards. Review reports were incomplete or not completed in a timely manner. One review report did not have Garda vetting returned, another did not have evidence of updated medicals or references, health and safety assessments were not dated or signed and some reports had poor analysis. In addition, the views of the child were not always sought and or considered. Where recommendations were made, for example additional training, records did not always reflect that this was followed through.

The area manager and principal social worker told inspectors that reviews of foster carers have been identified as a priority in the area. They provided inspectors with a plan outlining how the backlog of reviews would be managed by the end of 2018. However, the plan did not include how the area would prioritise the carers for review.

Judgment: Non Compliance - Major

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 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.

Summary of inspection findings under Standard 23

The foster care committee was guided by the standards and the national procedure and best practice guidance on foster care committees (2017) but was not fully in line with this guidance in terms of its composition and how it functioned.

Membership of the foster care committee was not in line with the Tusla foster care guidelines. The foster care committee comprised a chairperson, a secretary and 10 other members with appropriate experience and qualifications in the area of child protection and foster care. However, there was no independent chair of the committee as the area manager held this position and there was no plan to address this conflict.

The foster care committee had 11 scheduled meetings since November 2016 and met nine times during that period (two meetings in March and August 2017 had to be cancelled due to a quorum not being available). In general, the foster care committee meetings were well attended.

Inspectors observed a foster care committee meeting and found that committee members were prepared for the meetings and participated in in-depth discussions of assessments. Committee members requested further information from assessing

* 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).

social workers when required. Inspectors also observed that when members of the committee perceived themselves to have a conflict of interest when a particular case was due to be discussed, they absented themselves, appropriately, from that part of the meeting.

Committee records showed that the foster care committee made recommendations based on the consideration of assessment reports on prospective foster carers, from social workers who presented to the foster care committee and from the supporting documentation provided to the committee. However on two occasions the committee approved carers despite gaps in the documentation.

Inspectors observed that prospective foster carers and other professionals who attended the foster care committee meetings were treated with respect. The area provided prospective foster carers with an information folder prior to attending the meeting. The folder contained the names and brief description of foster care committee members and the role of the foster care committee.

There was no formal induction training to the foster care committee. In the absence of the formal induction, the chair met with new members and introduced them to their new role. They were also provided with copies of relevant policies and procedures prior to attending their first meeting. The area manager had also sourced an external independent consultant to work with the committee in relation to developing the committee members roles in line with the updated guidance.

The committee had produced a good quality annual report for 2016 which gave an overview of the committee's main activities, including meetings held, items discussed by topic, an analysis of their performance and an overview of the recommendations made.

While the foster care committee were aware of all allegations and serious concerns, records did not reflect that the committee had been notified. Inspectors found that, of the nine files reviewed where there had been an allegation or serious concerns against foster carers, only six had records that the foster care committee had been notified. However, on reviewing the database of allegations and serious welfare concerns that the committee had access to, the status of all nine allegations was available, and inspectors found that they were tracked and recorded.

Not all members of the foster care committee were garda vetted for their specific role as a member of the foster care committee. Of the 12 files reviewed, three members had no Garda vetting on file and three were out of date. This was escalated to the area manager who set out a plan to address the deficit.

A panel of foster carers was maintained by the area in line with national policy, procedure and best practice guidelines.

Judgment: Non-compliant - Moderate

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

Summary of inspection findings under Standard 21

There was an overall formal recruitment strategy in place in the area for 2017. Data returned to HIQA by the area showed that there were three recruitment campaigns and 20 information evenings held 12 months prior to this inspection. The response to the campaign resulted in 20 new foster carer applications. However data also showed that 18 foster carers had left the panel.

There was not a sufficient number of foster care placements available in the area. Data provided by the area at the time of the inspection detailed that there were 24 foster care placements available within the area. However, there were also 28 foster care households who were providing placements outside of their approval status and 10 foster care households where the number of unrelated children placed exceeded standards.

Good practice sets out that it is in the best interest of the child to be brought up in their own family, where possible. The dataset provided to HIQA set out that, of the 113 carer households, there were only 16 relative foster care households in the area.

In addition, the area manager told inspectors that it had been difficult to find foster carers from different cultural background and that the area was prioritising an analysis of why the area had attracted a relatively small number of relative foster carers.

There was no overall retention strategy in place for foster carers. However a report submitted to area managers by the regional recruitment and assessment team in December 2016, detailed recommendations for future retention initiatives going

* 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).

forward, mainly the involvement of foster carers in all aspects of service development.

Data provided to inspectors showed there were 18 foster carers who had left the panel in the last 12 months prior to this inspection. Inspectors sampled carers files where the placement had ended and did not always find records of exit interviews with carers or disruption meetings. Of the exit interviews sampled inspectors found the reasons foster carers were leaving the panel varied. The fostering team leader told inspectors that the reasons included ill health, retirement, and children leaving care.

Judgment: Non-compliant - Moderate

Appendix 1 — Standards and regulations for statutory foster care services

<i>National Standards for Foster Care (April 2003)</i>
Theme 1: Child-centred Services
<p>Standard 1: Positive sense of identity Children and young people are provided with foster care services that promote a positive sense of identity for them.</p>
<p>Standard 2: Family and friends 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 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 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 Health boards* have policies and procedures designed to ensure that children and young people, their families, foster carers and others with a bona fide interest in their welfare can make effective representations, including complaints, about any aspect of the fostering service, whether provided directly by a health board or by a non-statutory agency.</p>

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

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

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

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

Standard 6: Assessment of children and young people

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

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

Standard 7: Care planning and review

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

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

Standard 8: Matching carers with children and young people

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

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

Child Care (Placement of Children with Relatives) Regulations, 1995
Part III, Article 7: Assessment of circumstances of the child

National Standards for Foster Care (April 2003)**Standard 9: A safe and positive environment**

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

Standard 10: Safeguarding and child protection

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

Standard 13: Preparation for leaving care and adult life

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

Standard 14a — Assessment and approval of non-relative foster carers

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

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

Part III, Article 5 Assessment of foster parents

Part III, Article 9 Contract

Standard 14b — Assessment and approval of relative foster carers

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

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

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

National Standards for Foster Care (April 2003)**Standard 15: Supervision and support**

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

Standard 16: Training

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

Standard 17: Reviews of foster carers

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

Standard 22: Special Foster care

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

Standard 23: The Foster Care Committee

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

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

Part III, Article 5 (3) Assessment of foster carers

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

Part III, Article 5 (2) Assessment of relatives

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

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

The health and developmental needs of children and young people in foster care are assessed and met. They are given information, guidance and support to make appropriate choices in relation to their health and development.

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

Part III, Article 6 Assessment of circumstances of child

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

Standard 12: Education

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

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

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

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

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

Standard 19: Management and monitoring of foster care agency

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

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

Part IV, Article 12 Maintenance of register

Part IV, Article 17 Supervision and visiting of children

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

Standard 24: Placement of children through non-statutory agencies

Health 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

National Standards for Foster Care (April 2003)**Theme 5: Use of Resources****Standard 21: Recruitment and retention of an appropriate range of foster carers**

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

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

Standard 20: Training and Qualifications

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

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

Action Plan

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

Provider's response to Monitoring Report No:	MON 20099
Name of Service Area:	Cavan/Monaghan
Date of inspection:	6-9 November 2017
Date of response:	28/02/2018

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

Theme 2: Safe and Effective Services

Standard 10 – Safeguarding and Child Protection

Major Non- Compliance

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

There was no national policy for the management of allegations and complaints.

Not all allegations were managed in line with Children First (2011).

Safeguarding arrangements were not effective.

Action required:

Under **Standard 10** you are required to ensure that:
Children and young people in foster care are protected from abuse and neglect.

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

1. There was no national policy for the management of allegations and complaints.

1. On 27th April 2017 the Chief Operations Officer of TUSLA issued an Interim Protocol for Managing Concerns and Allegations of Abuse or Neglect against Foster Carers and Relative Foster Carers. This protocol became operative on 3rd May 2017. A National Working Group is preparing a national policy on responding to allegations and serious concerns.

When this Policy is completed the PSW will develop an implementation plan in the area and this policy will replace the existing DNE policy on responding to concerns and allegations of abuse.

2. Not all allegations were managed in line with Children First (2011).

1. All matters which reach the threshold as an allegation of abuse under Children First 2017 will be reported by the child's Social Worker to the assigned Fostering Social Worker and to the Tusla Duty Intake Service to ensure independent Social Work oversight and decision-making about the proportionate, timely and effective response.
2. In the event that there is uncertainty in regard to whether an incident is categorised as a '*serious concern*' or an allegation abuse the PSW will formally consult with the

Duty Intake Service about the matter. The record of this consultation will be stored on the Foster Carers file.

3. The Social Work Team Leader and Principal Social Worker will ensure that all serious concerns and allegations of abuse against Foster Carers are notified to the Foster Care Committee and to the Area Manager in an assured manner within 5 days.
4. Strategy or a Professionals Meeting (as appropriate to the case) will be organised by the Fostering Service SWTL regarding each allegation of abuse or serious concern within 5 days of the allegation or serious concern being made. At the meeting the level of risk to the child and the actions to respond to the matter will be agreed and recorded. The record of this meeting will be stored by the Social Worker on both the foster carers and the child's file.
5. The PSW will ensure the monthly Fostering Team Meeting formally analyse and learn collectively from allegations and concerns made against foster carers during the course of the previous month and over the course of the year.
6. The PSW will ensure the rationale for the outcomes of the assessment of serious concerns is sufficiently detailed on each file.
7. The PSW will report to the AM in writing that the file review has been completed in regard to each case when a serious concern or allegation of abuse arises.
8. In all cases where a serious concern or allegation of abuse is made while a child is in foster care, the assigned SW will ensure appropriate safeguarding measures to protect the child are put in place in a timely way.

A safety plan will be jointly completed by the child's social worker and the fostering link social worker under the supervision of the SWTL for fostering and Children in Care.

The Safety Plans will be developed by the assigned Social Worker while the concerns or allegations are being investigated. The assigned Social Worker will ensure i) all Safety Plans are in writing and ii) all Safety Plans take into account the perspective of the child.

3. Safeguarding arrangements were not effective

1. The AM has established a Fostering Governance and Accountability Forum which at time of writing has met on two occasions at time of writing. The Principal Social Worker will report to the Forum on a quarterly basis on compliance with the Fostering Standards and HIQA Action plan.
2. The Principal Social Worker will chair a Monthly Fostering Team meeting where the Action Plan to improve Fostering Services and compliance with all fostering standards will be formally reviewed.
3. All outstanding Garda vetting renewals have been identified by the PSW and are in the process of being renewed. A Database has been established which will track the

status of Garda vetting and alert Social Workers to the timely renewal of Garda vetting. A report of the status of Garda vetting will be sent to the PSW by administration services on a quarterly basis.

4. The AM will ensure all non Tusla professionals who are undertaking assessments and reviews will be required to have Garda clearance in place before undertaking the assessments. Evidence of this will be stored on their Financial Payment Folder by the professional who contracts the service.
5. All foster carers are currently completing an 'Introduction to Children First' eLearning programme, facilitated through the TUSLA website. The assigned Fostering Link Worker will collate the Certificates of Completion and remind Foster Carers of their responsibility to complete this training until all foster carers have completed it.
6. The PSW will organise a workshop before end of March 2018 for the Cavan Monaghan Duty Intake and Further Assessment Services to ensure there is full and comprehensive understanding of the Interim Protocol for the Protection of Children in Foster Care.

<p><u>Proposed timescale:</u></p>	<p><u>Person responsible:</u></p> <ul style="list-style-type: none"> * F/LSW–Fostering Link Social Worker * F/PSW–Fostering Principal Social Worker * F/SWTL-Fostering Social Work Team Leader * F/LW-Fostering Link Worker * CIC/SW-Children in care Social Worker * AM-Area Manager * FCC-Foster Care Committee * Regional F/PSW-Regional Fostering Principal Social Worker
<p><u>Proposed timescale:</u></p> <p>1.1 Ongoing</p> <p>2.1 25/1/2018</p> <p>2.2 25/1/2018</p> <p>2.3 25/1/2018</p> <p>2.4 25/1/2018</p> <p>2.5-2.6 22/2/2018</p> <p>2.7 22/2/2018</p> <p>2.8 25/1/2018</p> <p>3.1 16/11/2017</p> <p>3.2 22/2/2018</p> <p>3.3 30/4/2018</p> <p>3.4 25/1/2018</p> <p>3.5 25/1/2018</p> <p>3.6 30/3/2018</p>	<p><u>Person responsible:</u></p> <p>National Working Group</p> <p>F/LSW</p> <p>F/PSW</p> <p>F/SWTL & F/PSW</p> <p>F/PSW & F/SWTL</p> <p>F/PSW</p> <p>F/PSW</p> <p>F/LSW, F/SWTL, CIC/SW,F/PSW</p> <p>F/PSW</p> <p>F/PSW</p> <p>FCC Secretary</p> <p>AM</p> <p>F/LSW: FLW</p> <p>F/PSW</p>

Standard 14a: Assessment and approval of non-relative foster carers**Substantially Compliant****The provider is failing to meet the National Standards in the following respect:**

Not all assessments were completed in a timely manner.

Health and safety assessments were not always completed in full.

Action required:

Under **Standard 14a** you are required to ensure that:
Foster care applicants participate in a comprehensive assessment of their ability to carry out the fostering task and are formally approved by the health board⁹ prior to any child or young person being placed with them.

Please state the actions you have taken or are planning to take:**1. Not all assessments were completed in a timely manner**

1. PSW for the Regional Fostering Team will notify Principal Social Worker for Fostering and Cavan Monaghan Foster Care Committee when an assessment starts.

The PSW and the Foster Care Committee will monitor the timescale for completion of the assessment.

2. In the event that delays occur, the PSW for the Regional Fostering Service will communicate to the Principal Social Worker and to Cavan Monaghan Foster Care Committee the fact there has been a delay, the reasons for delay and revised timeframe to complete assessment.
3. The Secretary to the FCC has developed an updated Documentation Checklist which is being implemented by the FCC to further to ensure that all documentation is submitted to the FCC.

2. Health and Safety assessments were not always completed in full.

1. Fostering Link Social Workers will complete an audit of all foster carers files approved since January 2016 to identify what Health and Safety Checklists are on file and completed in full and where there are deficits.
2. Where these checklists are not completed in full, Fostering Link Social Worker will complete the Health and Safety Checklist with foster carers by the end of April 2018 and place the document on file.

Proposed timescale:

1.1 25/01/2018
1.2 25/01/2018
1.3 8/2/2018

Person responsible:

Regional F/PSW, F/PSW, FCC
Regional F/PSW, F/PSW
FCC

2.1-2.2 30/4/2018	F/LSW : FLW
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Standard 14b: Assessment and approval of relative foster carers

Moderate Non- Compliance

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

Records of pre-placement checks were not always of file.

There were delays in commencing some relative assessments.

Action required:

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

Relatives who apply, or are requested to apply, to care for a child or young person under Section 36(1) (d) of the Child Care Act, 1991 participate in a comprehensive assessment of their ability to care for the child or young person and are formally approved by the health board⁹.

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

1. Records of pre-placement checks were not always of file.

1. The pre placement Checklist as per the Notification Form Section 36, will be re-distributed to all staff in Cavan Monaghan after the next FCC meeting on 8th February 2018.

This checklist will be completed by the placing Social Worker prior to the child being placed with the carers. A copy of the completed notification form to be forwarded to the Fostering Team within 72 hours of the child being placed, and documents evidencing same to also be forwarded. This documentation will be stored on the fostering file and on the child's file.

2. Following placement of child and notification of same to Fostering Team, the assigned Fostering Link Social Worker will confirm by reviewing the file that all checks have been completed and ensure that the records are placed on the Fostering file.
3. File Audits will be carried out by the PSW and SWTL Social Work Service of a sample of files by 30th April 2018.

The file audit will include '*Notification of Section 36 placement form*' as an item on the File Audit Record Sheet for Section 36 Carers.

2. There were delays in commencing some relative assessments.

1. The FCC will be informed by the PSW when a Relative Assessment commences. The FCC will maintain an oversight of the progress made in completing the assessment.
2. The assessing Social Worker will inform the PSW and the Foster Care Committee i) when a Section 36 Assessment cannot be completed within the 16-week timeframe, ii) the reasons for the delay and iii) the revised timeframe for completion of the assessment.
3. The Standardised Agenda for supervision will be developed to include the following:

⁹Formally known as Health Boards at time of writing Standards, now known as the Child and Family Agency (Tusla)

➤ Monitor the progress of Section 36 Relative Assessments

Proposed timescale:		Person responsible:
1.1	31/1/2018	F/PSW, F/LSW, CIC/SW
1.2	31/1/2018	F/LSW
1.3	30/4/2018	F/PSW, F/SWTL
2.1	25/1/2018	CIC/SW, F/LSW, F/SWTL, FCC
2.2	25/1/2018	F/LSW, F/PSW, CIC/SW
2.3	31/1/2018	F/SWTL

Standard 15: Supervision and support

Moderate Non- Compliance

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

Not all foster care households had an allocated link social worker.

Not all foster carers had regular visits from their link social worker.

Not all foster carers had formal supervision.

There was no dedicated out-of-hours service to support foster carers outside office hours

Action required:

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

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

Please state the actions you have taken or are planning to take:**1. Not all foster care households had an allocated link social worker.**

1. Pending the assignment of additional Social Work resources, Cavan Monaghan Tusla will assign an experienced Social Care Worker to assist in the delivery of Link Worker support to 15 foster carers.

The following quality assurance and supervision arrangements are in place in regard to this arrangement:

- All foster carers will receive the required statutory visits from a qualified Social Worker.
 - All 15 Foster Carers will be informed of the contact details for a named Social Worker and the Duty Social Work Service and the SWTL and PSW.
 - The Social Care Worker will be supervised by a Social Work Team Leader.
 - In the event that issues are identified where a Social Worker is required, a Social Worker will be immediately assigned.
 - The cases chosen to receive a Link Support Service from the Social Care Worker will not include any children with complicated needs.
 - All cases will have a Social Worker assigned to the child.
2. PSW will complete a Risk Register before January 31st in regard to role of the Social Care Worker and request additional resources so that a Social Worker can be assigned for all foster carers.

2. Not all foster carers had regular visits from their link social worker.

1. All Foster Carers will receive statutory home visits. SWTL will monitor the frequency

of home visits during staff supervision. Regular visits of no more than three months will occur and will be flagged each month in supervision as required. Supervision sheet will be adapted to record the dates of last supervision and support visit.

In the event a foster family does not receive regular home visits this matter will be escalated to the AM on a Risk Escalation by the Social Worker, SWTL and PSW.

3. Not all foster carers had formal supervision.

1. Supervision of Foster Carers will be recorded by the Link Social Worker on a standard Supervision and Support Template every three months.
2. The supervision of Foster Carers his will be monitored through sample file audits by the SWTL every 3 months. The SWTL will report any deficits identified in the audit will be reported to the PSW and to the AM.

4. There was no dedicated out-of-hours service to support foster carers outside office hours

1. An emergency Out of Hours Service is currently provided by An Garda Siochana in conjunction with emergency foster carers via Five Rivers.
2. In particular situations as part of a Care Plan, the Link Social Worker provides their mobile phone numbers to their foster carers and when there are foreseeable difficulties, make prior arrangements for communication out of hours. Link Social Workers has access to Social Work Team Leader's number out of hours if required on such occasions
3. The expansion of the Tusla out of hours service to include support for all foster carers is being negotiated at a national level. The timeframe for completion of these negotiations is not known at time of writing.

<u>Proposed Timescale:</u>	<u>Person responsible:</u>
1.1 25/1/2018	F/SWTL, F/PSW, FLW
1.2 31/1/2018	F/PSW
2.1 31/1/2018	F/SWTL
3.1 30/3/2018	F/LSW, F/SWTL
3.2 30/3/2018	F/SWTL, F/PSW
4.1 Ongoing	National, An Garda Siochana
4.2 25/1/2018	F/LSW, F/SWTL, FLW
4.3 Ongoing	National

Standard 16: Training
Moderate Non- Compliance

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

There was no overall training strategy for foster carers in the area.

Not all foster carers attended on-going training.

There was no oversight of what training carers had attended.

Individual training records on foster carer’s files were not always complete.

Action required:

Under **Standard 16** you are required to ensure that:
 Foster carers participate in the training necessary to equip them with the skills and knowledge required to provide high quality care.

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

- 1. There was no overall training strategy for foster carers in the area.**
 1. The PSW, in conjunction with the Work Force Learning and Development, will update the Training Needs Analysis before end April 2018.
- 2. Not all foster carers attended on-going training.**
 1. The PSW will write to all foster carers informing them of their responsibility to attend training and support provided.
 2. A database of foster carers attendance at training will be set up and maintained by the Social work Team Leader to include a comprehensive record of training available and attended by all carers.
 3. PSW and SWTL – in consultation with Cavan Monaghan Tusla Workforce Learning and Development Service - will discuss and develop a Strategy to improve foster carers participation in training for before the end of May 2018.
- 3. There was no oversight of what training carers had attended.**
 1. PSW will review and analyse on a quarterly basis the status of training for foster carers in Cavan Monaghan.
- 4. Individual training records on foster carer’s files were not always complete**
 1. The assigned Link Worker will ensure that the foster carers Individual training records are stored on the Foster Carers files. Individual Training records will be part of the SWTL 3 monthly audit of Foster Carers files.

<u>Proposed timescale:</u>	<u>Person responsible:</u>
1.1 30/4/2018	F/PSW
2.1 28/2/2018	FCC
2.2 28/2/2018	F/SWTL
2.2 31/5/2018	F/PSW, F/SWTL
3.1 Quarterly	F/PSW

4.1 30/3/2018

F/LSW, FLW

Standard 17: Reviews of foster carers Major Non- Compliance

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

A significant number of foster carers had not had a foster care review for more than three years.

The area was not routinely conducting reviews where a report of serious concern or allegation was made against a foster carer.

Not all reviews were of good quality
Not all reviews had the required supporting documentation.

Action required:

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

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

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

1. A significant number of foster carers had not had a foster care review for more than three years.

1. A comprehensive schedule of foster care reviews has been devised by the SWTL and PSW to ensure that all foster carers are reviewed by June 2019.
2. Households that have not had a review carried out for more than three years have been prioritised for review.
3. The PSW is responsible for monitoring progress in regard to this plan. The PSW is responsible for reporting progress to the FCC and to the Area Manager on a bi – monthly basis, and in a quarterly written report to the Fostering Governance Group.
4. Implementing the Plan for completion of reviews will be planned at each monthly Fostering team meeting.
5. Pending completion of all reviews the following is in place:
 - a) All foster carers have a link worker and all foster carers (who have not been reviewed) will receive supervision visits and phone calls from the link worker: - especially in complex cases.
 - b) All Children in Care whose foster carers have not been reviewed will receive timely Children in Care Reviews.
 - c) In the event of safety issues arising written Safety Plans will be developed in conjunction with the foster carers.

- d) Foster Carers dealing with complex cases will receive management oversight through the Complex Case Forum chaired by the Area Manager.
- e) Foster Carers who have been "inactive" for a period of 13 months will not receive a placement until an updated review has been completed.
- f) All foster carers who have not been reviewed will receive a letter before 30th March 2018 detailing the following:
 - Appropriate discipline and sanctions.
 - The need to report and record all incidents, complaints, serious concerns and allegations of abuse.
 - Expectations of the foster carers role in respect of all standards, including the requirement to keep children safe at all times.
 - Supports available to foster carers

The review timetable will be tracked in supervision, with team, TL and PSW.

AM and Fostering Governance group will be informed by the PSW of issues regarding the delivery of the planned reviews.

The Foster Care Committee will be informed by the PSW of progress in completing the Reviews of Foster Carers.

2. The area was not routinely conducting reviews where a report of serious concern or allegation was made against a foster carer.

1. Where a report of serious concern or allegation has been made against a foster carer a Review will be prioritised.

3. Not all reviews were of good quality

1. The PSW and SWTL will ensure that all reviews are of a good quality and all supporting documentation is included.
2. All reviews will be carried out by PQSW who are directly supervised and supported by the SWTL in Cavan Monaghan.
3. The Risk Register, which includes measures to mitigate, manage and monitor risk will be updated by the PSW regarding the number of carers requiring review.

4. Not all reviews had the required supporting documentation.

1. The PSW and SWTL will ensure that all reviews are of a good quality and all supporting documentation is included.

Proposed timescale:

- 1.1 30/6/2019
- 1.2 Quarterly

Person responsible:

- F/SWTL
- F/PSW

1.3	Monthly	F/SWTL, F/PSW, Area Manager, FCC
1.5	Ongoing	F/SWTL, F/PSW, Area Manager, CIC SW, F/SW
2.1	25/1/2018	FCC, F/SWTL, F/PSW
3.1	2/1/2018	F/SWTL, F/PSW
3.2	31/12/2019	F/LSW, F/SWTL
3.3	25/1/2018	F/PSW
4.1	25/1/2018	F/SWTL, F/PSW

Theme 4: Leadership, Governance and Management**Standard 23: The Foster Care Committee
Moderate Non- Compliance****The provider is failing to meet the National Standards in the following respect:**

The foster care committee was not compliant with Tusla's national foster committee guidance.

Action required:

Under **Standard 23** you are required to ensure that: Health boards¹⁰ have foster care committees to make recommendations regarding foster care applications and approve long-term placements. The committees contribute to the development of health boards'10 policies, procedures and practice.

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

1. A Review of the membership of the Committee will be undertaken by 15th June 2018.
2. A plan to address the issue of the Area Manager fulfilling the role of the Area Manager and the Chair of the Committee will be developed by 15th March 2018.
3. The Secretary of the Foster Care Committee will record on the minutes when a member absents themselves from discussions about a case and the reason why.
4. An Induction, Training and Development Plan for members of the Committee will be developed by 15th March 2018.
5. The Social Worker will ensure that the communication of the Allegations & Serious Concerns notified to the Foster Care Committee will be recorded on Social Workers Foster Carers file by e mail or letter.
6. The Secretary of the FCC will forward a status report to the Area Manager in regard to FCC members Garda Vetting for management review on a Quarterly basis.

Proposed timescale:

- | | |
|------------|------------------|
| 1.1 | 15/6/2018 |
| 1.2 | 15/3/2018 |
| 1.3 | Ongoing |
| 1.4 | 15/3/2018 |
| 1.5 | 25/1/2018 |
| 1.6 | Quarterly |

Person responsible:

- | |
|------------------------|
| FCC Chairperson |
| Area Manager |
| FCC Secretary |
| FCC Chairperson |
| F/LSW, F/SWTL |
| FCC Secretary |

¹⁰ Formally known as Health Boards at time of writing Standards, now known as the Child and Family Agency (Tusla)

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

Moderate Non- Compliance

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

There were not sufficient foster care placements available in the area.

There was no overall retention strategy in place for foster carers.

Action required:

Under **Standard 21** you are required to ensure that:

Health boards¹¹ 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.

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

1. There were not sufficient foster care placements available in the area.

1. The PSW and the Regional PSW will meet on Feb 22nd to develop an updated Recruitment & Retention strategy.
2. Cavan Monaghan Fostering Services will contribute to regional and national fostering campaigns by hosting
 - Information meetings for prospective carers
 - Developing initiatives to recruit a range of carers from culturally diverse backgrounds
 - Forwarding letters to foster carers asking if they can recommend a friend /colleague to foster.

2. There was no overall retention strategy in place for foster carers.

1. Implementation of an on-going Training programme for foster carers is already in place from Feb – June 2018. Each staff member has taken responsibility for organising a relevant training session.
2. Foster support groups are held every 6 weeks for foster carers to share information, to promote good relationships and peer support.
3. A Mentoring system for new foster carers, in which experienced foster carers act as mentors will be developed by Q3 2018.
4. Additional personalised support and therapeutic services to foster carers will continue to be funded by the Area when required, based on assessed need.

Proposed timescale:

1.1 22/2/2018

1.2 30/4/2018

2.1 25/1/2018

Person responsible:

Regional F/PSW, F/PSW

Regional Fostering team, F/PSW, F/SWTL, F/LSW, FLW

F/LSW, F/SWTL, F/PSW, FLW

¹¹ Formally known as Health Boards at time of writing Standards, now known as the Child and Family Agency (Tusla)

2.2	25/1/2018	F/LSW, F/SWTL, FLW
2.3	29/6/2018	F/PSW, F/SWTL, F/LSW, FLW.
2.4	Ongoing	Area Manager, F/PSW, F/SWTL, F/LSW, F/LW