



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Regulation and Monitoring
of Social Care Services

Assessment Judgment Framework for Non-Statutory Foster Care Services

December 2022

Safer Better Care

About the Health Information and Quality Authority (HIQA)

The Health Information and Quality Authority (HIQA) is an independent statutory authority established to promote safety and quality in the provision of health and social care services for the benefit of the health and welfare of the public.

HIQA's mandate to date extends across a wide range of public, private and voluntary sector services. Reporting to the Minister for Health and engaging with the Minister for Children, Equality, Disability, Integration and Youth, HIQA has responsibility for the following:

- **Setting standards for health and social care services** — Developing person-centred standards and guidance, based on evidence and international best practice, for health and social care services in Ireland.
- **Regulating social care services** — The Chief Inspector within HIQA is responsible for registering and inspecting residential services for older people and people with a disability, and children's special care units.
- **Regulating health services** — Regulating medical exposure to ionising radiation.
- **Monitoring services** — Monitoring the safety and quality of health services and children's social services, and investigating as necessary serious concerns about the health and welfare of people who use these services.
- **Health technology assessment** — Evaluating the clinical and cost-effectiveness of health programmes, policies, medicines, medical equipment, diagnostic and surgical techniques, health promotion and protection activities, and providing advice to enable the best use of resources and the best outcomes for people who use our health service.
- **Health information** — Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information on the delivery and performance of Ireland's health and social care services.
- **National Care Experience Programme** — Carrying out national service-user experience surveys across a range of health services, in conjunction with the Department of Health and the HSE.

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Introduction

HIQA is authorised by the Minister for Children, Equality, Disability, Integration and Youth under Section 69 of the Child Care Act, 1991 as amended by Section 26 of the Child Care (Amendment) Act 2011 to inspect services taking care of a child on behalf of the Child and Family Agency (Tusla)¹, including non-statutory providers of foster care.

HIQA promotes a human-rights based approach that upholds children's core human rights, principles of fairness, respect, equality, dignity and autonomy. Respecting diversity, promoting equality and treating children fairly and with dignity as well as including them in decisions about their care helps to ensure safe and effective care.

HIQA and the Chief Inspector use a standardised monitoring and inspection approach that promotes consistency. We call this the 'Authority Monitoring Approach' (AMA). All inspectors adhere to this approach and to any associated procedures and protocols.

This monitoring approach does not replace the professional judgment of inspectors. Instead, it gives inspectors a range of procedures, protocols and tools to assist them in carrying out their functions. This combined assessment judgment framework is one of these tools.

Applying AMA and using this assessment judgment framework will ensure that each provider is treated fairly and the assessment of compliance with regulations and standards is timely, consistent and responsive to risk identified within the foster care service. It also provides transparency to providers and the public on how HIQA assesses and makes judgments of compliance and non-compliance.

HIQA has also produced a guidance to support this assessment-judgment framework. The application of AMA does not replace or take away from the providers' responsibility to ensure that they are in compliance with the standards and regulations, and provide safe and high-quality services for people who use their services and ensuring childrens' rights are upheld.

¹ Tusla was established 1 January 2014 under the *Child and Family Agency Act 2013*.

Assessment-judgment framework

There are two purposes to this assessment-judgment framework:

- it supports inspectors in gathering evidence when monitoring or assessing a service and to make judgments on compliance. The framework sets out examples of the lines of inquiry to be explored by inspectors (questions to be asked) by inspectors.
- It supports providers to self assess their own service.

Compliance descriptors

We make judgments on whether the provider is: compliant, substantially compliant or not compliant with the standards. The following Table 1 shows what these levels of compliance mean. We term them 'compliance descriptors', and they are used to assess performance against each of the standards.

Table 1. Compliance descriptors

Compliant: a judgment of compliant means the provider is in full compliance with the relevant standard and regulation.

Substantially compliant: a judgment of substantially compliant means that the provider has generally met the requirements of the standard and regulation, but some action is required to be fully compliant. This finding will have a risk rating of yellow, which is low risk.

Not compliant: a judgment of not compliant means the provider has not complied with a standard and regulation and that considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of person using the service will be risk-rated red (high risk), and the inspector will identify the date by which the provider must comply. Where the non-compliance does not pose a significant risk to the safety, health and welfare of persons using the service, it is risk-rated orange (moderate risk) and the provider must take action *within a reasonable time frame* to come into compliance.

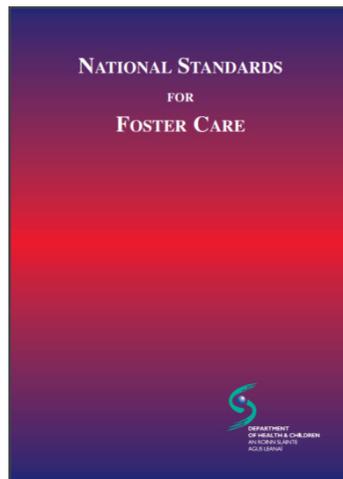
In addition, we risk rate findings of substantially compliant and not compliant depending on the risk posed to the child as a result of the provider failing to meet the standard.

Where there is an assessment that the risk is high (red-rated risk) the inspector will identify the date by which the provider must comply. Where the non-compliance does not pose a significant risk to the safety, health and welfare of the child using the service, it is risk-rated orange (moderate risk) and the provider must take action within a reasonable time frame to come into compliance.

The assessment judgment framework should be read and applied in conjunction with the following documents:

- The Health Act 2007 (as amended)
- Child Care Act 1991
- Child Care (Amendment) Act 2015
- Child Care (Placement of Children in Foster Care) Regulations, 1995
- Child Care (Placement of Children with Relatives) Regulations, 1995
- *The National Standards for Child Protection and Welfare*, 2012
- *The National Standards for Foster Care*, 2003
- Children First: National Guidance for the Protection and Welfare of Children 2017
- The United Nations Convention on the Rights of the Child (UNCRC)
- HIQA's Monitoring, Compliance and Escalation procedure.

Section 2 – *The National Standards for Foster Care (2003)*



The national standards are grouped into three sections:

- Section 1 focuses on children and young people,
- Section 2 on foster carers and
- Section 3 on the health boards, now Tusla/the provider of non-statutory foster care services.

At the time of the development of these standards, the former health boards were responsible for the provision of foster care services. Since 2003, non-statutory providers of foster care services have commenced operating services. In 2014, The Child and Family Agency (Tusla) became the statutory provider of foster care services. Therefore, for the purposes of inspecting foster care services, HIQA under Section 3 of the *National Standards for Foster Care* inspects the provider of the foster care service.

Non-statutory providers and foster carers work in partnership with Tusla to support children in care in ensuring that their rights and their needs are met. Inspections of non-statutory foster care providers focus on the responsibilities of the providers towards their foster carers as outlined in parts of Sections 1-3 of the *National Standards for Foster Care (2003)*. Providers need to be mindful in the delivery of their service of all the standards under Section 1, and how they ensure that their service promotes the rights of children.

Non-statutory providers of foster care services recruit, assess, supervise and support approved foster carers who look after children who are in their care. Social workers called link workers are employed by non-statutory providers to supervise and monitor foster carers contracted by non-statutory agencies. The Child and Family Agency (Tusla) commissions these services to provide foster care placements to children in care.

HIQA monitors and inspects how children in non-statutory foster care placements are supported by Tusla when statutory foster care services (services provided by Tusla) are inspected, this includes reviewing standards in relation to the child's social worker, assessing children's needs and care planning. In addition, specific standards in relation to children's

positive sense of identify, family and friends, valuing diversity and children’s rights are also part of that inspection process.

Under each section, standard statements are provided with a list of criteria describing what a good service looks like and how the standard may be met. The standards are available to download on the HIQA website, www.hiqa.ie.

The children and young people

This section focuses on how the provider ensures that children receive a safe service.

It includes how the provider:

- matches the needs of children with foster carers who are able to meet their needs
- ensures that foster carer's homes provide a safe and healthy environment for children
- keeps children protected from any harm and abuse.

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 and young people.
Lines of enquiry	Regulation 7
	Does the provider: <ul style="list-style-type: none"> ▪ select carers to foster children who have the capacity to meet their assessed needs²? ▪ match carers with children based on the written assessment of the child’s needs and their care plans? ▪ achieve matches by means of information sharing and discussion involving all relevant professionals, the children and their families, where appropriate, and the proposed foster carers, their families and other children in the placements? ▪ reconsider the appropriateness of a match if the plan or circumstances for the child changes?
	Does the provider seek to establish links between the children’s family and the foster carers to enable children to settle in their placement?
	Does the provider ensure that children, where possible, spend time with the foster carers prior to being placed?
	Does the provider ensure that children’s views are encouraged and considered throughout the matching process?

² Child Care (Placement of Children in Foster Care) Regulations, 1995, Part III, Article 7

Standard 9	<p>A safe and positive environment Foster carers' homes provide a safe, healthy and nurturing environment for children or young people.</p>
Lines of enquiry	<p>Does the provider ensure that children are:</p> <ul style="list-style-type: none"> ▪ supported in placements that promote and protect their rights? ▪ cared for with affection, valued and supported, and is their welfare promoted and their developmental needs met? ▪ cared for in stimulating environments with appropriate opportunities for play and learning? ▪ supported and encouraged to maintain and make new friendships? ▪ supported to keep in contact with their friends, family and interests if appropriate? ▪ provided with adequate, appropriate and well-maintained clothing? ▪ rights protected and promoted? ▪ supported in their health and emotional needs, as well as with their personal, cultural, ethnic and religious preferences in regard to all aspects of their care including diet? <p>Does the provider ensure that foster carer's homes:</p> <ul style="list-style-type: none"> ▪ are safe? ▪ are adequate and sufficient for the number of people living in the home? Are maintained to a good standard and have enough space to allow children to have privacy? ▪ and their environments are free of avoidable hazards? ▪ promote the rights of the child? <p>Does the provider ensure that foster carer's vehicles are safe, clean and are maintained to meet all legal requirements?</p>

<p>Standard 10</p>	<p>Safeguarding and child protection Children and young people in foster care are protected from abuse and neglect.</p>
<p>Lines of enquiry</p>	<p>Re: Safeguarding: Has the provider a process in place that allows link workers to:</p> <ul style="list-style-type: none"> ▪ provide foster carers with guidance and training in caring for children who have been neglected or abused, safe care practices, understanding and managing challenging behavior, bullying and internet safety, and maintaining a record of the foster placement? ▪ advise foster carers on the appropriate use of sanctions and ensure they understand that corporal punishment in any form or any humiliating treatment is unacceptable and prohibited? ▪ provide foster carers with clear guidance on what they are required to do if a child goes missing from their care? <p>Does the provider ensure that foster carers and link social workers are aware of the vulnerability of children in care to bullying and abuse and are there procedures in place to record, report and address these matters?</p> <p>Does the provider ensure that practices, policies and procedures are in place to promote the safety and welfare of children and ensure that children are protected and safe from all forms of abuse?</p> <p>Does the provider ensure that safeguarding policies and procedures are in line with Children First (2017) and adhere to international human rights instruments, relevant legislation, regulations, national policy, professional guidance and evidence-based guidelines?</p> <p>Does the provider ensure that foster carers are:</p> <ul style="list-style-type: none"> ▪ given information in writing about children in order to safeguard the child, the foster carers themselves and their own children or other children who may have contact with the children placed in foster care? Is this information treated with confidence and stored securely? ▪ informed of their right to refuse to accept a placement? ▪ supported with access to respite care, counselling and out of hours services as required? <p>Does the provider ensure that the number of children placed in</p>

	foster care households is in line with Standard 10.6? ³
	Does the foster care committee (FCC) approve any departure from this practice in advance of a placement?
	Does the provider have systems in place to ensure that children are advised of their right to access advocacy services, and afforded private time to meet with their social worker, family, advocates and external professionals?
	<p>Re: Child Protection:</p> <p>Does the provider ensure that all allegations of abuse or neglect or suspected abuse or neglect:</p> <ul style="list-style-type: none"> ▪ made by children in care reported and managed in line with <i>Children First, National Guidance for the Protection and Welfare of Children (2017)</i> and any relevant policies? ▪ against foster carers managed in line with relevant policies and procedures and is appropriate action taken to protect children when required?
	Are appropriate safeguarding arrangements put in place, such as a safety plan, when a child in foster care makes an allegation, and any potential risks to any other children risk assessed and managed?
	Are concerns, allegations and complaints categorised correctly and receive the appropriate response?
	Does the provider provide foster carers with information and training regarding their roles as mandated persons?
	Does the provider have systems in place to ensure that children who disclose abuse kept informed of developments throughout the process of assessment, and if applicable, Garda investigation, and offered supports such as counselling and therapy?
	Does the provider ensure that foster carers and all other children in the foster home are offered appropriate counselling and support?
	Does the provider ensure that parents and foster carers are notified within three days of an allegation being made, unless to do so would prejudice an investigation or put the children at risk?
	<p>Does the provider ensure that foster carers against whom allegations of abuse have been made, are informed in writing of: (unless to do so would prejudice a Garda investigation or put children at risk)</p> <ul style="list-style-type: none"> ▪ the allegation made against them? ▪ the assessment procedure and any progress updates? ▪ the outcome of the assessment and any Garda

³ Standard 10.6: generally, no more than two children are placed in the same foster home at any one time, except in the case of sibling groups and these are not placed with other fostered children.

	investigation?
	Does the provider carry out a foster care review following the completion of the assessment of a child protection allegation or serious concern and provide a copy of the review to the foster care committee?
	Is there an appeals mechanism available for foster carers who are unhappy with the outcome of the assessment?
	Does the provider update the FCC so that they can reconsider the foster carers approval once the assessment, and if applicable, the Garda investigation is concluded?

The Foster Carers

This section of focuses on how the provider ensures that effective systems are in place to support foster carers in providing child-centred and high-quality care to children.

It includes how the provider:

- ensures that foster care applicants are assessed in a timely and comprehensive manner
- ensures that foster carers care for children in line with their approval
- supervises, supports and trains foster carers to enable them to provide high quality and child-centred care
- completes regular reviews of foster carers in line with regulations.

Standard 14	<p>The Foster Carers</p> <p>14a Assessment and approval for Non-Relative Foster Carers</p> <p>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>Regulation 5(2) and 9(1)</p> <p>14b Assessment and Approval of Relative Foster Carers</p> <p>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 and young person and are formally approved by the health board.</p> <p>Regulation 5(1), 9(1),(2) and 36(1)</p> <p><i>Note: The lines of enquiry are relevant to both standards</i></p>
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<p>Lines of enquiry</p>	<p>Does the provider:</p> <ul style="list-style-type: none"> ▪ have clear written policies and procedures in place for the assessment and approval of foster carers? ▪ have clear assessment procedures in place which enables social workers to approve and match foster carers to the needs of children in their care? ▪ provide persons applying to become foster carers with clear written information on all aspects of being a foster carer? ▪ ensure that the assessment process takes account of the context in which the application to care for a particular child or children arises? ▪ have formal processes in place for the assessment of foster carers by a suitably qualified and trained social worker? ▪ ensure that assessment reports include clear recommendations on approval? ▪ complete foster care assessments within 16 weeks of their formal application, unless more time is required? ▪ keep foster care applicants informed of the progress of the assessments, outline the rationale for any extension to the assessment timeline and provide new completion date? ▪ undertake all required checks in assessing the suitability of applicants from the service area where the applicants reside, relevant records and those of other service areas or equivalent authorities in other countries where the applicants have previously lived? ▪ obtain garda clearances on all adults who would have unsupervised contact with children prior to the carers approval and a child’s placement within a foster family? ▪ include all of the applicant’s family members including children in the assessment process appropriately? ▪ have formal written contracts⁴ in place in respect of each child placed with a foster carer(s) following approval?
	<p>Does the provider ensure that foster care applicants:</p> <ul style="list-style-type: none"> ▪ get an opportunity to have sight of their assessment report before recommendation is made to the FCC and are they afforded the opportunity to add comments? ▪ get an opportunity to meet the FCC considering their

⁴ Child Care (Placement of Children in Foster Care) Regulations, 1995, Part III, Article 9(1) and (2)
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	<p>application?</p> <ul style="list-style-type: none"> ▪ provide the service provider with the necessary information for the completion of the assessment of their suitability to become foster carers, including medical or health checks, consent to carry out garda checks and reference checks?
	<p>Does the FCC make the final decision on the approval of foster carers and is the decision of the committee communicated to the foster carer in writing?</p>

Standard 15	Supervision and Support
	<p>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>Regulation 9(1), (2)</p>
Lines of enquiry	<p>Does the provider:</p> <ul style="list-style-type: none"> ▪ assign a link social worker to the approved foster carer to provide information, advice and support? ▪ ensure there are support groups and counselling available for foster carers and their family when a critical event or placement breakdown occurs? ▪ have an out-of-hours service to help foster carers in emergency situations, and inform foster carers how to access this service? ▪ inform foster carers of their right to access records pertaining to them? ▪ have written protocols in place that: <ul style="list-style-type: none"> ○ define the role of the link social worker and how this differs, but compliments that of the child and family social worker? ○ ensure clear lines of communication between the link social worker and the child’s social worker? ○ facilitate the exchange of reports relevant to the placement in a timely manner? <p>Has the provider a process in place for link workers to:</p> <ul style="list-style-type: none"> ▪ ensure that foster carers understand, accept and carry out their responsibilities under relevant standards, policies and guidance provided to them? ▪ provide foster carers with relevant information and

	<p>advice about the children placed with them?</p> <ul style="list-style-type: none"> ▪ provide foster carers with information and guidance on how to deal with a complaint or allegation made against them and the supports available to them? ▪ provide foster carers with information and guidance on how to deal with a child going missing from their care? ▪ maintain regular contact with foster carers and provide support and supervision to them and their children? ▪ organise training for foster carers, in line with the identified needs of the children placed with them? ▪ meet with the foster carers regularly and meet their own children separately? ▪ have appropriate systems in place for sharing of information which ensures foster carers receive all relevant information relating to a child in their care? ▪ maintain clear records of all contact with foster carers, including issues discussed, training and support requests as well as discussions had with the children of foster carers? ▪ carry out joint visits to the foster carers with the child and family social worker to make the necessary arrangements for any new placement and agree a placement plan?
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<p>Standard 16</p>	<p>Training Foster carers participate in the training necessary to equip them with the skills and knowledge required to provide high-quality care.</p>
<p>Lines of enquiry</p>	<p>Does the provider:</p> <ul style="list-style-type: none"> ▪ have a clear training strategy in place for foster carers and their families? Does it include joint training opportunities? ▪ have a training programme for the assessed training needs of foster carers that takes account of relevant policies, practices, research, inspection findings and best practice? Are children’s rights promoted through the training provided? ▪ evaluate the foster care training programmes for their effectiveness and relevance to the needs of carers? ▪ organise training so as to support and facilitate foster carers to attend training?

	<ul style="list-style-type: none"> ▪ ensure that training is equally and appropriately delivered to all foster carers? ▪ provide specific or specialised training to foster carers where the needs of children placed with them requires this? ▪ appropriately address any training deficits with foster carers as they arise? ▪ ensure that link social workers maintain a contemporaneous record of training attended by foster carers?
	<p>Does the provider ensure that foster carers are aware of their required commitment to attend training and there is appropriate participation by foster carers as required?</p>
	<p>Do foster carer reviews include an appraisal of their training needs which informs future training opportunities?</p>

<p>Standard 17</p>	<p>Reviews of Foster Carers Foster carers participate in regular reviews of their continuing capacity to provide high-quality care to assist with the identification of gaps in the fostering services.</p>
<p>Lines of enquiry</p>	<p>Does the provider:</p> <ul style="list-style-type: none"> ▪ carry out foster carer reviews in line with the standards? Are reviews chaired by a social work manager? Are reviews attended by link workers, foster carers and other relevant persons? ▪ carry out updated garda checks after each review? ▪ consider all aspects of the carer’s circumstances and performance as foster carers as part of the review? ▪ consider the views of children placed with foster carers, their social workers and families as appropriate? ▪ include a review of training undertaken and a plan to address any training requirements or deficits identified?
	<p>Does the provider ensure that foster carers are:</p> <ul style="list-style-type: none"> ▪ aware and provided with the opportunity to prepare their own review report should they so wish, or where their views differ from that of the link social worker? Are these reports shared at least one week in advance of the review meeting?

	<ul style="list-style-type: none"> ▪ aware of their right to meet with the foster care committee in relation to their review? ▪ appropriately notified of any changes to their approval status and the appeals procedures?
	Are additional reviews undertaken following serious complaints, child protection assessment and or in other circumstances where the child’s social worker, the link worker, foster carer or FCC believe it is warranted?
	Are the FCC notified of all foster care reviews, including recommendations on the ongoing status of the foster carer?
	Does the provider have a process in place to ensure that link social workers: <ul style="list-style-type: none"> ▪ maintain records of decisions made at foster carer reviews? ▪ notify child and family social workers of decisions following reviews, including comments or objections?

The Health Board (the provider)

At the time of the development of the *National Standards for Foster Care* (2003), the former health boards were responsible for the provision of foster care services. Since 2003, non-statutory providers of foster care services were established and in 2014 the Child and Family Agency (Tusla) are the statutory provider of foster care services. Therefore, for the purposes of inspecting foster care services, HIQA inspects the provider of the foster care service.

The focus of this section is focused on the governance of the service and how the provider is assured that a rights-based, high-quality, safe and effective foster care service is provided to children. It includes how the provider;

- ensures that it has effective policies in place to promote the provision of a child-centred, safe and effective foster care service
- makes sure that effective governance arrangements are in place to monitor the quality of foster care service
- ensures that the necessary resources are in place to support foster carers and in ensuring the effective delivery and quality of care to children
- delivers a foster care service in line with legislation, regulations and service level agreements.

<p>Standard 18</p>	<p>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.</p> <p>Regulation 5(1)</p>
<p>Lines of enquiry</p>	<p>Does the provider:</p> <ul style="list-style-type: none"> ▪ have a clear plan developed in consultation with all interested parties for the delivery of foster care services that provide a range of foster care services that responds to the needs of current and future populations of children in care? ▪ have appropriate policies and procedures in place that: <ul style="list-style-type: none"> ○ are consistent with relevant legislation, regulations, national policy, professional guidance and international best practice such as the United Nations Convention on the Rights of the Child? ○ guide the management and provision of the foster care service at organisational and local level? ○ are reviewed in light of changing needs, new research, inspection findings and practice developments, to ensure that they remain up to date and relevant to the changing needs of children in care? ○ promote a partnership approach with children, young people, their families, foster carers and other agencies and professionals in the development and delivery of the foster care service? ○ are available and accessible to all interested parties? ▪ have sufficient and dedicated foster care teams to deliver the service effectively? <p>Does the provider have appropriate protocols in place for the transfer of foster carers between agencies and Tusla service areas? Are staff aware of these protocols?</p>

<p>Standard 19</p>	<p>Management and Monitoring of Foster Care Services Health boards have effective structures in place for the management and monitoring of foster care services.</p> <p>Regulation 12 and 17</p>
<p>Lines of enquiry</p>	<p>Does the provider:</p> <ul style="list-style-type: none"> ▪ have clearly defined governance arrangements and structures that set out lines of authority and accountability, and specific roles and responsibilities? ▪ have appropriate management systems in place to ensure the delivery of a safe, rights-based service and high-quality service that's committed to continuous improvement? ▪ have an appropriate allocation of resources to meet the needs of children requiring out of home care? ▪ have effective quality assurance and monitoring systems in place which ensure a quality, consistent service is provided to all children and foster families in line with national standards and regulations? ▪ have effective policies and procedures in place for timely management of complaints, allegations and concerns in relation to staff members? ▪ have effective data and information systems in place which informs service planning? ▪ have information systems that provide up to date and timely data about their foster care service and uses this information to plan, deliver and improve services? ▪ maintain records of foster care reviews, placement breakdown, complaints and allegations? ▪ have adequate resources within the foster care team to deliver the service in line with statutory requirements⁵? ▪ have systems in place to identify and address any resource requirements including situations where a child's allocated child and family social worker and or fostering link worker is unavailable for an extended period? ▪ comply with required standards and regulations in relation to recruitment, assessment, training and reviews of foster carers? ▪ have appropriate service level agreements in place including monitoring, reporting and oversight arrangements with the commissioner of the service?

⁵ Child Care (Placement of Children in Foster Care) Regulations, 1995, Part IV, Article 17
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	Does the provider ensure that all staff are clear on their roles and responsibilities and clear line management structures are in place?
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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.
Lines of enquiry	Does the provider: <ul style="list-style-type: none"> ▪ recruit appropriately qualified, experienced and skilled staff to deliver a high quality foster care service? Do new staff participate in a formal induction programme? ▪ clearly define roles and responsibilities for fostering team members? ▪ have staff training and development plans in place that include, induction, in-service and post-qualifying training and the need for regular formal supervision? ▪ promote continuous professional development? ▪ regularly evaluate and update staff training and development plans to ensure they are relevant to the needs and demands of the service? ▪ provide opportunities for link workers to undertake joint training with foster carers where appropriate? ▪ have systems in place to assess and address the training and development needs of all those involved in delivering the foster care service?

<p>Standard 21</p>	<p>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.</p>
<p>Lines of enquiry</p>	<p>Does the provider:</p> <ul style="list-style-type: none"> ▪ have appropriate numbers of suitable foster carers to meet the needs of children who need foster care placements? ▪ recruit carers with the necessary skills and knowledge to care for children with complex needs, and various cultural backgrounds? ▪ have an effective strategy for the recruitment and retention of foster carers which addresses the identified needs of children who require foster care services? ▪ actively engage with the community in promoting and attempting to attract people to becoming foster carers? ▪ have systems for evaluating and reviewing recruitment and retention strategies within the service? ▪ have approved foster carers involved in promoting and recruiting potential new carers within their own communities? ▪ have people with experience of being fostered involved in promoting and recruiting potential new carers? ▪ have information about becoming a foster carer readily available and distributed to the public within their catchment area? <p>Does the provider ensure that a child’s right to remain within their own local community is given due consideration when placing children?</p> <p>Does the provider ensure that enquires are acknowledged promptly and potential foster carers are engaged appropriately in line with best recruitment practices?</p> <p>Does the provider ensure that the views of foster carers are sought:</p> <ul style="list-style-type: none"> ▪ on the levels of support they require to support them to continue to foster? ▪ on their experience of being foster carers within the service and their recommendations for improvements elicited when they leave the service?

Standard 22	Special Foster Care Health boards provide for a special foster care service for children and young people with serious behavioural difficulties.
Lines of enquiry	Does the provider: <ul style="list-style-type: none">▪ have policies and procedures in place which support special foster care placements for children with serious behavioural difficulties?▪ have appropriate mechanisms in place for assessing special foster carers which ensure that they have specific training and skills required to keep children safe?▪ ensure that only carers who are specifically trained and skilled and have relevant experience provide special foster care?▪ ensure that there is at least one full-time carer available in each placement?▪ have ongoing training provided as required for those providing special foster care placements?▪ have appropriate arrangements in place for providing regular and emergency respite breaks for special foster carers?▪ ensure that children in special foster care placements receive supports and or additional or specialists services which are identified within their care plan as required?▪ ensure that the educational needs of children in special foster care placements are met?

<p>Standard 24</p>	<p>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.</p> <p>Regulation 17(1) and 13 (1) and (2)</p>
<p>Lines of enquiry</p>	<p>Does the provider have:</p> <ul style="list-style-type: none"> ▪ appropriate policies and procedures in place regarding the provision of foster care services? ▪ service level agreements in place with Tusla which include provisions for addressing all requirements in line with national standards? ▪ appropriate safeguarding mechanisms in place which ensures that the foster care service is fully compliant with regulations and national standards? ▪ systems in place to maintain and regularly update Tusla of a list of all foster carers engaged with their service? ▪ effective monitoring arrangements in place which ensure they maintain compliance with regulations and national standards?

<p>Standard 25</p>	<p>Representations and Complaints Health boards have policies and procedures designed to ensure that children and young people, their families, foster carers and others with a bona fide interest in their welfare can make effective representations, including complaints, about any aspect of the fostering service, whether provided directly by a health board or by a non-statutory agency.</p>
<p>Lines of enquiry</p>	<p>Does the provider:</p> <ul style="list-style-type: none"> ▪ have a clearly defined procedure and guidance for dealing with complaints and representations as required by national standards ? ▪ provide all children, families and foster carers with information in an appropriate format on how to make a complaint? ▪ take account of the particular needs of people with a disability, and arrange access to appropriate translation, interpretation and

	<p>communication services for those who require it?</p> <ul style="list-style-type: none">▪ support children and all those involved in the foster care service to understand their right to make a complaint and inform them of advocacy services and supports available should they require this?▪ give due consideration to the communication needs of complainants and/or other interested parties in managing complaints and are supports provided as required?▪ appropriately manage all complaints and representations?▪ hear from all complainants and interested parties and notify them in writing of the outcome of their complaint including any action taken in response?▪ inform all people involved in the foster care service of their right to appeal or to seek independent review of their complaint if they are unhappy with the management or outcome of their complaint?▪ have systems in place for regular monitoring of the complaints to ensure effectiveness and assist management in evaluating the quality of the service provided?▪ appropriately record all complaints and maintain these on children's records including details of the outcome, action taken and whether or not the complainant was satisfied with the outcome?
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