



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Regulation and Monitoring
of Social Care Services

Foster Care Guidance Document

April 2023

Safer Better Care

Contents

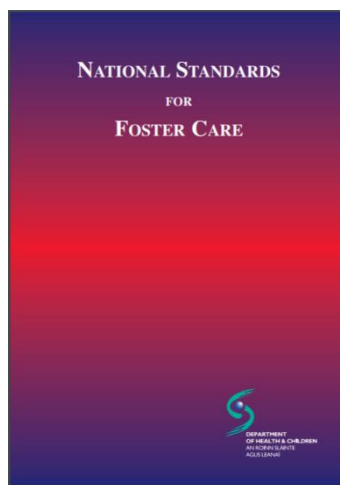
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Section 1 - Introduction

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 foster care services provided by the Child and Family Agency (Tusla)¹. The Chief Inspector in HIQA is responsible for administering this function on behalf of HIQA. HIQA report on its findings to the Minister for Children, Equality, Disability, Integration and Youth.

This guidance should be applied in conjunction with the *National Standards for Foster Care* (2003).

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.

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.

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

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

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.

HIQA monitors and inspects how foster carers are recruited, assessed, supported and supervised by non-statutory foster care agencies during inspections of these services. Children in non-statutory foster care placements are supported by Tusla. During inspections of statutory foster care services (services provided by Tusla), the supports provided to these children are checked - this includes reviewing standards in relation to the child's social worker, assessing children's needs, care planning, safeguarding children's rights, contact with family and the safety of the care provided to children.

An assessment judgment framework and guidance for non-statutory foster care services is available on www.hiqa.ie

Section 3 – Guidance

Children and Young People

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

It includes how the provider:

- promotes a positive sense of identity for children and young people
- encourages and facilitates family relationships and friendships
- promotes the rights of children, diversity, sense of identities
- values the diversity of children and young people
- matches the needs of children with foster carers who are able to meet their needs
- ensures that the homes of foster carers provide a safe and healthy environment for children
- keeps children protected from any harm and abuse

Standard 1: Positive sense of identity

Children and young people are provided with foster care services that promote a positive sense of identity for them.

What a rights based quality service looks like

A good service provider ensures that foster carers and social workers promote a child's positive sense of identity by respecting the rights of children and their families, to include their culture, ethnicity, religion, sexual identity, health, disability and stage of development. Prioritisation is given to ensuring a child is placed in a placement in their local community, thereby facilitating children to remain at the school they are attending. Children's interests and achievements are identified and celebrated to promote their self-esteem and recognition of their contribution to family life and their communities. In a good service, children and their families are listened to and involved in decisions about their care. The provider endeavours to place children in foster care with relatives and to facilitate the placement of siblings together unless deemed inappropriate given the assessed needs of the children.

Children are supported to understand as appropriate, information about their family and about their time in care; and can safely explore their different relationships and family connections. Care arrangements facilitate contact between children, their families and friends. Foster carers and professionals who have been involved in the care of children are encouraged to maintain links and to mark special events. Children with disabilities/ medical needs are recognized and their needs are met in a manner that promotes a

sense of identity for them.

Social workers maintain accurate and comprehensive records on all children in foster care that can be reproduced in legible form. This information includes details of their background, history in their family and in care. Parents, extended families and other significant others are consulted in the information gathering process. Children have access to their records and decisions relating to the sharing of information is clearly recorded. Foster carers, social workers and other professionals assist children to understand changes and significant events in their lives.

The provider ensures that foster carers recognise the importance of having personal items and possessions from children's life before they moved to the placement to support them in understanding their sense of self. These are kept safe and provide opportunities for discussion in line with children's wishes and feelings.

The service, where possible, ensures a continuity of care each time a child requires respite care or when a child re-enters care.

What this means for the child

Children and their families are respected and children have a positive sense of identity. Children feel listened to, consulted and empowered to participate in decisions made about their care. Children have regular contact with their families where appropriate and feel a sense of belonging through family and community connections. The service ensures that children have access to records relating to their time in care, their family history and background.

Some examples of information or evidence that may be reviewed and how this will be done

Through observation

The provider facilitates the inspector's observation of:

- placement planning meetings
- children in their foster care home environment.

Through communication

Inspectors will communicate with children to explore if:

- their wishes on keeping in touch with, and spending time with their family, friends and significant others are being met
- their culture, faith and ethnicity is understood, valued and effectively promoted in line with their wishes
- their personal interests and achievements are recognised and celebrated
- they have maintained links with their community and networks of support

important to them

- if every effort was made for them to remain at their same school
- if changes in placement were discussed with children who have had more than one placement, and how these changes might have impacted upon their sense of identity.

Inspectors will communicate with social workers, managers and other relevant staff to explore:

- their understanding and responsibilities to ensure children maintain personal relationships and links with their community
- if children's faith, culture and ethnicity is clearly identified and promoted
- if children with disabilities receive the help they need to achieve; and that barriers to inclusion are identified and addressed
- if life story work has been undertaken with children.

Inspectors will communicate with foster carers to explore:

- role and understanding in promoting children's positive sense of identity, including appropriate recognition of their faith, culture, ethnicity and sexual identity.
- how they encourage children to experience new activities, build their self-esteem, and celebrate their achievements
- visiting arrangements, including the way in which visits are facilitated, whether visitors are welcomed to the foster care home and if arrangements are flexible and in the best interests of the child
- if direct contact is not possible, arrangements for telephone or alternative forms of contact are encouraged and facilitated; including interpreting support and translation for families as needed.

Through a review of documents during or after onsite activity

Inspectors will review the provider's documentation such as:

- children's records including care plans, placement plans
- life story work
- children's care records related to contact with their family, friends and significant others
- management meetings where there are discussion around foster care placements needs of the service area.
- staff training records relating to culture and ethnicity
- information relating to support services for children with a disability and mental health needs.

Additional documents that may be reviewed include:

- children's surveys.

Compliance indicators

Indicators of compliance include:

- Children:
 - have appropriate contact with family, friends and significant others in line with their wishes and best interests
 - have appropriate access to the social and leisure interests in the community which meet their needs
 - siblings are kept together wherever possible and appropriate
 - children's records reflect how their positive sense of identity is recognised and promoted in all aspects of their daily lives
 - can access their records and are provided with appropriate information about their family and care history
 - and their families are involved in decisions about their care
 - the particular needs of children with disabilities or mental health needs are recognised in decisions about their care
 - continuity of care is ensured each time a child requires respite care, or re-enters care.

- Foster carers and social workers:
 - promote a positive sense of identity by respecting children's families of origin; valuing children's culture and ethnicity, religion and sexual identity
 - take positive action to help children with disabilities or mental health needs overcome barriers to inclusion
 - recognise children's ages and stages of development in enabling continued personal growth and a positive identity over time
 - support children in keeping and looking after their childhood 'keepsakes' and personal possessions.

- Managers and social workers:
 - prioritise foster care placements in the local community and enable children to remain in the same school
 - ensure siblings are kept together wherever possible and appropriate
 - ensure placement with relatives of the child are always sought in the first instance
 - ensure accurate, comprehensive records are maintained on all children in foster care. Decisions relating to sharing of information is clearly recorded.

Indicators of substantial compliance include:

- children's positive sense of identity is promoted sometimes but could be improved upon to provide children with a stronger sense of their identity.

Indicators of non-compliance include:

- Children:
 - do not feel their relationships, personal attributes and talents are recognised or actively promoted
 - do not have access to their records and they are not provided with information as appropriate about their care and family background and identity
 - placements with relatives or family are not considered in the first instance
 - siblings are not placed together when this is appropriate
 - the needs of children with disabilities or mental health needs are not considered or supported
 - there is a lack of knowledge or support for the promotion of children's faith, culture identity and contact with family and significant others
 - contact is restricted with no apparent rationale or risk assessment
 - continuity of care is not considered each time a child requires respite care or when a child is re-entering care.

Standard 2: Family and Friends

Children and young people in foster care are encouraged and facilitated to maintain and develop family relationships and friendships.

What a rights based quality service looks like

In a good quality service, the provider ensures social worker considers contact between children and their families and friends in identifying an appropriate placement, particularly if this placement is outside of the child's community. Siblings are placed together and where this is not possible, contact between siblings is given due consideration. Social workers ensure that contact is maintained as set out in children's care plans.

Families of children are involved in their care where appropriate. If families are not involved, this is clearly recorded and the reasons are made known to parents. Children's views on who are significant people in their lives is sought and considered in agreeing plans for contact. There are clear procedures in place for agreeing, maintaining, monitoring and reviewing arrangements between children and their families and friends. Contact between children and their family and friends is facilitated using a variety of

media.

Families and friends get practical support from Tusla to maintain contact with children and they are assisted where necessary. Contact takes place in the foster home where possible and where this is not possible, appropriate facilities are provided by the social work department.

Children and families are clear on the reasons for supervision of contact where this is required. The decision to supervise access is carefully explained to children and families and is clearly recorded on children's files. Supervision of access is managed in the least intrusive manner and the decision to supervise contact visits is regularly reviewed. Parents and/or significant family members are kept informed about events in their children's lives and encouraged to participate where appropriate. When children do not have regular contact with their families, the reason for this is discussed with them from time to time and these discussions are recorded in case files. The need for peer relationships is recognised and necessary safeguards are employed to facilitate peer relationships in the least intrusive manner to promote the child's wellbeing.

What this means for the child

Children are placed close to their family, friends and their communities. Children remain in contact with their families and friends. Children are confident that the service will strive to keep family members involved in decisions made about their care and participate in events in children's lives.

Some examples of information or evidence that may be reviewed and how this will be done

Through observation

The provider facilitates the inspector's observation of the accommodation facilities used for family access arrangements.

Through communication

Inspectors will communicate with children to explore:

- their wishes on having contact with their family, friends and significant others and to enquire as to their level of satisfaction with family contact arrangements, including family events
- if they are informed of the reason for supervised contact
- where direct contact is not possible, are alternative forms of contact encouraged and facilitated to ensure children maintain personal relationships.

Inspectors will communicate with social workers, managers or other relevant staff to explore:

- the level of contact children have with their families and significant others, including family events
- who facilitates contact for children
- the service's interactions and working relationship with disability services.

Inspectors will communicate with foster carers to explore:

- their role and understanding in promoting children's contact with family members, friends and significant others
- visiting arrangements including the way in which visits are facilitated, whether visitors are welcomed to the foster care home and if arrangements are flexible and in the best interests of the child, including family events.

Inspectors will communicate with families to explore:

- if they are informed of the reason for supervised contact.

Through a review of documents during or after onsite activity

Inspectors will review the provider's documentation such as:

- children's records including care plans, placement plans
- children's care records related to contact with their family, friends and significant others
- placement meetings
- information relating to support services for children with a disability.

Additional documents that may be reviewed include:

- children's surveys.

Compliance Indicators

Indicators of compliance include:

- The social worker:
 - facilitates regular and appropriate contact between children and their families as set out in their care plans
 - considers family and friends when identifying an appropriate placement
 - ensures siblings are placed together where possible
 - considers children's views in agreeing plans for contact
 - ensures appropriate oversight to monitor and review contact arrangements between children and their families and friends.

Indicators of substantial compliance include:

- contact is facilitated but does not occur on a regular basis or not as set out in the care plan
- reasons for supervising contact or where children do not have contact are not

consistently explained and recorded on the child's file

- procedures for monitoring and reviewing contact arrangements are in place but not always implemented in a timely way.

Indicators of non-compliance include:

- Children:
 - their views are not considered in agreeing plans for contact, and reasons are not explained where they cannot have contact with their families
 - contact is not promoted or supported and does not occur as agreed in the child's care plan
- Families:
 - are not supported to maintain contact with children, when it is appropriate for this to happen
 - are not informed about events in their children's lives and are not, encouraged to participate in their children's lives.
- The provider:
 - has no clear procedures for the monitoring and reviewing contact arrangements
 - has inadequate facilities for children's contact with families.

Standard 3: Children's rights

Children and young people are treated with dignity, their privacy is respected, they make choices based on information provided to them in an age-appropriate manner, and have their views, including complaints, heard when decisions are made which may affect them or the care they receive.

What a rights based quality service looks like

The culture of the foster care service is one that ensures the rights of children as enshrined in the UN Convention on the Rights of the Child and in Irish law are promoted and protected. A child-centred approach is promoted through recognising children's rights, including their right to be listened to and to participate in decisions made about their lives, while taking into account children's age, ability and maturity. Children are informed of their rights and provided with accessible quality information in a way they understand. This is revisited on a regular basis to ensure children fully understand their rights and how to exercise their rights.

Children's dignity is respected at all times, particularly in relation to personal care and communications. Each child is listened to with care and respect. Children receive clear

information in a way they can understand when any proposed action is being considered in order to help them make informed choices and decisions. Children are enabled to be independent, consistent with their age, and stage of development.

Children have the right to privacy and to undisturbed contact with their family and friends, unless there are clear reasons not to do so. Family and friends are welcomed in the foster care home. There are no restrictions on visits unless requested by the child or for specific documented reasons. Children have opportunities to be alone, if they wish and have access to a space to facilitate this.

Children's views are taken into account in all decisions. Children are consulted about and make decisions to pursue their interests, develop their abilities and skills. Children are encouraged and supported to direct how they live on a day-to-day basis according to personal values, beliefs and preferences. Children are facilitated and encouraged to engage in social activities and leisure interests in the local community, consistent with ensuring their safety and security. They are provided with opportunities to choose their own clothes and supported to develop life skills, appropriate to their age.

They have input regarding the services and supports they receive, and their views are actively and regularly sought. Children's views are given due weight in accordance with their age, stage of development and individual needs. They have access to information held on their care files and are supported to understand the information written about them and provided with opportunities to correct inaccuracies if required.

The foster care service has established and implemented effective systems to address and resolve issues raised by children, their families and other representatives. A good complaints procedure is one which demonstrates that children have a right to raise issues. Children feel confident to raise issues without retribution and have those issues addressed in a timely and respectful manner. Children are given feedback on the outcome to their complaint.

What this means for the child

Children feel that their rights are respected and promoted within the service. Children are empowered by their foster carer and social worker, are listened to and participate in decisions about their care. Children feel confident to raise issues without retribution, know how to raise issues and to whom they may report their concerns. Children are supported through this process and have access to advocacy services as required.

Some examples of information or evidence that may be reviewed and how this will be done

Through observation

The provider facilitates the inspector's observation of:

- children's foster care placements and whether they have sufficient privacy and that their personal belongings are respected
- the social work office spaces to ascertain if information about rights is prominently displayed.

Through communication

Inspectors will communicate with children to explore:

- if they understand their rights and have been supported to exercise their rights
- if they feel listened to and that their right to dignity and privacy are respected
- if they feel their views are included in important decisions about their life and if they can make decisions about day-to-day routines such as activities they take part in
- if they have access to their care files
- if they know how to raise a complaint; if they feel comfortable raising a complaint; if they feel listened to; if they were satisfied that complaints were responded to appropriately and in a timely manner
- if they were given any feedback in relation to their complaint in a manner that they understood, and if anything changed as a result.

Inspectors will communicate with staff to explore:

- how they inform children about their rights and how their rights are promoted during their work with children
- how children's views are sought and included in important decisions about their lives and day-to-day routines
- if children have access to their care files and information recorded about them
- how they ensure children are aware of the complaints process and support them to make a complaint if necessary
- how feedback is given to children in relation to complaints or concerns.

Inspectors will speak with foster carers and parents to explore:

- their understanding of children's rights and how they are promoted
- how children are included in decision making about their lives
- their awareness of the complaints procedure, if the children have been supported in relation to their complaints and their views on how complaints have been managed.

Through a review of documents during or after onsite activity

Inspectors will review the provider's documentation such as:

- information and documentation pertaining to children's rights,
- children's files including direct work records on rights and complaints,
- appropriate policies in relation to rights and complaints,
- complaints records.

Additional documents that may be reviewed include:
children's surveys.

Compliance indicators

Indicators of compliance include:

- Children:
 - are consulted and their rights are promoted in relation to their care, in line with their age and stage of development
 - are supported to understand their rights and are treated with dignity and respect
 - their right to privacy is respected and they have undisturbed contact with family and friends, if appropriate
 - have access to their information, are informed and understand the complaints procedure and their complaints are managed.

Indicators of substantial compliance include:

- Children:
 - were consulted in relation to their care but some felt their views were not upheld
 - were provided with information about complaints but not all children fully understood the process
 - were provided with information about their rights, however, not all children fully understood them.

Indicators of non-compliance include:

- Children:
 - were not consulted in relation to their care and their rights were not promoted

- were not supported to understand their rights and were not treated with dignity and respect
- their right to privacy was not respected and they did not have contact with family and friends, if appropriate
- did not have access to their information and were not provided with information about their rights
- were not informed about the complaints procedure and their complaints were not well managed.

Standard 4: Valuing diversity

Children and young people are provided with foster care services that take account of their age, stage of development, individual assessed needs, illness or disability, gender, family background, culture and ethnicity (including membership of the traveller community), religion and sexual identity.

Regulation 8

What a rights based quality service looks like

Wherever possible, children are placed with carers from their own culture, ethnic and religious group; or with foster carers who have relevant previous experience or networks they can draw upon for advice in meeting the specific cultural needs of children. Where children are placed outside their own cultural, ethnic or religious group, foster carers are supported by the provider to enable the children to develop a positive understanding of their origins and background. Children are encouraged to understand and appreciate their culture, ethnic and religious heritage, including children whose parents are from different faiths, ethnic or cultural backgrounds. Children are encouraged and facilitated to observe the religious practices of their families.

Children are encouraged and facilitated to understand and manage their disability and / or illness in accordance with their age, stage of development, individual needs and wishes. Children with disabilities/medical conditions receive appropriate services and support to help them to maximise their potential, including equipment and, where necessary the adaptation of the carer's home and /or vehicle.

Children are supported and encouraged to develop skills to deal with all forms of discrimination. The right of children to participate in all decisions in relation to their care is facilitated through access to advocacy and support services.

Social workers and managers understand the diverse needs and backgrounds of children

being brought into care. They encourage links with local faith, ethnic, disability or LGBT groups for young people so that they can choose to make contact and access support.

What this means for the child

Children are placed with carers who appreciates them and provides them with a positive understanding of their culture and heritage. Children's identity is respected and they feel safe and give appropriate expression of their culture, ethnic and sexual identity. Children are facilitated to maximise their potential through appropriate supports and services as required.

Some examples of information or evidence that may be reviewed and how this will be done

Through observation

The provider facilitates the inspector's observation of:

- placement planning meetings/matching meetings to assess whether consideration is given to children being placed with carers from their own cultural, ethnic and religious group.

Inspectors will observe foster carers' homes to:

- assess whether children are facilitated to give appropriate expression of their culture, ethnic, religious, gender and sexual identity
- ensure appropriate adaptations are made where child has a disability including a vehicle.

Through communication

Inspectors will communicate with staff to explore:

- whether children are placed with carers from their own cultural, ethnic and religious background or with carers experienced in meeting a diverse range of children's needs
- how the service supported foster carers to enable the children to develop a positive understanding of their origins and background where they are placed outside their own cultural, ethnic, religious group
- how social workers promote children's understanding of their own cultural, ethnic and religious heritage and sexual identity
- the range of support services and cultural/special interest groups in the area available to children and foster carers
- how children are encouraged/facilitated to take part in decisions made in relation to their care; and how their needs can best be met
- whether children are involved in decisions made about them and to enquire about their access to support services

- if they promote and facilitate family contact for children with their families as appropriate
- best practice in relation to the care of babies and younger children, how transitions are managed and how young people are supported to grow in independence.

Inspectors will communicate with children to:

- identify their understanding of their cultural, ethnic and religious background and how this is celebrated and encouraged within the foster care home
- identify how children are encouraged to understand their disability and/or illness in accordance with their age, stage of development, individual needs and wishes
- determine if they are aware of discrimination and if they have been spoken to about discrimination; and whether they were satisfied with the way incidents of discrimination were managed
- ascertain if children feel respected, listened to and if they are provided with the opportunity to participate in decision making about their lives
- ascertain if they know how to access advocacy support.

Inspectors will communicate with parents to:

- enquire as to their views in how their child is enabled to develop a positive understanding of their origins and background where they are placed outside their own cultural, ethnic, religious group
- enquire about how well their children's individual and diverse needs are met.

Inspectors will communicate with foster carers to:

- establish whether they are from their own cultural ethnic and religious group and whether they are supported to enable the children to develop a positive understanding of their origins and background
- enquire if they are receiving adequate social work support for children with disabilities/illness
- ask if they feel the children were appropriately matched and placed
- establish whether children participated in all decisions in relation to their care and if this was facilitated through access to advocacy and support services, if required.

Through a review of documents during or after onsite activity

Inspectors will review the provider's documentation such as:

- assessments of need, including specialist assessments
- children's case files- including care plans, placement plans and meetings
- case conferences, placement planning meetings, matching meetings, strategy meetings, child in care reviews and professionals meetings
- care plans
- placement plans
- reports for Foster Care Committees (FCC)

- supervision records
- social workers correspondence with relevant professionals
- information on advocacy services.

Additional documents that may be reviewed include:

- children's surveys
- information provided to children about their rights and coming into care
- audits relating to complaints
- the annual *Adequacy of the Child Care and Family Support Services* (Section 8 Child Care Act 1991) relating to the number of placements made, recruitment and retention of foster carers, the appropriateness of current placements, the number of children in need of placements.

Compliance Indicators

Indicators of compliance include:

- Children:
 - have access to advocacy and support services which enables them to participate in all decisions in relation to their care
 - with disabilities receive appropriate services and support to help them to maximise their potential, including equipment/assistive devices and, where necessary the adaptation of the carer's home and /or vehicle.
- The social worker:
 - makes every effort to ensure a child is placed with carers from their own cultural, ethnic and religious background
 - promotes children's understanding of their own cultural, ethnic, and religious background
 - encourages and facilitates children to understand and manage their disability and / or illness in accordance with their age, stage of development, individual needs and wishes
 - supports and encourages children to develop skills to deal with all forms of discrimination.

Indicators of substantial compliance include:

- Children:
 - have limited access to advocacy and support services
 - are not supported and encouraged to speak up about all forms of discrimination.
- Social workers:
 - do not always promote children's understanding of their own cultural, ethnic

and religious background

- while there are appropriate policies, procedures and practices in place, practice does not provide a holistic assessment of the range and diversity of a child's needs.

Indicators of non-compliance include:

- Children:
 - are not facilitated to access advocacy and support services
 - not all children with disabilities receive appropriate services and support to help them to maximise their potential, including equipment and, where necessary the adaptation of the carers home and /or vehicle
 - consideration is not given to placing children with foster carers from their own cultural, ethnic and religious background or with suitably experienced foster carers.
- Foster carers:
 - are not supported to enable the children to develop a positive understanding of their origins and background.

Standard 5: The Child and Family Social Worker

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

Regulation 13(1) & (2)

Regulation 17(1)

What a rights based quality service looks like

When children and young people are received into foster care, the Child and Family Agency (Tusla) become responsible for the care they receive and allocate a social worker to ensure compliance with statutory requirements and standards. The allocated social worker carries out the statutory duties of the Agency in order to co-ordinate the care of the child. The purpose of their role is to promote the child's safety and welfare and to protect them from abuse and neglect.

The social worker arranges the assessment of a child in care and coordinates what additional supports they will receive to meet their assessed needs. Social workers draw up comprehensive care plans to meet the assessed and changing needs of the child and

ensure that decisions made at child-in-care reviews are implemented and held in line with the Regulations. They ensure that the views of children and their families are taken into consideration and that children and families are supported to participate in the care planning and decision-making process.

Social workers ensure that children have access to specialist services that they may require. They co-ordinate the input of other professionals and agencies, such as schools, General Practitioners, mental health services and other support services.

Where possible, before a child goes to live with foster carers they are given information by their social worker, about what it is like to live there and have time to get to know the foster carers and other children living there. The child's social worker also speaks to the child in advance of another child coming to live in the foster care home.

The child's social worker, at a minimum, visits the child in the foster home in line with the Child Care Regulations 1995 but more frequently if required in line with the specific needs of the child. The social worker meets with the child in private within the foster care home and checks the child's living arrangements. The social worker also sees the child outside of the foster home. Social workers talk directly with children and young people, to learn more about them. They also communicate with children and young people to ascertain their views about decisions and matters that affect their lives. Article 12 of The United Nations Convention on the Rights of the Child (UNCRC) establishes the child's right to express their views in all matters that affect their lives and for these views to be given weight according to the child's age and maturity. Children and young people in care need continuity and stability in their relationships, therefore consistency of social workers is important.

The social worker takes appropriate action in response to significant events and ensures families are informed thus ensuring the welfare of the child is promoted. They regularly monitor the care and support provided to the child to ensure safe practice, minimize risk and learn from adverse events, such as an accident.

Social workers work in partnership with families to maintain links with children and their families. They encourage and facilitate family contact where this is in the best interests of the children.

Social workers listen to and work with children in promoting their best interests. The social worker ensures that the child is treated with respect and dignity at all times. They ensure that children are informed of their rights, in an age appropriate manner and support children to exercise their rights. The complaints mechanism is in an accessible format for all, and information about complaints is made available to children. Social workers have a

responsibility to explain the complaints procedure to children, providing a written copy of that procedure and assisting the children, where necessary to complain about any aspect of their care.

The provider ensures that there is a system in place that ensures records are up to date, of high quality and accurate at all times, and this supports the high quality care the child receives. All records that are required by the regulations are retained in the child's file including a record of each visit to the child. There are also appropriate systems in place for the safe archiving, destruction and backup of records.

What this means for the child

Children receive care which is well coordinated, of good quality and is consistent. Children are provided with supports to enable them to live their lives to their maximum potential. Children have a consistent social worker who they can develop a relationship with while they are in care. Children are listened to and visited by their social worker regularly and have the opportunity to meet with them in private. Children are assured that care plans are in place to meet their assessed needs and actions agreed to meet these needs will be implemented. Children using the service are aware they have a right to raise issues and they are confident that those issues will be addressed in a timely and respectful manner. The service strives to ensure children's information is kept up to date, accurate and of high quality to enable consistency of their care.

Some examples of information or evidence that may be reviewed and how this will be done

Through observation

Inspectors will observe:

- if social workers:
 - speak in a respectful and caring way about and to children
 - engage in relevant meetings in relation to children's care
 - encourage and facilitate family contact
 - respond to queries or concerns of children who use the service

- if there is a culture of openness that welcomes feedback and raising of concerns
- if the complaints procedure is in an accessible and age-appropriate format.

Through communication

Inspectors will communicate with children to explore:

- if they have a consistent allocated social worker since coming into care

- if they have a positive and supportive relationship with their social worker, who is approachable and easy to contact
- if they are respected, listened to and if they are provided with the opportunity to participate in decision making about their lives
- feel their care needs are being met
- their understanding of the reasons for coming into care
- if they were placed with an appropriate secure and stable foster family
- if they are satisfied with family and friends contact arrangements
- if they know how to make a complaint, feel listened to, are satisfied with how their complaint was managed and if anything changed as a result

Inspectors will communicate with social work staff to explore:

- if all children in care have a consistent allocated child and family social worker
- if they are clear about their role and are in compliance with statutory requirements and standards
- if they promote the welfare and safety of children and protect them from abuse
- if they carry out comprehensive initial assessments in collaboration with children, their families and professionals involved and how they come to clear and transparent decisions about the best way to address the identified needs of children
- if children are provided with appropriate secure and stable placements when they are unable to live with their families
- if children in care are visited by social workers in line with regulations
- if they promote the rights of children and include them in the decision-making process
- if they promote and facilitate family contact for children with their families as appropriate
- how they make children aware of the complaints process and support them to make a complaint if necessary.

Inspectors will communicate with foster carers and parents to explore:

- if the child has an allocated social worker who visits them regularly
- if they are receiving adequate social work support, and their social worker is easily contactable and approachable
- if the reasons for the child coming into care were made clear to them
- if they are provided with the opportunity to participate in decision making about the child
- if they feel the child is appropriately placed
- their level of satisfaction with family contact arrangements
- where reunification is being considered, what needs to happen
- if they know how to make a complaint, feel listened to, are satisfied with how their complaint was managed and if anything changed as a result

- if they know how to access advocacy support.

Through a review of documentation during or after onsite activity

Inspectors will review the provider's documentation such as:

- children's records to ensure they are accessible and up to date
- children's case files including assessments, plans and meetings
- care orders/records of voluntary care
- supervision records
- the complaints policy and procedure
- information on advocacy services
- any trackers relating to statutory visits
- audits of case records
- audits relating to quality of statutory visits
- audits relating to complaints.

Additional documents that may be reviewed include:

- children's surveys
- information provided to children about their rights and coming into care
- the annual *Adequacy of the Child Care and Family Support Services* (Section 8 Child Care Act 1991).

Compliance Indicators

Indicators of compliance include the provider ensuring that the allocated:

- social worker:
 - is allocated to a child as soon as possible and for as long as they remain in care
 - co-ordinates the care of the child and ensures compliance with statutory requirements and standards
 - maintains links with families and encourages and facilitates family contact where this is in the best interests of children
 - visits the child in line with the regulations or more frequently if required
 - meets with the child and speaks to them in private during visits
 - has a good knowledge of the child allocated to them, consults with them, listens to their wishes and promotes their best interests
 - responds to significant events and ensures that families are kept informed
 - ensures that decisions made at the child-in-care review are implemented in line with the identified timeline
 - schedules timely child-in-care reviews when there is a change in circumstances for the child
 - explains the complaints procedure to the child and their family and provides them with an age appropriate written copy of this

- takes complaints made by children seriously, and manages them appropriately
- keeps up-to-date records in respect of each child, including a record of each visit to the child and an up-to-date chronology to assist in identifying trends and patterns of concern or positive change on each child's file
- ensures the welfare of children is promoted and they are protected from abuse.

Indicators of substantial compliance include:

- while there are appropriate policies, procedures and practices in place, there are some gaps in the associated documentation that do not result in a medium or high risk to children using the service
- case chronologies are not in place.

Indicators of non-compliance include:

- Children:
 - are not allocated a social worker
 - did not have an allocated social worker for significant periods while in care
 - are visited but not met with in private, and are not consulted and/or listened to
 - and their families are not made aware of the complaints procedure
 - complaints made by children and/or significant others are not managed appropriately.
- The social worker does not:
 - ensure compliance with statutory requirements and standards
 - visit children in line with the regulations
 - encourage or facilitate family contact despite being in the best interests of children
 - respond to significant events and/or families are not kept informed
 - co-ordinate the input of other professionals and agencies
 - ensure that decisions taken at child-in-care reviews are implemented in line with the identified timeline
 - keep up-to-date, accurate, and legible records in respect of each child.

Standard 6: Assessment of Children and Young People

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

Regulation 6 (1) Assessment of Circumstances of Child

What a rights based quality service looks like

An assessment of the child's needs is carried out by social workers prior to the placement of a child in foster care. In the case of emergency placements which occur in exceptional circumstances, an initial assessment is carried out within one week of placement and the completion of a comprehensive assessment within six weeks after the placement has been made. Reasons for the unplanned admission are recorded on the case file.

Individual assessment is a process to find out about the child, their abilities and needs to inform the care planning process and can involve a multidisciplinary approach. An assessment will involve meeting the child and meeting the child's parents, as well as contacting professionals involved in order to develop an understanding of the child and their circumstances. It considers the physical, emotional, psychological, medical, educational and other needs of children. The purpose of the assessment is to reach a preliminary conclusion about unmet need and risk of harm in order to plan and provide an appropriate response and they should consider any previous assessments of the child which were carried out.

It is important that this process is written down in a clear and concise way that can inform the care planning process. The assessment promotes a child-centred approach and recognises children's rights, including their right to be listened to and to participate in decisions made about their lives, while taking into account children's age and ability. The child receives clear information in a way they can understand when any proposed action is being considered in order to help them make informed choices and decisions.

Children, their families and others involved in their care are encouraged and facilitated to participate in the assessment process. Assessment outcomes are shared with children in an age-appropriate manner. Copies of the assessment are provided to family and foster carers. Decisions made and the rationale for this are clearly recorded in the assessment report on the case file.

What this means for the child

Children are assessed in a timely way to ascertain their needs in order to ensure they are provided with effective interventions tailored to their needs. They are confident that their views are taken into account during the process. Children receive clear information which they can understand and are informed of decisions made following the assessment and

rationales reached.

Some examples of information or evidence that may be reviewed and how this will be done

Through observation

The provider facilitates the inspector's observation of relevant meetings relating to assessments.

Through communication

Inspectors will communicate with children and parents to explore:

- their understanding of the assessment process and how the child's rights were encouraged and promoted during the process
- if they felt included in the assessment process and listened to
- if the child's needs were understood by the social worker and have been addressed and met
- if the social worker shared the assessment outcome with them and if they understand or agree with the outcome.

Inspectors will communicate with staff to explore:

- their understanding of and adherence to National Standards and regulations in respect of the assessment process
- how they identify children's needs and ensure they are met
- how children's identity, race, culture, religion, sexual orientation and level of ability are included in the assessment, where relevant
- how children and parents are included and participate in the assessment process
- how children's rights are encouraged and promoted during the assessment process
- how they incorporate a multidisciplinary approach to assessments
- how decisions based on assessments are reached and recorded
- if they share assessment outcomes with children and families.

Through a review of documents during or after onsite activity

Inspectors will review the provider's documentation such as:

- intake records, if this is where the assessment is recorded
- children's records including plans, assessments, meetings and reports
- medical report upon admission to care
- records of specialist services and any multi-disciplinary reports
- supervision records
- reports from link social workers and guardians ad litem

Additional documents that may be reviewed include:

- children's surveys.

Compliance Indicators

Indicators of compliance include:

- have a comprehensive assessment of need completed
- in the case of emergency placements, an assessment is carried out as soon as possible after the placement has been made, and the completion of the comprehensive assessment within six weeks
- assessments use a multidisciplinary approach and consider any previous assessments of the child which were carried out
- a medical examination is carried out on the child, in line with regulation 6 (1) except where Tusla is satisfied that it is unnecessary
- unplanned admissions to foster care are made in exceptional circumstances only and the reasons for them are recorded on the case file
- children, their families and others involved in their care are encouraged and facilitated to participate in the assessment process
- assessment outcomes are shared with children in an age-appropriate manner
- decisions made and the rationale for these are clearly recorded in the assessment report.

Indicators of substantial compliance include:

- while there are appropriate policies, procedures and practices in place, there are some gaps in the associated documentation that do not result in a medium or high risk to children using the service.

Indicators of non-compliance include:

- no assessment of the child's needs is carried out by social workers prior to the placement of a child in foster care
- in the case of a decision to place a child in foster care in an emergency, the social worker does not ensure completion of an initial assessment of the child as soon as possible or within one week of the placement and the completion of the comprehensive assessment within six weeks
- assessments do not use a multidisciplinary approach, are not comprehensive and do not consider any previous assessments of the child
- the reasons for unplanned admissions to foster care are not clearly recorded on the case file
- children, their families and others are not involved in their care or encouraged and facilitated to participate in the assessment process
- assessment outcomes are not shared with children or this is not done in an age-appropriate manner
- decisions made and the rationale for this are not clearly recorded in the assessment report on the case file.

Standard 7: Care Planning and Review

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

Regulation 11

Regulation 18

What a rights based quality service looks like

Each child and young person in care has a written care plan which sets out what services and other supports will be provided to them and their family. Care plans are prepared before the child is placed in care, or in the case of an emergency they will be prepared within 14 days.

The social worker in consultation with the child, their family, foster carers and significant others, draw up comprehensive written care plans. Care plans are informed by the assessment of the child's needs. Individual assessment and care planning is a process to find out about the child, their abilities and needs in order to ensure their views are respected and the support they require is planned for in an individualised way.

Good planning and interventions ensure continuity in the child's care and are essential in supporting children in foster care. Each child's goals, needs and preferences and the supports that need to be put in place by the service are clearly written down to ensure each child achieves their potential. The child's plan will change as circumstances or their need for support changes, and this is also reflected in the child's placement plan.

The care plan must be in writing and agreed with everybody involved in the care of the child. Some of the required information in a care plan includes:

- the child's wishes and views
- the child's immediate, medium and long term goals and arrangements for the care of the child
- the aims and objectives of the placement
- the support to be provided to the child, the foster carers and, where appropriate, the parents of the child by Tusla
- arrangements for family contact
- arrangements for review of the care plan
- arrangements for the child's education
- the expected duration of the placement
- the arrangements for the implementation of the care plan including the allocation of tasks to named individuals and timescales for their completion or review as appropriate.

Separate placement plan agreements are completed, dated and signed by the child, where appropriate, the child and family social worker and the link worker with the foster carer/s in respect of each placement of the child. The placement plans are consistent with the care plan. Particulars of the child's care plan and placement plan are made known to the child, parents where appropriate, foster carers and link worker. Where this does not occur the reason is recorded in the case files.

Reviews of the care plan take place within legally defined time limits, as outlined in regulations. A review of a care plan needs to consider:

- whether the actions of the care plan have been delivered to date as per agreed timescales
- have the child's needs changed since the last review,
- is there anything that needs to happen to ensure all the child needs are met in a coordinated timely manner
- have the views of all parties been considered
- if the circumstances of the parents of the child have changed
- if the circumstances of the foster placement have changed
- if it would be in the best interests of the child to return to their parents care
- whether adoption is in the best interests of a child in long-term foster care
- whether the care plan and its overall goal requires to be amended.

It is important to prepare the child or young person for their child-in-care review. There should be a formal review meeting to review what has been happening in the child's life since admission or since their last review. When preparing the child for the review the child should be consulted about where they would like the review meeting to be held while also taking into consideration the need for privacy, and the timing of the review, in order to facilitate their attendance where possible and appropriate. Children should be encouraged where appropriate to participate in their review.

Reviews are convened in line with the requirements of the regulations and conducted in a manner that facilitates children, their families and foster carers to attend and participate. The child and family social worker and the fostering social worker participate in the review, while other professionals/services/agencies involved in the care, protection, education, health and development of the child should be invited to contribute to the review by attending and or submitting a report. Disability services are involved in drawing up a care plan for children with disabilities. The outcome of the review meeting is discussed with the child, their parents and foster carers and a written copy of the decisions are provided. The child's care plan is developed based on the decisions and made at the child care review. The child-in-care review is an ongoing process and not a once off event.

Reviews are scheduled in a timely manner to assess the situation if a placement is at risk of ending in an unplanned way. When placements end in an unplanned way, a review is held to bring it to a formal conclusion and to amend the care plan. Special reviews are facilitated in line with the regulations when requested by a person with bona fide interest in the care of the child.

The provider is proactive in continuous quality improvement. Oversight and monitoring of the care planning process is carried out on a routine basis.

What this means for the child

Children's needs are assessed and met in a timely manner. Children are involved in the care planning process which is a positive experience and they can be confident that their views will be taken into account. Children are made aware of the details of their care plans in a clear, concise way and they are aware that this document is owned by them and it a record of the supports they say they need. A child's care plan is regularly reviewed by a range of professionals which means that the child receives a well-co-ordinated, integrated and consistent and service.

Some examples of information or evidence that may be reviewed and how this will be done

Through observation

The provider facilitates the inspector's observation of relevant meetings regarding care planning, placement planning and child in care reviews.

Through communication

Inspectors will communicate with children to explore:

- their views on and experience of their level of involvement in the development, of their care plan implementation
- if the child's care plan has been made available to them
- their views on the implementation of the care plan and their involvement in the review of the care planning process.

Inspectors will communicate with foster carers and parents to explore:

- their understanding of their role in the care planning and care plan review processes for the child
- if they participated in the development of the care plan
- their views on the effectiveness of care plan
- their understanding of the role of the professionals involved with the child
- their views on their involvement in the review of the care planning process
- their experiences of unplanned endings and how these were managed.

Inspectors will communicate with the social workers, managers or other relevant staff to explore:

- their views on the effectiveness of planning for children in care in their service
- if children have a care plan and their experience and involvement in the development, implementation and review of the care planning process
- how the child's care plan has been made available to the child
- the progress being made in implementing each child's care plan
- how the care plan is developed, implemented and reviewed
- how the child's care plan informs day-to-day care and improve outcomes for the child
- what governance arrangements are in place to ensure the care plan is fully implemented and reviewed in line with regulations
- how unplanned endings are managed in the service.

Through a review of documents during or after onsite activity

Inspectors will review the provider's documentation such as:

- children's care records – including plans, meetings and minutes
- care plans, placement plans, and child-in-care review minutes
- policies relating to statutory care planning and reviews
- interagency working policy
- policies relating to accessing services.

Additional documents that may be reviewed include:

- children's surveys.

Compliance Indicators

Indicators of compliance include:

- Children:
 - have an up-to-date and comprehensive care plan
 - their families are supported to participate in the care planning and decision-making process
 - receive specialist supports as agreed in their care plan.

- The social worker ensures that:
 - care plans are drawn up and are informed by the assessment of the child's needs
 - the child-in-care review takes place within legally define time limits
 - care planning and reviews are well managed and monitored and improve outcomes for children
 - decisions made at child-in-care reviews are implemented
 - reviews are convened and conducted in a manner that facilitates the participation of children, family members and foster carers
 - the outcome of the review is discussed with the child
 - a written account of the decisions of the review given to the child, the parents, where appropriate, and the foster carers and a copy retained on the case file
 - placement plans are developed and are consistent with the child's care plans
 - unplanned endings are effectively managed
 - effective reviews are carried out following unplanned endings.
- social workers, link workers and other relevant professionals involved in the care, education, health and development of the child participate in the care planning and review process
- there are policies relating to statutory care planning and reviews.

Indicators of substantial compliance include:

- there were some delays completing reviews within the required timeframe but this did not result in a risk to children using the service
- while there is a care plan in place it is poor quality or does not specific timeframes or persons responsible for carrying out actions.

Indicators of non-compliance include:

- Not all children had an up-to-date and comprehensive care plan
- Care plans:
 - were not consistently drawn up, care plan reviews do not take place or decisions made at reviews are not implemented
 - were not informed by an assessment of the child's needs
 - the quality of care plans were not adequate and did not set out sufficient detail
 - families, carers and relevant professionals did not participate in the care planning and decision-making process.
- Child-in-care reviews:
 - were not always carried out in line with regulations

- were not convened and conducted in a manner that facilitated the participation of children, family members and foster carers
- were not carried out following unplanned endings
- decisions made at child-in-care reviews were not always implemented
- there were no policies relating to statutory care planning and reviews
- placement plans were not consistently developed or were not consistent with the child's care plan
- unplanned endings were not effectively managed and reviewed.

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.

Regulation 7: Capacity of foster parents to meet the needs of child

What a rights based quality service looks like

Children and young people should be placed with foster carers who are chosen for their capacity to meet the assessed needs of the children or young people. Matching carers with children and young people is based on a comprehensive written assessment of the child's needs and their care plan. This involves all relevant professionals, the child (where appropriate) and their family, and the matching process considers the proposed foster carer's capabilities, their family and any other children in the household.

The child's views are considered in accordance with their age, stage of development and individual needs. Children, where possible, spend time with the proposed foster care families prior to placement, so they can express an informed view. Links between the children's family and the foster carers are encouraged by the link social worker to enable the children to settle in their new placement, if appropriate. The appropriateness of the match is reconsidered if the plan for the care of the child changes or the circumstances of the foster carers change.

What this means for the child

Children are placed with foster carers who have been identified as the most suitable to meet the child's assessed needs. Children are enabled to feel comfortable, safe and are consulted about moving to a new foster home. Children have the opportunity to meet foster families prior to placement to get to know the foster family when possible. Children's transition to foster care is a positive one, where they feel consulted and where they are assured that the service will facilitate positive links between foster families and the child's family.

Some examples of information or evidence that may be reviewed and how this will be done

Through observation

The provider facilitates the inspector's observation of:

- matching meetings
- case management meetings.

Through communication

Inspectors will communicate with children to explore if:

- their views were considered when the placement was being planned
- they had an opportunity to meet their foster carers before moving there
- they are happy living with their foster carers.

Inspectors will communicate with foster carers to explore:

- their experience of the matching process
- their understanding of the matching process and what did social workers consider when placing the child
- they got enough information about the child.

Inspectors will communicate with parents to explore if:

- they feel the children's foster carers were well suited to meet their child's needs.

Inspectors will communicate with managers and social workers to explore:

- if there are a sufficient number and range of foster care placements to meet the requests received for placements in a timely manner
- how they ensure that children are effectively matched to foster carers
- how inappropriate matches are managed.

Through a review of documents during or after onsite activity

Inspectors will review the provider's documentation such as:

- procedures or policies on matching children with carers
- placement planning policies
- comprehensive matching assessments
- minutes of meetings attended by foster carers and or birth parents
- unplanned endings – disruption meeting minutes
- responses to requests for placements.

Additional documents that may be reviewed include:

- children's surveys.

Compliance indicators

Indicators of compliance include:

- The matching process:
 - is effective, based on a comprehensive assessment and children are placed with carers who have the capacity to meet their assessed needs
 - ensures matches are achieved by means of information sharing and discussion involving all relevant professionals, children and their families, where appropriate, and the proposed foster carers, their families and other children in the placements
 - is discussed at professionals meetings
- foster carers are provided with all the information required, prior to placement, as required under the regulations
- that children, where possible, spent some time with the proposed foster care families prior to placement, so that they were able to express an informed view about the planned move
- children's views are considered
- there is a placement or matching policy in place.

Indicators of substantial compliance includes when:

- there are some delays in carrying out the matching process, but this does not pose a medium or high risk to children.

Indicators of non-compliance includes when:

- there is no matching process and children are placed with carers who do not have the capacity to meet their assessed needs
- the matching process was not based on a comprehensive assessment and did not consider the need to consult with families, professionals and foster families
- children were not always consulted and, as part of a planned move, did not have the opportunity to visit the foster carers prior to the placement
- there was no policy to guide the matching process.

Standard 9: A safe and positive environment

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

What a rights based quality service looks like

Each child living in foster care have placements that keep children safe and healthy. Children are cared for with affection and foster carers ensure the children in their care are valued, accepted and supported. Children are living in a safe and positive environment and have their welfare promoted and their developmental needs met. The provider, together with foster carers ensures that children are provided with appropriate, stimulating environments in which children can play and learn.

The provider, together with the foster carers, ensures that children are supported and encouraged to maintain family links, friendships and interests and supported to develop new relationships, as appropriate.

All children in foster care have their rights protected and promoted. Children are supported to live a healthy and happy life. Their health and emotional needs along with their personal preferences, cultural, ethnic and religious backgrounds are taken into consideration in all aspects of their life, such as diet and dress, as appropriate to their age and culture.

Foster carers' homes are safe, clean and have enough space to allow children to have privacy. The provider must ensure that the home is well maintained and adequate for the number of people living there. The service ensures that the foster carers' vehicles are safe, clean and are maintained to meet all legal requirements.

What this means for the child

Children feel valued, supported and their right to privacy is respected in the foster home. Children feel that their family, friends and interests are respected and valued by the service and foster carers. Children are supported to maintain links with their family and friends.

Some examples of information or evidence that may be reviewed and how this will be done

Through observation

Inspectors will observe children in their foster care home, and with their consent, view their bedrooms.

Through communication

Inspectors will communicate with children to explore or determine:

- their views on and experiences of living in foster care
- how their needs are met including social, emotional and dietary needs
- how they are supported to maintain relationships with family and friends and to develop new relationships and interests.

Inspectors will communicate with foster carers to explore or determine:

- their understanding of their role in providing a safe, healthy and nurturing environment for children in their care
- how they are supported in their role to provide a safe and positive environment
- how are they supported in promoting and supporting the child's rights
- how they are supported to provide for children's individual needs and their role in supporting children's relationships with family and friends.

Inspectors will speak with parents (where appropriate) to get their views on their child's foster placement and how their needs are met.

Inspectors will speak with staff to enquire how they ensure that there are appropriate measures in place to provide all children in foster care with a safe, healthy and nurturing environment.

Through a review of documents during or after on-site activity

Inspectors will review the provider's documentation such as:

- children's records including social work visits to children in foster care, care plans, case notes and reports
- minutes of meetings, such as care plan reviews, strategy meetings and professionals meetings
- records of specialist services
- supervision records
- reports from link social workers and guardians ad litem
- foster care reviews
- health and safety assessments and other relevant assessments, such as assessments regarding animals, medication, environmental hazards
- foster care committee meeting minutes
- governance meeting minutes.

Additional documents that may be reviewed include:

- children's surveys.

Compliance Indicators

Indicators of compliance include:

- The provider:
 - ensures that children in foster care have their needs met and are provided with safe healthy and nurturing environments
 - reviews placements in line with the standards and regulations and addresses any issues arising.

Indicators of substantial compliance include:

- a child's right to a safe and healthy environment is promoted but issues arising are not appropriately addressed
- there are gaps in documentation in relation to the child's living environment.

Indicators of non- compliance include:

- Placements:
 - are not supported in a way that keeps children safe and healthy
 - are not reviewed in line with standards and regulations to ensure that they remain suited to the child's needs
 - issues within the placement have not been addressed to promote the child's safety and development in a timely manner.

Standard 10: Safeguarding and Child Protection

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

What a rights based quality service looks like

Every child has the right to feel protected and safe from all forms of abuse (physical, sexual, emotional, financial, institutional, neglect and discriminatory). Safeguarding is, first and foremost, about proactively protecting children and young people and empowering them to speak up if they believe they are at risk.

The provider promotes children's safety and children's rights, these are central to the culture of the organisation. The culture of the organisation is one of openness and transparency, where children can raise and discuss any issues without prejudice. Staff, including link workers and foster carers are also encouraged to raise any concerns directly with the provider or through protected disclosure processes.

Care practices, policies and procedures will promote and protect the safety and welfare of children. The safeguarding policy and procedures are in line with Children First (2017), adhere to international human rights instruments, relevant legislation, regulations,

national policy, professional guidance and evidence-based guidelines. The provider's approach to risk management safeguards children and supports responsible risk taking appropriate to the child's age, capacity and the presenting risks. The relevant policies and procedures have been implemented, and staff and foster carers are knowledgeable regarding their content, including their responsibility as mandated persons.

Robust policies and supporting procedures are implemented so that strong safeguarding practices are in place to protect children from all forms of abuse.

Children are protected by practices that promote their safety in relation to:

- the duty of each foster carer or staff member to report any concerns for the safety of the children
- access to an advocate or advocacy services
- children's private access to their social worker, family, advocates and external professionals
- the use of restrictive procedures
- robust reporting systems.

Foster carers have received the appropriate training and are knowledgeable about how to recognise and respond to the possibility of bullying, abuse or neglect. This ensures that effective steps are taken to protect a child and to contribute to the ongoing safety of children, and they are clear on their roles as mandated persons, as applicable. Link social workers prepare foster carers and provide guidance and training in caring for children who have been abused or neglected, in safe care practices, and recognising and reporting signs of abuse. The provider is proactive in providing information in relation to internet safety to carers. Foster carers understand and know how to manage challenging behaviour, only use appropriate sanctions, and know that any form of corporal punishment and humiliating treatment is unacceptable. There are clear guidelines in place to manage incidents where children go missing from care, and foster carers are fully informed on what to do if this happens.

Providers provide training and information to foster carers in order to support children to feel safe and to support them to develop the knowledge, self-awareness, understanding and skills for self-care and protection, taking into consideration their age, personal history and stage of development.

When a child is placed in foster care, foster carers are given information in writing about the children to enable them to protect the children, the foster carers, their own children and other children who may have contact with children in their foster care. Foster carers are made aware that this information is treated in confidence and stored securely.

Where an allegation or concern has been made by or about a child within the service, it is managed in line with Children First (2017) and relevant legislation, national guidance and policies. The provider must refer the matter through the child protection notification process to Tusla's Child Protection Social Work team for investigation in line with Children First (2017). Tusla conduct their assessment of the allegations in line with Children First (2017).

Safeguarding measures, such as safety plans, are put in place to protect children while the assessment is ongoing and for as long as they are required. Tusla social workers and their foster carers, work together in implementing safeguarding measures and these are regularly reviewed to ensure they are effective.

Where an allegation of abuse is being investigated, the provider will follow direction from the relevant social work department and take all reasonable and proportionate interim measures to protect the child, pending the outcome of any assessment or investigation. The provider must ensure that no further children are placed with the carers until the matter is concluded. The provider ensures that all child and family social workers who have or had other children placed in the foster care household are notified of the allegation.

In the event that it is clear that the matter is deemed a serious concern and does not meet the threshold for a child protection notification, the provider manages the matter in line with serious concern guidance and policies. The provider takes all reasonable and proportionate interim measures to protect the child, pending the outcome of any assessment or investigation.

The provider treats foster carers with dignity and respect throughout the process of assessment or investigation. The provider continues to support the foster family and keep them updated. Foster carers are advised of additional supports and advocacy services available to them. The provider should also consider offering foster carers appropriate counselling at any point in the process. Information is made available to foster carers with respect to an appeals mechanism for foster carers whom allegations of abuse or neglect have been made and who are unhappy with the outcome of the assessment. Following the completion of an investigation of a serious concern or allegation the provider will convene a foster care review which will be presented to the foster care committee in order to make a recommendation on the future approval status of the foster carer.

The provider is aware of their obligations under the Child Care (Placement of Children in Foster Care) Regulations 1995 and has no more than two children placed in the same foster home, except in the case of siblings, who should not be placed with other foster children. Any departure from this should be closely monitored and should be notified and

approved in advance by the Foster Care Committee. Foster carers are informed of their right to refuse a placement and that this decision will be respected by the provider.

The provider is proactive in continual quality improvement. Oversight and monitoring is carried out on a routine basis. The provider maintains oversight of serious concerns and allegations made against foster carers and the progress and outcomes are tracked to ensure they are reported and managed in line with Children First (2017), relevant legislation and national policy. Evaluation of the effectiveness of the protection of children consists of an element of the continual quality improvement cycle.

What this means for the child

Children are informed of and understand self-care and protection. Children are confident they will be protected and safe from all forms of abuse. Children's safety and wellbeing is promoted. Link workers, staff and foster carers recognise signs of abuse and take appropriate steps including reporting their concerns in line with Children First (2017). Children feel comfortable raising any issues with the service and their foster carers. Children are listened to and supported and the service takes reasonable and proportionate steps to protect children.

Some examples of information or evidence that may be reviewed and how this will be done

Through observation

The provider facilitates the inspector's observation of:

- staff's response to queries or concerns of children who use the service
- strategy meetings regarding allegations or serious concerns and conferences regarding children's care and placement planning and reviews
- child protection case conferences relating to child protection concern/allegations
- professional meetings
- meetings with An Garda Síochána (police)
- child protection case reviews
- foster care committee meetings.

Through communication

Inspectors will communicate with children to determine or explore:

- whether they feel safe in the foster homes and how they have been supported to develop their knowledge, self-awareness, understanding and skills required for self-care and protection
- what children would do if they had concerns for their safety
- whether they have raised any safeguarding concerns and how this was responded to.

Inspectors will communicate with parents to determine or explore if:

- they can talk to anyone in the service if they have a worry about their child
- they feel listened to
- they feel their children are safe
- a concern or allegation has been raised about their child since they have been in foster care.

Inspectors will communicate with foster carers to determine or explore:

- their knowledge of their statutory obligations as mandated persons
- if they are aware of the policy and procedures for reporting abuse and what they would do in the event of an allegation or disclosure of abuse
- their understanding about safeguarding and what to do in event of allegation or disclosure of abuse
- what they would do if a child goes missing from their care
- if they have received appropriate training in relation to use of appropriate sanctions and safe care practices
- if there been any child protection concerns or allegations made about the foster child during their placement
- if an allegation or concern has ever been made about them, and if so, what was their experience of the investigation.

Inspectors will communicate with staff and managers to determine or explore:

- how they are assured that all allegations in relation to children in care are investigated and managed in line with policies, procedures and Children First (2017)
- how they ensure that all foster carers are equipped with the relevant training to ensure that children are safe in their care, for example, what to do when a child goes missing from care, what are safe care practices
- the system regarding notification of serious or adverse incidents
- the arrangements in place for staff to make a protected disclosure about the effectiveness and safety of the service
- the systems in place to safeguard and protect children in foster care
- the management of allegations against a staff member
- the supports in place for children in foster care and foster carers outside of working hours
- how they ensure that concerns and complaints raised by foster carers are well managed.

Through a review of documents during or after onsite activity

Inspectors will review the provider's documentation such as:

- policies on the prevention, detection and response to abuse
- information provided to foster carers on safeguarding, child protection and safe care practices
- policies and procedures for managing reports of allegations against carers
- policies, procedures and protocols for children missing from care – if different from the Tusla national policy
- policies on whistleblowing for staff and foster carers
- staff training records on safeguarding children
- records of the investigation of any incident, allegation or suspicion of abuse or neglect
- minutes of strategy meetings relating to allegations or suspicions of abuse or neglect
- outcome of allegations and reviews of foster carers
- child-friendly information on child protection and safeguarding including written and web based information
- sample of minutes of foster care committee meetings – specifically relating to allegations against foster carers
- records of children missing from care or absent and at risk
- children's file review
- sample meeting minutes relating to safeguarding, children missing from care, serious incident review group meetings, children absent and at risk
- child protection conference minutes
- foster care panel records
- case management records.

Additional documents that may be reviewed include:

- children's surveys.

Compliance Indicators

Indicators of compliance include:

- the provider has prepared in writing, adopted and consistently implemented a safeguarding policy and relevant procedures
- staff and foster carers receive training relevant to their role and responsibilities and includes mandatory training in Children First (2017), safe care and other relevant safeguarding training such as bullying and internet safety
- allegations against foster carers or their significant others are reported in line with Children First (2017) and any relevant policies in a timely manner
- the link worker supports foster carers with respect to the management of concerns, allegations or complaints about them and or relating to the child in placement
- foster carers are informed in writing of the allegation or serious concerns, the assessment procedure and receive regular updates and the outcomes of assessments of allegations of abuse or serious concerns

- the provider provides foster carers with information about an appeals process if they are unhappy with the outcome of an assessment
- the provider undertakes a review of the foster carers following the investigation of a serious concerns or allegation and submits to the relevant foster care committee, who reconsiders foster carers approval status
- practices are in place to ensure that children are protected and safe from all forms of abuse
- the provider ensures there are appropriate safeguarding arrangements in place for foster carers
- serious and adverse incidents are promptly notified and appropriately managed.

Indicators of substantial compliance include:

- while there are appropriate policies, procedures and practices in place, there are some gaps in the associated documentation that do not result in a medium or high risk to children using the service.

Indicators of non-compliance includes:

- *Children First: National Guidance for the Protection and Welfare of Children (2017)* is not implemented
- the relevant policies and procedures are not prepared in writing, not adopted and or not consistently implemented
- practices do not demonstrate the adoption and implementation of policies and procedures that reflect best practice
- foster carers do not know what to do in the event of an allegation or suspicion of abuse
- children do not know what to do in the event they experience abuse
- incidents, allegations, or suspicions of abuse are not appropriately reported in accordance with the services policy and *Children First: National Guidance for the Protection and Welfare of Children (2017)*
- policies and procedures are not reviewed and updated in accordance with legislation and best practice
- relevant staff and foster carers are not aware of their statutory obligations as mandated persons.

Standard 11: Health and Development

The health and development 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.

Regulation 6(1) & 7(1) & 16(2)

What a rights based quality service looks like

The principles of quality healthcare are health promotion, prevention, independence and meaningful activity. Children are supported to achieve these principles and therefore his or her optimal health.

The provider ensures that consent to medical and dental treatments is clearly discussed with parents and carers prior to placement and their rights and duties clearly understood. The service has clear procedures in place for providing consent for elective procedures. The service has children's medical and developmental needs assessed on admission to care as required. The child's right to give consent is considered based on their age and understanding.

The provider consults with children and their parents regarding their health care and treatment plans, including immunisations. Children over the age of 16 are supported to take responsibility for their own health needs and decisions, where appropriate. The service takes action for all children to have their own medical card. Children in foster care are prioritised for treatment and access to specialist services when required.

The provider makes efforts to keep children with their family GP when possible. When this is not possible, the service consults with children and takes their views into consideration when changing their GP. The service ensures that all necessary information is transferred.

The provider shares all necessary information with medical professionals as required to ensure the health and best treatment for a child. Children's care records contain full medical records, including full histories, birth and immunisation records. Foster carers are clear on their responsibility to promote the health and development of children placed in their care and to seek medical attention if necessary. The service ensures that all foster carers are trained in first aid and prepared to administer routine first aid if a child receives a minor injury in their care. The service requires foster carers maintain full records of medication administered to children and ensures that foster carers are aware of their responsibility to inform the child's social worker of any medical, dental, health or development needs as they arise. Where a child refuses medical treatment, such refusal is recorded and the child's medical practitioner and other relevant

parties are notified.

A child's care plan details decisions relating to the provision of information to children on issues of physical, emotional and sexual health and development. Any allergies that a child may have are documented on all relevant records. The service provides children with information about their health and history as appropriate to their age and stage of development.

What this means for the child

Children's health and development needs are assessed and children receive timely access to medical treatments. Children's health needs are recorded within their care plans. Children are consulted regarding their health needs and treatments and they have access to a GP of choice. Children have access to full accurate up-to date records as deemed appropriate based on the child's age and stage of development.

Some examples of information or evidence that may be reviewed and how this will be done

Through observation

Inspectors will observe foster carers and children in their foster home.

Through communication

Inspectors will communicate with children to determine:

- their views on and experience of the healthcare received, and are children satisfied with their GP and provided with sufficient information about their healthcare needs
- if they are satisfied that their medicines are managed appropriately
- the level of their involvement and how they are supported in making decisions about their care and treatment.

Inspectors will communicate with social workers to:

- ascertain what they understand about the healthcare and support that children need, how they ensure children receive the best possible healthcare, any training they may have received and how this is put into practice
- check that children undergo medical assessments on admission to care and how children's healthcare needs are reviewed and recorded
- find out the level of the child's involvement and support in making decisions about their care and treatment, and to discuss how children access allied health professionals and specialist support.

Inspectors will communicate with foster carers to determine their understanding and training provided in relation to the health and development needs of children in their care.

Through observation

Inspectors will observe foster carers and children in their foster home.

Through communication

Inspectors will communicate with children to determine:

- their views on and experience of the healthcare received, and are children satisfied with their GP and provided with sufficient information about their healthcare needs
- if they are satisfied that their medicines are managed appropriately
- the level of their involvement and how they are supported in making decisions about their care and treatment.

Inspectors will communicate with social workers to:

- ascertain what they understand about the healthcare and support that children need, how they ensure children receive the best possible healthcare, any training they may have received and how this is put into practice
- check that children undergo medical assessments on admission to care and how children's healthcare needs are reviewed and recorded
- find out the level of the child's involvement and support in making decisions about their care and treatment, and to discuss how children access allied health professionals and specialist support.

Inspectors will communicate with foster carers to determine their understanding and training provided in relation to the health and development needs of children in their care.

Through a review of documents during or after onsite activity

Inspectors will review the provider's documentation such as:

- appropriate internal and local policies, procedures and guidelines relating to children's healthcare
- any direct work and or records on health promotion and education
- a sample of children's records regarding healthcare needs and assessments
- a sample of children's care file, their conditions and any treatment or other intervention, where applicable
- records of referrals and appointments
- foster carer training records
- memorandums of understanding with other agencies regarding children in care accessing health services.

Additional documents that may be reviewed include:

- children's surveys
- the risk register.

Compliance Indicators

Indicators of compliance include:

- The provider:
 - ensures that consent to medical and dental treatments is clearly discussed with parents and carers
 - ensures children's medical and developmental needs are assessed on admission to care as required
 - takes children's views into account, where appropriate
 - respects the child's right to refuse medical treatment and such refusal is documented and the matter is brought to the attention of the child's medical practitioner
 - prioritises children in foster care for treatment and access to specialist services when required
 - shares all necessary information with medical professionals as required to ensure the health and best treatment for a child
 - ensures children's care records contain full medical records, including full histories, birth and immunisation records
 - ensures that foster carers are clear on their responsibility to promote the health and development of children placed in their care and to seek medical attention if necessary.

Indicators of substantial compliance include:

- while efforts have been made, not all children have access to a GP of their choice or that is acceptable to them
- when a child requires a medical or health service, access is not arranged in a timely manner by the provider
- most children have access to appropriate health information but occasionally some health information relevant to specific children is not made available
- there are some gaps evident in the maintenance of documentation but care was delivered to a high standard and did not result in a medium to high risk to children.

Indicators of non-compliance include:

- The provider does not:
 - ensure that children have access to a GP and a medical card
 - obtain consent in decision-making where necessary
 - facilitate recommended and agreed medical treatment
 - ensure that some or all of the children's health needs are met

- document children's health care needs in the care plan and are not implemented in practice
- keep a record of children being referred to specialist services, where required

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.

Regulation 13 (f), 16 (2), 18 (5)(c)

What a rights based quality service looks like

Children receive educational and vocational guidance suited to their personal aptitude and interests. The service promotes and encourages the educational welfare of children in foster care including continuity and quality of education for children. Children's educational needs are assessed in liaison with educational professionals, which includes an individual education plan, if required. Children's educational needs are clearly recorded within their care plans and include goals and learning supports or services that they require. Records of educational progress are maintained for each child.

There are adequate arrangements in place for children to access educational facilities, supports and services appropriate to meet their assessed needs. Children are encouraged and supported to complete state examinations and participate in further education/ vocational training.

Children's plans clearly define the roles and responsibilities for children's education including the role of parents, foster carers and social workers. Education and learning are valued within foster homes and foster carers are clear about their responsibility to support children's educational development. Foster carers provide opportunities for the children to develop social and life skills and encourages and facilitates their participation in hobbies and interests.

Tusla ensure that, where appropriate, the social and learning development of pre- school children is stimulated through the provision of opportunities for attendance at playgroups or nursery schools.

The service shares information appropriately with the child's school in the child's best interests. The social worker ensures that the school understand that the information provided is confidential. The social worker in consultation with the foster carers ensure that concerns regarding school are brought to the prompt attention of school staff and a plan of action is agreed with the school and recorded on the case files. Social workers are aware of procedures for exclusion of children from school and they know how to appeal a decision.

Young people approaching school leaving age are actively encouraged to participate in third level education or training programmes as appropriate to their abilities and interests and these aspirations are specified in their care plans.

What this means for the child

Children's educational needs are assessed in a timely way and plans are in place to ensure they are supported to achieve their full potential. Children receive educational guidance based on their aptitude and supports provided are tailored to their abilities and educational potential. Foster carers, social workers and parents work collaboratively to ensure that children are supported to reach their education social and life skills.

Some examples of information or evidence that may be reviewed and how this will be done

Through observation

Inspectors will observe:

- if children's care plans are implemented in practice in relation to their assessed educational needs and requirements.

Through communication

Inspectors will communicate with children to determine:

- if their educational needs are being met and if children are encouraged to pursue further education or vocational programmes as appropriate to their abilities, interests and aspirations
- daily routines for homework and attendance at the relevant education or vocational placement.

Inspectors will communicate with staff to determine if:

- children's educational needs are being met and an education plan is in place
- children are consulted and are encouraged to pursue further education or

vocational programmes as appropriate to their abilities, interests and aspirations.

Inspectors will communicate with foster carers to determine or explore:

- their role in meeting the educational needs of the children
- the supports they receive to meet the educational needs of the children.

Through a review of documents during or after onsite activity

Inspectors will review the provider's documentation such as:

- children's records including their individual education plan and records of meetings with school personnel
- care plans
- school reports, if available.

Additional documents that may be reviewed include:

- children's surveys
- complex case meeting minutes
- supervision records.

Compliance Indicators

Indicators of compliance include:

- Children:
 - their educational needs are assessed in liaison with educational professionals, which includes an individual education plan
 - their educational needs are clearly recorded within their care plans and include goals and learning supports or services that they require
 - have access to educational facilities, supports and services appropriate to their assessed needs
 - are supported to complete state examinations and participate in further education/ vocational training
 - their educational progress is monitored and reviewed.
- The provider:
 - ensures that foster carers are clear about their responsibility to support children's educational development
 - shares information appropriately with the child's school in the child's best interests
 - ensures social workers are aware of procedures for exclusion of children from school and they know how to appeal a decision.

Indicators of substantial compliance include:

- children's right to education is promoted in practice but appropriate resources are not made available to children to support them to achieve their full potential.

Indicators of non-compliance include:

- children's educational welfare is not promoted and their educational needs are not assessed in liaison with educational professionals
- children do not have access to appropriate educational facilities, supports and services to meet their assessed needs
- children's participation in state examinations and further education/ vocational training is not encouraged or facilitated
- children's educational progress is not monitored or reviewed through the child's care planning processes
- a record of educational progress is not maintained for each child.

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.

What a rights based quality service looks like

There is a written policy on aftercare provision which outlines all aspects of supports and entitlements for young people leaving care. 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. Young people, their families and foster carers are involved in developing their leaving care plans. Each child is listened to and involved in the decision-making process about the transition from childhood to adulthood. Supports are in place to ensure that a planned transition based around the needs of the child is delivered within the foster care placement.

Tusla shall carry out an Assessment of Needs of an eligible child on attaining the age of 18 years or of an eligible adult as defined in *Child Care (Amendment) Act 2015*. The assessment of need should include an assessment of:

- education
- financing and budgeting
- training and employment
- health and wellbeing
- personal and social development
- accommodation
- family support

Throughout the care process, foster carers, the allocated aftercare worker and social worker prepare and support each child to meet their individual aftercare plan, reflective of their needs and goals, and to become developmentally ready, both emotionally and

socially to transition from living in foster care. Children are prepared for leaving foster care in ways that are appropriate to their age, stage of development, understanding and maturity. This preparation reflects the future plan and whether they are to live with their families or other specified arrangements. Children and foster carers are facilitated and supported financially where appropriate to provide ongoing support to young people, including those aged 18 and over if they are remaining with the foster care family. All plans for leaving care are discussed and agreed with the child and their family, in line with their care plan.

Young people are encouraged to maintain contacts with their local community and to make full use of available services. Young people are made aware of the range of supports available to them from Tusla and other agencies and are encouraged to use these. The aftercare planning for a young person with a disability involved consultation with the adult disability service in order to ensure an effective transition to that service for the young person.

Tusla prepares an aftercare plan for the eligible child /adult setting out the assistance that may be provided post 18. The aftercare plan shall set out assistance that may be provided post 18. The assistance may be provided for as long as Tusla is satisfied as to young persons need for assistance and they are under 21 years of age, if in education maintenance is until the completion of a course or the end of the academic year when the eligible person turns 23. Discharges of children from care are planned and children are supported through this process. The arrangements for the discharge of any child is carried out in consultation with the child, the child's parents or guardian(s) and allocated social worker and where possible the aftercare worker to ensure continuity of care and facilitate access to aftercare, where applicable.

Young people approaching school leaving age are encouraged to discuss their preferences, interests, abilities and aspirations in relation to training and educational goals. They are supported by their foster carers, social worker, and other support services to explore their options and realise their potential, which will inform their care plan and aftercare plan. Where applicable, children are helped to prepare for adulthood and have opportunities to learn life skills, to take developmentally appropriate risks and assume increasing levels of responsibility as they grow older, in line with their age, ability and stage of development. Children are encouraged by their foster carers to be actively involved in daily routines for example, cooking, budgeting, painting, changing a light bulb.

Children are prepared for transition to other services or independent living and all transitions occur in a timely manner with planned supports in place.

What this means for the child

Children are confident that they will be supported by their foster carers and social worker to develop skills and knowledge required to transition to adulthood. Children are consulted throughout the assessment process and clear plans are in place outlining what assistance will be provided to them in their transition into adult living. Children have an allocated aftercare worker and they feel confident that plans will be implemented in a timely way.

Some examples of information or evidence that may be reviewed and how this will be done

Through observation

The provider facilitates the inspector's observation of:

- meetings relating to leaving care, the transition between placements and discharge, aftercare planning and reviews
- interaction between staff and children leaving care or young people who have left care
- facilities in the community provided by the aftercare service for drop-in services/support.

Through communication

Inspectors will communicate with children to explore/determine:

- if they received adequate information regarding leaving care/aftercare services and support and their level of involvement in planning for this
- how they have been supported to develop independent living skills, and if they feel prepared for leaving care
- whether or not they have an allocated aftercare worker
- whether or not their needs have been fully assessed
- the adequacy of the support structures that have been put in place for them.

Inspectors will communicate with young people who have left care, if appropriate and with their consent, to determine:

- their views on the assessment and planning process prior to them leaving care
- the adequacy of their aftercare plan and supports (personal and resources) that are currently in place for them, and how this is reviewed if required.

Inspectors will communicate with managers and staff to determine:

- whether the policy on leaving care and aftercare is fully implemented by the service
- how well-resourced the service is to meet the needs of children leaving care and young people who have left care and continue to require support
- the outcomes for young people who have left care in their area.

Through a review of documents during or after onsite activity

Inspectors will review the provider's documentation such as:

- referrals for aftercare assessments of need
- relevant records maintained by the aftercare team
- information leaflets to children, foster carers and others relating to leaving care / aftercare
- assessments of need
- leaving care plans and statutory aftercare plans
- minutes of planning meetings and reviews for individual children
- minutes of the aftercare team meetings
- minutes of relevant multidisciplinary / inter-agency meetings
- area policies and procedures for leaving care / aftercare and associated implementation plans
- area register of children in foster care
- data maintained on young people who have left care and are receiving an aftercare service – e.g. numbers in full-time education, numbers in secure accommodation.

Additional documents that may be reviewed include:

- children's surveys.

Compliance Indicators

Indicators of compliance include:

- Children/Young people:
 - are actively involved in planning for their future
 - are supported to develop skills for independent living
 - all eligible children over 16 years are referred to the aftercare service and have a statutory aftercare plan 6 months prior to their 18th birthday
 - young people are provided with adequate support by the service after they become 18 years.
- The service:
 - has an aftercare policy and it is fully implemented
 - ensures the care plan reflects the work to be undertaken to support the young person to commence the transition to adulthood from the age of 16 years
 - ensures comprehensive assessments of need are carried out on all children leaving care
 - ensures multi-disciplinary networks have been developed to meet the needs of young people leaving care
 - ensures outcomes for young people who have left care are measured.

Indicators of substantial compliance include:

- there are some delays in carrying out assessments of need but this does not pose a medium or high risk to children.

Indicators of non-compliance include:

- Children/Young people:
 - views are sometimes not taken into account
 - are not involved in planning for their future and this has caused them unnecessary anxiety and distress
 - have been referred to the aftercare service but there are delays in receiving this service
 - are not referred to the aftercare service in a timely manner
 - are not supported to develop skills for independent living and are in danger of failing to care for themselves when they leave care
 - do not have an assessment of need carried out or the assessment is not comprehensive
 - recommendations are not realistic and cannot or will not be met
 - over 16 years do not have a leaving care plan
 - all eligible children do not have a statutory aftercare plan 6 months prior to their 18th birthday
 - reviews of the aftercare plans are not carried out when required
 - do not receive the supports they require after they become 18 years
 - have been placed at risk or have suffered harm after leaving foster care due to their needs not being assessed or met or due to lack of resources to implement statutory aftercare plans.
- The provider:
 - does not have an implementation plan regarding the national aftercare policy
 - is not fully resourced to provide an adequate aftercare service
 - does not have an aftercare policy and procedures
 - does not give adequate support and training to foster carers to assist children to develop skills for independent living
 - does not measure outcomes for young people who have left care.

The Foster Carers

This section 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 child-centred care
- completes regular reviews of foster carers in line with the regulations.

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.

Regulation 5(1) & 5(2), 7, 9(1) & 9(2)

Standard 14b: Assessment and approval of relative foster carers

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

Regulation 5(2) & 6(1) & 6(2) and 9(1) & 9(2)

What a rights based quality service looks like

The provider that is striving for quality improvement has systems, processes and practices including written policies and procedures in place for the assessment of foster carers which enable them to assess foster carers and match them to the individual needs of children.

Enquiries about fostering are promptly acknowledged and contact is made with the potential applicant. Persons who enquire about fostering are provided with information about fostering and what it involves - including all the elements of the assessment process and the requirement to attend training. This is promptly followed up with a visit from a

social worker to the potential applicant to ascertain their suitability for fostering and their ability to engage with the assessment and training process. This process assists the person who enquires about fostering in deciding whether they will make an application to become a foster carer including clear written information on all aspects of being a foster carer. There are formal processes in place for the assessment of foster carers by a suitably qualified social worker and a framework which outlines the criteria against which the applicants will be assessed and the qualities they will be expected to demonstrate. The assessment framework supports the social worker and the applicant(s) to identify the suitability and capacity of the applicant(s) to become a foster carer(s). Assessments of general foster carers are completed within sixteen weeks.

There are formal processes in place for the assessment of relative foster carers by a suitably qualified social worker and a framework which outlines the criteria against which the applicants will be assessed and the qualities they will be expected to demonstrate. The assessment framework supports the assessing social worker and the applicant to identify the suitability and capacity of the applicant(s) to become a relative foster carer(s). The regulations requires that relative assessments are completed within 12 weeks from the date of placement of a child.

The formal assessment for general and relative foster care assessment is an assessment of the household and includes:

- Tusla checks and Area Clearance Forms (checks outside of Ireland if lived for more than six months) with those service areas where the applicants lived and of other equivalent authorities to ascertain applicants suitability for fostering
- appropriate medical reports on applicants
- two or more references from people not related to the applicant that are checked by a social worker
- vetting from an Garda Síochána (police) relating to the applicants and all members of their household who would have unsupervised contact with children
- vetting from An Garda Síochána (police) relating to adults with significant unsupervised access to the foster home
- and any other information that is deemed relevant to determine the applicants suitability to become foster carers
- an analysis of the particular competencies and experiences of the applicants relevant to fostering
- an assessment of the applicants home
- interviews with all family members, including children, to ascertain their views on becoming part of a fostering household.

Foster care assessment reports are comprehensive and include an analysis of the applicant's capacity to provide foster care. The fostering assessment report includes clear recommendations regarding approval, type of fostering and number of children recommended. Foster carers are given access to their assessment report before it is presented to the Foster Care Committee (FCC) and they are afforded the opportunity to add comments. Foster care applicants are invited to meet the FCC considering their application. Foster carers and the provider are informed of the decision of the FCC in writing.

The names of all approved foster carers are placed on a panel of foster carers maintained by the service area in which they live. A file is maintained on the assessment of the foster carer(s) which includes all the information and documentation required by the regulations and standards.

When a placement is made with the foster carer there are formal written contracts in place in respect of each child placed with a foster carer(s) and the foster carer is provided with a copy of the contract.

Where foster carers move to another provider or move residence to another service area during the assessment process or during their tenure as foster carers, there is a clear due process procedure by which they are transferred to the new service area or provider.

What this means for the child

Children can be assured that the service recognises the importance and makes every effort to place them with their relatives and /or within their own community in the first instance. When a child is placed with relatives in an emergency, children can be confident that all necessary safeguards are in place to ensure they are placed with suitable persons who can provide safe care.

Children can be confident that they will be placed with carers who have been assessed as having the necessary qualities and competencies to provide high quality care and who are best suited to meet their individualised needs.

Some examples of information or evidence that may be reviewed and how this will be done

Through observation

The provider facilitates the inspector's observation of:

- a referral meeting
- foster care committee meeting
- information sessions for prospective foster care applicants.

Through communication

Inspectors will communicate with:

- recently approved non-relative and relative foster carers to ascertain their experience of the fostering assessment
- assessing social workers to ascertain their knowledge of the assessment process, including the emergency checks for relative carers
- managers to ascertain their oversight of the assessment process to ensure it is timely and of good quality.

Through a review of documents prior to, during or after onsite activity

Inspectors will review the provider's documentation such as:

Pre-onsite activity

- dataset submitted by the provider
- unsolicited information and notifications received by HIQA relating to the provider
- national metrics published by Tusla for the service area being inspected
- the National Foster Care Assessment Framework
- the National Relative Foster Care Assessment Framework
- any provider specific policies relating to the assessment of foster carers
- information about foster care provided to potential applicants
- written information provided to applicants.

Onsite activity:

- data about enquiries about foster care and the response provided
- assessment files of applicants
- assessment reports to identify if they reflect all the elements of a good assessment
- correspondence to foster care applicants and the provider from the FCC outlining the decision regarding their approval or otherwise
- contracts with foster carers for all children placed in their care
- records of the Foster Care Committee
- a health and safety assessment template for foster care home
- medical reports on applicants
- the foster care panel maintained by the service area
- waiting lists for foster care assessments
- evidence of management oversight of the process from receipt of an enquiry about fostering to the completion of the fostering assessment.

Compliance Indicators

Indicators of compliance include:

- The provider ensures:
 - written policies on the assessment and approval of foster carers are in place and foster carers receive all relevant information in writing

- all foster carers are comprehensively assessed in a timely manner in line with regulations and standards
- assessment reports are comprehensive and are shared with the applicant(s) prior to presentation to the FCC
- all adults in the foster care home have Garda (police) vetting
- there is a due diligence process in place for foster carers transferring from one provider to another in line with the policy
- signed and up-to-date contracts are in place for each child placed in a foster home.

Indicators of substantial compliance include:

- foster carers receive all the relevant information, but it is not always recorded adequately
- adequate checks are carried out, but these are not consistently signed or dated
- assessments are of good quality, but there are some gaps evident in the maintenance of records
- all adults are vetted by An Garda Síochána (police), but records are not easily accessible
- the approval process is followed, but there are some gaps evident in the maintenance of records
- there are some delays in signing foster carer contracts
- there are genuine reasons for delays completing assessments, but these reasons are not recorded by the provider.

Indicators of non-compliance include:

- Children:
 - are placed with unassessed and unapproved carers and risks are not identified
 - have been placed with carers who have not been Garda (police) vetted.
- Foster carers:
 - pre-placement checks are not carried out for emergency placements
 - contracts are not in place or implemented between the foster carers and the provider. There is no legal binding contract between foster carers and the provider
 - contracts are in place but not all carers have up-to-date contracts in place for each child placed with them or there are contracts that are not signed by all parties
 - assessments are of poor quality or there are significant delays completing assessments
 - assessments of potential foster carers are not presented to the FCC in a timely manner resulting in significant delays of approvals

- some checks are carried out, but not all components are fully completed
- garda (police) vetting of adults and foster carers' children who have become adults takes place sporadically or not in a timely manner
- there is no due diligence process in place for foster carers transferring from one provider to another
- the process of approving foster carers is complex and not clear to all parties. This creates backlogs. There are delays in the decision-making process regarding approvals.

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.

Regulation 9 (1) & (2) and 15 & 16

What a rights based quality service looks like

The provider that is striving for compliance ensures all foster carers have an allocated link social worker who provides information, advice and support to the foster carer and their family.

There are clear protocols in place that define the role of the link social worker and how this differs, but compliments that of the child's social worker and these are understood by the foster carer. Link social workers provide foster carers with the relevant standards, policies and guidance and ensure that foster carers understand, accept and carry out their responsibilities and duties as outlined in the regulations. There are appropriate systems in place for sharing of information which ensures foster carers receive all relevant information relating to a child in their care and communication is effective. There are clear lines of communication between the link worker and the child's social worker and information relevant to each placement is exchanged between them in a timely manner. The child's social workers and link workers visit the foster carer's home together to make arrangements for any new placement, and draw up an agreed placement plan.

The views and opinions of foster carers are sought and considered in any decisions made about a placement and foster carers are confident that their view is valued. Foster carers, link workers and the child's social worker work in partnership to support a placement and foster carers are proactive in seeking additional supports when these are required to meet the needs of a child. Additional supports are made available as appropriate.

Link social workers take responsibility for organising training for foster carers, in line with the identified needs of the children placed with them and the identified training needs of

the foster carers. They provide regular support and supervision to foster carers. Link workers visit foster carers regularly and meet with their children separately. Foster carers are given information and guidance on how to deal with a complaint or allegation made against them and the supports that are available to them in such an event. Foster carers are given information and guidance on how to deal with a child going missing from their care and are supported if and when that happens. Foster carers and their family get adequate support and services - including counselling- when a critical event or placement breakdown occurs. Where there are difficulties in a placement foster carers feel they have a voice and are confident that their opinions and views are heard and considered in decision-making.

Link social workers maintain clear records of all contact with foster carers, including supervision of the foster carer, support requested and the response to the request, discussions about training, all other issues, and meetings with the foster carers own children. Foster carers know that they have a right to access records pertaining to them. There are adequate supports in place for foster carers including out-of-hours supports, peer or group supports and direct supports appropriate to the needs of the child(ren) they are caring for. Foster carers are aware of such supports and how to access them. Foster carers receive all the supports they require in order to meet the needs of the child(ren) in their care.

What this means for the child

Children can be assured that foster carers are provided with support and guidance in order to enable them to provide good quality care in line with policies and procedures. Children are confident that both the social worker and link social worker will work in partnership to support the placement and that children will receive the necessary support to meet their needs.

Some examples of information or evidence that may be reviewed and how this will be done

Through observation

The provider facilitates the inspector's observation of:

- relevant meetings between the link social worker and the child and family social worker, and between the link social worker and foster carers, including disruption meetings
- support groups and/or training sessions held with foster carers.

Through communication

Inspectors will communicate with:

- child and family social workers to enquire about the difference between their role and that of the link worker, how communication occurs between them and to obtain their views about the support and supervision of foster carers
- link workers to discuss their role in the support and supervision and training of fosters and their collaboration with the child's social worker
- foster carers to ask about their views of the support and supervision they receive from their link workers and how the social work department work together to support the placement
- managers regarding their oversight of support and supervision provided to foster carers
- facilitators of foster care support groups as appropriate.

Through a review of documents during or after on-site activity

Inspectors will review the provider's documentation such as:

- written information given to foster carers on all aspects of fostering
- documents or guidance that pertain to supervision and support for foster carers, the role of the link worker, how to make a complaint, procedures to be taken when an allegation is made against a foster carer, out-of-hours support in an emergency situation, unplanned endings or placement breakdowns, support services and local support groups provided for foster carers including counselling when a child is removed from their custody
- the dataset provided by the provider for the inspection
- foster carer support groups provided by the provider in the last 12 months, their attendance records and topics covered
- files maintained by link social workers on the support and supervision provided to foster carers and management oversight of this process.

Compliance Indicators

Indicators of compliance include:

- Foster carers:
 - have an allocated link worker
 - receive regular formal supervision and support visits, and actions arising from these visits are recorded and promptly followed up
 - their own children are seen separately by the link social worker
 - are provided with additional supports and services for those caring for children with complex needs including respite where appropriate
 - are encouraged to attend local foster carer support groups
 - can access an out-of-hours
 - are proactive in requesting additional supports and these are provided

- report that their opinions are sought and valued and they that feel supported by the service.

Indicators of substantial compliance include:

- there are occasions when foster carers do not have an allocated link worker, but appropriate contingency plans are in place
- records of support and supervision are poor quality and are not signed and dated
- supports and services are in place for foster carers caring for children with complex needs but there is a lack of evidence of their coordination.
- attendance at local foster carer support groups is not tracked for oversight
- there is an out-of-hours service available to foster carers but there are delays in the response times.

Indicators of non-compliance include:

- Foster carers:
 - a significant number of carers do not have an allocated link worker and there are inadequate contingency arrangements in place
 - some have allocated link workers but most of the support is provided over the phone
 - do not receive regular formal supervision and support visits and some do not think support is effective
 - are not fully informed about the complexity of the children's needs
 - support groups are held but not well attended or there are no support groups
 - have no out-of-hours service available
 - do not know how to access support in an emergency or have limited support for in an emergency
 - are not provided with adequate supports or services to enable them to provide adequate care for children with complex needs and behaviour that challenges. There are negative outcomes for children.

Standard 16: Training

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

Regulation 15

What a rights based quality service looks like

The provider that is striving for improvement seeks to provide foster carers with appropriate training that will equip them with the skills and knowledge required to

provide high quality care. This includes a mandatory foster care training programme followed by provision of regular training sessions on topics identified as beneficial to foster carers. All foster carers participate in Children First and Mandated Persons training. Individualised training is also provided to foster carers when a need for additional knowledge or skills is identified to up skill or support the foster carer to meet the needs of a specific child.

The provider has a clear training strategy and there is a training programme in place for foster carers. The strategy addresses the specific training needs of relative foster carers and is flexible enough to respond to requests for individual training from foster carers. Foster care training programmes are evaluated and reviewed regularly for their effectiveness and relevance to the needs of carers in the service and the needs of the children in their care. Foster carers are supported and facilitated to attend training and link social workers maintain a contemporaneous record of training attended by foster carers. Training is delivered in a manner and at times that maximise foster carers' participation.

Foster carers are committed to the requirement to attend training and they attend all training that is required of them. They can also request additional training in a particular skill or knowledge which will enhance their ability to take on a new placement or support a current placement. When foster carers are reviewed, the review includes an appraisal of their training needs and these needs are met through the provision of training tailored to the identified need. Where a need for training is identified at any time, it is addressed and the training is provided to the foster carer in a timely manner to support them in the fostering task.

What this means for the child

Children are placed with carers who are equipped with the necessary training, skills and knowledge to provide good quality care. Children are confident that training will be tailored to support foster carers meet the child's identified needs. Foster carers training needs will be continually assessed in order to ensure that children are being provided with up to date and relevant individualised care.

Some examples of information or evidence that may be reviewed and how this will be done

Through observation

The provider facilitates the inspector's observation of any support groups or training sessions for foster carers.

Through communication

Inspectors will communicate with:

- foster carers about their experience of training provided to them

- link workers regarding their role in training
- child and family social workers regarding their views of the training strategy for foster carers
- any other staff involved in providing or recording training
- managers regarding their oversight and management of provision of training for foster carers, training needs and additional training requests to support placements.

Through a review of documents during or after onsite activity

Inspectors will review the provider's documentation such as:

- dataset of information provided on the number and topics of training sessions
- foster care training strategy/programme
- list of training sessions provided to foster carers in the last 12 months
- foster carer file review
- foster care training needs analysis
- foster carer review documents reflecting appraisal of training needs
- support and supervision records reflecting discussions about training needs
- requests for additional training and responses received and evidence of individualised training provided on topics requested by foster carers
- training attendance records including Children First and mandated persons training.

Compliance Indicators

Indicators of compliance include:

- The provider:
 - has a training strategy and programme for foster carers
 - has training programmes that encourage and facilitate attendance by foster carers, and provides individualised training where requested, so as to equip foster carers to meet a child's needs
 - ensures foster carers participate in the training necessary and if not the provider responds appropriately
 - ensures all carers have completed mandatory training, such as Children First and mandated persons.

Indicators of substantial compliance includes:

- The provider:
 - has a training strategy and programme for foster carers but information on training events is not always made available to all foster carers
 - maintains a record of foster carers participation in the necessary training but it is not well documented.

Indicators of non-compliance include:

- The provider:
 - does not have a training strategy or training programme in place

- provides training on a limited basis or at times that do not suit foster carers
 - does not regularly evaluate the training provided
 - does not retain up-to-date training records.
- Foster carers:
 - do not consistently attend the required training and do not appreciate the need to do so
 - some have not completed the core training including Children First and mandated persons training and the service did not follow up on this
 - do not receive ongoing training and do not have the skills and knowledge to meet children's needs or rights.

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.

Regulation 18

What a rights based quality service looks like

A provider focused on quality improvement regularly reviews every foster carer's continuing capacity to provide high quality care to children. The first review takes place one year after a placement is made and at three-yearly intervals thereafter in line with the National Standards. Comprehensive three-yearly reviews include updated vetting by An Garda Síochána (police). Additional reviews are held following serious complaints, child protection assessment and or in other circumstances where the child's social worker, the link worker, foster carer or foster care committee believe that it is warranted.

Preparatory work is completed by all parties to the placement (including previous placements as relevant) in a timely manner in advance of the review and all relevant information is gathered and available in advance to attendees. Reviews follow an agreed format and are a comprehensive assessment, which includes all members of the foster care household. Good quality reviews consider the performance of the foster carers, their training requirements, significant changes in their circumstances, their health and the adequacy of supports and training provided by the service area, and makes recommendations regarding the foster carers ongoing capacity to provide appropriate care. A social worker manager is responsible for scheduling and chairing the foster care review meeting and all relevant parties are invited to attend. Review meetings should be well attended by all relevant people and the review considers reports from the foster carer, the link worker, the child and family social worker, the views of the children and their parents as appropriate.

There is an effective system in place to track the progress of any actions including training and support agreed at the foster care review up to the next review. Records are maintained of the review meeting including discussions, decisions and recommendations made. Link social workers maintain comprehensive records of foster care reviews and notify child and family social workers of decisions following reviews.

Foster carers are encouraged to and facilitated to prepare a separate report for the review. Where their views are different from those of the parties contributing to the link workers report and where there are separate reports these are exchanged at least one week before the review meeting.

Where the parties to the review agree, a recommendation is added to the report for the foster care committee regarding the ongoing status of the foster carer. Where they do not agree a written account of the issues is submitted to the committee for its consideration. The FCC is informed of the outcome of reviews in a timely manner including recommendations on the ongoing status of the foster carers.

In a good quality service, additional reviews of foster carers are carried out following serious complaints, investigations, assessments or in other circumstances where, in the view of the foster care committee, the child and family social worker, the link worker or the foster carer one is warranted.

Where the provider or foster carer do not agree with the decision of the foster care committee, the provider either makes or supports the foster carer in making an appeal. Foster carers may if they wish meet with the committee to discuss the matter or the committee may request to meet with them. Foster carers are appropriately notified of any changes to their approval status as the result of a review.

What this means for the child

Children are assured that foster carers will be continually reviewed by the service to ensure they are continuing to provide a high quality service. Children's views of the placement as well as the views of all other key people identified in the child's life such as parents, foster carers, social workers and link social workers are provided with an opportunity to contribute to a comprehensive review which considers whether the placement continues to meet the needs of the child.

Some examples of information or evidence that may be reviewed and how this will be done

Through observation

The provider facilitates the inspector's observation of a:

- foster care review

- foster care committee meeting.

Through communication

Inspectors will communicate with:

- foster carers to determine their experience of the review process
- child and family social workers to ascertain how they can contribute to the review process and whether they are informed of the outcome of the review process.
- link workers to:
 - discuss the review process, how they consult and document the views of the child, the child and family social worker, parents (where appropriate) and all members of the household
 - to establish how training and support is recorded.
- managers of foster care services to:
 - establish how they ensure reviews are carried out in a timely way
 - establish how actions agreed following the review are monitored and delivered.
- chair of the Foster Care Committee to:
 - discuss the review process, and how they manage the numbers of reviews heard at each FCC meeting
 - establish if they are notified of the outcome of reviews
 - discuss the appeals procedure.

Through a review of documents during or after on-site activity

Inspectors will review the provider's documentation such as:

- datasets provided for the inspection regarding foster carer reviews which will include figures on the
 - number of foster carers who have not had a review for more than 3 years
 - number of foster care reviews which have taken place in the last 12 months
 - number of additional foster carer reviews carried out in the past 12 months following serious complaints or investigations
- schedule of reviews
- policies and procedures for carrying out reviews of foster carers
- foster care committee minutes
- foster carer review records.

Compliance Indicators

Indicators of compliance include:

- The provider ensures:
 - timely, comprehensive reviews of all foster carers are carried out in line with

regulations and standards

- additional reviews are carried out following serious complaints or investigations where warranted
- the FCC have been notified of the outcome of reviews
- the views of the child and any other relevant person is considered as part of the review
- decisions made following reviews are followed up on in a timely manner, by the appropriate person
- good records are maintained of the review process that reflect the preparatory work completed and the review meeting, including any decisions or recommendations made as a result of the review.

Indicators of substantial compliance include:

- reviews are of good quality, but there are some gaps evident in the maintenance of records
- the views of the child and any other relevant person was considered as part of the review, but there were some deficits in the recording of this
- there are delays in implementing actions agreed at the foster care review.

Indicators of non-compliance include:

- Foster care reviews:
 - are carried out sporadically, the frequency of which is not in line with regulations and standards
 - there are a significant number of foster carers who have not been reviewed in line with the timeframes
 - there are delays in communicating findings of foster care reviews and or the FCC are not notified of the outcome of reviews
 - additional reviews following serious complaints or investigations, where warranted, are either not carried out or not done in a timely manner
 - no system in place to track progress in relation to decisions made following a review
 - do not consider the views of the child or other relevant person as part of the review and children may have been at risk in their placements as a result.

The Health Boards (The Provider)

At the time of the development of these standards, the former health boards were responsible for the provision of foster care services. Since 2014, The Child and Family Agency (Tusla) are the statutory provider of foster care services.

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.

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.

Regulation 5(1)

What a rights based quality service looks like

Operational policies and plans are essential for the safe delivery of a high-quality foster care service and guide staff in promoting safe and appropriate care. In a well-governed service, policies and procedures are not considered in isolation to the systems in place to ensure safe and effective care. They are about good governance from a provider perspective. Policies and procedures are reviewed regularly to ensure their ongoing relevance, and updated if required, to ensure they are consistent and up to date. They are clear, accessible and understood by the workforce, children, their families and foster carers. They actively seek to embed children's rights and equality and promote a rights-based culture within the service.

The provider has ensured that the policies and procedures 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. The policies and plans are service specific, clear, transparent and easily accessible. The provider has

completed a service needs analysis and the service is adequately resourced with dedicated foster care teams. The provider also maintains a panel of approved foster carers.

There is clear evidence that staff understand and use the foster care service policies and procedures to deliver a safe and quality service. Policies and procedures are available on request to all interested parties.

The provider's policies and procedures promote a partnership approach to the care of children involving all interested parties (including children, their families, foster carers and professionals employed) in the development and delivery of services. The provider engages other agencies where appropriate to address particular needs of children in foster care, including; housing, education and social welfare.

The provider aims to ensure children can be placed in foster care placements close to their families, in order to best support each child or young person to maintain their social and community networks with their friends and family. In circumstances where this is not possible, or not in their best interests, the provider needs to promote children's ongoing contact with their family and community.

Children's placement moves are supported by the provider in line with relevant policies and procedures which ensure safe and good quality care is provided to the child until the move can be facilitated. Providers evidence good communication and risk management involving the child, their family and linked professionals in supporting the transition process. They ensure additional training and support is provided to foster carers, as required, following a placement breakdown.

There is ongoing evaluation of the effectiveness of the service, outcomes for children, and written policies and plans, which are an element of the continual quality improvement cycle. There are clear plans for ongoing development and delivery of a range of services which take account of the unique characteristics of relative foster carers.

What this means for the child

Children and young people in care are protected by evidence-based policies, procedures and guidance. They are confident that those who care for them and those who oversee the service know what they are doing. Through the implementation of the policies, children in care know they will be consulted and involved in the development and delivery of foster care services. Children and young people are aware of the organisation's policies, can access them if they wish, and are supported to understand them, if required.

Some examples of information or evidence that may be reviewed and how this will be done

Through observation

The provider facilitates the inspector's observation of:

- placement planning meetings to establish if there are a range of foster carers available to deliver services
- consultation or engagement meetings with providers/agencies when planning the development and delivery of the services to address particular needs of children in foster care, including; housing, education and social welfare.
- management or team meetings to explore how policies are shared and discussed among the service.

Through communication

Inspectors will communicate with children to explore or determine:

- their experience of living in their foster care homes and whether their rights, independence and safety are promoted
- their understanding of the foster care service, policies and procedures and how they have reached this understanding.

Inspectors will communicate with foster carers and parents to explore or determine:

- their experience of the quality of care provided and their understanding of the policies, procedure and plans in place to support the child's placement in foster care.

Inspectors will communicate with other interested parties, professionals and or agencies as appropriate to explore or determine:

- their experience of the provider's compliance with policies and practice standards
- their involvement in the development and delivery of foster care services as appropriate.

Inspectors will communicate with staff to explore or determine:

- if there is a system in place to inform staff of any changes to policies and procedures, and opportunities for staff to discuss their content and effectiveness with the provider
- if they can demonstrate sufficient knowledge of the policies and procedures relevant to their work.

Inspectors will communicate with service area senior management team to:

- determine how they have ensured that staff understand and consistently implement the policies and procedures
- discuss the evaluation of the service and outcomes for children
- discuss the process and procedures to help children are placed move on to another placement.

Inspectors will review the provider's documentation such as:

- written policies and procedures relevant to the foster care service
- records relating to transfer of children between providers and or Tusla
- needs analysis, strategic plans and any service improvement plans
- case records relating to placement endings or moves.

Additional documents that may be reviewed include:

- children's surveys
- supplementary policies, procedures and guidelines to support specific care needs
- inter and intra-agency meeting minutes relevant to the foster care service
- records or documentation raising awareness with other agencies of the specific needs of children in foster care, if the policies and procedures are pertinent to the specific service, or if they are generic in nature.

Compliance Indicators

Indicators of compliance include:

- The provider:
 - implements their operational and strategic plans for the provision of a foster care service
 - maintains a panel(s) of foster carers
 - collects, validates and analyses relevant information and data in line with relevant legislation to inform a comprehensive needs analysis
 - reviews their policies and plans in light of changing needs
 - consults with interested parties when planning the development and delivery of a child-centred service
 - is an effective advocate for children in foster care and supports the development and implementation of joint plans when required
 - operates a partnership approach with children, families, foster carers and relevant professionals and other agencies in the development and delivery of service
 - when children are placed outside their area or community of origin, the provider ensures arrangements are made to maintain children's links with their family and community if appropriate
 - ensures the transfer of cases between providers or areas are well managed.

Indicators of substantial compliance include:

- The provider:
 - maintains a panel(s) of foster carers, but it is not up-to-date and there are some gaps in required information
 - has operational plans, but they lack necessary details such as, timeframes for completion or persons responsible

- has a service plan, but staff are not fully aware of service objectives and how to meet them.
- has in place a policy on inter-provider transfers but it is not implemented in a timely way, and does not evidence effective joint working
- has adopted and implemented written policies and procedures, but some gaps are evident in the maintenance of the documentation.

Indicators of non-compliance include:

- The provider:
 - does not maintain a panel(s) of foster carers
 - does not have up-to-date policies and procedures and these are not reviewed in light of changing needs or practice developments and are not relevant to the changing needs of children in care
 - is not planned and operates in a reactive way on a day-to-day basis
 - has inadequate or no systems in place to collect and analyse data to ensure the service is safe.
 - has inadequate or no systems in place for consulting with children, families, foster carers and other interested parties
 - has poor or no effective links with other agencies involved in the welfare of children in foster care, for example, health, education, child protection and social welfare
 - has not implemented a policy on interarea or provider transfers
 - children have to wait for a service or do not receive a quality service.

Standard 19: Management and Monitoring of Foster Care Services

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

Regulation 12 & 17

What a rights based quality service looks like

A well-governed provider has effective structures in place for the management, monitoring and delivery of a high-quality foster care service. A high performing provider is one with strong leaders who have a shared vision for delivering a safe, rights-based service, which achieves positive outcomes for all looked after children and young people.

There are appropriate systems and resources to meet the needs of children who require a range of services. A well-led provider has clear organisational priorities, structures and accountabilities in relation to the roles and responsibilities of all staff. Managers ensure that the roles and responsibilities of relevant staff are clearly defined and understood by

all relevant parties. The responsibilities and duties of the manager, and to whom they are accountable, are clear and understood by them. Management exercises effective leadership such, that the fostering service is organised, managed and staffed in a manner that delivers the best possible care that meets the individual needs of each fostered child and of foster carers. Managers of foster care services have good knowledge and experience of practice relating to children and young people in foster care; they are skilled and qualified in managing the work efficiently and effectively, and have the expertise to ensure that the fostering service is run in line with standards and regulations.

The provider has effective monitoring and quality assurance systems in place to ensure:

- compliance with statutory requirements and standards
- consistency and equity in relation to the quality of services provided
- to collate information on complaints about foster care services
- to take action as appropriate.

Staff members in the service know their roles and responsibilities, they are supported to do their jobs well and are knowledgeable about structures and systems in place to support them. Staff at all levels have consistent and competent line managers from whom they can seek advice and support, communicate risks or concerns and develop their skills.

Providers have effective policies and procedures in place for dealing with complaints, allegations and other disciplinary issues in relation to staff, and staff grievances in a timely and proportionate way. There are systems in place for tracking, monitoring and overseeing the progress of complaints and investigations into allegations of serious concerns.

The provider maintains good information about the needs and circumstances of the children it cares for. Data and information about children cared for by the provider is kept up to date and is used to inform planning and evaluation of the quality, effectiveness and safety of its services.

Data and information about the population served by the foster care service is kept up to date and is used to inform planning and evaluation of the foster care services provided.

The provider has sufficient managers and management systems in place for ensuring effective oversight of the service. Information about the number and types of foster care placements available, as well as those required, is known to the service. Details of foster care reviews, placement breakdowns, complaints, allegations and the level of unmet need for children and families in the service is regularly gathered, analysed and plans for addressing these are evaluated. Information gained informs the allocation of resources within the service and the provider proactively plans to ensure every child, family and

foster carer receives the service they require. Managers are aware of any gaps in service provision, or unmet needs, and develop plans for the service to meet these needs, including where required sourcing additional resources, placements or private services. The provider ensures that every child, family or foster carer has an allocated social worker. When a situation arises where a child, family or foster carer is unallocated a contingency plan is in place and this is dealt with promptly and effectively to ensure the impact for a child, family or foster carers is minimal.

The provider has structures in place to ensure the:

- active engagement in and support for the preparation and implementation of assessment, care plans and care plan reviews
- preparation and implementation of recruitment, assessments approval and reviews of foster carers
- implementation of the foster care training strategy.

When it is necessary to engage non-statutory agencies to provide foster care services, it is standard procedure to ensure each agency is in full compliance with relevant legislation, regulations and standards before the service enters into any contractual agreement. There are service level agreements (SLAs) in place specifying requirements, expectations and reporting arrangements with each non-statutory agency providing foster care services. The service has clear and effective monitoring arrangements in place which ensure non-statutory agencies maintain compliance with statutory requirements and service level agreements.

On an annual basis the service produces a report on all aspects of their foster care service in line with Section 8, Child Care Act 1991. This report includes:

- recruitment and retention of foster carers
- the number of placements made
- the number of children in need of placements
- the appropriateness of current placements
- representations and complaints in relation to foster care services, the procedures followed in resolving these and the outcomes achieved.

What this means for the child

Children in care receive an appropriate, well governed, good quality service that meets their needs in a timely way. They are consulted about their experience of the service and benefit from a quality improvement approach to the delivery of foster care services as the service learns from its successes and mistakes.

Some examples of information or evidence that may be reviewed and how this will be done

Through observation

The provider facilitates the inspector's observation of any meetings relevant to the inspection.

Through communication

Inspectors will communicate with child and family social workers, link workers, managers and other relevant staff to:

- assess their understanding of the roles and responsibilities
- establish how they are supported, supervised, have opportunities for staff for development and training
- discuss quality assurances mechanisms in place
- explore their experience of the management of the service, their awareness of policies, procedures and resources available and seek their insight into the challenges facing the foster care service
- establish the oversight and monitoring arrangements in place for the care plans reviews, recruitment, assessment and training of foster carers
- explore where unacceptable practice is identified and addressed, next steps and how to escalate risks
- assess how children, families, foster carers and other agencies are engaged and communicated with
- explore if they are confident in advocating and raising awareness of particular needs of children in foster care as required
- explore if they are confident and comfortable seeking advice and support and sharing concerns with their line managers
- establish their awareness of the relevant complaint procedures, allegations and disciplinary procedures?
- establish if practice reflects the identified needs of the service area and is consistent so as to ensure safe and effective care for all children.

Inspectors will communicate with:

- children, parents, foster carers, external professionals and other support providers engaged in delivery of the foster care service to explore their experience of the foster care service.

Through a review of documents during or after on-site activity

Inspectors will review the provider's documentation such as:

- data sets
- service organograms

- register for children in care
- panel(s) of foster carers
- policies and procedures relating to the foster care provision
- minutes of management meetings
- audits and monitoring reports relating to the foster care service
- staff training schedule
- protected disclosure policies
- risk registers
- training needs analysis for staff and foster carers
- supervision and personnel records including records relating to staff disciplinary issues
- complaints records
- serious incident records
- records of adverse events
- staff training and development plans
- annual reports
- service plans including improvement plans and quality assurance reports relating to the foster care service
- service level agreements (SLAs).

Additional documents that may be reviewed include:

- children's surveys.

Compliance indicators

Indicators of compliance include:

- The provider:
 - has competent and qualified managers who show leadership and are accountable for the services delivered and take prompt action to address risks or concerns
 - has staff who are aware of their roles and responsibilities and fulfil them on a day-to-day basis
 - operational and strategic plans are clear and effectively implemented
 - has robust management structures and governance systems in place that provide effective oversight to ensure that the service provided is safe and appropriate to children's needs
 - ensures serious and adverse incidents are promptly notified and appropriately managed
 - has effective communication systems in place
 - has a risk management framework in place which covers the identification and management of risks, and the measures in place to control risks
 - mechanisms in place to monitor the quality of the service

- ensures there is learning from monitoring and review processes and improvements are made
- ensures there are service level agreements in place for services delivered on behalf of the foster care service
- ensures staff receive formal supervision and comprehensive records are available.

Indicators of substantial compliance include:

- there are good monitoring and quality assurance systems in place, but records of how these inform learning and better service provision require improvement
- there is good managerial oversight and governance arrangements in place but managers are inexperienced and require a lot of support which can impact on the timeliness of service delivery
- records of all relevant communications in relation to a child or family require improvement in some cases
- ICT systems support good communication, however, infrastructure requires improvement to support timeliness and efficiency
- risk identification, assessment and management is good, however, related records relating require improvement
- there are minor delays in updating SLAs in some cases
- staff supervision is not always in line with policy.

Indicators of non-compliance include:

- The provider:
 - does not have or has poor systems of monitoring the quality of the service
 - does not have or has ineffective structures and mechanisms for monitoring how the service is performing against standards
 - does not have or has poor managerial oversight and managers have no indication of how effective or safe the service is
 - does not have effective governance systems, children are potentially at risk due to the failure to provide appropriate governance arrangements
 - the managers of the foster care service lack some core competencies to carry out their role, require further supports or are do not have the relevant experience and this impacts on the quality and safety of services to children
 - has ineffective or poor communication systems and there is a lack of ICT to support good communication
 - there is no or minimal learning from monitoring and review processes. It is unclear how learning is disseminated throughout the service.
 - there is a lack of clarity in the line management structure, accountability is not clear or always exercised
 - notifications of significant events is inconsistent
 - SLAs are in place, but they do not include robust monitoring systems or are

not signed or up to date, and Tusla does not monitor services delivered on its behalf.

- Risk:
 - there is no risk management framework in place and serious risks are not identified and children are at risk
 - there is no risk register in place
 - risks are not regularly identified, evaluated and necessary actions taken and there is a pattern of reoccurring serious risk
 - risks to children are identified but there is no oversight of aggregated or organisational risk and there is poor contingency planning
 - there is no learning from adverse events, the rate of reoccurrence is high
 - adverse events are managed in an informal process and not always investigated. Recommendations are not specific, measurable and there are long delays in their implementation
 - investigations are not carried out or are ineffective and not thorough
 - recommendations do not result in effective changes that reduce or eradicate risk.

- Staff:
 - are unclear about their roles and responsibilities, are unaware of the line management structure
 - do not always identify adverse events or risks as required. Events are not notified to managers and senior managers are not aware of the risks in the service
 - there is no system to review cases within the supervision process to ensure practice is of good quality and this has placed children at risk. Supervision takes place, but this is not a formal process and is not recorded. There is no professional development of staff members.

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.

Regulation 15 & 16

What a rights based quality service looks like

The provider has adequate numbers of professionally qualified staff to deliver a high-quality foster care service. There are safe recruitment processes in line with relevant legislation.

Management organises and manages its workforce to ensure that the number, qualifications, experience, suitability and availability of staff members employed is appropriate, having regard to needs of the foster care service.

The provider ensures all staff have the necessary An Garda Síochána (police) vetting and there is a system in place to ensure that vetting is updated every three years. Staff recruited have the required skills, knowledge qualifications experience and suitability to deliver a high-quality child-centred safe and effective service.

The provider has comprehensive job descriptions that ensure staff members are clear on their roles and responsibilities and all staff members are registered with their relevant professional body as required. A culture of learning is promoted through training and professional development. There are training and development plans for staff which ensure that they have access to professional development courses and training, from their induction and throughout their employment in the foster care service.

As aspects of service provision change and develop over time, the provider supports staff to continually update and maintain their knowledge and skills. A record is maintained of any professional development courses or training undertaken. Staff receive regular formal supervision and the training needs of the workforce are regularly monitored to ensure the delivery of high-quality, safe and effective care and support.

The provider ensures that there are opportunities for joint training programmes attended by social workers and foster carers. Evaluation of the effectiveness of training and development is completed at regular intervals, ensuring this remains relevant to the needs and demands of the foster care service.

What this means for the child

Children and young people in care engage with experienced, qualified, vetted and registered (where appropriate) staff. The child is encouraged and supported to participate in a meaningful way in decisions about their care

Children can talk to the staff charged with their care easily, openly sharing their experiences of the service. Staff are skilled at communicating with children and ensuring that the child's experience and voice is heard.

Some examples of information or evidence that may be reviewed and how this will be done

Through observation

The provider facilitates the inspector's observation of:

- staff practices and interactions with children, families and foster carers ensuring they understand and contribute to the relevant processes
- staff interactions with colleagues and line managers, to observe their level of knowledge and how effectively they communicate
- to determine if learning is routinely shared

- the way in which staff are deployed to meet children's and foster carer needs, to determine if practice is informed by training
- team meetings to ascertain the quality of communication amongst staff and the extent to which this forum is used to discuss and direct the progress for foster carers and children accessing the service.

Through communication

Inspectors will communicate with children, parents and foster carers to establish their views on and experience of the provider.

Inspectors will communicate with staff (including new staff members) and managers to explore or determine:

- their views and experience of working within the foster care service
- how they are supported
- the quality of induction training and whether they feel this has enabled them to provide a safe and effective service from when they started work and on an ongoing basis
- if they are informed of and are knowledgeable about legislation, regulations and standards relating to foster care.

Through a review of documents during or after onsite activity

Inspectors will review the provider's documentation such as:

- the staff induction programme
- a sample of staff training files
- the relevant current registration status with professional bodies for health and social care professionals that work in the service.
- An Garda Síochána (police) vetting for staff and the system in place to ensure staff vetting is updated every three years.
- contract agreements for agency staff, if applicable
- staff training and development policy
- staff training and development attendance records
- the continuing professional development programme or training matrix.

Additional documents that may be reviewed include:

- minutes of team meetings
- records of complaints
- audits relating to staffing
- surveys
- training needs analysis.

Compliance Indicators

Indicators of compliance include:

- The provider ensures:
 - there are effective recruitment procedures in place that includes checking and recording all required information
 - all relevant members of staff have an up-to-date registration with the relevant professional body
 - all staff have the necessary An Garda Síochána (police) vetting
 - staff are qualified and there is appropriate skill-mix in terms of experience
 - staff undergo an orientation, induction and a probation process
 - staff, including managers, receive sufficient training to carry out their duties that reflects up-to-date, evidence-based practice
 - a staff training needs analysis is in place which informs a training plan
 - staff receive good quality supervision which is supported by a supervision policy and trained supervisors
 - supervision covers children's cases and professional development.

Indicators of substantial compliance include:

- gaps are identified in the documentation but they do not result in a medium or high risk to children using the service.
- staff have professional development plans but these are not updated regularly as required
- supervision is in place but is not valued by staff or managers. Performance issues are addressed but not through an appropriate process.
- the quality of supervision records varies across the service
- supervisors are not adequately trained in the provision of supervision.

Indicators of non-compliance include:

- The provider:
 - does not have sufficient staffing levels and skill-mix to meet the assessed needs of children and is not appropriate to deliver a safe quality service
 - has unsafe recruitment processes and do not promote the protection of children
 - does not know why there is a high staff turnover, and this has a de-stabilising effect on the team and service delivery.
 - does not consistently follow and or document induction and orientation processes. New staff are unfamiliar with relevant policies, procedures, practice guidance and or legislation and are not fully aware of all relevant information or processes.
 - has no contingencies in place to cover staff on annual leave or sick leave, and there is evidence of negative outcomes for children due to staff

shortages.

- Staff:
 - change regularly and this has a negative impact on the quality of services to children
 - lacked the required skills or qualifications to meet the children's needs and to support their care
 - are slow to respond to children who require social work intervention
 - professional development is inconsistently considered or not addressed in supervision
 - have very limited or no access to appropriate training
 - have received training but there is evidence that training is not always put into practice
 - have limited or no awareness of relevant legislation, regulations and or the standards relevant to the foster care service
 - do not receive supervision and performance is not managed. Poor or dangerous practice goes unidentified/unaddressed
 - breaches of professional codes of conduct have not been identified or reported to the relevant professional body.

- Training:
 - the policy on training is not implemented
 - programmes were in place for staff but had not been completed by all staff
 - programmes are not consistently evaluated and there is no evidence that training has improved staff skills and or competencies
 - no systems in place to ensure staff are trained in areas directly relevant to practice.
 - records are of poor quality
 - the training needs analysis does not inform a training plan or there is no needs analysis or training plan to ensure staff can meet the needs of children. This may place children at risk.

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.

Regulation 15

What a rights based quality service looks like

The provider recruits foster carers with relevant experience, skills or within localities, where demand remains high to ensure children are safe and well matched with carers best placed to meet their individual needs. The provider is actively involved in recruiting foster carers, they have clear recruitment and retention strategies which ensure an appropriate number and range of foster carers are available to meet the needs of children in their service.

The provider closely monitors and carries out periodic profiles of the existing panel of foster carers and has systems in place to identify gaps and recruit foster carers to meet assessed needs of children requiring foster care.

The provider safeguards a children's right to be cared for within their own families, by ensuring procedures for investigating the availability of relatives as potential foster carers for each child are embedded in day-to-day practice. Recruitment strategies are informed by the priority given for children to live in their own community, where appropriate, and a range of strategies are employed to attract and retain a large number of foster carers.

Recruitment campaigns run by the provider are supported by experienced foster carers who can offer a realistic view of expectations to applicants. Care is taken to recruit foster carers from diverse backgrounds to meet the specific cultural and additional needs of children.

The provider conducts a thorough review of efficiency and effectiveness of their recruitment campaigns and retention strategies and implements learnings for these reviews.

The provider maintains up-to-date knowledge of data and research related to best practice in the recruitment, retention and support of foster carers. Foster carers who leave the service are seen as a valuable source of information on the experience of being a foster carer and exit interviews are conducted. Information gained from exit interviews is used to inform the services approach to training, support, supervision, recruitment and retention of foster carers.

What does this mean for the child

Children can expect to be placed with foster carers who are sufficiently skilled in supporting their needs, including complex needs and cultural backgrounds. Children are provided with suitable foster carers within their local community, where this is consistent with meeting their assessed needs. The diverse current and future needs of the child are recognised. Children receive a structured assessment and matching process with their foster carer.

Some examples of information or evidence that may be reviewed and how this will be done

Through observation

The provider facilitates the inspector's observation of:

- matching or meetings and processes for placement of children with foster carers
- staff practices in exploring family foster care options for children requiring a foster care placement.

Through communication

Inspectors will communicate with:

- staff members:
 - working on or involved in recruitment campaigns
 - in relation to their knowledge about recruitment and retention strategies and campaigns
 - with respect to placing children in foster care and the availability of foster care placements
 - in relation to learning shared from foster carers who have left the service
 - regarding information provided/available in relation to recruitment of foster carers.
- foster carers who assist with recruitment of new applicants
- new foster carers to explore their experience of the recruitment process
- the area manager to:
 - discuss the review of the foster care panel and any identified gaps in service provision
 - discuss whether children are placed outside the area
 - discuss oversight mechanism of the recruitment process.

Indicators of compliance include:

- The provider:
 - has recruitment and retention strategies or campaigns in place
 - has sufficient foster carers in place to meet the demand for services

- has sufficient resources in place to recruit and retain foster carers
- has a foster carer panel that is reviewed periodically to ensure there is an appropriate range of foster carers to meet the need of children
- prioritises placing children within their local community when this is possible and meets the child's assessed needs
- ensures day-to-day social work practice reflects agreed procedures for investigating the availability of relatives as a potential carer for each child in need of placement.

Indicators of substantial compliance include:

- The provider:
 - has recruitment and retention strategies or campaigns in place, but their success is limited or gaps remain in relation to attracting foster carers from a diverse range of backgrounds. It does not carry out exit interviews with foster carers who choose to leave the service
 - reviews the foster care panel but not on a regular basis and actions to ensure there is an appropriate range of foster carers to meet the needs of children are not carried out
 - has no oversight of the recruitment process to ensure the enquiries are responded to in a timely and efficient manner
 - recruitment campaigns are reviewed for effectiveness but there are no learnings shared or changes implemented.

Indicators of non-compliance include:

- The provider has:
 - no recruitment and retention policies, strategies or campaigns in place
 - insufficient foster carers in place to meet the demand for services, which is not identified on the risk register
 - some children awaiting foster care placements
 - delays in or have not responded to enquires about becoming a foster carer
 - a lack of awareness about the need to build organisational capacity to support continual improvement in matching arrangements
 - no evaluation of the recruitment campaigns and retention strategies in order to assess their efficacy and effectiveness
 - no recruitment and retention strategies or campaigns in place
 - no resources in place to recruit and retain foster carers, and no new foster carers are recruited
 - gaps in foster care capacity and resources are not identified on the provider's risk register.

Standard 22: Special Foster Care

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

Regulation 6, 7 15 & 16

What a rights based quality service looks like

The provider has the capacity and competencies to provide special foster care services for children with high and complex needs, including those with severe disabilities or life-limiting conditions or experiencing significant emotional and or behavioural difficulties. The provider has policies and procedures in place to support special foster care services which meet the particular needs of children with serious behavioural difficulties. Children whose behaviour is such that it poses a real and substantial risk to their health, safety, development or welfare and may require special foster care have multi-disciplinary input in the assessment of their needs. Its workforce can demonstrate levels of knowledge and expertise to keep children safe and effectively manage risks.

The provider ensures that special foster care placements are provided by persons who are specifically trained, skilled and experienced to provide care for children with particular behavioural needs. There is at least one full time carer available in each placement. Carers who provide special foster care receive ongoing mandatory training, in accordance with best practice. There are appropriate mechanisms in place to provide adequate levels of support to ensure safe and effective care and there are arrangements for providing regular and emergency respite breaks for children in special foster care placements.

Children being cared for in special foster care placements receive additional or specialised supports as required. Children's care plans clearly record needs requiring additional or specialised support and there are systems in place to ensure effective provision, oversight and review of such supports

The provider safeguards children's right to education and makes certain that appropriate education service is provided to children in special foster care.

What does this mean for the child

Children with complex needs are supported and have their needs, including educational needs, met. They can be confident that the people who care and support them have the necessary knowledge and experience. They are assured that a multidisciplinary team are working together to ensure they receive the best care within their local community.

Some examples of information or evidence that may be reviewed and how this will be done

Through observation

The provider facilitates the inspector's observation of:

- special foster care placements (where applicable)
- supports groups available to special foster carers
- social work interactions with children, foster carers and parents in relation to special foster care placements.

Through communication

Inspectors will communicate with:

- children and their parents to explore their experience of the special foster care placement
- carers providing special foster care placements to discuss experience of the service, level of training and supports available to them
- link social workers allocated to carers providing special foster care placements
- child and family social workers allocated to children placed in special foster care
- provider managers to:
 - discuss oversight of training provided to carers providing special foster care placements
 - discuss how respite is arranged to ensure continuity of care for children in special foster care and oversight of emergency respite arrangement in place.

Through a review of documents during or after onsite activity

Inspectors will review the provider's documentation such as:

- foster care contracts with carers providing special foster care placements
- care files of children placed in special foster care (multidisciplinary assessments and care plans)
- foster care files for carers providing special foster care
- relevant minutes of meetings relating to special foster care
- policies and procedures relating to the placement, monitoring and oversight of children in special foster care
- training records and training schedule for foster carers providing special foster care
- schedule of emergency respite arrangements available to foster carers
- data and information pertaining to special foster care service provision
- auditing and monitoring reports relating to special foster care service provision.

Compliance indicators

Indicators of compliance include:

- The provider:
 - has appropriate foster care services in place in the area for children with

- serious behavioural difficulties
- has foster carers who are trained, skilled and supported to provide foster care for children with complex needs and behaviour that challenges
- has respite arrangements in place to support children and foster carers
- has a comprehensive multidisciplinary assessment of need in place, for each child, and ensures the needs are being met
- ensures there are adequate supports in place including specialist's supports in place
- ensures link social workers provide effective guidance and supports to foster carers.

Indicators of substantial compliance include:

- The provider:
 - has limited supports in place for children with serious behavioural difficulties and there are delays assessing them
 - has limited supports and training for foster carers in relation to children with complex needs and serious behavioural difficulties
 - has limited access to respite care
 - has no formal mechanisms in place to support learning from incidents of behaviour that challenges with special foster carers
 - does not provide adequate guidance to foster carers.

Indicators of non-compliance include:

- Children:
 - with serious behavioural difficulties or complex needs do not receive the support and care they require
 - their assessment of need is not completed in a timely manner or has not been undertaken
 - their assessment of need is not comprehensive and the findings are not clearly recorded
 - are not placed with carers who have the capacity to meet their assessed needs, placements are at risk of breaking down or have been de-stabilised, and there are negative outcomes for children
 - required services and supports are not always identified and delivered, and there is a high risk that placements will end in an unplanned manner due to lack of supports.
- Foster carers:
 - are not trained and skilled to provide foster care for children with complex needs and serious behavioural difficulties, there are negative outcomes for children
 - respite arrangements are not clearly agreed, sourced in a timely manner, or

- are not in place and this has contributed to placement breakdowns
- there is no learning and high risk incidents are repeated.

Standard 23: The Foster Care Committee

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

Regulation 5(2) & 5(3)

What a rights based quality service looks like

The provider has a foster care committee with responsibility for considering and making recommendations regarding all foster care applications as well as approving long-term placements. A primary responsibility of the committee is to act in the best interest of children placed in foster care. The committee contributes to the development of policies and procedures for foster care services.

The foster care committee consider assessment reports and make recommendations whether or not an applicant should be approved to be placed on the panel of foster carers following consideration of their initial application. In addition, the committee would be notified of the outcome of all reviews of foster carers throughout their time as part of the foster care panel and following each review make a recommendation as to their status.

When a child is to remain in a foster care placement for a duration of at least six months the foster care committee is notified and their approval sought for the long-term placement of each child.

The provider recognises the value of the foster care committee and gives due consideration to their recommendations when reaching a decision on approval of applicants or review of the status of foster carers.

The foster care committee is comprised of a wide range of individuals with relevant expertise, experience and training in foster care including at least one person who is a foster carer. Committee members are inducted and provided with all relevant training necessary to effectively discharge their responsibilities. All committee members are subject to Garda (police) and other relevant checks in accordance with legislation, regulations, standards and service policies and procedures.

The provider ensures that there are appropriate systems in place for recording and communicating recommendations and decisions of the foster care committee to their members and relevant staff within the service. When required, specialist advice is available to assist the foster care committee to clarify any aspect of an application,

assessment or review of a foster carer and or related to the placement of a child.

The committee members are provided with induction and in service training and up to date information on the operation and management of the foster care service, as well as information and research related to best practice in foster care. Input is sought from the foster care committee in planning for the foster care service including seeking contributions from the committee to the service annual report.

What this means for the child

This committee has a core objective to act in children's best interests. Children in care are assured that allegations and serious concerns, placement disruptions, and placements over six months are considered and approved by a foster care committee with members who have expertise in child welfare and foster care.

Some examples of information or evidence that may be reviewed and how this will be done

Through observation

The provider facilitates the inspector's observation of a foster care committee meeting.

Through communication

Inspectors will communicate with:

- the chair of the foster care committee to:
 - discuss their role
 - discuss their access to specialist advice when required
- members of the foster care committee to discuss their role
- foster carers who have had their applications recently considered by the foster care committee
- children, parents and foster carers who have recently had a long-term placement approved by the foster care committee
- social workers who have presented applications/assessments/reviews and or long-term placement approvals to the foster care committee
- senior managers who have regular interaction with the foster care committee in relation to their role and seeking their input on service development.

Through a review of documents during or after onsite activity

Inspectors will review the provider's documentation such as:

- policies and procedures relating to the foster care committee
- minutes of foster care committee meetings
- application, assessments and reviews presented / prepared for presentation to the foster care committee

- recommendations and decisions of the foster care committee relating to approvals, reviews and long term placements
- induction, training programmes and schedules for the foster care committee members
- personnel files relating to committee members ensuring their experience, expertise training and vetting
- external and specialists advice sought by the FCC including details of the timeliness and effectiveness of response to such requests.

Additional documents that may be reviewed include:

- data and information relating to efficiency and effectiveness of the foster care committee
- data and information relating to timeliness of notifications to the foster care committee by the provider.

Compliance Indicators

Indicators of compliance include:

- The foster care committee (FCC):
 - is in compliance with national policy, regulations and standards
 - is made up of a wide range of individuals with relevant expertise, experience and training and includes a foster carer
 - is effective and efficient and makes clear, timely decisions
 - have appropriate arrangements in place for the approval of foster carers from other services
 - members are vetted as required by legislation
 - have timely access to specialist advice when required
 - contribute to the development and planning of the foster care service and to the annual report
 - participate in induction and in-service training to enable to discharge their responsibilities
 - are provided with up-to date information on the management of the foster care service.

Indicators of substantial compliance include:

- The foster care committee (FCC):
 - while compliant with national policy, regulations and standards, their records are poor
 - receive notifications of the outcome of foster carer reviews, but not always in a timely manner
 - consider assessment reports, outcomes of foster care reviews however there is a delay in the FCC's consideration of these reports
 - records of its members induction and in service training are in place but are

not up-to-date or monitored.

Indicators of non-compliance include:

- The foster care committee (FCC)
 - is not in place and is not fully implemented with the national policy, procedure and best practice for FCCs
 - is in place but does not have the required membership and has limited options to consult where necessary, e.g. Director of Nursing/Area Medical Officer or Clinical Psychologist
 - members do not have an appropriate social work qualification, knowledge and experience
 - members have not been subject to Garda (police) and other relevant checks
 - have an insufficient number of Committee members
 - decisions are made but are not clearly recorded in the minutes of the FCC
 - are not provided with timely disruption/placement breakdown reports for consideration in their decision-making
 - does not incorporate the learning gleaned from foster care placement disruptions/breakdown reports into their decision-making when considering applications to foster
 - make recommendations, but not in a timely manner
 - receive insufficient information from social workers which results in timely decisions being delayed
 - have some appropriate arrangements in place for the approval of foster carers from other services but they are not completed in a timely manner
 - does not comply with national policy, regulations, standards and national guidance
 - does not receive notification of the outcome of foster carer reviews, and children live with foster carers who cannot meet their needs
 - decisions are made on the basis of insufficient information. Decisions are not clearly recorded in the minutes of the FCC
 - frequency and timings of meetings do not ensure that an adequate supply of approved foster carers and sufficient foster care placements exist
 - have no arrangements in place to elicit views and input from the foster care committee on the development of the foster care service.

Standard 24: Placement of Children through Non-Statutory Agencies

Health boards placing children or young people with a foster carer through a non-statutory agency are responsible for satisfying themselves that the statutory requirements are met and that the children or young people receive a high quality service.

Regulation 17(1) & 13(1)(2)

What a rights based quality service looks like

The provider has clear policies and procedures for ensuring that the contract to provide foster care service, or part of the service, complies with all required legislation, regulations, and standards for foster care. The provider has clear leadership, systems and capacity to deliver safe, child-centred care in accordance with its service level agreements or contracts with Tusla, the commissioner of its services. It recognises its accountabilities for acceptance onto the national 'approved provider list' and ensures a continued high standard of performance in line with all service and individual child specifications. Service monitoring reports undertaken by Tusla indicate the service is well-run and effective in providing safe, stable foster care placements that enhance the life chances and opportunities for children in care.

The provider has a clear and comprehensive agreement with the non-statutory agency outlining specifics of services offered and conditions under which they are offered, prior to the placement of any child.

The provider, prior to entering into any contractual agreement with a non-statutory agency to provide a foster care service, must evidence that the agency has:

- established and effective governance and management structures
- sound financial procedures
- appropriate policies and procedures
- sufficient number of suitably qualified and skilled staff
- appropriate arrangements for vetting of staff and foster carers
- complied with requirements of all relevant legislation, regulations and standards
- access to foster carers who have been recruited, assessed and approved in line with all statutory requirements and can meet the needs of children requiring a placement.

The provider appropriately and promptly notifies the FCC of any placement breakdowns, concerns, allegations or complaints. The provider can evidence the impact of improvement actions taken and organisational learning. Arrangements for the approval and review of

non-statutory foster carers indicate the provider is well led and delivers a high-quality service.

The provider clearly recognises its statutory responsibilities for the delivery of foster care services and ensures its care practices and service delivery meet the requirements set out in the Child Care (Placement of Children in Foster Care) Regulations, 1995. The provider undertakes regular audits of practice and quality assurance checks including seeking feedback about the experiences of children, their families, foster carers and partner agencies or linked professionals to support continual improvement.

The provider maintains an up-to-date list of all foster carers engaged with their service, including those providing foster care services through non-statutory agencies. The provider has established and implemented effective monitoring arrangements for ensuring that the work of any non-statutory agency, contracted to provide foster care service, or part of the service, maintains compliance with all required legislation, regulation, and standards for foster care.

The provider maintains responsibility for ensuring that all of the child's needs are met, that the child is visited regularly and their foster care placement is supervised by an allocated social worker, irrespective of the distance to the foster carer's home.

What does this mean for the child

Children placed in non-statutory foster care can be assured that Tusla is monitoring and ensuring that the care being delivered is safe and appropriate.

Some examples of information or evidence that may be reviewed and how this will be done

Through observation

The provider will facilitate the inspector's observation of:

- meetings arranged with non-statutory agencies with regard to children placed to assess oversight of children in care
- social work interactions with children placed in foster care placements provided through non-statutory agencies.

Through communication

Inspectors will communicate with:

- staff in the non-statutory agency in relation to arrangements in place for the oversight and monitoring of foster care placements provided by non-statutory agencies
- foster carers providing placements through non-statutory agencies
- children placed with foster carers providing services through non-statutory

agencies, and their parents.

Through a review of documents during or after onsite activity

Inspectors will review the provider's documentation such as:

- service level agreements with non-statutory foster care services
- care files of children placed with foster carers providing services through non-statutory agencies
- team meetings minutes
- minutes of meetings between the provider and non-statutory agencies
- policies and procedures relating to the placement of children through non-statutory agencies
- policies and procedures relating to engaging, monitoring and oversight of non-statutory providers
- data and information pertaining to non-statutory service provision
- auditing and monitoring reports relating to non-statutory service provision.

Compliance indicators

Indicators of compliance include:

- the provider can evidence that the non-statutory provider's performance complies with all service and child-specific contract specifications, effective quality assurance mechanisms are in place to ensure providers are fully compliant with all statutory requirements and meet their accountabilities as an 'approved foster care provider'.
- there are clear and effective procedures in place for joint working, communication and sharing of information between children's service area of origin, its FCC and the non-statutory agency, as required
- service monitoring reports indicate the service is well run and effective in providing children with positive experiences of safe and stable care.

Indicators of substantial compliance include:

- there are a few gaps in the capacity of the provider to meet all its contractual obligations; but they do not impact negatively on the experience of children, and or the service has plans in progress to address these
- systems of quality assurance and review of service effectiveness in demonstrating all aspects of their performance as an approved non-statutory provider are not fully embedded.

Indicators of non-compliance include:

- the service provider is unaware or slow to address gaps in its capacity to meet the quality or safety of service or child specific requirements set out in contracts
- the provider has not effectively quality assured their performance and practice to evidence continued compliance with its approved provider status
- the provider's arrangements for joint working, communication and information-

sharing are not timely, child-centred or sufficiently well developed to address organisational failures or effect the required improvements.

Standard 25: Representations and Complaints

Health boards have policies and procedures designed to ensure that children and young people, their families, foster carers and others with a bona fide interest in their welfare can make effective representations, including complaints, about any aspect of the fostering service, whether provided directly by a health board or by a non-statutory agency.

What a rights based quality service looks like

The provider has policies and procedures designed to ensure that children, their families, foster carers and others with an interest in the welfare of a child can make representations, including complaints about the foster care service. Copies of these procedures are given to children in an age appropriate format, their parents and foster carers. The provider has established and implemented effective systems to address and resolve issues raised by children, their families and other representatives.

A good complaints procedure is one which demonstrates that children using the service have a right to raise issues and have those issues addressed in a timely and respectful manner. A good provider promotes a culture of openness and transparency that welcomes feedback, the raising of concerns and the making of suggestions and complaints. These are seen as a valuable source of information and, where necessary, are used to make improvements in the service provided.

Children their families, carers and others with an interest in their welfare are aware of their rights to raise issues without retribution, know what constitutes a complaint, how to raise issues and to whom they may report their concerns. Children are supported through this process and where necessary, they have access to advocacy services or independent services. They are made aware of any independent services which exist and know how to access them.

The provider has easy to follow procedures which include;

- the steps to be taken,
- timescale,
- details of who investigates complaints,
- where and how it is recorded,
- how the person making the complaint will be communicated with throughout the process and
- how to appeal a decision if you are not happy with the outcome of your complaint.

The complaints mechanism is in an accessible format for all, and information about complaints is readily available. The provider ensures that complainants and other interested parties are heard on the matter of the complaint, notified in writing of the outcome and provided with details of action taken in response to the complaint.

The complaints procedures takes account of particular needs of people with a disability. The provider facilitates access to translation, interpretation and communication services for those who require these services.

The provider maintains accurate, up-to-date records of representations and complaints including details of outcome, action taken and whether or not the complainant was satisfied with the outcome. There are systems in place to regularly monitor the management of complaints and evaluate the quality of the service provided. These systems ensure that children feel confident to raise issues and make complaints without retribution.

What does this mean for the child

Children in care are encouraged to give feedback about their experiences. They are informed about the complaints procedure and are provided with it in an age appropriate format. They know who to talk to if they are feeling unsafe and know what will happen. They receive timely feedback when they raise a concern or complaint.

Children with particular needs are provided with access to support if they need it, such as access to translation, interpretation and communication services.

Staff are accessible to children when they have a concern or complaint. Children can be assured that staff have a good knowledge of the different ways in which they express concerns or distress and disclose harm.

Some examples of information or evidence that may be reviewed and how this will be done

Through Observation

The provider will facilitate the observation of whether the complaints procedure and information on advocacy services is readily available to children, their families, carers and other representatives in an accessible and age-appropriate format.

Through communication

Inspectors will communicate with children, parents and carers to explore or determine:

- if they know how to raise a complaint; if they feel comfortable raising a complaint;

if they feel listened to; if they were satisfied that complaints were responded to appropriately and in a timely manner; and if anything changed as a result,

- if they know how to access advocacy support and advice when providing feedback or making a complaint.

Inspectors will communicate with:

- other representatives who have a genuine (bona fide) interest in the welfare of children, to explore if they are aware of policies and procedures in relation to making representations and complaints to the foster care service,
- staff and managers to:
 - ascertain what they understand their role and responsibilities are regarding complaints, how complaints are managed and to establish if any complaints have led to service improvement
 - ascertain whether there is a culture of openness that welcomes feedback and raising of concerns
 - establish if complaints have been used to inform and improve service delivery, where applicable.

Through a review of documents during or after the on-site activity

Inspectors will review the provider's documentation such as:

- the complaints policy and procedure
- information on advocacy services
- information on translation, interpretation and communication services
- complaints logs and complaints management records
- records of any representation, investigations or staff disciplinary actions
- audits relating to complaints
- learning from complaints
- team meeting minutes.

Additional documents that may be reviewed include:

- children's surveys.

Compliance Indicators

Indicators of compliance include:

- Complaints and representations:
 - the process is user friendly, accessible to all and readily available
 - there is an appeals process that is fair and objective
 - are appropriately managed in a proactive and timely manner, and fully and promptly investigated
 - are clearly recorded

- bring about changes when required
 - complainants are made aware promptly of the outcome of any complaint
 - the complainant's satisfaction with the process is ascertained and clearly recorded
 - there is a culture of continual improvement where complaints are used to plan, deliver and review services.
- Children, their families, carers and others with a genuine (bona fide) interest in the welfare of the child:
 - are made aware of the complaints process and that copies of complaints procedures are given to children in an age-appropriate format, their parents and foster carers
 - can make complaints without fear of adverse consequences.

Indicators of substantial compliance include:

- Complaints and representations:
 - while there are appropriate policies, procedures and practices in place, there are some gaps in the associated documentation that do not result in a medium or high risk to children using the service
 - there is a system to record, manage and resolve complaints but this is not effective and or timely
 - the complainant's satisfaction with the process is not ascertained or adequately recorded
 - all parties involved in the foster care service are aware of their right to make a complaint but have little confidence in the process.

Indicators of non-compliance include:

- Complaints and representations:
 - all parties involved in the foster care service are not aware of their right to make a complaint
 - the procedure is not accessible and or in an age-appropriate format
 - a copy of the procedure is not readily available
 - are not investigated in a prompt or timely manner
 - improvements are local and do not impact on the service as a whole
 - verbal complaints or representations are unacknowledged by the provider, despite their seriousness
 - there is no appeals process
 - processes are weak and complainants are not informed about outcomes
 - staff do not know what to do in the event of a complaint being made to them
 - measures required for improvement in response to a complaint are not implemented, errors and poor practice continues

- practice related to the management of complaints is inconsistent
 - are ignored and go uninvestigated and children experience adverse effects as a result.
-
- Children, parents, carers and or other representatives:
 - have made complaints but have not received a response, and are adversely affected as a result
 - are not facilitated to exercise their right to make a complaint
 - do not know who to complain to as they have not been supported to understand the complaints procedure
 - children, parents, carers have no access to advocacy services to assist in making a complaint or representation.

Appendix 1

Summary of published guidance

Advisory

Please note that guidance may be updated and that published website links may change over time. If a website link does not work, please search online using the title of the document. If you cannot locate a document from the list below, it may have been replaced, superseded or removed from our website.

An individual report will be generated for each service inspected. Inspection reports will be published on HIQA's website at www.hiqa.ie

Name of guidance	Publication date	Location on www.hiqa.ie
Making a Submission on a Stage 2 Inspection Report to the Chief Inspector of Social Service	Published 4 June 2019	Making a Submission on a Stage-2 Inspection Report to the Director of Regulation HIQA

Appendix 2 Authority Monitoring Approach

Queries about this guide

Queries or questions in relation to this programme or the information contained within this guide can be forwarded by email to children@hiqa.ie. Such queries will be referred to a member of the children's team involved in the programme for consideration and reply. It should be noted, however, that specific queries about an inspection can only be accepted from the manager in overall charge of the Tusla service area.

Out approach to inspection

The following section of this guidance outlines how HIQA will conduct inspections and progress to the publication of individual inspection reports under this programme of monitoring. Further details of what HIQA will be assessing against the national standards is outlined in Section 3 of this document.

Inspectors

Inspection teams comprise HIQA staff within the Chief Inspector's Directorate who have been appointed by HIQA as Authorised Persons under the Health Act 2007, and work within the powers described in the Act to monitor compliance with standards. Inspectors are obliged to comply with HIQA's Code of Conduct for staff, which is available at www.hiqa.ie.

Inspection as part of the monitoring programme

An inspection is part of the monitoring programme. HIQA will review key pieces of information relating to the way the service is organised and operated. Key pieces of information include:

- information from previous HIQA inspections of the service
- notifications of serious incidents or death of a child
- relevant unsolicited information received by HIQA in relation to the service.

HIQA may conduct a full inspection of a foster care service against all of the *National Standards for Foster Care* (2003). A foster care inspection that monitors a service under all of the foster care standards will be announced 20 working days in advance of the inspection.

Risk-based inspections will monitor against specific standards, which will be referenced in the announcement letter. Services will receive short notice of these inspections².

On-site fieldwork

At the beginning of the inspection, inspectors will introduce themselves, outline the purpose and duration of the inspection to the person with overall responsibility for the service. Information will be gathered by the inspection team through:

- communicating with management, staff, children and children's families and other professionals,
- reviewing documents and data to determine if appropriate records are kept and reflect practice
- observing meetings, where appropriate.

The provider will be asked to nominate a liaison person who will be responsible for engagement with HIQA during the course of the inspection.

Documentation, data and information requests

HIQA will review documentation and data received prior to inspection and review documentation, data and information as part of the inspection while on site.

Confidentiality

In line with current data protection legislation, HIQA requests that unless specifically requested to do so, services should not send personal identifiable information that could identify an individual child to HIQA by email or by post.

Communication

Providers are asked to facilitate the inspection team to meet with key personnel within the service. As part of the inspection, inspectors will communicate with, for example:

- social workers
- social work team leaders
- principal social workers
- area manager.

² A short notice announcement of an inspection will be issued ten days prior to the inspection fieldwork

The purpose of this communication is to gather information about:

- how the service is led and managed
- how risks are identified and managed
- how the management team is assured that the service provided is safe and effective.

Risk management and escalation

HIQA takes a risk-based approach to monitoring. This approach informs how frequently HIQA will inspect any individual service. It also informs the nature, intensity and the type of inspection carried out.

Risk identified by HIQA during inspections will be escalated to the manager in charge in line with HIQA's risk management process.

Judgments on compliance with the standards

Inspectors will judge whether the registered provider or person in charge has been found to be **compliant**, **substantially compliant** or **not compliant** with the standards and regulations associated with them as outlined in the assessment judgment framework guidance.

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

HIQA's inspection report

Each inspection report goes through three main draft stages in preparation for publication. HIQA welcome feedback from providers on a stage 1 inspection draft report issued to providers. Following the review of any feedback the inspector may update the report and issue a stage 2 report to the provider. Following this the manager in overall charge can make a formal submission if they believe that the judgment(s) contained in the stage 2 inspection report are not based on the evidence made available to inspectors at the time of the inspection or the judgment(s) are disproportionate to the evidence reviewed.

The standard operating procedure for 'Making a Submission on a Stage 2 Inspection Report to the Chief Inspector of Social Service' - is published on HIQA's website at www.hiqa.ie

Freedom of Information

HIQA is subject to the Freedom of Information Acts and the statutory code of practice regarding freedom of information.



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