

## Statutory foster care service inspection report

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



Name of service area:	Dublin South Central	
Dates of inspection:	10 -12 October 2017	
Number of fieldwork days:	3	
Lead inspector:	Caroline Browne	
Support inspector(s):	Ann Delany Ruadhan Hogan Jane McCarroll	Sabine Buschmann Lisa Horgan
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Monitoring event number:	Mon_0020091	



## 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:

<b>Theme 1: Child-centred Services</b>	<input type="checkbox"/>
<b>Theme 2: Safe and Effective Services</b>	<input checked="" type="checkbox"/>
<b>Theme 3: Health and Development</b>	<input type="checkbox"/>
<b>Theme 4: Leadership, Governance and Management</b>	<input checked="" type="checkbox"/>
<b>Theme 5: Use of Resources</b>	<input checked="" type="checkbox"/>
<b>Theme 6: Workforce</b>	<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 other relevant documentation relating to the areas covered by the theme.

During this inspection, the inspectors reviewed 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
- interviews with the area manager and one principal social worker
- 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 103 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\*

Dublin South Central is one of 17 service areas in the Child and Family Agency. Forming part of the Dublin Mid-Leinster region, it encompasses two geographical local authority catchment areas, namely South Dublin County Council and Dublin City Council. The Dublin South Central Area provides services to areas in Dublin South City and Dublin South West, including Dublin South Inner City, Rialto, Inchicore, Ringsend, Rathmines, Rathfarnham and areas to the south west of the city including Ballyfermot, Cherry Orchard, Clondalkin, Rowlagh, Palmerstown and Lucan.

The total population of the area is 305,278. 21.5% of this figure, which is 65,564, are children under the age of 18 years of age. Please see (Figure 1) breakdown of age profiles and totals:

**Figure 1 - Age profile of children under 18 in Dublin South Central area**

Age:	Total
Under 1 years	4,016
0-4	19,949
5-12	29,358
13-17	16,257

The Pobal 2016 deprivation index cited some areas within the catchment as being 'very disadvantaged' and 'extremely disadvantaged'.

The area is under the direction of the service director for the Child and Family Agency Dublin Mid-Leinster region and is managed by the area manager.

Dublin South Central foster care service is comprised of two fostering teams which are line managed by two team leaders, who report to the principal social worker. The fostering team has offices in three parts of the area – Dublin City Centre, Inchicore and Ballyfermot. The area shares a foster care committee with another adjacent area. Fostering social workers carried out assessments of relative and general carers, in addition to providing support and supervision to foster carers. There was also a regional fostering assessment team who carried out assessments of general foster carers for the Dublin Mid-Leinster region.

At the time of this inspection, according to the information provided by Tusla, the foster care service in Dublin South Central had a total of 236 foster care households, with 132 general foster carers and 104 relative foster carers.

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\* \* Source: The Child and Family Agency

Figure 2: Organisational structure of Statutory Foster Care Services, in the Dublin South Central Services



### 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 identified as compliant
- one standard was identified as moderate non-compliant and
- six standards were identified as major non-compliances.

The last HIQA inspection of this foster care service took place in December 2016 where four significant risks were identified and escalated to the interim service manager. These risks related to:

- long delays in the commencement and completion of Section 36 assessments and in achieving a decision from the foster care committee
- decisions to repeat Section 36 assessments of carers in cases where, whilst the child remained in their care, assessments had already concluded that the applicants were unsuitable
- ineffective systems to manage allegations against foster carers to ensure adherence to *Children First: National Guidance for the Protection and Welfare of Children (2011)* and
- the absence of a system to ensure all staff were vetted in line with Children First (2011) and Tusla's own recruitment policy.

The interim service director provided a detailed plan in January 2017 outlining ways in which these risks were being mitigated. This included:

- bringing all outstanding Section 36 assessments to a conclusion by the end of April 2017
- establishing a regional fostering forum to monitor responses to allegations, coupled with a quality assurance review of all allegations, serious welfare concerns and complaints and
- conducting a full audit of staff's Garda vetting within the foster care service.

In addition, an action plan was submitted by the area to address all of the deficits identified in the 2016 inspection. The 2016 report and action plan is published on the HIQA website [www.hiqa.ie](http://www.hiqa.ie).

At the time of this inspection in 2017, a new area manager had been appointed, following the retirement of the previous area manager. Inspectors found that improvements had been achieved in relation to An Garda Síochána (police) vetting of staff. All staff within the service had a record of Garda vetting in place. The area manager was also developing and implementing new systems within the service. These included, for example, a tracker system to facilitate oversight of the status of all section 36 assessments and all allegations. While these new systems provided a central log to track and record progress, further development was required to ensure appropriate oversight of these issues.

Progress in other identified actions set out by the area in January 2017 and in their action plan dated March 2017, was not sufficient. Inspectors found drift and delay in the completion of Section 36 assessments. For example, while work had commenced on 28 of the 41 unassessed and unapproved relative carers with whom children were living, which were escalated following the 2016 inspection, only 11 of these assessments had been concluded, despite the fact that a private company had been procured to complete a number of these assessments.

Similar to HIQAs previous findings in 2016, not all children received a timely and appropriate response when a child protection concern, complaint or allegation was made. Other safeguarding components were inadequate within the foster care service. These included, for example:

- safety plans not always being in place to ensure the immediate safety of children
- the absence of an effective system to ensure Garda vetting for all adults or young person's over the age of 16 who were living in the foster care households;
- updated Garda vetting for foster carers
- insufficient safeguarding measures for foster carers who had no allocated link social worker and
- limited training and support afforded to foster carers in relation to Children First (2011) and safe care practices.

Inspectors escalated 10 cases to the area manager, eight of which were due to the absence of Garda vetting for adults or young people over the age of 16 who were living in the foster care households. Two other cases were escalated due to the absence of safety plans. The area manager responded with appropriate actions to address these identified risks.

Subsequent to the last inspection, the area manager had chaired a review of 11 allegations and 35 serious welfare concerns that had been received by the service since 2015. While these meetings identified required actions, these actions had not been addressed in a timely manner and a number remained outstanding at the time of this inspection.

The supervision and support of foster carers in the area was poor. Not all foster carers had an allocated social worker and not all foster carers were visited in line with Tusla policy. Records of support and supervision provided by link workers did not reflect the support or supervision required, or provided by the link worker.

The frequency and quality of foster care reviews in the area was not in line with National Standards. Inspectors found that there was no plan in place to address the backlog of reviews or criteria to facilitate prioritising reviews. The lack of reviews was escalated to the area manager following the inspection and he responded with a plan to complete 155 of the 224 reviews by the end of May 2018.

The foster care committee was not in compliance with the National Policy, Procedure and Best Practice Guidance on Foster Care Committees. The system of information exchange between the foster care service and the foster care committee was not sufficient. Not all allegations and serious welfare concerns were notified to the committee, and as such the foster care committee did not have adequate and timely oversight of the foster care service. Furthermore, following the 2016 inspection, the area identified that the membership and training function of the foster care committee would be reviewed. However, inspectors found that this had not been completed at the time of this inspection.

Similar to the last inspection, there was an insufficient number and range of foster carers in place to meet the demands of the service. Foster care placements for children were vacancy-led, which compromised potential matching and child-centred practice.

A Governance, Oversight and Implementation Group was also established following the 2016 inspection to oversee and support the implementation of the action plan with particular attention to the five significant risks identified in the 2016 inspection. However, the findings of this inspection do not reflect that this governance arrangement had been effective in ensuring the appropriate mitigation and management of the identified risks.

A verification exercise in relation to the 2016 action plan was completed by Tusla's Quality Directorate in September 2017. The monitor concluded that adherence to the timescale agreed for the implementation of actions described in the action plan was a concern and that it may have been that the timescale for delivery of the significant

degree of change agreed and required was too ambitious. In addition he concluded that effective service reform was better to be delivered well than quickly.

#### 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
<b>Theme 2: Safe and Effective Services</b>	
<b>Standard 10:</b> Safeguarding and child protection	<b>Non-compliant - Major</b>
<b>Standard 14a:</b> Assessment and approval of non-relative foster carers	<b>Compliant</b>
<b>Standard 14b:</b> Assessment and approval of relative foster carers	<b>Non-compliant - Major</b>
<b>Standard 15:</b> Supervision and support	<b>Non-compliant - Major</b>
<b>Standard 16:</b> Training	<b>Non-compliant - Moderate</b>
<b>Standard 17:</b> Reviews of foster carers	<b>Non-compliant - Major</b>
<b>Theme 4: Leadership, Governance and Management</b>	
<b>Standard 23:</b> The Foster Care Committee	<b>Non-compliant - Major</b>
<b>Theme 5: Use of Resources</b>	
<b>Standard 21:</b> Recruitment and retention of an appropriate range of foster carers	<b>Non-compliant - Major</b>

## 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**

Similar to the 2016 findings, this inspection found the measures in place to safeguard and protect children in foster care continued to require significant improvement. The service did not consistently implement processes as outlined in Children First (2011), and foster carers who met with inspectors were unsure of their responsibilities under Children First (2011).

Not all child protection concerns and allegations were managed in line with Children First (2011), at the time of this inspection. There was no national policy document in order to guide the area in responding to allegations of child abuse and neglect against foster carers. In the interim, Tusla had developed and introduced a protocol for managing concerns and allegations of abuse or neglect against foster carers in April 2017.

The area manager also developed a guidance document in September 2017 to reflect the interim protocol in order to guide staff in the management of concerns and allegations. Social workers told inspectors that this document provided them with clear guidance on steps to take when managing allegations and concerns. However, inspectors found that the Tusla protocol was not implemented in a consistent and timely way.

Data provided by the area showed that there were 13 child protection concerns or allegations made against foster carers in the 12 months prior to the inspection. There were also four allegations which had been made prior to this timeframe which

remained open and on-going. Inspectors reviewed these 17 child protection concerns and allegations and found that they were not always managed in line with Children First (2011) or the interim protocol for managing concerns and allegations of abuse or neglect against foster carers.

When reports of concerns were made, Children First (2011) and the interim protocol set out that strategy meetings are held within three days in order to support good communication among professionals and to determine how the concerns were going to be managed. However, inspectors found that there were delays in holding strategy meetings. In three cases there were delays of three months before a strategy meeting was convened. Furthermore, there was no clear plan of action following strategy meetings. For example, in one case an allegation which was received seven months previously remained unclassified. While the child was no longer in the placement, there were delays in the processing of the allegation. In addition, inspectors found that for 14 allegations and serious welfare concerns made against foster carers, initial assessment reports had not been completed.

In two cases reviewed, inspectors found that foster carers had not been interviewed in order to assess the allegation and in another case the information received had not been considered as an allegation. HIQA requested, following the inspection that this case be reviewed to ensure that all aspects of the concerns were investigated and the area manager responded identifying that a strategy meeting would be convened.

Inspectors found delays and inconsistent practice in the notification of allegations and concerns to the foster care committee. Of the 19 serious welfare concerns and allegations reviewed eight had not been notified to the committee, and those which were notified, were not all notified within the timeline required by the national policy. In five of the 11 cases that were notified to the committee, inspectors found between a four and 10 month delay in the notification to the foster care committee of an allegation. In another two cases sampled copies of notifications on file were not signed or dated.

Governance arrangements for the oversight of allegations remained ineffective. Following HIQA's inspection of this service in December 2016, a plan was set out by the interim service manager to undertake a review of 11 allegations and 35 serious welfare concerns. This review noted delays in the response to allegations, serious welfare concerns and complaints and identified that there was a lack of a standardised response to allegations. Examples of these deficits included delays in convening strategy meetings, lack of notification to An Garda Síochána and the foster care committee. However, the gaps identified by this review had not been addressed at the time of this inspection.

While a governance group had been established since the last inspection this had not ensured that all deficits identified as part of the review had been addressed. A tracking system had been established where all allegations and serious welfare concerns were logged and the area had held two quarterly governance meetings to provide oversight of these allegations and serious welfare concerns. However, the deficits identified above, for example, the delays in notifying the foster care committee had not been identified. When this was brought to the attention of the area manager, as part of the inspection, he told inspectors that he would invite the chair of the foster care committee to the next governance meeting.

Safeguarding practices were not sufficient. Safety plans were not always in place to ensure the immediate safety of children. For example, there was no safety plan in place for a child who remained in a foster care placement despite an allegation being made against the foster carer, and the removal of another child from this placement. Inspectors sampled files where a safety plan was in place, but the monitoring of these safety plans was not always recorded on the foster care file. For example, inspectors found that where a safety plan was in place for one child there was just one link worker visit to the foster carers recorded in the last nine months. While the team leader advised that the child in care social worker had visited the children this was not recorded on file. As a result, it was not clear how the safety plan was being sufficiently monitored by the fostering social work team. Inspectors escalated three cases, at the end of inspection where there was no safety plan or the plan was not being monitored by the fostering department and the area manager responded with appropriate actions to address the risks.

Subsequent to the last inspection, safeguarding plans had been put in place for children living with unassessed and unapproved carers since the 2016 inspection. The principal social worker with responsibility for quality assurance audited the implementation of these safeguarding plans. While she had established a system to audit the plans further improvements were required to ensure it was effective and up-to-date.

There was a system in place to ensure all foster carers had An Garda Síochána (police) vetting but it was not fully effective. While all foster carers had been Garda vetted, 23 foster carers required their Garda vetting to be updated.

There was no system in place to ensure that adults or young people over the age of 16 who were living in the foster care households were Garda vetted. Inspectors identified, from the files sampled, six foster care households where there were adults/persons over the age of 16 living in the household who did not have Garda vetting. Inspectors requested that the area review their files in order to ascertain the number of adults living in foster carers homes who did not have evidence of Garda

vetting. The area manager acknowledged that their system did not track details in relation to the number of adults (including children over 16 years) who had no record of An Garda Síochána vetting on file. The area manager subsequently confirmed that Garda vetting was being sought for adults and young people over the age of 16 living in foster carer's homes as a matter of priority.

In addition, it was of concern that two private companies completing a number of relative assessments were procured in the absence of confirmation that the team carrying out the assessments had appropriate An Garda Síochána (police) vetting. Subsequent to the inspection, the area manager advised that relevant Garda vetting had been sought and received.

Not all carers who had children placed with them had received training in Children First (2011) and safe care practices. At the time of the last inspection in December 2016, children first training had not been delivered to all foster carers. The action plan from that inspection identified that a schedule of training for foster carers, to include children first training would be completed by June 2017. However, inspectors found 10 months following the 2016 inspection that children first training had not been delivered to any foster carers.

There was a standardised system in place to report serious incidents. All serious incidents were notified to the area manager and the national office. Data provided outlined that there were no serious incidents regarding children in foster care in the 12 months prior to this inspection.

**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, and this was in place and followed for all general assessments in the area. There had been one general foster carer assessed and approved in the 12 months prior to the inspection.

The area had arrangements in place for a regional assessment fostering team (RAFT) to carry out general assessments of foster carers in the area. The findings from other areas already inspected by HIQA in relation to the assessments completed by RAFT were that they were comprehensive and of good quality. They followed the national framework, and all appropriate training was provided to foster carers in advance of approval.

Similar to the 2016 inspection, relative foster carers were not assessed in a timely way. Following HIQA's inspection in 2016, there were significant risks identified in respect of Section 36 (Relative) assessments where some children were placed with carers as far back as 2012, without a decision being reached. The interim service manager responded with a strategy to address the safeguarding risks where children were cared for with unassessed and unapproved carers and to bring the 41 outstanding assessments to a conclusion by April 2017.

However, inspectors found on this inspection that there had been delays in implementing the strategy and completing the relative assessments. Work had commenced on the majority of these assessments, but only 11 of the 41 carers had been approved in the 10 months since the 2016 inspection. Of the remaining 30 assessments outstanding since the last inspection, four had concluded but were

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\* 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).

awaiting Garda vetting or a medical update, and four were completed and awaiting presentation to the foster care committee. A further 12 assessments had commenced and were on-going, six were on hold or no longer required and four had not yet commenced. While this showed some progress had been made it remained untimely and meant that, for the children in these placements uncertainty remained as it may become necessary to remove a child from a placement if an assessment found the carers unsuitable or the foster care committee refused an application.

Part of the safeguarding assurances sought in 2016 referred to two foster carers who had been refused approval by the foster care committee or where their foster care assessment did not recommend their suitability as carers. These carers continued to care for children despite concerns and known risks. While safety plans had been implemented, inspectors found that these cases had not yet been brought to a conclusion within the timeframes set out by the interim service director in January 2017. Inspectors also identified an additional case where similar concerns to these two cases featured were noted. These three cases were brought to the attention of the service director following this inspection requesting that a conclusion was reached in a timely manner in the best interests of the children.

Governance arrangements to oversee the progress of the outstanding assessments had not been effective. While the service director identified that additional measures had been put in place subsequent to the 2016 inspection, they had not had a sufficient impact on bringing the assessments to a conclusion within the agreed timeframe. The area manager and the service director confirmed to HIQA that there had been delays in progressing the approval of the 41 assessments for various reasons since the last inspection including, for example staff vacancies and the requirement for psychological assessments to be undertaken on some of the children. In addition the area had outsourced a number of assessments to an external company but had not factored in the requirement to quality assure these reports prior to submitting them to the foster care committee. The area had identified some issues with the quality of some of these assessments, which had delayed their presentation to the foster care committee. The area had commissioned a private foster care agency to complete any new relative assessments from 01 October 2017.

A tracking system had been established to provide oversight of the 41 outstanding assessments. Inspectors reviewed the system and found that while the tracker listed the stage at which the assessment was at and a commentary on any reasons for delays, the tracker system did not state how long the assessment had remained at that stage or the necessary actions to address reasons for delays which impacted on the quality of oversight provided.

A Governance, Oversight and Implementation Group was also established following the 2016 inspection to oversee and support the implementation of the action plan with particular attention to the five significant risks identified in the 2016 inspection. However, while the service director identified that this group reviewed the progress of the outstanding 41 assessments, it had not been successful in ensuring that these assessments had been concluded in a timely manner. In addition, this oversight group had not identified that there was no service level agreement in place for one of the private companies undertaking the assessments.

A verification exercise in relation to the 2016 action plan was completed by Tusla's Quality Directorate in September 2017. The monitor noted that whilst a tracking system was in place in relation to all outstanding assessments, some progress had been made but there were delays. The monitor recommended that the appointment of a compliance/quality assurance manager to develop and maintain improvements would be of benefit. In addition he concluded that effective service reform was better to be delivered well than quickly.

The majority of the relative assessments completed were of good quality and considered all the necessary components. Inspectors sampled four of the 18 completed assessments and three assessments that were ongoing. All relevant documentation was on six of the seven files reviewed, including health and safety checks, reference checks, medical assessments, child protection checks, Garda vetting and fostering contracts. Records did not reflect up-to-date Garda vetting on one of the foster carers whose assessment was ongoing for a number of years. Five of the files documented that foster carers had attended the Foundation in Fostering Training, whilst two relative care families had not yet attended this training. One of the assessments reviewed demonstrated good communication between the fostering link worker and the child in care social worker and a good support package was put in place to support the placement. However, another assessment reviewed had not included interviewing both carers individually during the assessment process, in line with good practice. A small minority of the files sampled were missing signatures and dates on assessment reports.

The procedures in place to ensure that emergency placements with relative foster carers were safe and appropriate were not always sufficient. Inspectors found that the area were inconsistent in completing necessary pre-placement checks where children were placed with relative carers in the last 12 months. There were delays in child protection and Garda vetting checks. Inspectors reviewed seven files, to sample procedures in place for emergency checks. Of the seven files sampled, four files had the relevant checks completed in a timely manner. For the other three files sampled, one had no Garda checks, despite a child being placed and the area did

not obtain or initiate local area child protection checks prior to placing children in two other relative placements.

**Judgment: Standard 14a Compliant**

**Judgment: Standard 14b Non-Compliant – Major**

**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 level of support and supervision provided to the majority of allocated foster carers by their link workers was poor. Of the 42 files sampled, only 11 foster carers had recorded supervision and support home visits in the 12 months prior to the inspection. For the remaining, while records reflected telephone contact with the carers, there was no record of a home visit. Foster carers who spoke to inspectors said that it was important that they were listened to and have the opportunity to get advice and support from the fostering link workers. Deficits in the frequency of supervision and support home visits were not conducive to enabling foster carers to provide high quality care.

From the foster care files sampled, inspectors found records did not always reflect the link workers role in supporting and or supervising the foster carer during their visits in line with the foster care standards. When support and supervision visits took place with foster carers, the majority of the records of these visits reflected the carers perspective of the child(ren) but did not reflect the support or supervision required, or provided, by the link worker.

Not all foster carers had an allocated link worker. Inspectors found that there were 56 foster carers who had no allocated social worker at the time of the inspection (this was a slight improvement on the 2016 inspection when there were 74 carers unallocated). This had an impact on the level of support and supervision for all foster carers. Inspectors sampled 16 files for the foster carers who were unallocated and found that records did not reflect that these carers were visited regularly. For two of the files sampled, inspectors found the carers had not had a visit from the fostering department since April 2015 and December 2015 respectively. In another case, despite a safety plan being drafted in January 2017, there were no fostering link worker visits between January and September 2017. This had an impact on the monitoring and review of the safety plan. When inspectors spoke to the team leader about this case, they were provided with assurances that visits were taking place from the children's allocated social worker.

Since the last inspection a revised duty system, to support and monitor unallocated foster carers, had been developed and implemented in September 2017. The areas strategy was that two unallocated foster carers would be visited each week.

There was no formal foster care support group for foster carers. One experienced foster carer told inspectors that the level of support had decreased since they first started fostering. When the absence of support groups was raised with the area manager he said he was committed to developing a support group for foster carers.

In addition, similar to other statutory foster care services there was no out-of-hours service available to foster carers.

**Judgment: Non-Compliant – Major**

**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**

Similar to the 2016 inspection, the area provided good training opportunities for foster carers. The area provided inspectors with a training plan for 2017. This covered topics such as attachment, recognising and supporting the birth children of foster carers, different ethnic backgrounds and children first. More in depth training on managing behaviour that challenges was also facilitated by an external resource.

There was a fostering training sub-committee which consisted of three fostering link workers. This group met three to four times a year with an overarching aim of developing a training programme and communicating with foster carers about upcoming training. This committee were actively trying to encourage foster carers to attend training. In addition, a training audit was underway, for those who attended training sessions to inform a training needs analysis.

Communication in relation to training opportunities was mixed. While inspectors found correspondence re upcoming training opportunities in a number of files sampled, half of the carers who attended a focus group told inspectors that they had not received notification in relation to training opportunities. In an effort to improve attendance, the fostering team had recently held a consultative group with foster carers to look at what type of training foster carers required.

General foster carers received foundational training before their approval as foster carers. Foundational training was also provided to relative foster carers once they were assessed. However, in a number of cases there were long delays in the assessments of relative foster carers. As a result, there was a considerable period when these carers had children placed with them but had not received initial safe care training.

The area struggled to ensure foster carers ongoing attendance at training. Inspectors found that a number of training sessions had been cancelled due to low numbers of foster carers attending. For other sessions held, it was the similar group of foster carers who attend each session.

Records of attendance at training were not consistently maintained in foster carer files. Inspectors found that out of 36 files sampled, only 16 had records of foster carers attendance at training maintained on the file. This meant that link workers

may not have an overview of all training attended by the foster carers in order to determine what additional training and support would be beneficial to the carers. Similar to the 2016 findings, the fact that 95% of foster carers had not had a review in the last three years meant that there was no appraisal of carers' training needs and no mechanism for ensuring that skills were maintained or enhanced.

At the time of inspection the area was in the process of gathering information for a training needs analysis which would inform the training plan for 2018.

**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**

Similar to the 2016 inspection foster care reviews were not taking place as required and this presented a significant risk. Following the 2016 inspection, the area identified to HIQA that a schedule of foster care reviews would be developed in 2017, with a plan for completing all outstanding foster care reviews by the end of quarter one 2018. However, at the time of this inspection, inspectors found that of the 236 foster care households, 224 reviews were outstanding.

In line with the standards, the first review should take place one year after the first placement and subsequent reviews are held at three yearly intervals. The backlog of reviews meant that foster carers continuing capacity to provide safe care to children was not being considered. Inspectors found that, in the absence of reviews occurring, there were no other systems in place to ensure that health and safety checks, consideration of the foster carers performance, appraisal of their training and support needs were completed and addressed.

HIQA escalated the absence of reviews to the area manager and requested that a clear plan be submitted, for the completion of the 224 foster carers reviews including the criteria for prioritising reviews. The area provided HIQA with a plan to review 155 foster carers by the end of May 2018. However, the area manager did not identify the criteria the fostering team would use to prioritise the large number of reviews. The area also informed inspectors that the foster carer register would be audited on a regular basis and amended to record the date the foster care review was held or scheduled.

Foster carer reviews were not comprehensive and were not in line with National Standards. Inspectors sampled six of the 20 reviews which had been completed in the 12 months prior to the inspection. However, there were no minutes of review meetings. Inspectors had to rely on the report prepared for the review to establish the quality and scope of the review. While the majority of review reports had the section on the views of the child completed, the records did not provide sufficient detail about the child's own view of the placement. Inspectors found that review reports were accompanied by a report from the child-in-care social worker and the foster carers. However, reports by the child-in-care social worker to inform the review were also brief. Review reports did not include training requirements nor did it consider training which foster carers had attended. Recommendations made were brief and there was no evidence that these recommendations were followed up by

the social work department. The team leader told inspectors that recommendations from a review were followed up in supervision. However, these actions were not discussed in supervision records sampled. While foster carers signed review reports, records did not reflect that the foster carer was provided with a copy of this report.

Not all foster carers, who had been the subject of an allegation or serious welfare concern, had a review completed following conclusion of the investigation. Following the last inspection in 2016, the fostering service identified a plan to prioritise foster care reviews where there was a serious welfare concern or allegation. At that time there were 11 allegations and 35 serious welfare concerns. A further 13 child protection and welfare concerns were reported in 2017. Data from the area indicated that eight of these reviews had occurred. The quality of foster care reviews following a serious welfare concern or allegation was poor. Inspectors sampled two of the eight and found that the quality of the reviews was poor with minimal detail in relation to what, if any additional supports and training were required following the allegation.

Not all foster care reviews had been notified to the foster care committee in line with standards. Data provided by the area indicated that 10 of the 36 foster care reviews were notified to the foster care committee. In addition, Garda vetting was outstanding in one of these cases which was identified by the foster care committee and returned.

**Judgment: Non-Compliant – 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**

At the time of the last inspection, inspectors found that the governance arrangements of the foster care committee did not ensure effective and timely oversight of the foster care service. At that time, the interim service director told inspectors that they were working with the chair of the foster care committee to improve governance structures and systems. Inspectors found that some new governance systems had been developed. These included databases of allegations and placement disruptions notified. However other actions identified to address this deficit had still not been implemented. A meeting had been scheduled between the chair of the committee, the area manager and principal social worker with the first meeting scheduled for the 19 October 2017 and a plan to meet quarterly thereafter. In addition, the foster care committee did not always operate in line with the revised Tusla policy – Foster Care Committees – Policy, Procedures and Best Practice Guidance.

Not all allegations and serious welfare concerns were notified to the committee. Following the 2016 inspection, the area identified that the outcome of all reviews of

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\* 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).

allegations would be submitted to the foster care committee for oversight purposes. However, inspectors found that not all of these had been notified to the committee. Inspectors also found that allegations which had been made in the previous 12 months had not been notified to the foster care committee in line with the policy. In addition, when notifications were made to the committee this was not always done in a timely way. When notifications of concerns or allegations were made to the committee, a system was in operation for recording when the notification was received and that an outcome was awaited.

Furthermore, the 2016 inspection action plan set out that the chair of the foster care committee would attend quarterly meetings with the area in respect of allegations and concerns. However inspectors found that this had not occurred to date and minutes of these meetings had not been circulated to the chair.

A system had been developed by the committee to provide oversight of all placement disruption reports submitted by the fostering team. The area had identified in the 2016 inspection action plan that all disruption reports identified in the 2016 inspection would be submitted to the committee. In addition, data provided by the area indicated that there had been 15 disruptions to placements in the last 12 months. However, on review of this system inspectors found that no disruption reports had been submitted to the foster care committee.

In line with National Standards, the foster care committee is to be notified of the outcome of standard reviews held at social work department level which recommended the continuing approval status of the foster carer. Where this recommendation was accepted by the foster care committee, the carer should receive a written endorsement by the committee. Inspectors found that the outcomes of standard reviews were not routinely provided to the committee in line with National Standards. The foster care committee had only been notified of 10 of the 28 reviews in the previous 12 months.

The membership of the committee was not fully in line with the revised policy – Foster Care Committees – Policy, Procedures and Best Practice Guidance. The committee members included people with appropriate experience and qualifications in the area of child protection, child welfare and foster care. However, there was no adult who grew up in care on the foster care committee in line with Tusla’s policy, procedures and best practice. The chairperson told inspectors that they were trying to identify a suitable person to fill this role. There were suitable arrangements in place for a deputy chair to stand in, in the event that the chairperson was unavailable.

During the 12 months prior to the inspection there had been 10 foster care committee meetings. The chairperson advised that they convened emergency

meetings, if required, in order to cater for the needs of the foster care service. Records confirmed that emergency meetings were held when required. A quorum of six members was required for meetings to proceed and there was a surplus of committee members in order to facilitate a quorum should a committee member be unavailable. However, inspectors found that one emergency meeting was held without quorum members in attendance.

Inspectors found that committee members declared any conflict of interest in line with policy. Reports were circulated to committee members in advance to facilitate them to prepare for the meetings. Inspectors found this to be the case when observing the foster care committee meeting. All members of the committee contributed to the proceedings. Minutes of meetings recorded that committee members continued to highlight that incomplete assessments continued to be forwarded to the committee despite circulars from the chair to the social work team and the poor quality of reports including the absence of signatures on reports and assessments.

On review of foster carers files, inspectors found that the foster care committee was timely in recommending whether carers should be approved or not. Their recommendations were based on the assessment reports of potential foster carers presented to them by the foster care service and or private agencies. There were 19 foster care assessments from private agencies in the last 12 months. Inspectors found that there were appropriate arrangements in place for such approval to take place.

Following the 2016 inspection, the area identified that the membership and training function of the foster care committee would be reviewed by the chair with the service director and area manager in order to ensure full compliance with the foster care committee guidelines. However, this action had not been implemented at the time of this inspection.

There was no formal induction to the foster care committee. The secretary of the committee provided members with relevant policies and procedures. All members of the foster care committee were Garda vetted in relation to their specific roles as members of the foster care committee. Inspectors reviewed foster care committee members files and found they all had a record of An Garda Síochána vetting. However, five committee members did not have updated Garda vetting as required.

There were no training records available for committee members. Training had been made available to members of the foster care committee in relation to the revised national policy and the role of the foster care committee. However, there was no record of what members, if any attended this training.

**Judgment: Non Compliant – Major**

**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**

Similar to the 2016 inspection, there were not a sufficient number of carers in the service to provide placements in line with the Standards and there was an insufficient range of carers to meet the diverse needs of the children. Inspectors found that the foster care service fundamentally operated a vacancy-led service influenced primarily by placement availability, which compromised potential matching and child-centred practice. Limited resources continued to have an impact on the area's capacity to appropriately support foster carers and there was no effective retention strategy in place to develop and retain foster carers.

Since the 2016 inspection the area manager had begun to scope out a recruitment drive, which included meeting with diverse cultural groups to determine what recruitment strategies might be effective. In addition, a draft plan for 2018 had been drawn up in relation to retaining carers which included rolling out a training needs analysis for all foster carers, supports groups for foster carers in the area, and exit interviews for all foster carers who decide to leave the service.

There were not enough carers in the service to provide placements in line with standards. The only placements available at the time of the inspection were respite placements. Data, provided by the area, indicated that there were 26 foster care households who were providing placements outside of their approval status. For example, foster carers providing long-term placements although they were approved for short term placements and seven foster care households where the number of unrelated children exceeded the standards. Social workers told inspectors that children were not always appropriately placed due to a deficit of available placements. They said that placement availability has further deteriorated since the last HIQA inspection.

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Data provided by the area identified that there were five recruitment campaigns in the 12 months prior to inspection which resulted in two applications for fostering within the area.

There was no effective retention strategy in place to develop and retain foster carers. Data provided from the area indicated that there were five foster carers who left the service in the 12 months prior to the inspection. There were no formalised exit interviews completed with these carers. This was a missed opportunity for the service to gain valuable information from these carers in relation to future retention policies and initiatives. Exit interviews were still not conducted, contrary to the service's 2016 inspection action plan.

Similar to the 2016 inspection findings while carers had opportunities to attend training, the absence of allocated social workers for a significant number (56) of foster carers as well as the absence of reviews meant that the area was not supporting or enhancing the skills of foster carers sufficiently.

A panel of foster carers was maintained by the area but it was not up-to-date. Inspectors reviewed the panel of foster carers which was maintained by the fostering teams on a database that held detailed information on the foster carers. Inspectors found that information was not wholly accurate for example, the names of the social workers assigned to families were not always accurate or up to date.

**Judgment: Non Compliant – Major**

**Appendix 1 — Standards and regulations for statutory foster care services**

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

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<b><i>National Standards for Foster Care (April 2003)</i></b>
<b>Theme 2: Safe and Effective Services</b>
<p><b>Standard 5: The child and family social worker</b> There is a designated social worker for each child and young person in foster care.</p> <p><b>Child Care (Placement of Children in Foster Care) Regulations, 1995</b> Part IV, Article 17(1) Supervision and visiting of children</p>
<p><b>Standard 6: Assessment of children and young people</b> 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.</p> <p><b>Child Care (Placement of Children in Foster Care) Regulations, 1995</b> Part III, Article 6: Assessment of circumstances of child</p>
<p><b>Standard 7: Care planning and review</b> 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.</p> <p><b>Child Care (Placement of Children in Foster Care) Regulations, 1995</b> Part III, Article 11: Care plans Part IV, Article 18: Review of cases Part IV, Article 19: Special review</p>
<p><b>Standard 8: Matching carers with children and young people</b> 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.</p> <p><b>Child Care (Placement of Children in Foster Care) Regulations, 1995</b> Part III, Article 7: Capacity of foster parents to meet the needs of child</p> <p><b>Child Care (Placement of Children with Relatives) Regulations, 1995</b> Part III, Article 7: Assessment of circumstances of the child</p>
<p><b>Standard 9: A safe and positive environment</b> Foster carers' homes provide a safe, healthy and nurturing environment for the children or young people.</p>
<p><b>Standard 10: Safeguarding and child protection</b> Children and young people in foster care are protected from abuse and neglect.</p>

<b>National Standards for Foster Care (April 2003)</b>
<p><b>Standard 13: Preparation for leaving care and adult life</b> 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.</p>
<p><b>Standard 14a — Assessment and approval of non-relative foster carers</b> 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.</p> <p><b>Child Care (Placement of Children in Foster Care) Regulations, 1995</b> Part III, Article 5 Assessment of foster parents Part III, Article 9 Contract</p>
<p><b>Standard 14b — Assessment and approval of relative foster carers</b> 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.*</p> <p><b>Child Care (Placement of Children with Relatives) Regulations, 1995</b> Part III, Article 5 Assessment of relatives Part III, Article 6 Emergency Placements Part III, Article 9 Contract</p>
<p><b>Standard 15: Supervision and support</b> 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.</p>
<p><b>Standard 16: Training</b> Foster carers participate in the training necessary to equip them with the skills and knowledge required to provide high-quality care.</p>

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\* 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 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

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***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

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\* 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.

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\* 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.**

<b>Provider's response to Monitoring Report No:</b>	MON 0020091
<b>Name of Service Area:</b>	Dublin South Central
<b>Date of inspection:</b>	10 <sup>th</sup> -12 <sup>th</sup> and 20 <sup>th</sup> October 2017
<b>Date of response:</b>	March 12th 2018 (accepted response)

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:

Safeguarding practices were not sufficient and safety plans were not always in place to ensure the immediate safety of children.

Allegations and concerns were not always correctly classified, in order to ensure they received the most appropriate response.

Not all allegations and concerns were managed in line with Children First (2011), or the interim protocol for managing concerns and allegations of abuse or neglect against foster carers.

An Garda Síochána (police) vetting was not updated for all foster carer's within the required time frame.

An Garda Síochána (police) vetting was not in place for all adults and young people over the age of 16 living in foster care households.

There was no An Garda Síochána (police) vetting undertaken for staff members of the two private companies completing the relative assessments.

Some foster carers were not aware of Children First (2011) or safeguarding and not all foster carers received children first training.

#### 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:

##### Action 1

The area will ensure that the minutes of the review of all allegations and serious welfare concerns (which was completed in early 2017 – 46 separate reviews) are placed on both the child's file and foster carers file. In addition, the area will ensure that the completed assessments that were completed as part of the review process are placed in children in care files.

Audits were conducted in January 2018, to ensure that all required documentation was on

the files of children in care and foster carer as required. This work will continue with continued auditing by the Principal Social Worker to ensure the required documentation is on file. The area is also in process of recruiting a social work team leader post to provide support to this action.

#### Action 2

As part of the review process which took place in 2017, the classification of concerns as being either an allegation or a serious welfare concern was reviewed by the Area. Minutes of these meetings were made available to HIQA inspectors during their inspection in October 2017.

The area will ensure that the minutes of the area review of allegations/serious welfare concerns, all documentation regarding assessments and outcomes are evidenced on both files of children in care files and the foster carers.

#### Action 3

A further training workshop will be organised to take place in March 2018 by the Area Manager to ensure that all Principal Social Workers and Social Work Team Leaders are aware of their obligations under the agency's interim policy relating to allegations against foster carers. New staff will also be advised of this policy at induction. This workshop with Principal Social Workers and Social Work Team Leaders will examine the classification of concerns received and also review the necessity for safety plans to be implemented and held on file.

#### Action 4

In January 2018, the area reviewed cases which HIQA inspectors identified may not comply with Children First (2011) or the Tusla interim protocol on allegations and serious concerns (introduced in April 2017). The Area is confident that from its review of previously completed assessments of allegations and serious welfare concerns, that there is no child placed in foster care who is at risk of abuse from a carer.

The area will ensure that in cases where assessments are in process, that safety plans are in place and documented to ensure safeguarding of children placed.

#### Action 5

A tracking system is in place within area to ensure that Garda vetting is updated as required. All foster carers in the area have had previous Garda vetting completed.

The tracking system will be reviewed on a monthly basis by the Principal Social Worker for Fostering to ensure that there is no current foster carer without updated vetting on file. A member of the business support team in area will support the Fostering Principal Social Worker by flagging foster carers who are due to have updated vetting completed.

Action 6

Since the HIQA inspection in October 2017, a system has been put in place to track vetting for anyone over 16 years old in foster carer households. Vetting applications have been sent to all identified over 16's and adults in foster carer households in the area and vetting is in process of being completed.

The tracking system will be monitored on a monthly basis and will be supervised by the Principal Social Worker for fostering.

Action 7

Two separate training workshops for foster carers have been provided by the area since November 2017 on the new E-Learning Children First training module which was launched by Tusla in October 2017.

The area will continue to hold further Children First training workshops throughout 2018 as part of the foster carer training calendar. The newly approved social care leader post for fostering will coordinate this training schedule when appointed to post.

**Proposed timescale:**

1. February 28<sup>th</sup> 2018
2. February 28th 2018 (as per above).
3. 31<sup>st</sup> March 2018.
4. February 2018
5. In place from October 2017
6. 31<sup>st</sup> March 2018
7. In place from November 2017 (with other workshops planned up to September 2018)

**Person responsible:**

- Principal Social Worker for fostering and fostering Team Leaders.
- As above
- Area Manager, Principal Social Workers and Team Leaders for children in care & fostering Team Leaders.
- Principal Social Workers for Children in Care & Fostering & Team Leaders
- The Principal Social Worker for fostering and fostering Team Leaders.
- Principal Social Worker for fostering and fostering Team Leaders.
- Principal Social Worker for fostering, fostering Team Leaders and new Social Care Leader post.

**Standard 14b: Assessment and approval of relative foster carers  
Major Non-compliance**

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

The area had not been successful at bringing 30 of the relative assessments outstanding at the time of the 2016 inspection to a conclusion.

Children remained with foster carers that had been assessed as unsuitable carers due to concerns and risks.

The procedures in place to ensure that emergency placements with relative foster carers were safe were not always sufficient and there were delays in child protection and Garda checks.

Not all relative foster carer's assessments were completed in a timely manner.

There was no service level agreement for one of the private companies and the foster care service.

**Action required:**

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

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

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

**Area Response**

**Action 1**

Since the previous inspection in December 2016, a service improvement plan has been in place to ensure the 41 identified relative assessments outstanding at that time were assessed and approved. Since this time, 15 assessments have been approved, 6 have been withdrawn and 20 have been allocated for assessment.

Fourteen of the remaining assessments will be presented to the Foster Care Committee by

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

the end of March 2018.

The remaining 6 relative assessments are due to be submitted to the Foster Care Committee by June 2018.

The Area Manager and Principal Social worker will continue to meet regularly to review progress on each of these remaining relative assessments. The fostering Principal Social Worker is also meeting the fostering Team Leaders weekly to review each assessment and outstanding documentation to ensure that the above timeframes will be met.

#### Action 2

The Area has since commissioned comprehensive psychological assessments for a small number of relative placements which were previously assessed as not suitable. This work has commenced and the psychological reviews will specifically look at the capacity and strengths of these placements to meet the children's needs and also the possible impact on children if they were to be removed. Interim letters/ reports have been requested by the end of March 2018 to present to the Foster care committee.

#### Action 3

As currently in place, regular safeguarding visits will continue to children who are placed with relatives who have not received an approved status to date. There is no identified current risk to the wellbeing or safety of these children. Further safeguarding visits to all children, placed with relatives, who have not received approval to date, will be completed by the end of March 2018 and on a monthly basis (or more if required) until approval is received from the Foster Care Committee.

#### Action 4

The area has reviewed child protection & Garda checks that have been completed on emergency placements with relatives. 2 cases have been identified by HIQA of concern.

In one case, Garda Vetting had been applied for but not through the e-Vetting rapid system that is in place in Tusla (and as such was less timely in getting returned). This vetting is now on file.

In the second case, the placement of the child did not proceed.

The Area has a tracking system of all Area checks completed in respect of all emergency placements and also for Garda vetting for emergency placements. This is in place and is monitored monthly by the Principal Social Worker.

Action 5

In order to increase resources of the fostering service, the Area has commissioned a private fostering service to ensure that any new relative assessment is completed within the timeframes as per the national fostering standards. A contract was put in place between this provider and the Area since September 2017.

The Principal Social Worker and fostering Team Leaders have factored in the necessity to review and provide quality assurance feedback to all commissioned private fostering relative assessments prior to submission to the Foster Care Committee.

With regards to HIQA’s finding that there was no service level agreement between one of the private fostering agencies and the foster care service, the Area addressed that issue in November 2017 and a contract is now in place with the provider.

**Proposed timescale:**

1. 30<sup>th</sup> June 2018.
2. 31<sup>st</sup> March 2018.
3. 31<sup>st</sup> March 2018.
4. In place since October 2017.
5. In place since November 2017.

**Person responsible:**

The Area Manager, Principal Social Worker and Team Leaders for fostering

The Principal Social Worker and Team Leaders for fostering and Children in Care

The Principal Social Worker and Team Leaders for fostering and Children in Care

The Principal Social Worker and Team Leaders for fostering and Children in Care

Area Manager and Principal Social Worker for Fostering.

**Standard 15: Supervision and support  
Major Non-compliance**

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

Not all foster carers had an allocated link worker.

The frequency of home visits to foster carers was not always adequate or in line with national policy.

There was no programme of support groups for foster carers provided by the area.

Not all foster carer's received adequate support from their link worker or the duty system.

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

**Area Response**

Action 1

The area has in place a duty service for foster carers who do not have an allocated link worker. All social work vacancies have been approved for filling but due to a national shortage of social workers, there have been delays in successfully filling these posts in a timely manner. Additional positions have been approved for the fostering service including a social care leader (to provide additional supports to foster carers) and a social work team leader post.

Action 2

As per action one, additional posts (Social Work Team Leader and Social Care Leader) have been approved for the fostering service in order to increase resources available. The frequency of formally recorded supervision and support visits for all carers will be a minimum of every 6 months. Visits by also be arranged by duty fostering service to foster

carers who do not have an allocated link social worker.

Action 3

Support groups for foster carers will be established in area by Quarter 3 2018. The Social Care Leader post approved by the Regional Service Director for the fostering service will specifically develop these support groups. Recruitment process for this post to take place during first Quarter 2018.

Action 4

The Area is to review the quality of its social work supervision and support visits to its foster carers, both allocated and unallocated. The Area Manager and Principal Social Worker for fostering will seek assistance from Tusla’s regional Workforce Learning Development unit to provide training in respect of the quality of the fostering service’s support and training to foster carers. This action will take place by June 2018.

Action 5

A national out of hours support service for Foster Carers is planned for implementation by Quarter 3 2018. This is subject to successful trade union negotiations which are on-going. The Service Director in DNE is responsible for progressing this action. The progress of this action is being reviewed regularly by the national operation management team, which is chaired by the Chief Operations Officer.

<b>Proposed timescale:</b>	<b>Person responsible:</b>
1. Between March and June 2018.	Regional HR Manager, National Recruitment, Area Manager & Fostering Principal Social Worker
2. From end of March 2018.	Regional HR/ Fostering Principal Social Worker, Team Leaders and Area Manager.
3. By September 2018.	Regional HR Manager, National Recruitment, Area Manager & Fostering Principal Social Worker. New social Care leader post.
4. By June 2018.	Fostering Principal Social Worker, Team Leaders and Area Manager. The Area will

<p>5. By June 2018.</p>	<p>work with Regional Workforce Learning Development to provide training to the fostering teams</p> <p>Regional Service Director in Dublin North East.</p>
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**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.

A comprehensive training needs analysis had not been carried out.

There was no comprehensive, centralised training record for all foster carers.

Training records of individual foster carers were not well maintained.

**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:**

**Area Response**

Action 1

The Area provided a training calendar for foster carers in 2017 to HIQA during its inspection. A further training calendar for 2018 is being developed and is due for completion by the end of March 2018. A training needs analysis is currently taking place in the area and a training strategy will be developed on completion of this training needs analysis. This will be completed by June 2018.

The area will continue to provide new eLearning Children First and mandatory reporting training workshops (provided in November and December 2017) during 2018.

Action 2

A comprehensive training needs analysis for foster carers is to be conducted by the area and for completion by Quarter 2 2018. This will be based on training needs identified during support and supervision visits to carers. A finalised training calendar will be developed by Principal Social Worker and Social Work Team Leaders for fostering and workforce development for foster carers based on this analysis by June 2018.

Action 3

A centralised training record for foster carers is to be developed by the fostering service. The recruitment of a newly approved Social Care Leader post for the fostering service will include responsibility to maintain a centralised training folder for all foster carers.

Action 4

File audits will be carried out every 3 months by the fostering Team Leaders to ensure records relating to training and other matters are on files and are of a good quality.

<b>Proposed timescale:</b>	<b>Person responsible:</b>
1. 30 <sup>th</sup> June 2018.	Principal Social Worker for Fostering & Principal Social Worker with remit for Quality Assurance with the assistance of Regional Workforce Learning Development.
2. 30 <sup>th</sup> June 2018.	As above
3. 30 <sup>th</sup> June 2018.	Regional HR Manager, National Recruitment, Area Manager & Principal Social Worker for fostering
4. Commencing Quarter 2 (April) 2018	Fostering Principal Social Worker & Team Leaders (including third Team Leader post to be filled).

**Standard 17: Reviews of foster carers**

**Major Non-compliance**

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

The majority of foster carer households did not have an up-to-date review.

Reviews were not always carried out when there was an allegation made against the foster carers.

Reviews were not comprehensive and were not in line with National Standards.

The foster care committee was not notified of all standard reviews of foster carers in line with Standards.

The foster care committee was not notified of all reviews following a serious welfare concern or allegation.

Foster carers did not receive a copy of their review report when it was completed.

**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:**

**Area Response**

Action 1

A service improvement plan relating to foster care reviews is in place with the plan that the backlog of reviews will be completed by December 2018. During this period, all children in care social workers, fostering link social workers, access workers and social care staff will be required to identify to the relevant Fostering Social Work Team Leader any situations/concerns they become aware of whereby the circumstances of foster carers may have changed (for example including bereavement, separation, change of work status) which may be impacting on their capacity to foster.

A prioritisation tool is in place which identifies how the backlog of reviews will be prioritised. From the outstanding reviews, the following will be prioritised:

- Newly approved foster carers will receive a foster care review after 1 year since approval.
- Foster carers who have not received or attended training in the previous 5 years
- Foster carers who are providing placements outside of their approval status
- Foster carers who have not had an allocated link social worker for over the past 12 months.

Where placement disruptions take place foster carers will also be prioritised for additional

reviews to ensure that any learning is derived and that any identified supports/ training provided. No additional children will be placed until a foster care review takes place where a disruption has occurred.

The area is amending its schedule of foster care reviews until the end of 2018 and this action is in progress. An additional fostering team leader post will act as foster care review officer until this backlog is addressed. The area intends to complete this action by December 2018. This action however remains dependent on filling of vacancies and the recruitment of a third fostering team leader post with specific concentration on this action.

#### Action 2

The Area will prioritise all foster carers for review where a founded allegation or serious welfare concern has taken place. No additional children will be placed until a foster care review takes place and is submitted to the foster care committee.

In addition, as part of the risk management measures whilst foster carers are awaiting a foster care review, the Area has ensured that all children placed in foster care currently have an allocated social worker. The area will ensure that all children in care receive statutory child in care reviews and care plans. In addition all foster carers, including unallocated foster carers, will receive supervision and support visits on a minimum 6 monthly basis. Where concerns may exist, safety plans will be put in place and frequency of visits to children placed and foster carers will be increased. Additional safeguarding visits will also take place to children placed in foster placements where confirmed allegations or serious concerns have taken place. Additionally, any child who has retracted an allegation or concern whilst placed in foster care will received additional safeguarding visits.

#### Action 3

A training/quality assurance workshop will be held for the fostering service by the end of April 2018 to ensure that the standard of foster care reviews is of a comprehensive nature as well as ensuring reports are quality checked prior to presentation to the Foster Care Committee.

#### Action 4

The Area will ensure that all foster care reviews which take place are notified to the Foster Care Committee. This action is in place since January 2018.

#### Action 5

The Foster care committee is to be notified by the area of all reviews which take place following a serious concern or allegation. In particular where there is a founded allegation or serious welfare concern these reviews will be prioritised for presentation to the Foster Care Committee. This will be done retrospectively for all such reviews which have taken place during 2017 as well as 2018.

#### Action 6

The fostering Team Leaders will ensure that all foster carers receive a copy of their review report when completed. Foster carers who have had a review during 2017 and also into

2018 will receive, as a standard practice and also as a courtesy, a copy of their review report. This action is in place from January 2018.

**Proposed timescale:**

1. December 2018.
2. 31<sup>st</sup> March 2018.
3. 30<sup>th</sup> April 2018.
4. Completed - January 2018
5. 30<sup>th</sup> May 2018.
6. Completed - January 2018.

**Person responsible:**

- Regional HR Manager, National Recruitment, Area Manager & Fostering Principal Social Worker
- Fostering Principal Social Worker & Team Leaders

**Theme 4: Leadership, Governance and Management**

**Standard 23: The Foster Care Committee**

**Major Non-compliance**

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

The foster care committee did not have sufficient oversight of the foster care service.

The majority of notifications of allegations and serious incidents reviewed were not made to the foster care committee in line with policy.

Disruption reports were not notified to the foster care committee.  
There was no system in place to track notification of breaches to the foster care committee.

The membership of the committee was not in line with Tusla policy.

There was no induction programme in place or records of training for members of the foster care committee.

**Action required:**

Under **Standard 23** you are required to ensure that: Health boards<sup>+++</sup> 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<sup>+++</sup> policies, procedures and practice.

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

**Area Response**

Action 1

A new additional 0.5 Principal Social Worker post has been approved for the Foster Care Committee. This will mean that this post will be directly line managed by the Area Manager and be part of the wider area management team. This will support better coordination, information sharing and governance. This post will be filled by May 2018

Action 2

Since 2015, the area has a database for all allegations and serious welfare concerns received in respect of foster care placements.

The Area Manager has reviewed every allegation and serious welfare concern against a foster carer by chairing individual meetings. Minutes detailing submission of the required

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<sup>+++</sup> Formally known as Health Boards at time of writing Standards, now known as the Child and Family Agency (Tusla)

notifications to the Foster Care Committee (retrospectively) have been recorded. The fostering Team Leaders will ensure that all documentation in relation to each of the meetings which reviewed allegations will be submitted to the Foster Care Committee.

The area has established a quarterly governance meeting to ensure that any allegations or serious welfare concern relating to a foster carer are reviewed by the management team. The first of these meetings was held in November 2017. One of the objectives of this meeting is to ensure that required documentation has been forwarded to the Foster Care Committee and also to the Fostering Monitoring officers from Tusla's Quality Assurance Directorate and to track assessments until completion. The foster care committee chair and the fostering monitoring officer will be part of these meetings.

Fostering Team Leaders will ensure that all required documentation will be submitted to the Foster Care Committee by the end of April 2018

### Action 3

The Principal Social Worker for the area will review all disruptions which have taken place since 2016 to ensure that reports are submitted to the Foster Care Committee in respect of each disruption.

A review of all disruptions which have taken place since 2016 will be undertaken by the Principal Social Worker with the fostering Team Leaders to ensure that disruption reports are submitted to the Foster Care Committee during the second half of 2018 (from June to December 2018). An additional social work Team Leader post for fostering is being recruited to specifically address this action under the action plan.

The Principal Social Worker for fostering for the Area is to establish a tracking system to notify all breeches to the Foster Care Committee. A review of all breeches is to take place and notified to FCC by end of May 2018.

### Action 4.

The Service Director will ensure that the newly appointed Foster Care Committee chair will review membership of the Foster Care Committee to ensure compliance with Tusla Policy.

### Action 5.

The Service Director will ensure that a newly appointed Chair of the Foster Care Committee will review provision of an induction programme for new members and record training for each member.

<p><b>Proposed timescale:</b></p> <ol style="list-style-type: none"> <li>1. 31<sup>st</sup> May 2018</li>   <li>2. 30th April 2018.</li>   <li>3. By December 2018 re disruptions and by end of May 2018 re breaches notified to FCC.</li>   <li>4. 31<sup>st</sup> May 2018.</li>   <li>5. 31<sup>st</sup> May 2018.</li> </ol>	<p><b>Person responsible:</b></p> <p>National HR Recruitment Manager and Regional Service Director.</p> <p>Fostering Principal Social Worker &amp; Team Leaders.</p> <p>Fostering Principal Social Worker &amp; Team Leaders.</p> <p>Regional Service Director and Area Manager.</p> <p>Regional Service Director and Area Manager.</p>
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**Theme 5: Use of Resources**

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

**Major Non-compliance**

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

The recruitment and retention strategy was not effective.

There was no availability of foster placements, other than respite placements at the time of inspection.

Twenty-six foster care households were providing placements outside of their approval status.

The number of unrelated children living in seven foster care households exceeded the maximum number set by the National Standards.

Exit interviews remained absent, contrary to the service's 2016 inspection action plan.

**Action required:**

Under **Standard 21** you are required to ensure that:  
Health boards<sup>\*\*\*</sup> 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:**

**Area Response**

**Action 1**

The Area's recruitment and retention strategy is part of the Dublin mid-Leinster general fostering recruitment strategy. There is a regional recruitment and fostering assessment team (RAFT). The Principal Social Worker for RAFT has completed a needs analysis regarding fostering recruitment for Dublin South Central. The area has a written recruitment and retention strategy. A fostering forum for new communities is in place and have held three meetings to date and will continue to meet during 2018.

A fostering recruitment campaign is in the process of taking place both at local and

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<sup>\*\*\*</sup> Formally known as Health Boards at time of writing Standards, now known as the Child and Family Agency (Tusla)

regional level to coincide with the Irish Foster Care Association (IFCA) fostering awareness fortnight.

A national working group will be established to facilitate the development of a national plan relating to recruitment of foster carers. The first meeting of this group is scheduled for March 2018 and will be chaired by the DML Service Director. Dublin South Central, as part of the local fostering recruitment campaign, will be posting leaflets to approximately 30,000 households, in addition to on-going local newspaper adverts for the coming 12 month period.

Action 2

The identified 26 foster households offering placements outside their approval status will be reviewed by the area Principal Social Worker to ensure that the Foster Care Committee is aware of this information. In addition a review of their approval status will take place as part of the on-going process of foster care reviews in the area.

Action 3

A review will take place of the 7 foster placements identified in the inspection whereby the number of children placed exceeds National standards. Findings of this review will be brought to the Area Manager by the Principal Social Worker for discussion of a plan to address this breach of standards.

Action 4

Exit interviews with foster carers are in process of taking place. The Area Manager has provided a questionnaire and analysis report template Principal Social Worker for completion of these exit interviews for all foster carers who ceased fostering during 2016 and 2017. This is currently being actioned.

<b>Proposed timescale:</b>	<b>Person responsible:</b>
1. By end of March 2018.	Area Manager, Fostering Principal Social Worker and Regional Service Director.
2. By end of June 2018.	Fostering Principal Social Worker & Team Leaders
3. By end of May 2018.	Area Manager, Fostering Principal Social Worker & Team Leaders
4. By end of March 2018.	Fostering Principal Social Worker & Team Leaders