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# Opening statement to the Joint Committee on Children and Youth Affairs

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Chairperson, members, on behalf of the HIQA, I wish to thank you for the invitation to address the Joint Committee on Children and Youth Affairs this morning. I am accompanied by my colleague Eva Boyle, Inspector Manager in HIQA's Children's Team.

## **HIQA's role in the monitoring and inspection of children's social services**

HIQA was established 10 years ago today to improve health and social care services for the people of Ireland. Our role is to develop standards, inspect and review health and social care services and support informed decisions on how services are delivered.

HIQA has statutory responsibility for monitoring and inspecting children's social services, including children's statutory residential centres, special care units, child protection services and Oberstown Children Detention Campus. We are authorised by the Minister for Children and Youth Affairs under Section 69 of the Child Care Act 1991, as amended by Section 26 of the Child Care (Amendment) Act 2011, to inspect foster care services provided by the Child and Family Agency (Tusla) and private providers, and to report on its findings to the Minister for Children and Youth Affairs. We also have statutory responsibility for monitoring foster care services against the National Standards for Foster Care, published by the Department of Health and Children in 2003.

HIQA began its monitoring programme of statutory foster care services in Ireland in 2007 and by the end of 2016 all of the 17 foster care service areas in the country had been inspected. In 2014 we commenced a monitoring programme of private foster care providers in Ireland and had inspected all of these services by the end of 2016.

The majority of children in the care of the State live with foster carers. At the end of 2016, Tusla reported that there were 6,258 children in the care of the State. Of those, 5,817 (93%) were in foster care, living either with relatives (1,715 or 29.4%) or with general carers (4102 or 70.6%).

Fostering services depend on families and individuals in the community who are willing to share their homes and lives with children and young people whose parents are unable to care for them on either a short or long term basis.

A child comes into the care of the State when it is assessed that they are at risk and require care and or protection. Tusla is responsible for the child and the foster parents do not have guardianship. When a child is placed in foster care, maintaining links with his or her own family is very important. The child's own parents should be

involved as much as possible and, as appropriate, should be kept fully informed of how the child is getting on. The child should see their own family as much as possible and even though they may live with another family, the child's identity and name is their own.

## **Service provision**

Foster care services are provided by Tusla and six private foster care providers. At the end of 2016, Tusla reported that, of the children living in foster homes, 94% (5,456) were in Tusla placements, while 6% (361) were in private placements. Children can be placed in foster care either voluntarily, when a parent or family consents to the child being cared for by Tusla and/or by court order, when a judge decides that it is in the best interests of the child to be placed in the care of Tusla.

When a child is placed in foster care, the National Standards for Foster Care 2003 set out that the child should be assigned a social worker to monitor their growth and development and ensure that their best interests are considered at all times. It is important to note that at the end of quarter four in 2016, Tusla reported that 8% (465) of children in foster care had not been allocated a social worker.

Tusla is required by law to make a decision on the type of fostering that is most suitable for the child, based on the child's needs and circumstances. There are two different types of fostering: short-term, which lasts from one week to a couple of months, and long-term, which involves the child being cared for by a foster family for a number of years, sometimes until the child reaches adulthood.

## **Regulatory framework**

Foster care in Ireland is governed by the Child Care Act 1991 and two sets of regulations: the Child Care (Placement of Children in Foster Care) Regulations 1995 and the Child Care (Placement of Children with Relatives) Regulations 1995, as amended. In addition, the National Standards for Foster Care 2003 are a framework, albeit 14 years old, to ensure that children in foster care are receiving the best possible care.

HIQA inspects the practices and procedures of public and private foster care providers under the two sets of foster care regulations and we monitor against the National Standards for Foster Care. There is, however, no regulation of foster care. HIQA can inspect services and report our findings publically, but we do not have the legal remit to take action when we uncover examples of poor or unsafe service provision. There is no regulation of foster care – HIQA only fulfils a monitoring role.

Our only recourse when we uncover risk is to escalate the situation to Tusla and to the Department of Children and Youth Affairs.

## **Statutory services - an overview of our findings between 2012 and 2016**

HIQA carried out a total of 22 inspections of statutory foster care services between January 2012 and December 2016. A number of key themes emerged from these inspections.

### Child-centred services

Many foster carers made a concerted effort to provide a child-centred service and to ensure the wellbeing of the children living with them. Family contact was supported by foster carers and social workers, in line with care plans.

Some areas for improvement were identified during inspections, including the fact that it was not always possible to match children with suitable foster carers, which resulted in some placements subsequently breaking down. In addition, we found occasions where sibling groups were not being placed together and where children were placed with foster carers who lived away from the child's local community.

### Effective care and support

Generally, children received good quality care from foster carers and the majority of children lived in safe, homely environments with caring foster carers.

Children were largely positive about their social workers; however, some children were frequently reassigned new social workers, which had a negative impact as it meant that children had to build new relationships each time.

As I mentioned earlier, at the end of 2016, 8% of children in foster care had not been allocated a social worker to support them. This meant that some children went unsupervised in their placements with no social worker monitoring their care, progress and or safety.

Tusla tries to keep children in foster care living within their family (relative foster care) or at least in their local community, but this is only possible when adequate resources are available. In the majority of service areas, there were insufficient numbers of foster carers which resulted in the fact that some children were placed in over-crowded placements with carers who did not have the skills to take care of them. This contributed to unplanned placement endings and multiple placements, with little stability for the child.

There were delays in the assessment and approval of a number of relative foster carers who had children placed with them. In 2016, this issue was escalated to Tusla in three of the four statutory inspections completed. Furthermore, the level of support provided to foster carers across statutory foster care services required improvement.

### Safeguarding and child protection

Significant safeguarding and child protection risks were identified in two statutory foster care services during 2016, namely Midlands and Dublin South Central. These risks related to ineffective safeguarding practices to promote children's safety, including An Garda Síochána vetting for all staff prior to commencing work for the service; and poor management of allegations made against foster carers. Where significant risks were identified during inspections, these were escalated to Tusla for immediate action.

Furthermore, there were inadequate systems in place to provide oversight of allegations made by children in care against foster carers. Foster care committees were not always informed of child welfare concerns or child protection allegations. This has been a recurring finding since 2013.

### Leadership, governance and management

All of the foster care services inspected during 2016 needed to improve their governance and management systems, including risk management and oversight of care practices. Midlands and Dublin South Central foster care services were found to be operating with significant risk, including:

- poor accountability arrangements
- ineffective management systems related to risk management and staff supervision
- inadequate oversight of care practices.

Furthermore, lack of service planning has been an ongoing finding in the majority of inspections.

Inspections have consistently identified vacant posts, particularly social workers, and difficulties in the retention of the existing skilled workforce within foster care services. In addition, a significant number of managerial posts are temporary posts. All of this has had an impact on Tusla's ability to meet the demands placed on the effective provision of foster care services.

Risk management systems varied and were in the early stages of development in some services. Oversight and monitoring systems varied and some service areas had monitoring officers whilst others did not. Inspections identified some oversight mechanisms, for example, file audits and audits of supervision of staff but these were not consistently completed.

With the exception of emergency out-of-hours placements, Tusla did not have service level agreements in place with private foster care agencies. While inspections found agreements in place related to the placement of individual children, these were not sufficient to ensure effective oversight of the overall quality, safety and effectiveness of the service being purchased. This finding underlines the key role played by the funder in ensuring good quality services and, in the opinion of HIQA, lends weight to the argument for a model of commissioning.

Finally, the absence of an integrated information system within Tusla impacted on the capacity of managers to collate, manage and share information to support effective decision-making and promote continual improvement within the service.

### **Privately-provided foster care services - an overview of our findings between 2014 and 2016**

As I mentioned earlier, HIQA began its inspections of private foster care services in Ireland in 2014 and had completed all by the end of 2016. Overall findings of these inspections showed that the majority of these services were well run and resourced, with good supports in place for children and carers. Safe care practice was found and children were generally content and settled in their placements.

However, two services were not managed to an adequate standard and this was reflected in the quality of training, support and supervision of carers and ultimately the stability of placements for children. As a result, some children experienced multiple placement breakdowns and unplanned placement endings.

Significant safeguarding and child protection risks were identified in one private foster care service last year. These risks related to ineffective safeguarding practices to promote children's safety, including An Garda Síochána vetting for all staff prior to commencing work for the service; and poor management of allegations made against foster carers.

Where significant risks were identified during inspections, these were escalated to Tusla for immediate attention.

## **Setting the direction for 2017**

In light of our findings between 2013 and 2016, we decided to focus our monitoring activity on the assessment, approval, review, supervision and support of foster carers in 2017.

This year so far we have commenced a thematic inspection of Tusla foster care services and have completed fieldwork of six inspections to date — Dublin South East/Wicklow, Cork, Louth Meath, the Midwest, Sligo/Leitrim/West Cavan and Dublin North. Escalation procedures were followed with assurances sought from Tusla in relation to all of these inspections.

The reports of these inspections have yet to be published; however, it is clear that although there were examples of good practice, some of the issues identified between 2013 and 2016 remain. These include insufficient safeguarding measures, such as the absence of up-to-date Garda vetting and poor training, significant delays in the assessment and approval of relative carers and the risk of inappropriate placements due an insufficient number of foster care families.

## **Conclusion**

Today I have provided an overview of HIQA's inspection and monitoring role in the provision of foster care services. While there are many examples of good practice in both statutory and private foster care services, some significant areas for improvement remain, particularly as regards the assessment and approval of foster carers, the management of allegations against foster carers and the governance and oversight of care practices.

That said, our experience over the past ten years in the overall regulation of health and social care services shows that regulation itself is a driver of quality and safety. Regulation affords protection to both vulnerable adults and children, and contributes to assuring a better quality of life for all people using regulated services.

I would like to thank the committee for inviting us here this morning. We would be happy to answer any questions you may have.

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