

**Health Information and Quality Authority  
Regulation Directorate**

**Monitoring Inspection Report -**

**Non-statutory Foster Care Services under  
the Child Care Act 1991 (as amended)**



<b>Name of Agency:</b>	Oak Lodge Fostering Services	
<b>Dates of inspection:</b>	17, 18 & 19 November 2015	
<b>No. of Fieldwork days:</b>	3	
<b>Lead inspector:</b>	Ruadhan Hogan	
<b>Support inspector(s):</b>	Grace Lynam	
<b>Type of inspection:</b>	<input checked="" type="checkbox"/> <b>Announced</b> <input type="checkbox"/> <b>Unannounced</b> <input checked="" type="checkbox"/> <b>Full</b> <input type="checkbox"/> <b>Themed</b>	
<b>Inspection ID:</b>	<b>743</b>	

## About monitoring

The purpose of monitoring is to safeguard vulnerable children of any age who are receiving foster care services. Monitoring provides assurance to the public that children are receiving a service that meets the requirements of quality Standards. This process also seeks to ensure that the wellbeing, welfare and safety of children is promoted and protected. Monitoring also has an important role in driving continuous improvement so that children have better, safer lives.

The Health Information and Quality Authority (HIQA) is authorised by the Minister for Children 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 services taking care of a child on behalf of The Child and Family Agency (TUSLA) including non-statutory providers of foster care.

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

- **Assess** if the service provider has all the elements in place to safeguard children and young people and promote their well being while placed with their service
- **Seek assurances** from service providers that they are **safeguarding children** through the mitigation of serious risks
- **Provide** service providers with the **findings** of inspections so that service providers develop action plans to implement safety and quality improvements
- **Inform** the public and **promote confidence** through the publication of the Authority's findings.

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

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

<b>Theme 1: Child Centred Services</b>	<input checked="" type="checkbox"/>
<b>Theme 2: Safe and Effective Services</b>	<input checked="" type="checkbox"/>
<b>Theme 3: Health and Development</b>	<input checked="" 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 checked="" type="checkbox"/>

## **1. Methodology**

As part of this inspection, inspectors met with children, parents and or guardians, other agencies and professionals. Inspectors observed practices and reviewed documentation such as care plans, relevant registers, policies and procedures, foster carers' files, children's files and staff files.

During the inspection, the inspectors evaluated the:

- quality of care and safety of the service
- organisation and management of the foster care service
- assessment of foster carers
- safeguarding processes
- effectiveness of inter-agency and multi-disciplinary work
- outcomes for children.

The key activities of this inspection involved:

- the interrogation of data
- reviewing of policies and procedures
- reviewing of three children's case files
- the review of three foster carer's files
- meeting with four children
- meeting with the managing director
- meeting with the clinical director
- meeting with a placement support worker and link worker
- phone interview with the fostering services co-ordinator
- phone interviews with two parents
- phone interviews with three Child and Family Agency area social workers
- phone interview with a Guardian Ad litem
- visiting two foster care homes.

## **Acknowledgements**

The Authority wishes to thank the children, parents, and carers, for the openness with which they embraced the inspection process and welcomed inspectors into their homes. Inspectors also wish to acknowledge the cooperation of the members of Oak Lodge Fostering services with the inspection.

## **2. Profile**

### **2.1 The Child and Family Agency (THE CHILD AND FAMILY AGENCY)**

Child and family services in Ireland are delivered by a single dedicated State Agency – Child and Family Agency (TUSLA) - overseen by the Department of Children and Youth Affairs. The Child and Family Act 2013 (No. 40 of 2013) established the Child and Family Agency with effect from 1 January 2014.

The Child and Family Agency have responsibility for a range of services, including the provision of a range of care placements for children including statutory foster care services.

Children's foster care services may also be provided by non-statutory foster care agencies following agreement with the Child and Family Agency who retain their statutory responsibilities to children placed with these services and approve the foster carers through their foster care committees. The foster care agency is required to adhere with relevant Standards and regulations when providing a service on behalf of the Child and Family Agency. Both services are accountable for the care and well-being of children. This inspection focuses on the specific responsibilities of the service provider under the Standards in providing quality and safe care to children.

### **2.2 The Service Provider**

Oak Lodge Fostering Services provides a range of fostering services including respite, short-term and long-term placements. It has been in operation since 2008 and mainly provides placements to the Child and Family Agency areas covering the East and Mid-Leinster geographical areas. The statement of purpose described the service as providing a child centred and high quality foster care service for young people who cannot live within the family home and require alternative placement.

The service had nine foster care households who provided foster care placements for 12 children.

Placements in Oak Lodge were commissioned by the Child and Family Agency area teams and followed a matching process. At the time of inspection Oak Lodge did not have a service level agreement with the Child and Family Agency as negotiations were still ongoing. The service was monitored by the Child and Family Agency monitoring officers who had regular contact with the agency and a monitoring report was last completed in 2013. As the service had foster placements throughout the

East and Mid Leinster area, a number of different Child and Family Agency area foster care committees approved the placements.

The foster care service was made up of two directors, one of whom was managing director and the other who was a clinical director. The service employed one part-time link social worker, a full time placement support worker, a part time fostering services coordinator and a full time administrator. Each worker carried out a variety of roles and reported to the managing director or clinical director depending on the role being carried out.

At the time of inspection the managing director carried out the role of link worker for a number of foster carers and wrote some foster care assessments. Outside of these tasks, her main responsibility was overall management of the service.

The clinical director also carried out the role of link worker for a number of foster carers. Outside of these tasks, their main responsibility was to provide support and advice to foster carers, and supervise the link worker.

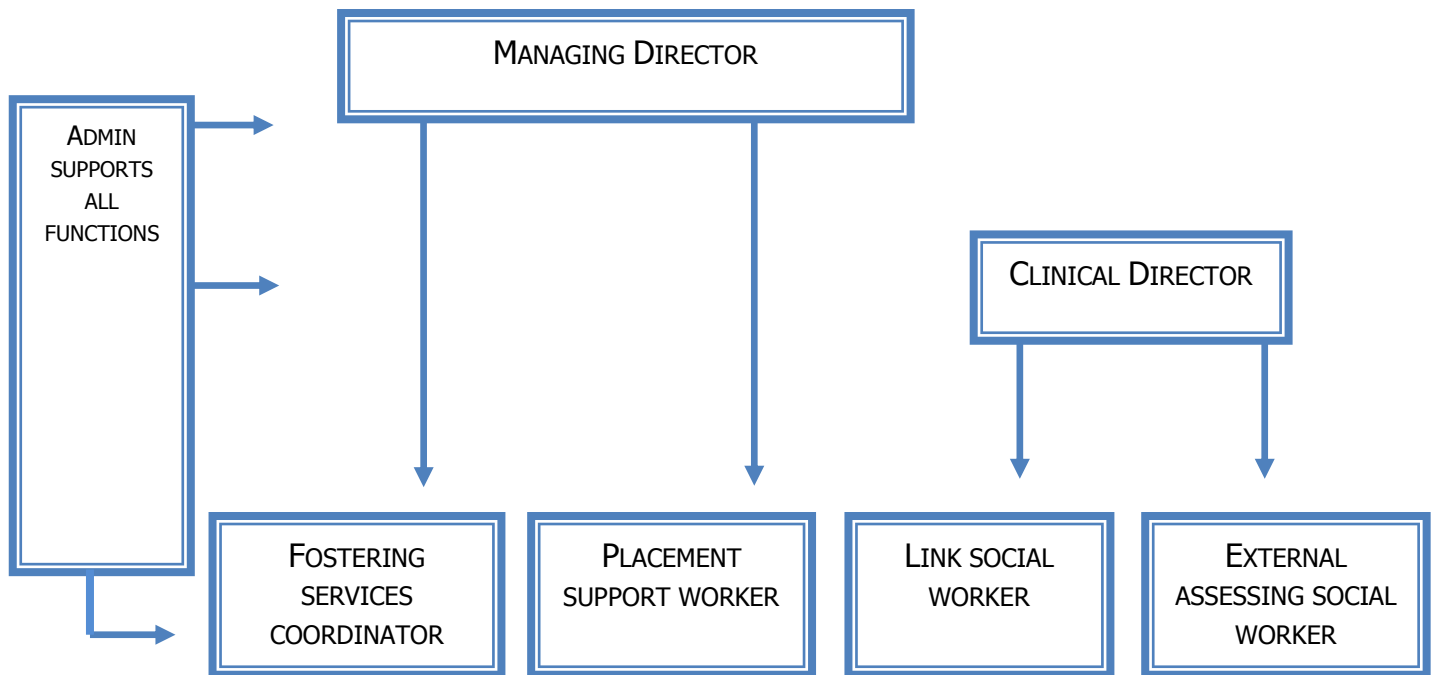
The link worker was employed on a part time basis and their main role was to supervise some foster carers and complete foster carer assessments.

The placement support worker worked on a full time basis and provided support to foster carers and children alongside the link worker.

A fostering services coordinator was employed on a part time basis to quality assure the foster carer files and ensure the work carried out was reflected in the files. The service also employed a full time administrator.

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

**Figure 1: Organisational structure of the foster care agency**



### **3. Summary of Findings**

Children in foster care require a high quality service, which is safe and well supported by social work practice. Foster carers must be able to provide children with warm and nurturing relationships in order for children to achieve positive outcomes. Services must be well governed in order to produce these outcomes consistently.

Oak Lodge Fostering is a 'for profit' organisation and its services are monitored by the Child and Family Agency.

In this inspection, the Authority found that of the 19 Standards assessed, the service exceeded one Standard, met ten Standards, and required improvement in eight Standards. The findings are set out in Section 5 of this report and the action plan is published separately.

Children were well cared for with safe and suitable foster carers. The service ensured they were kept safe through safe care systems and regular foster care supervision. Children attended school and foster carers looked after the health needs of children in their care. They were supported to maintain contact with family and friends. The service had innovative systems in place to ensure the emotional needs of children were looked after. The service responded appropriately to children with behaviour that challenges. Placements were stable and children were thriving as a result.

The service did not consistently promote children's rights. Improvements were required to ensure children were consulted in their placement plans and that their voices contributed to service planning. The service also did not ensure that children were fully informed about their rights. Oak Lodge fostering services met their statutory requirements for children in care. For example, children were in approved placements and foster carers' contracts were held on file.

The service was well managed with good leadership and good service planning. Resources were used to meet the needs of children and the service maintained a child centred focus when allocating resources. The management of the service facilitated foster carers to provide an excellent level of care. However, systems of risk management and quality assurance required improvement. The recording of decision making also required improvement to ensure transparency and accountability.

Overall Oak Lodge provided a highly effective service led by competent directors who ensured that a high quality practice led to improvements and better outcomes

for children. The service excelled in their requirements for foster carer assessments as the quality of information collected during the assessment was of a very high standard. Supervision and support of foster carers was of very high quality with creative and research led practice.

This report makes a number of findings in relation to: access to and storage of children's files, consultation with children, transparency in complaints, foster carer reviews, monitoring educational attainments, service monitoring and risk assessments, supervision of staff and whistle blowing which the provider is required to address in an action plan. The findings are set out in section five of this report and the provider's action plan is published separately to this report.



#### 4. Summary of judgments under each Standard

During the inspection, inspectors made judgments against the National Standards<sup>1</sup>. They used four descriptors:

**Exceeds Standard** – services are proactive and ambitious for children and there are examples of excellent practice supported by robust systems.

**Meets Standard** - services are safe and of good quality.

**Requires improvement** – there are deficits in the quality of services and systems. Some risks to children may be identified.

**Significant risk identified** – children have been harmed or there is a high possibility that they will experience harm due to poor practice or weak systems.

National Standards for Foster Care (April 2003)	Judgment
<b>Theme 1: Child Centred Services</b>	
<b>Standard 1:</b> Positive sense of identity	Requires improvement
<b>Standard 2:</b> Family and friends	Meets Standard
<b>Standard 3:</b> Children's rights	Requires improvement
<b>Standard 4:</b> Valuing diversity	Meets Standard
<b>Standard 25:</b> Representations and complaints	Requires improvement
<b>Theme 2: Safe and Effective Services</b>	
<b>Standard 8:</b> Matching carers with children and young people	Meets Standard
<b>Standard 9:</b> A safe and positive environment	Meets Standard
<b>Standard 10:</b> Safeguarding and child protection	Meets Standard
<b>Standard 13:</b> Preparation for leaving care and adult life	Meets Standard
<b>Standard 14:</b> Assessment and approval of foster carers	Meets Standard
<b>Standard 15:</b> Supervision and support	Exceeds Standard
<b>Standard 16:</b> Training	Meets Standard

<sup>1</sup> Please refer to Appendix 1 for full description on National Standards for Foster Care (April 2003) and Child Care (Placement of Children in Foster Care) Regulations, 1995

<b>Standard 17:</b> Reviews of foster carers	Requires improvement
<b>Standard 22:</b> Special Foster care	N/A
<b>Theme 3: Health and Development</b>	
<b>Standard 11:</b> Health and development	Meets Standard
<b>Standard 12:</b> Education	Requires improvement
<b>Theme 4: Leadership, Governance &amp; Management</b>	
<b>Standard 18:</b> Effective policies	Requires improvement
<b>Standard 19:</b> Management and monitoring of foster care agency	Requires improvement
<b>Theme 5: Use of Resources</b>	
<b>Standard 21:</b> Recruitment and retention of an appropriate range of foster carers	Meets Standard
<b>Theme 6: Use of Information</b>	
<b>Standard 20:</b> Training and Qualifications	Requires improvement

## 5. Findings and judgments

### Theme 1: Child Centred Services

*Services for children are centred on the individual child and his/her care and support needs. Child-centred services provide the right support at the right time to enable children to lead their lives in as fulfilling a way as possible. A child-centred approach to service provision is one where services are planned and delivered with the active involvement and participation of the children who use services.*

### Inspection findings

Oak Lodge fostering services provided a child centred service that promoted children's rights and respected their diversity. The service had a child friendly approach to the promotion of children's rights but was not consistent in the provision of information about advocacy, access to information or consultation with children. This meant that children did not have full opportunities to exercise their rights. The service was proactive in maintaining children's relationships with families and friends. The recording in the complaints log was poor which meant that the status of complaints at the time of inspection was difficult to ascertain.

### Children's Rights

Children demonstrated some awareness of their rights during interviews with inspectors and expressed a wish to know what their rights were. The service provided handbook's for children when their placement started. The handbooks were child friendly and contained some information about rights. A child friendly version of the standards for foster care had also been developed and included in the handbook. However, the handbook had not been consistently completed by children with foster carers or the workers from the service. Despite children wanting to know what their rights were, it was not evident how the service created other opportunities for them to be informed.

Children placed with foster carers were consulted about decisions about their care in child care reviews for which their Child and Family Agency social worker had responsibility. The service facilitated other consultation through informal contact, for example, the placement support worker met and spoke with children to support them in their placement. The service also consulted with children before foster care reviews took place. These views were communicated to the foster care committees and were of an excellent quality. However, there was no evidence of consultation

with children to ensure their wishes and choices were fully reflected in how placements were planned. The service did not have any formal methods of consultation with children outside of foster care reviews which meant that children could not contribute to the service and service planning.

The service had some other innovative methods of consultation, for example, at the time of inspection, the service was in the process of consultation with foster carer's birth children to produce a handbook to inform prospective foster care households.

The service advocated for services for children. For example, there was evidence that the service ensured children's right to education was upheld. Social workers from the Child and Family Agency told inspectors that they were satisfied that the rights of children were upheld and promoted. Children had access to advocacy through their guardian ad litem where appropriate.

## **Diversity**

The service met children's rights and needs in relation to their, diversity, disability, communication and literacy needs. The majority of children using the service were placed with foster carers of the same ethnicity, culture and religion. At the time of inspection, no children placed in the service had a disability.

The Oak Lodge policies encouraged values of respect and provided guidance for foster carers and staff to meet children's rights. However, the policies did not outline how the service would uphold the rights of children in more specific terms, for example, children from asylum seeking backgrounds or from a specific culturally diverse background. While it is accepted that at the time of inspection, these policies were fit for purpose and met the needs of children using the service, it may become a significant issue for future service planning as the service grows and more children from a diverse background are placed with Oak Lodge fostering services.

Inspectors found evidence of equitable practice. Where children were placed with foster carers of a different religion, the service ensured these rights were upheld and respected. For example, inspectors found from a review of children's records that the service encouraged and facilitated children to observe religious practices of their birth families in line with their care plan when it differed to the foster carers own religious background. Where children didn't wish to attend religious services, foster carers also respected their wishes.

## **Communication**

Children regularly met with workers from the Oak Lodge fostering services when supervision and support visits were carried out which was at a minimum, monthly. Inspectors visited a foster carer home while the placement support worker was providing support to children with their homework. The communication was respectful with lots of laughter and warm interaction. The service formally recorded children's wishes about the placement before foster care reviews.

The Child and Family agency were responsible for communicating with and to children especially about decisions made about them. Inspectors interviewed children who said that they spoke with their social workers, foster carers and workers from Oak Lodge fostering services when they wanted to communicate something they were worried about or about their placement. Children told inspectors that they were happy with how they were communicated with.

Foster carers told inspectors that despite the difficulties that they experienced with the behaviours some children displayed, they didn't take it personally. During interviews with Oak Lodge fostering services staff it was evident that the supervision provided to foster carers focused on separating the behaviour from the child even where placements were breaking down. The impact on children was that foster carers remained calm and respectful in their communication with children.

Children were given a handbook by the service when they were initially placed that was intended to be filled in with children as an ongoing piece of work. It included a brief description of what fostering was and of the service provided by Oak Lodge fostering services in a child friendly format. However, the handbooks required updating to ensure that it included sensitive, age appropriate, information on the reasons why care was required. Inspectors were informed that work had commenced on the handbooks.

Oak lodge fostering services policies and procedures appropriately outlined how a child could access their information and specified that the service would help with the request. However, there was little evidence that children knew how they could be assisted as the children's handbook didn't outline how this would be done and during interviews, children were not aware of how to access their information. The foster carer and children's files contained no evidence that children were encouraged to access the records themselves.

## **Family and Friends**

The service was proactive at ensuring children's relationships with their families and friends were maintained. Oak Lodge fostering services had policies and procedures that guided how foster carers could help children to continue their relationships where appropriate. During interviews with inspectors foster carers demonstrated they were aware of their responsibilities and children said they were offered opportunities to keep friendships going.

Oak Lodge fostering services facilitated access arrangements for children in line with their care plans. Some of these situations were difficult for parents and children and needed therefore to be carefully managed. The service was mindful and sensitive of this and put the needs of children first. For example, when significant issues became apparent during supervised access, the service put arrangements in place so children weren't disappointed if the access was curtailed at the last minute. Inspectors reviewed children's files and found the service was committed in ensuring children's relationships were maintained. For example, a family member visited a prospective placement prior to a child being placed. The Child and Family Agency social workers and a guardian ad litem told inspectors that the service was very child centred and focused on the needs of the children. Inspectors spoke with some parents who said they were unhappy with the amount of access they received but were happy with the care that their children received in foster care.

Oak Lodge fostering services had several children placed in the service who were living with their siblings in accordance with their care plan. The managing director said it was an essential aspect of the matching process. Where children were placed outside their own community, the service facilitated access and transported the children to and from the access.

## **Complaints**

The service had a system to manage complaints. However, children spoken to by inspectors were not aware of how to make a complaint, including making a complaint to Oak Lodge fostering services and to the Ombudsman for Children despite being given information in their handbook.

Foster carers told inspectors that they knew how to make a complaint and explained that they would contact the managing director. Children said they would contact their social worker and did not seem to know how to complain directly to Oak Lodge fostering services. The handbook given to children did not outline how a complaint could be made to Oak Lodge fostering services. However, it did have some information about how to make a complaint to the Ombudsman for Children.

Nonetheless children interviewed did not have an understanding of the role of the Ombudsman for Children. Therefore, inspectors did not find sufficient evidence that children knew how to make a complaint.

Three different complaint logs were used to track the progress and status of a complaint and were categorised into child protection allegations, foster carer complaints and children's complaints. In total, three complaints were listed in the logs. One of these complaints had not been addressed at the time of inspection and was dependent on the conclusion of a Child and Family Agency process while the others were concluded. The complaint logs did not give any indication if feedback was given to the complainant or if the Foster Care Committee was notified and updated of the status. Therefore oversight of the complaints procedure was not thorough and required improvement.

**Theme 2: Safe and Effective Services**

*Services promotes 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.*

**Inspection findings**

Inspectors found that children were well cared for by appropriately assessed and approved carers. At the time of inspection, a good matching process was informed by high quality assessments undertaken by the service which led to high quality supports for foster carers. As a result foster carers were resilient and able to cope in demanding situations. The impact on children was that placements were stable and if they broke down, the service ensured supports were in place to prolong a placement until a planned transition to another placement could be arranged. Decision making within the service needed improvement as accountability was not transparent.

**Assessment and Care Planning**

All placements in Oak Lodge fostering services were appropriately approved and children were placed in line with the standards. For example, no more than two children were placed in any household at any time and children were in placements that had the appropriate foster care committee approval. Oak Lodge fostering services adapted a matching pro forma tool that the service licensed from a fostering association to aid the matching process. The tool listed the child's characteristics, what the foster carers would be willing to work with, the qualities of the foster carer that would suit these characteristics and ethnic and religious considerations. When a placement and corresponding match was being considered, the Child and Family Agency representatives contacted the service with a profile of a child who needed a placement. Oak Lodge fostering services managing director and clinical director completed the matching tool, held a matching meeting and completed a corresponding risk assessment which was recorded on the matching tool. A decision was taken by the directors to contact the foster carers and talk through the prospective placement. Based on the matching assessment and agreement with



foster carers, the child's social worker was then given the foster carer's assessment form. Further information about the child was requested from the social worker and the placement proceeded from this point. Inspectors found the matching process was effective, transparent and decisions were recorded to inform what was in the best interests of the child.

Child Care reviews (which were the responsibility of the respective Child and Family Agency area team) were timely and the service contributed to their functioning by writing reports, attending and ensuring foster carers gave feedback. A care plan was drawn up based on these reviews. Once a placement was approved, a separate placement plan was completed and signed by the child's social worker, the foster carers and a representative from Oak Lodge fostering services. The placement plan was consistent with the care plans and where specialist supports were agreed, the service provided them. For example, the service funded an art therapist for one child.

The service had two placements which ended in an unplanned manner (that is, not in line with their care plan). Oak Lodge fostering services practice in relation to giving notice to end a placement was to provide the respective Child and Family Agency area team with 28 days notice, at which point the placement could officially end. In reality the placements often continued past 28 days as the managing director said appropriate follow-on placements for children were difficult to find. While follow on placements were sought, the service remained child centred and worked with the area team to ensure children were disrupted as little as possible. Oak Lodge fostering services provided significant supports to foster carers to prolong a placement particularly where children displayed behaviours that challenged. This included extra link worker visits and a placement support worker (sometimes funded by the respective Child and Family Agency area).

While the supports given to foster carers and placements that were ending were of high quality, a review meeting was not held prior to a placement ending as required by the standards. There was no evidence that a review was carried out following an unplanned ending to amend the care plan and take account of the changed circumstances. While the responsibility to arrange the review was with the Child and Family Agency team, there was little evidence that Oak Lodge fostering services made representations to the Child and Family Agency to ensure these reviews were carried out.

The decision to end a placement was one of the more significant decisions that the service had the authority to make in respect of a child. It was not clear from the files how Oak Lodge fostering services came to these decisions, who had responsibility for making the decision, when they were made and if they considered the impact on

the child. Accountability was therefore unclear and should a child wish to know why their foster placement ended, particularly later on in life, they wouldn't be able to find out from the records that were maintained.

## **Quality of Care**

Children's files that were reviewed by inspectors contained significant and comprehensive social work and when appropriate, other professional assessments. These assessments informed the tailored support that the service provided to foster carers and children.

The service had a number of ways of providing support to foster carers. The managing director and clinical director attended specific training on a model of care that was based on attachment theory. The aspirations for this model of care was to measure outcomes for children through their behaviours and interactions with foster carers and therefore change ways of working to improve outcomes for children. Foster carers were provided with training in this model of care and a template for foster carers to complete on a weekly basis was developed. There was evidence on the foster carer's files that these had been filled out regularly. The managing director acknowledged that it was still a work in progress and further work was needed to develop the model further. The service had put this innovative intervention in place to proactively raise the level of care provided by foster carers.

The service researched specific articles to help foster carers work with children. For example, a foster carer said the service provided support over specific issues such as homework or with particular behaviours. The placement support worker then worked with the children and foster carers to implement this research.

Children were encouraged to attend local sports clubs and get involved in activities that were new to them. The managing director said the service intended to introduce child achievement days as a way to celebrate achievements and raise self esteem. Placements were stable as a result of these interventions.

During home visits to foster carers, it was apparent that children were included into the foster carer's family and treated like one of the family. Communication between foster carers and children was warm and respectful. Inspectors saw that homes were warm and comfortable. The service had systems in place to ensure the children's environment was safe. There was evidence that the service celebrated significant events for children. For example, the managing director attended a confirmation for one child.

As part of the foster care assessment and review process, the service completed health and safety checks which ensured the households were free from hazards and any safety issues were addressed. Inspectors reviewed the health and safety checks on file and found they were sufficient and regularly updated. The foster carers' files also held up-to-date car insurance, motor tax and NCT certificates.

The profile of children in Oak Lodge fostering services placements over the previous 12 months had a relatively small amount of children who were entitled to a leaving care service; the remainder were younger than 15 years of age. Where a child qualified for an aftercare service, there was evidence on the child's file that the service was proactive in looking for leaving care supports and information from the respective Child and Family Agency area team.

## **Safeguarding and Child Protection**

Oak Lodge fostering service's policies and procedures provided practice guidance for foster carers and employees on safe care and professional boundaries. The introduction to fostering training that was provided to foster carers looked at safe care and child protection. The service had also provided updated training for foster carers in the 12 months prior to the inspection and was proactive at ensuring foster carers attended.

The service managed child protection and welfare referrals in line with 'Children First: National Guidance on the Protection and Welfare of Children 2011'. Two children in Oak Lodge fostering services' placements had made child protection allegations against foster carers over the 12 months prior to the inspection. These allegations were investigated by their respective Child and Family Agency social worker. One of these allegations was disclosed while the child was still in the placement and the other was disclosed after the placement had ended. Strategy meetings were held and the foster care service attended and contributed appropriately. Following the outcomes of child protection investigations and strategy meetings, appropriate action was taken and the service implemented any recommendations made. For example, specific training on de-escalation techniques was identified in response to behaviours that challenged, and the service ensured this was provided to foster carers.

Oak Lodge fostering services had a clear protocol about what foster carers were to do in the event that a child went missing from care. The service reported two incidents of children missing from care over the 12 months prior to the inspection. Inspectors reviewed these cases and found that in one of these incidents, the procedure was not followed as per guidelines. The managing director said the service learned from this experience and updated their practice. At the time of the

inspection, each of the children's files contained a missing from care form that had been filled in with the dates remaining blank and a current photo attached. The foster carers were also given copies of these forms. A third copy was held on a secure online database accessible to the managing director and clinical director in the event a child went missing out of office hours. The service ensured all foster carers were aware of the updated procedures through specific targeted training. Therefore the service had several measures and controls in place to ensure the correct procedure was followed. The impact of this was that the service significantly reduced the risk of practice failures should a child go missing from care.

The service notified significant events about a child to the Child and Family Agency area teams as inspectors saw emails on files where the social workers were regularly updated about events in a child's life.

During interviews with inspectors, one staff member did not know about whistle blowing and who to report any concerns to despite having undergone a recent induction, this is covered later in the report under training.

### **Foster Carers - Assessment Training and Support**

The majority of foster carer households that were part of Oak Lodge fostering service had been assessed by representatives from the service. A small minority had transferred from another non-statutory fostering agency. The Managing Director said the agency was in the business of increasing the number of foster care placements available for children therefore the preference was to create new carers rather than pursue transfers.

The assessment process began when a worker from Oak Lodge fostering service visited a prospective foster carer once the service received an expression of interest. The external assessing social worker, managing director, clinical director and link worker were all qualified social workers and carried out the assessments. The assessment entailed a number of visits to foster carers over a period of time. Following this, information was collected to add to the assessment. The service received a small number of expressions of interest to foster and responded to these within a week. Once a prospective foster carer was put forward for assessment, some assessments took three months to conclude while others took significantly longer. The process took an average of nine months to complete which was not timely. The foster care assessments were reviewed and ratified by the respective Child and Family Agency area foster care committee which took on average six months which also was not timely.

Inspectors reviewed a number of foster carers' assessments files and found that they contained Garda vetting, medicals, at least two references, a health and safety checklist, signed safe care guidelines and a facilitators report from the introduction to fostering that foster carers attended. Other reports that were particular to the foster carer's circumstances were also considered, for example a report from a vet about the family dog. Further reports to justify the decisions to put a household forward to foster care committee were also on file, for example, previous adoption assessment reports. The assessments addressed sensitive issues that could have impacted on the motivation to foster. Recommendations were made and a second opinion report was completed by another person from the service. Each assessment was supervised by the managing director or the clinical director. Overall, while the assessment process was not timely, the standard was of a high quality, comprehensive and informed good decision making regarding appropriate matching and the supports to be offered to foster carers.

The foster carers' files contained contracts and were signed by the carers in the household. The service also ensured that all adults in the family home were Garda vetted and updates to Garda vetting were sought every three years.

As Oak Lodge fostering service provided placements across a number of Child and Family Agency area teams, different Child and Family Agency area foster care committees had different requirements in relation to reviews. For example, some foster care committee's approved non-statutory foster carers as short term only while others approved them as long term. Regardless of the respective Child and Family Agency area foster care committee requirements, Oak Lodge fostering service followed the same format to carry out reviews to ensure consistency.

Regular internal foster carer reviews were carried out within one year after the first placement was made and every three years following this, which was in line with the standards. The reviews included the link workers report, views of the children in the placement and foster carers' feedback forms which included the training undertaken. These reports were comprehensive and of a high quality.

The service carried out additional reviews where they were warranted. For example, where initial approval was given for short term placements and children's care plans stipulated that this placement would become a long term placement, the service amended the foster carer's approval status through the respective Child and Family Agency area team. In other circumstances, where child protection allegations were identified and investigated, a strategy meeting was held. Following this process, the service did not always review foster carers at internal foster carer committee as it wasn't a recommendation of the strategy meeting, nonetheless the Child and Family Agency area foster care committee and monitoring service were informed of the

outcome of these meetings and further children were not placed with these carers until the foster care committee authorised Oak Lodge fostering service to do so. This meant that the foster care committee had oversight of placements.

The service didn't always undertake internal foster care reviews following complaints or investigations. The directors of Oak Lodge fostering service said that they had discussed and debated whether they should carry out a review in these situations. However, these discussions and the subsequent decisions were not recorded. The result was that accountability for these decisions was not transparent and learning from these incidents was not formally incorporated into the service structure and planning for further placements.

Foster carers were provided with training as part of their assessment process and induction. This introduction to fostering training covered a range of areas specific and essential to fostering. They included safe care, the child protection and child in care process and what to expect from fostering and attachment. This training was facilitated by the directors of Oak Lodge fostering service and was sometimes shared with another non statutory agency. The service didn't carry out a formal training needs analysis. However, a training plan was put together from reviews of foster carers and feedback from link workers and foster carers. The managing director said that as the service was small, discussions informed analysis. A training strategy was then devised from this analysis. For example, when a number of children were identified as approaching adolescence or when deficiencies in the missing from care procedures were found, the service put together relevant training to address these needs. Other types of training facilitated for foster carers by the service included attachment, impact of childhood abuse, dealing with disclosures, cyber bullying and report writing. Inspectors found that the training program was informed by research and best practice.

Oak Lodge fostering service provided a tailored support and supervision package to foster carers depending on the needs of foster carers and the children placed with them. The role of the link worker had been separated into a supervising role and a support role and intricate arrangements had been put in place to provide a tailored package to foster carers.

The managing director, clinical director and link worker, who were qualified social workers, carried out the formal supervision visits, in line with the standards. While the national standards for Foster Care don't define how often these visits should take place, Oak Lodge fostering service visited once a month and some visits took place more frequently than this. Inspectors reviewed foster carer's files and found individual foster carer's supervision records on file. The quality of these supervision records was found to be adequate. Foster carers had also completed the model of

care template on a weekly basis, and these were held on file. Foster carers confirmed to inspectors that one of these three workers carried out the supervising role and they checked their homes to ensure care was appropriate. A child's social worker noted that when concerns were raised about the level of care a foster carer provided, the service addressed these issues in a timely and appropriate manner. Therefore the service ensured the supervising role was carried out effectively.

The support role was carried out in a number of ways. For example, the clinical director provided clinical support to foster carers if a need was identified and the placement support worker provided specific support to both children and the same foster carers. There was evidence on foster carers' files that the support worker and foster carers worked together to resolve ongoing issues. For example, the clinical director increased the frequency of visits to every two weeks when a placement was at risk of ending to help sustain the placement. The service provided 21 days respite to foster carers per year as part of the foster carer contract. Inspectors reviewed files and found that respite was arranged throughout the year. During interviews both foster carers said they were happy with these arrangements.

On two occasions, the placement support worker stayed with foster carers overnight to de-escalate tensions in the household. The managing director said this was not ideal and gave assurances to inspectors that it is not something that would become a regular practice. The respective Child and Family Agency area child in care team was notified of this arrangement by Oak Lodge fostering service and did not raise any concerns with this arrangement when interviewed by inspectors. Additional supports were provided to foster carers through monthly clinical support group meetings and 24 hour out of hours support. During interviews with inspectors, foster carers said that the mix of support was invaluable and gave them creative ways to manage complex issues that arose while caring for children.

The service provided other types of supports to foster carers. For example, Oak Lodge fostering service paid for foster carers to become members of a national foster carer association and also facilitated clinical support groups led by the clinical director. Inspectors reviewed these minutes and found the meetings took place in various locations to encourage attendance by foster carers and addressed a range of practice issues. Foster carers told inspectors that they found the support groups valuable.

As the service was small, this arrangement for foster carer support and supervision was sustainable as each of the workers had the time and ability to know all carers in the service and roles could be continually reinforced through ongoing discussion. However, should the service grow in line with the strategic plan, then the

arrangement for the provision of support and supervision may not be sustainable and would need review.



### **Theme 3: Health and Development**

*The health and development needs of children are assessed and arrangements are in place to meet the assessed needs. Children's educational needs are given high priority to support them to achieve at school and access education or training in adult life.*

## **Inspection findings**

Foster carers looked after the health needs of children in their care. Children were supported to attend educational placements. However, the service needed to improve recording so the outcomes for children could be monitored.

### **Health Needs**

Inspectors reviewed children's files and found that they contained basic health information, full immunisation records and copies of the children's care orders. Where significant health issues existed, the file contained relevant information including comprehensive social work assessments that outlined the critical health information. The children's care plans contained relevant health information and the placement plans also contained this information, therefore there was evidence that foster carers had sufficient information about children's health care needs.

While all children did not have a medical examination prior to admission, there was evidence on file that the service was proactive in ensuring medicals were carried out in a timely manner, following their placement. The service provided first aid training to foster carers so minor injuries could be attended to. There was evidence on file that where a child was assessed as having significant medical needs, the service matched foster carers with complementing skills to meet those needs. As a result children's health improved. Foster carers also promoted healthy lifestyles by encouraging children to attend local sports groups.

Children had access to a General Practitioner (GP) and these details were held on file. Foster carers told inspectors that they understood their responsibility to meet children's health need by taking children to GP, dentist and specialist appointments. These responsibilities were outlined in policies. Foster carers were also provided with guidance on medical consent through policies. Medical visits and appointments were recorded on the foster carer daily recordings and link worker supervision visits. For example, a foster carer was advised by a link worker to take a child to their GP when significant issues arose. Therefore there was evidence that the service had oversight of foster carer's responsibilities to meet the children's health care needs.

## **Education Needs**

Children were supported to attend educational placements by the foster carers and the service. Children placed with Oak Lodge foster carers attended an educational placement. One child was placed in a foster placement without a school placement and the service made significant efforts to source alternative educational arrangements which included home tuition. The placement subsequently ended in an unplanned manner. The managing director told inspectors that the lack of a school placement contributed to this placement ending and that the requirement for a full time educational placement would inform future matching.

The children's files held copies of educational psychological assessments and where a need was identified for a child, the service was proactive at advocating for the relevant assessment and supports with the child's social worker. The service provided extra supports for children through the placement support worker who worked directly with specific children to help at homework times.

There was evidence on some children's files of reports from school. There was also evidence of discussions with foster carers about updates from the school and link workers attendance at some school meetings. However, this information was not recorded consistently and therefore did not contribute to how educational goals and attainments were monitored with a view to improving outcomes for children over a long term basis.

#### **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 agency levels and all staff working in the agency are aware of their responsibilities. Risks to the service as well as to individual systems are well managed and the system is subject to a rigorous quality assurance system. Services are robustly monitored.*

#### **Inspection findings**

The management structures in place at Oak Lodge fostering service were effective and provided adequate leadership and governance proportional to the size of the service, at the time of inspection. The staff were aware of their roles and responsibilities and the dynamic within the service facilitated high quality work. However, professionals from agencies outside of Oak Lodge Fostering Services did not understand the roles and responsibilities of Oak Lodge Fostering Services Staff. Improvements were required in the recording of decision making to ensure accountability. Quality assurance, service monitoring and risk assessment and management needed significant development to meet the needs of their projected growth of the organisation.

#### **Management Structures and Systems**

There were management systems in place to ensure the service was safe and appropriate to children's needs. These systems included the enquiry and assessment process, foster care review process, matching process, management and team meetings and supervision of workers. Oak Lodge fostering service had policies and procedures that led practice. The staff were provided with formal supervision and were aware of standards and regulations. The Child and Family Agency area monitoring officer said Oak Lodge fostering services were efficient in notifying events in a timely manner and communication was open and honest. The service held a foster carer register with up-to-date and relevant information and informed the respective Child and Family Agency area foster care panel of changes in placements in line with statutory requirements. The service was proactive at seeking documentation such as care plans for children when they were not on file.

The company was owned by the managing director and clinical director. The managing director was the chief executive officer and during interviews she was very clear that final decisions were her responsibility. She had oversight of all

operations in the company and had in-depth knowledge of all circumstances of children, foster carers, staff and systems in the service. The managing director was available to foster carers who could contact her directly if they wished. She was suitably qualified, knowledgeable about regulations and standards. It was apparent from analysis of the structures in place, the quality of work and interviews with Oak Lodge workers, the monitoring officer and other professionals that the service was effectively managed.

The managing director and clinical director held quarterly management meetings and took decisions on strategic plans, budgets, staffing, service agreements with the Child and Family Agency and issues with the foster care committees. Inspectors reviewed these minutes and found that relevant details were recorded including decisions taken by the company directors. For example, extra staffing was consistently highlighted in management meetings and the service recently addressed this issue by employing a link worker. Financial decisions were the responsibility of the managing director who said that the clinical director was consulted prior to making decisions regarding financial matters.

The service was small and ran as a closely knit team with clear lines of accountability. The staff were clear about their roles and responsibilities, what their boundaries were and who they reported to. The managing director, clinical director, link social worker and placement support worker were interviewed as part of this inspection.

At the time of inspection the managing director carried out the role of link worker for a number of foster carers, wrote some foster care assessments and supervised the placement support worker. Outside of these tasks, her main responsibility was overall management of the service. The clinical director worked part time and also carried out the role of link worker for a number of foster carers. Outside of these tasks, their main responsibility was to provide support and advice to foster carers, and supervise the link worker. The managing director and clinical director also responded to initial enquiries and facilitated some of the training for foster carers. The link worker was employed on a part time basis and their main role was to supervise some foster carers and complete foster carer assessments. The placement support worker worked on a full time basis and provided support to foster carers and to the role of link worker. A fostering services coordinator was employed on a part time basis to quality assure the foster carers' files and ensure the work carried out was reflected in the files. The service also employed a full time administrator.

While foster carers and those working in Oak Lodge fostering service knew what their roles were, this was not clear to other professionals. A Child and Family Agency social worker and team leader both said that they were not sure who exactly the link

worker was. It was also not clear from the foster carer files what roles different individuals took.

The office environment facilitated discussion and allowed for information to be retrieved easily which facilitated good quality day-to-day communication between team members. Communication about practice and service issues was also facilitated during team meetings, peer supervision and team planning days. This allowed for roles in the organisation to be dynamic and changeable which was seen in how individualised support and supervision was provided to foster carers. While some meetings such as a peer supervision meeting recorded decisions, the organisation did not consistently record how or when decisions were made and who was responsible.. This meant that decisions about placements ending and holding foster care reviews were not recorded and the service did not ensure accountability.

At the time of inspection, the overall arrangements for the management of the service through the structures and systems was effective at ensuring safe care was provided to children through high quality support. However, the format of governance arrangements for oversight of the service would not be sustainable as the organisation grew in line with the strategic plan. The managing director acknowledged that a different structure would be needed should the service grow and her role would need development into more of an oversight role.

## **Planning the Service**

The planning of the service was of good quality. The service was in the third year of a five year plan. Oak Lodge fostering service had been in a period of instability at the beginning of the plan and had stabilised the service prior to investment and growth. The five year strategic plan was complemented by annual strategy plans that outlined the specific tasks to be completed to implement the five year strategic plan. The management meetings were used to track the progress and it was evident that the service was developing in line with their intended growth.

The strategic plan outlined how the service intended to grow including setting targets for growth. The aspiration for the service was to grow from nine foster carer households to 24 over the next two years. The plan was realistic and allowed for capital investment to ensure the service was equipped to sustain the levels of growth outlined. There was a strong emphasis on the continued development of practice which indicated that a high quality of service was to be maintained. There was an acknowledgement that policies and procedures would require updating in line with the growth. However, there was little evidence that information collected through quality assurance and monitoring was used to inform the plan. The plan

outlined how the service intended to use satisfaction surveys in future planning. However, there was also little evidence that foster carers and children were consulted as part of the current plan.

## **Quality Assurance**

The service had several methods of quality assurance, nonetheless, improvements were needed. As the service was small, the managing director was aware of all aspects of the organisation and had in depth insight into each foster carer's circumstances.

Quality assurance was evident through several methods. For example, quality assurance of fostering assessments was provided for by the managing director and clinical director who also scrutinised each other's reports. The foster care reviews provided opportunities for feedback from foster carers which provided opportunities for service monitoring. The link worker supervision visits also gave indications of how the service was performing. Staff supervision of the link worker and placement support worker provided for monitoring of practice, training needs and management of cases. However, the clinical director and managing director were link workers for foster carers and did not supervise each other.

The service used a self assessment report to compare the work completed at Oak Lodge fostering services against the foster care standards. The document was at the early stages of development and required further work to ensure the methods of assessment examined areas for improvement along with examples of good practice.

The service employed a fostering services coordinator who had responsibility for ensuring that foster carer and children's files reflected the work that the link workers and support worker had completed. They made recommendations to the managing director to improve processes and recording and there was evidence that these recommendations were implemented. Inspectors found that files were well organised and easy to access. However, some information in relation to the children was held on the foster carer's file and not the child's file. Information relating to the child was not routinely archived and was stored on foster carer files which meant that children may not have direct access to their information later on in life.

A monthly monitoring tool was completed by the fostering services coordinator and the managing director. The tool tracked admissions, discharges, current placements,

child care meetings, complaints, weekly events, foster carer weekly recordings, significant events, training, clinical support groups and foster carer reviews. The tool contributed to meetings and discussions which in turn analysed the qualitative work carried out by the service. For example, significant events included positive events along with events such as a child missing from care. This helped to identify training needs to improve the quality of the service.

However, inspectors reviewed the monitoring tool and found that it was not consistently filled out. For example, deficiencies in foster carer weekly recordings were noted while details about some admissions, discharges and foster carer training were not regularly updated in this tool. As a result the tool was ineffective in providing a quantitative analysis of how the service was performing. Indicators of performance were not defined and compared against set targets, for example, it was not clear from the monthly monitoring tool that all link worker visits were carried out in line with the standards and Oak Lodge fostering services' policies which stipulated monthly at a minimum.

## **Risk Management**

The service had systems to assess and manage risk however these systems needed to be developed further. During the matching process, an individual risk assessment was completed. Where issues were identified, for example when a child's access with their parents was found to be a risk to Oak Lodge staff who were supervising, the service ensured individual risk assessments were carried out. Therefore the service was proactive at ensuring risk was managed at an individual level.

Monthly monitoring reports completed by the fostering service co-ordinator and managing director also identified some risks. Some of these risks were alleviated by the actions taken. For example, when the service identified that they were not receiving enough information from specific foster carers, link worker visits were used to gather the relevant information. Another example was the weekly model of care reports to be filled out by foster carers needed more detail and the link worker discussed with the foster carer to see how this could be completed in a more comprehensive way.

The managing director carried out audits on a quarterly basis where significant themes were identified. Some of these themes were prioritised through a 'red flag' system and addressed through actions with persons responsible and timeframes. For example, attendance at foster carer training was identified as requiring improvement and various actions were listed on the audit to improve attendance.

However, these systems did not rate the identified theme or risk which meant there was no way to prioritise one action over another and the audit/reports didn't consider the impact on the organisation, foster carers and children. There was also no evidence that response to risk informed the strategic plans for the service. While inspectors did find an example of how the service learned and developed such as the improved missing from care process, there was little evidence that risk management contributed to the service learning and development.



## **Theme 5: Use of Resources**

*Services recruit sufficient foster carers to meet the needs of children. Foster carers stay with the agency and continue to offer placements to children.*

### **Inspection findings**

Oak Lodge fostering service had sufficient strategies in place for the recruitment and retention of carers. For the most part, children lived in stable placements with the same carers. The agency provided high quality care through a group of experienced and consistent carers.

### **Recruitment and Retention of foster carers**

Oak Lodge had effective recruitment and retention strategies. Initial foster carer enquiries were followed up within one week, in line with the standards.

The service had a marketing strategy that was in line with the growth outlined in the strategic plan. They employed a range of recruitment strategies to attract and retain foster carers including online advertising and supermarket leaflets that targeted specific areas of the country. The plans were clearly outlined, had timescales and had specific tasks with persons responsible identified.

It was clear that foster carers remained with the service due to the high level of support they received from Oak Lodge fostering service. During interviews with inspectors, foster carers said that the supports offered such as the 24 hour helpline, 21 days respite per year, availability of staff and the level of individual support contributed to retention of foster carers.

**Theme 6: Workforce**

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

**Inspection findings**

There was a skilled staff group working in Oak Lodge fostering service that complemented the work practices. Staff had the capacity and capability to support foster carers to meet the needs of children. Supervision was regular, however, the quality of recording needed improvement.

**Recruitment**

Staff were recruited and vetted in line with legislation, standards and policies. Overall the quality of information on the staff files was adequate. All staff files had evidence of up-to-date Garda clearance, appropriate registration with the relevant registration body, proof of identification and confidentiality agreements. Contracts of employment and copies of job descriptions were on file with the exception of the company directors. The majority of staff files held copies of qualifications and evidence of verification of references. However, some files didn't contain evidence of these details and needed updating.

New staff undertook an induction program over two weeks that included reading, shadow visits, attendance at meetings and meeting with the different staff. During interviews, one staff member who had recently joined the service wasn't aware of protected disclosures despite having undergone induction.

**Sufficient staff and skill mix**

There was a good mix of staff skills and experience that complemented the level of supervision and support the service offered to foster carers. As the owners were the directors and were directly involved with the children and foster carers, there was consistent staffing that ensured quality transfers and co-working between staff.

The directors were suitably qualified and experienced to carry out their respective roles. The managing director had undertaken training to provide management and had a range of managerial experience in residential care, secure care and fostering.

The clinical director had undertaken significant therapeutic training to support them to deliver the service.

## **Supervision and support**

Staff at Oak Lodge fostering services received different types of supervision sessions. Individual one-to-one supervision was carried out on a monthly basis with the link worker and placement support worker. Inspectors reviewed the supervision records and found that the quality of information recorded in the supervision records needed improvement. For example, it was not possible to see what issues were discussed or who they referred to and sometimes there were no follow up on actions from previous supervision. This meant that records didn't demonstrate that the work had been carried out.

The service also facilitated group peer supervision sessions on a regular basis. Inspectors observed one of these sessions and found there were relaxed open discussions where the group considered practice issues relating to foster placements and drew on complementing experience to problem solve different concerns that arose. While, as already noted, the decision making was not adequately recorded, inspectors found the quality of the discussion was very good.

## **Training**

Staff received sufficient training to fulfil their roles. There was evidence that staff were supported in professional development. For example, the service agreed to fund a link worker to attend a four day child and family therapy training course. The service didn't carry out a formal training needs analysis, training needs of staff were analysed in an informal way. An individual training plan for the following year was then drawn up that outlined individual training needs that met the business objectives for the service as it developed.

## Appendix 1

<b>National Standards for Foster Care (April 2003)</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><i><b>Child Care (Placement of Children in Foster Care) Regulations, 1995</b></i> <i>Part III Article 8 Religion</i></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>

## Theme 2: Safe and Effective Services

### **Standard 8: Matching carers with children and young people**

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

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

*Part III, Article 7: Capacity of foster parents to meet the needs of child*

### **Standard 9: A safe and positive environment**

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

### **Standard 10: Safeguarding and child protection**

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

### **Standard 13: Preparation for leaving care and adult life**

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

### **Standard 14a: Assessment and approval of non-relative foster carers**

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

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

*Part III, Article 5 Assessment of foster parents*

*Part III, Article 9 Contract*

### **Standard 15: Supervision and support**

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

### **Standard 16: Training**

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

### **Standard 17: Reviews of foster carers**

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

**Standard 22: Special Foster care**

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

**Theme 3: Health and Development****Standard 11: Health and development**

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

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

*Part III, Article 6 Assessment of circumstances of child*

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

**Standard 12: Education**

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

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

##### **Standard 18: Effective policies**

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

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

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

##### **Standard 19: Management and monitoring of foster care agency**

Health 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*

#### **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.

#### **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.