



Report of a Thematic Inspection of the Governance of a Foster Care Service

Name of service area:	Mayo
Name of provider:	Tusla
Type of inspection:	Thematic
Date of inspection:	04 – 07 May 2021
Fieldwork ID:	MON_0032631

About this inspection

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) and to report on its findings to the Minister for Children, Equality, Disability, Integration and Youth.

This inspection report, which is part of a thematic inspection programme, is primarily focused on assessing the efficacy of governance arrangements across foster care services and the impact these arrangements have for children in receipt of foster care.

This thematic programme is the third and final phase of a 3-phased schedule of inspection programmes monitoring foster care services.

The previous two inspection programmes were as follows:

- Phase 1 (completed in 2018) - Assessed the efficacy of recruitment procedures, foster carer supervision, and assessment of foster carers.
- Phase 2 (completed in 2020) – Reviewed the arrangements in place for assessing children’s needs, the care planning and review process, preparations for children leaving care, and safeguarding of children.

Thematic inspection programmes aim to promote quality improvement in a specific area of a service and to improve the quality of life of people receiving services. They assess compliance against the relevant national standards, in this case the *National Standards for Foster Care* (2003).

How we inspect

As part of this inspection, inspectors met with the relevant managers, childcare professionals and with foster carers. Inspectors observed practices and reviewed documentation such as children's files, policies and procedures and administrative records.

The key activities of this inspection involved:

- the analysis of data submitted by the area
- interviews with:
 - the service director
 - the area manager
 - the principal social worker for alternative care
 - the chair of the foster care committee
 - the quality assurance monitor
- focus groups conducted remotely with:
 - aftercare manager and social work team leaders across the alternative care teams
 - frontline staff across the alternative care teams
 - two foster carers
 - three young people
 - foster care committee members
 - external stakeholder representatives from a youth organisation and an advocacy agency
- observations conducted remotely of a:
 - foster carer review meeting
 - child-in-care review meeting
- the review of:
 - local policies and procedures, minutes of various meetings, staff supervision files, audits and service plans
 - staff personnel files
 - a sample of 28 children and foster carer's files
- separate phone conversations with:
 - a representative from a foster care association
 - three Guardians-ad-Litem (GAL's)
 - a sample of three parents, one child and six foster carers.

Acknowledgements

HIQA wishes to thank parents, children, foster carers and external stakeholders that spoke with inspectors during the course of this inspection in addition to staff and managers of the service for their cooperation.

The Child and Family Agency

Child and family services in Ireland are delivered by a single dedicated State agency called the Child and Family Agency (Tusla), which is overseen by the Department of Children, Equality, Disability, Integration and Youth. The Child and Family Agency Act 2013 (Number 40 of 2013) established the Child and Family Agency with effect from 1 January 2014.

The Child and Family Agency has responsibility for a range of services, including:

- child welfare and protection services, including family support services
- existing Family Support Agency responsibilities
- existing National Educational Welfare Board responsibilities
- pre-school inspection services
- domestic, sexual and gender-based violence services.

Child and family services are organised into 17 service areas and are managed by area managers. The areas are grouped into four regions, each with a regional manager known as a service director. The service directors report to the national director of services and integration, who is a member of the national management team.

Foster care services provided by Tusla are inspected by HIQA in each of the 17 Tusla service areas. Tusla also places children in privately run foster care agencies and has specific responsibility for the quality of care these children in privately provided services receive.

Service area

Data published by Tusla in 2019 showed that the Mayo service area had a population of children aged between of 0 -17 years of 31,968¹.

The Mayo service area is one of five Tusla areas within the West region. The area was under the direction of the service director for Tusla West region, and was managed by an area manager. The alternative care service in Mayo consisted of two children in care social work teams, a fostering and supported lodgings team, an aftercare team and a psychology service. The management structure of the alternative care service comprises a principal social worker (PSW) who reports

¹ Annual Review on the Adequacy of Child Care and Family Support Services Available – 2019 (Tusla website, May 2021).

directly to the area manager and oversees the work of three social work team leaders and a psychologist for children in care. Team members include senior practitioners, social workers and social care workers.

The alternative care teams were based across offices in Castlebar, Ballina and Swinford. The child protection and welfare teams, who had case responsibility for children in care until they were transferred to the long-term children in care team, were located in offices throughout the service area.

In quarter one of 2020, Mayo had 100 approved foster carers. As of 1 January 2021 this figure had dropped to 90. At the time of the inspection there were 98 foster care households providing placements for 128 children. Of these, 45 children were placed with relatives and the remaining 83 children were placed with general foster carers.

Compliance classifications

HIQA judges the service to be **compliant**, **substantially compliant**, or **non-compliant** with the standards. These are defined as follows:

Compliant	Substantially Compliant	Moderate Non-Compliant	Major Non-Compliant
<p>A judgment of compliant means that no action is required as the service has fully met or has exceeded the standard.</p>	<p>A judgment of substantially compliant means that some action is needed in order to meet the standard. The action taken will mitigate the non-compliance and ensure the safety, and health and welfare of the children using the service.</p>	<p>A judgment of moderate non-compliant means that substantive action is required by the service to fully meet the standard. Priority action is required by the provider to mitigate the non-compliance and ensure the safety, and health and welfare of children using the service.</p>	<p>A judgment of major non-compliant means that the services has not met the standard and may be putting children in risk of harm. Urgent action is required by the provider to mitigate the non-compliance and ensure the safety, and health and welfare of children using the service.</p>

This inspection was carried out during the following times:

Date	Times of inspection	Inspector	Role
04 May 2021	09:00 – 15:30 (Onsite)	Sharron Austin Leanne Crowe	Inspector Inspector
	11:00 – 16:30 (Onsite)	Susan Geary Una Coloe	Inspector Inspector
	09:00 – 17:00 (Remote)	Sue Talbot	Inspector
05 May 2021	09:00 – 16:00 (Onsite)	Susan Geary Una Coloe Leanne Crowe	Inspector Inspector Inspector
	09:00 – 17:30 (Remote)	Sue Talbot	Inspector
06 May 2021	09:00 – 17:00 (Onsite)	Sharron Austin Leanne Crowe Una Coloe	Inspector Inspector Inspector
	09:00 – 17:00 (Remote)	Sue Talbot	Inspector
07 May 2021	09:00 – 14:30 (Onsite)	Sharron Austin Una Coloe	Inspector Inspector
	09:00 – 14:00 (Onsite)	Susan Geary	Inspector
	09:00 – 15:15 (Onsite)	Leanne Crowe	Inspector
	09:00 – 15:00 (Remote)	Sue Talbot	Inspector

Background to this inspection

This thematic programme is focused on assessing the efficacy of governance arrangements across foster care services and the impact these arrangements have for children in receipt of foster care. It is the third and final phase of a 3-phased schedule of inspection programmes monitoring foster care services. The previous two inspection programmes were as follows:

- Phase 1 (completed in this area in June 2017) – Assessed the efficacy of recruitment procedures, foster carer supervision, and assessment of foster carers.
- Phase 2 (completed in this area in February 2020) – Reviewed the arrangements in place for assessing children’s needs, the care planning and review process, preparations for children leaving care, and safeguarding of children.

Summary of the Findings from Phase 1 and 2

Of the eight standards assessed in Phase 1:

- two standards were compliant
- five standards were substantially compliant
- one standard was non-compliant moderate.

Areas of good practice included a formal recruitment strategy and a commitment to the retention of foster carers. Assessments of prospective foster carers were comprehensive and of good quality. There was evidence of formal supervision and support of foster carers and those caring for children with more complex needs received additional supports. Allegations and complaints were responded to appropriately and children’s safety was prioritised in the area. Areas that required improvement included the classification of allegations and clear decision-making processes to ensure the correct response, ensuring up-to-date Garda checks of foster carers, management of unallocated foster carers, safeguarding visits to foster carers, oversight of foster carer training attendance and ensuring up-to-date foster care committee personnel records.

Of the six standards assessed in Phase 2:

- three standards were compliant
- three standards were substantially compliant.

Areas of good practice included the social work allocation of children in care and compliance with statutory requirements. Assessments of the needs of children, care planning and child-in-care reviews were all of good quality and children were supported to participate and share their views on their care. The area had sufficient numbers of foster carers and there was a formal matching process in place. An established aftercare service supported young people in foster care to prepare for

adult living. Appropriate governance systems were in place for the management of allegations and serious concerns. Areas that required improvement included addressing delays in approving long-term matches of children with foster carers, timeframes for child-in-care reviews, completion of aftercare plans and the quality of case management records.

Overall, the service area had made further improvements to address the findings of the previous inspections and these were evident during the thematic inspection. Key improvements included the strengthening of the auditing and oversight systems and improved collaborative approaches to drive continuous improvement. The culture and provision of the service was clearly informed by the voice of children and their experiences in foster care.

Self-assessment information and what Tusla said about the service

Prior to the announcement of the inspection, a self-assessment questionnaire (SAQ) was submitted to HIQA by the service area's management team. The self-assessment is part of the methodology for this inspection and it required the management team to assess their own performance against the eight standards relating to governance, which in turn identified where improvements were required.

The service area rated its performance as substantially compliant against all eight standards. The area had an existing service improvement plan in place, which included some areas identified as requiring improvement in order to bring them into full compliance. The SAQ indicated that the service area had strong leadership and management systems; with effective arrangements in place to drive quality improvement. In most areas, senior managers' review of their service performance aligned well with the strengths outlined within this inspection report. This inspection found that the evidence identified by the self-assessment to support these judgments were in place, with one standard being assessed as compliant.

This inspection took place in the context of what has been a challenging time nationally for fostering services, including children in care and their families, foster carers and local social work teams arising from the COVID-19 pandemic. In this context, HIQA acknowledges that services have had to adapt their service delivery in order to continue delivering the essential service to children in care. This inspection reviewed these arrangements within the overall governance of the service.

Children's experience of the foster care service

Children's experiences were established through speaking with a sample of children, parents, foster carers and external advocates and professionals. The review of case files, complaints and feedback also provided evidence on the experience of children in foster care.

Inspectors spoke with three young people via a virtual focus group and to a fourth young person over the phone. All four were part of a young person's participation group known as a 'FORA' which had been set up in October 2020. The service's management team had developed this group as part of a service improvement initiative to capture the voice of the child in their review meetings. The young people advised they were working to review the care plan forms so as to make them more relevant to their needs and circumstances.

The young people had different views of their care experiences and they were generally positive. For some who had been in a number of previous placements, they said their current placement was the best. One young person said they had previously asked to be moved and was very happy where they were living now and felt they had been listened to. Another spoke of frequent meetings with their social worker when they were going through a hard time. Each of the young people felt very well supported by their aftercare worker and that planning was progressing in regard to their future education and training needs.

Some of the comments about social workers and aftercare workers included:

- "My aftercare worker is really sound and I can rely on him."
- "I really trust her and feel that if I did something wrong, it would be okay to talk to her about it."
- "Real 'hands-on' people."

The young people said they had managed well over the past year, though it was hard to keep up with schoolwork – "Think everything is good". All agreed that contact arrangements with their families worked well.

The young people were aware of their rights. External advocates reported an open culture, where children's rights and advocacy were strongly promoted. They reported strong joint working with all frontline teams in shared efforts to manage risk and improve outcomes for children. They said that staff were very respectful of children's views and wishes in meetings and were responsive to their needs in order to maximise the participation of young people. They reported that the leadership within the service was strong. Other external advocates felt the area was child centred in its approach.

They reported that children had regular review meetings and that statutory visits undertaken “were over and above” regulatory requirements. They commended the work of some social workers “who went the extra mile” in terms of their availability to children and other agencies to try and keep children safe.

Children were appropriately referred to guardians-ad-litem and other advocacy services and were provided with additional direct work by child-in-care social work staff in areas such as life story work, which helped children to make sense of their childhood experiences.

Parents had mixed views of the foster care service. While some reported that their children were well cared for and were happy in their placements, others felt left out or not informed of decisions made about their children. Some of the comments made by parents included:

- “Social worker keeps a good check”.
- “I have no complaints – we have a nice social worker – she is working well with us”.
- “Difficult to get information from the social worker”.
- Feels her voice is “ignored”.

Foster carers generally felt well supported by their link workers and overall were happy with the service. They felt that the children’s social workers always listened to children’s fears and were very responsive to their needs. They also said that the social workers recognised and promoted children’s rights.

Some of the more positive comments from foster carers in relation to the foster care service included:

- that the service “does its best” for the children in care
- “the team we are with are lovely”
- “all fantastic, no complaints”
- “positive help in solving problems”
- “great support, never left waiting”

Other foster carers did not share the same views. Some felt there were times when “Tusla’s processes were prioritised over the children’s interests”. Examples given included multiple changes of social workers. They said that “this was very hard for the children” and “this shouldn’t happen, it’s very unfair”. They outlined that social workers should be the first person that the children should trust, but the changes meant that “they can’t build that bond”. While they were aware of support groups run by a foster care association, they were not aware of any other Tusla supports.

The review of children's case files also provided evidence on their experience in foster care. The records demonstrated attention to ensuring the voice and participation of the child throughout all the child in care processes. There was good reference to children's rights and advocacy supports. Children had experienced a number of changes of social workers in the previous 12 months due to the turnover of staff on some teams. Despite this, children had an identified social worker that they could go to for help and were seen regularly on their own in their foster care placement.

Internal audits found good examples of recording the voice of the child, and birth parents within care planning documentation, as this was not easy to achieve in many cases. Other findings included good future planning for discharge from care and mapping out the steps required to transition to adult health and disability services where required. Improvements identified the need for children's case records to fully evidence the quality of work that was already happening and records to reflect the levels of social work activity and joint discussions with other professionals that enhanced supports for children with additional needs.

Overall, children in care received a child-centred service which took account of their lived experiences and valued their voices. Children were encouraged and supported to participate in a meaningful way in decisions about their care. They were placed with foster carers who provided a safe and caring home for them. Where children or young people expressed any concerns or were distressed, caring and competent staff listened and assured them of how this information would be looked at so as to ensure their safety and wellbeing.

Governance and Management

Governance and management arrangements in place were effective, and ensured accountability for the delivery of a safe service that was consistent and appropriate to children's needs. The area manager had held the role for seven years and prior to that had held a number of roles in the Mayo service area. The alternative care service was well led, organised, managed and adequately staffed so as to ensure a quality service to children in care and service planning was of good quality. Staff and external professionals reported that there was strong leadership and a continuous improvement drive which underpinned the work of frontline managers and their teams. The area had an existing quality improvement plan in place, which included some areas for improvement to bring them into full compliance. Managers ensured timely and comprehensive action plans were in place to address areas for development. Positive collaborative approaches between frontline teams and managers with timely decision-making and monitoring of children's care were seen as driving service improvement. The culture and provision of the service was informed by the voice of children and their experiences in foster care.

There were appropriate management systems in place which assured the area manager that the service provided was safe, consistent and appropriate to children's needs. However, areas identified as requiring improvement included permanency planning across the service for children in care, timeframes for foster care assessments and to continue to build links with community-based services, particularly in relation to the recruitment of foster carers from the traveller community.

The service area's strategic direction and service plans were appropriately aligned with Tusla's national service development and improvement plans. Service planning was informed by an analysis of the service area's needs with objectives in place for the alternative care service for 2021 – 2023. Each frontline manager had an individual service plan which formed an integral part of a wider service area plan for alternative care. This ensured a comprehensive and well-co-ordinated approach to service development activity. The overarching priority areas identified in the service plan were to implement and build on values and behaviours, to complete self-assessments across all services so as to measure practice on an annual basis, the promotion of a supportive learning environment for staff and the commissioning of services that would be central to inform the allocation of resources and services. The service ensured that children were placed locally and the area had adopted the concept of the 'Mayo Child' which was central to the area's planning and interagency working.

Service delivery was aligned to relevant legislation, regulations, policies and standards to promote the provision of a quality foster care service. The service area's leadership

and management structure supported the delivery of a child-centred service. The area was under the direction of the service director for Tusla West region, and was managed by an area manager. The alternative care service in Mayo consisted of two children in care social work teams, a fostering and supported lodgings team, an aftercare team and a psychology service. The management structure of the alternative care service comprises a principal social worker (PSW) who reports directly to the area manager and oversees the work of three social work team leaders and a psychologist for children in care.

Managers were satisfied that staff had a good understanding of policies, procedural and practice requirements. Care practices were consistent with their policies and procedures. All those who worked in the service took a partnership approach towards the care of children. Staff were involved in the regional 'Task and Finish' group which had helped to standardise practice across the region and ensure the ongoing challenge of the effectiveness of the foster care service was considered. An example of this was work undertaken to review the placement request and matching process to further strengthen recognition of the individuality, routines and preferences of children. A 'Values and Behaviours' working group with representatives from the various teams met on a quarterly basis and were developing tools to inform children, foster carers, families, colleagues and other professionals what to expect when they engaged with the service in the area.

There were effective systems in place to provide assurance to managers on practices within the service at individual, team and service levels. The service director and area manager were assured of the quality and safety of the service through formal line management supervision of all staff consistent with the requirements of Tusla's national policy. Monthly regional management meetings, complaints and feedback meetings and business management meetings provided assurances. Performance conferences were held bi-monthly where each area manager within the West region had to report to the service director against key performance indicators for their area. Alternative care reports prepared by the principal social worker in response to COVID-19 provided regular updates to the senior management team in relation to children's contact with families, statutory visits to children in their placements and child-in-care reviews. They also reported on the support and supervision of foster carers as well as any issues pertaining to court proceedings. These demonstrated good oversight on the management and sustainability of the area's capacity and resources. Records of these various meetings evidenced comprehensive accounts of data, metrics and information discussed to ensure ongoing management oversight and monitoring of the service.

Regular case supervision combined with management trackers ensured effective monitoring of staff performance. A standardised supervision template was used which allowed staff to track key statutory requirements in relation to statutory visits, review of children's legal status, updates of any changes to the child's care, foster carer

reviews and Garda vetting. The frequency of these checks was good. All of which were viewed as effective in ensuring a co-ordinated response to the provision of alternative care. Staff reported that regular team meetings provided an important communication channel for the governance of the foster care service; with emphasis on the standardisation of policies and service operations.

The area's quality improvement plan was a 'live' document and was reviewed at the bi-monthly standards meeting. It incorporated the six themes described in the National Standards for the Protection and Welfare of Children (2021) – child-centred services, safe and effective services, leadership, governance and management, use of resources, workforce and use of information. Reporting under each of these themes demonstrated progress made, areas of good practice and areas identified for improvement. Examples of progress made included all care plans and foster care reviews were up-to-date, fostering area needs analysis completed, plans in place for the completion of relative assessments and the development of additional training in attachment for foster carers with young children aged under 12 years.

There were processes in place to promote learning and systems for tracking local performance, patterns and trends were well established and there was a cohesive approach across the service to ensure effective monitoring so as to drive continuous improvement. Examples of trackers maintained included those in relation to inspection action plans, quality assurance action plans, audits, complaints, compliments and foster carer training among others. The business manager reports for the senior management team provided analysis in relation to incidents, 'need to knows', complaints, FOI and other risks. The regional quality, risk and service improvement manager worked closely with the area and met with the regional principal social worker group on a bi-monthly basis. All relevant information was used to establish any patterns and trends that would influence the area's response and resource allocation.

The service area complied with Tusla's national policies and procedures in the management of risk. Operational risks were set out in the service area risk register which also appropriately captured the area of serious risk in relation to COVID-19 on service delivery. Risks in relation to staff vacancies were on the local and the regional risk registers. These risks were reviewed by the HR and Business managers on a monthly basis and reports were provided to senior management meetings. Risks were proactively addressed and reviewed to assess the effectiveness of existing controls so as to minimise the impact on service provision. An overall summary tracker was in place which provided additional oversight of all risks identified in the area with clear commentary on their current status. Staff ensured that children and their families understood the impact of the restrictions in line with public health guidance. Risk assessments were completed to ensure continued engagement which included home visits or other face-to-face meetings with children and their families as their

circumstances required. The area recorded internal risk escalations as 'Need to knows'. The area reported that there were no 'need to know' reports in relation to the foster care service in the previous 12 months. Quarterly meetings were held in relation to 'need to knows', child deaths and other adverse events. The service director outlined that the risk escalation process was well understood in the West region and that all required reports were escalated appropriately.

The foster care committee (FCC) carried out its functions and the membership of the committee was in accordance with Tusla's Foster Care Committee's, Policy, Procedures and Best Practice Guidance (2017). The acting chair of the committee had been in post since July 2020 and had extensive experience and knowledge across all the functions of the service area and was a member of the senior management team. The current membership was made up of a broad range of members with appropriate experience and qualifications including the area medical officer and a senior psychologist who offered specialist advice and the committee had access to other relevant specialist advice externally if required. It included representation from Mayo Traveller's Support Group and a care experienced member. Work to further strengthen cultural diversity representation on the committee was ongoing.

A review of the FCC was undertaken by Tusla's practice assurance and service monitoring team (PASMT) in February 2021. The audit found evidence of robust systems and reporting processes; a good level of governance and oversight of the assessment and approval of foster carers and to children in care. A number of recommendations made were being actioned at the time of the inspection. The committee's work was underpinned by a comprehensive annual report and service plan that had been informed by the committee's activities and learning over the previous year. This informed the wider alternative care planning and service development activity.

The area had undertaken a comprehensive needs analysis to inform the foster care recruitment and retention strategies. While this demonstrated that the area had a sufficient level of foster carers to meet the demands for placements in 2020 and there were no children awaiting placements and no children were placed with a private foster care agency, the need for additional placements for a cohort of children with specific needs was identified. These included placements for teenagers, children aged 0 – 3 years, supported lodgings and placements specifically for traveller children.

The service area did not identify foster carers as 'special foster carers' on the panel. However, the area did have children with complex needs that were placed with foster carers, who received additional support or enhanced payments. There was no national policy in relation to providing a special foster care service for children with complex needs, as required by the standards. The area therefore had no guidance to support them in providing a special foster care service for the cohort of children that required this service. This needs to be addressed at a national level.

Formal arrangements were in place with other agencies to facilitate the management of specific cases as required. These included the respective Joint Working Protocols between Tusla and HSE Disability Services and Tusla and An Garda Síochána. Quarterly meetings took place with Disability and HSE services in line with the joint working protocol. Partnership working was reported to be working well in enabling transition planning for young people with additional needs. As part of the joint protocol for interagency collaboration between the HSE and Tusla, a standardised escalation form had been completed in February 2021 in relation to an unresolved issue for a child with extreme complex needs who required immediate supports. This had not been resolved at the time of the inspection. The creative community alternative project (CCA) provided a bespoke support service to children in foster care and also worked with children with complex needs to support their placements. Gaps in access to some specialist services, such as occupational therapy provision, had been identified. This was being followed up in line with the joint working protocol, and in some cases had resulted in Tusla funding additional specialist services.

Staff retention was reported as good. Senior managers outlined that there was a stable workforce in the area and while there were a number of vacancies within the service, resources were allocated to provide cover and ensure safe care to children. The service director outlined that the service area had a very positive culture embedded in the service and any staffing deficits were managed locally and the regional human resource manager was available if required. At the time of inspection, the fostering team had a full complement of staff and the children in care team had one vacancy and two staff on long-term leave and any changes within the teams was primarily on foot of staff promotions. Inspectors found a high standard of practice overall despite these vacancies.

Children in care, their families and foster carers were supported by experienced, qualified, vetted and registered staff. Staff were child centred, conscientious and diligent in their approach and were very respectful of children's views and wishes. They were responsive to children's needs so as to maximise their participation in decisions about their care. Staff and managers reported a positive culture across the teams through collaborative working relationships between frontline teams, managers and other agencies with timely decision-making and monitoring of children's care. Staff who spoke with inspectors were competent and knowledgeable in carrying out their statutory responsibilities so as to ensure a quality service to children. There was a lot of experience on the teams and staff outlined that there was a good, open culture within the service which allowed for reflection and discussion. Managers valued their staff and supported their continuous professional development.

A training needs analysis aligned to national and local service development priorities was completed in October 2020 for the alternative care teams. Staff were supported and encouraged to engage with Tusla's 'Empowering Practitioners in Practice' (EPPI) and managers to attend 'Everyday Inspirational Leadership' training. Staff had access to an external psychotherapist and group analyst and the employee assistance programme. A 'Values and Behaviours' working group had been established in 2018 with representatives from the various teams. This group met on a quarterly basis and were developing tools to inform children, foster carers, families, colleagues and other professionals of what to expect when they engaged with the Tusla service in the area. Staff completed mandatory and other relevant training on-line where appropriate. Professional development plans were also in place for staff and were generally reviewed in line with national policy.

The service area reported on all aspects of their foster care service as part of their annual *Adequacy of the Child Care and Family Support Services* report which was published nationally. The 2020 Mayo FCC Annual Report informed the wider alternative care planning and service development activity.

The area maintained a panel of foster carers. At the time of inspection there were 98 approved foster carers, of which 65 were general foster carers and 33 were relative foster carers. This cohort reflected the diversity of provision in the area with new and experienced foster carers; carers with children who had additional needs or challenges, while other carers experienced more long-term and settled placements. In order to allow Tusla social workers to progress the assessments of general foster carers to maintain a sufficient panel of foster carers, the area had commissioned a private agency to assess a number of relative foster carers.

The service area had completed a foster care needs analysis which gathered relevant information to inform the local recruitment and retention strategies and ultimately to benefit children in care through the provision of a wide range of appropriate foster placement options. It looked at the general profile of children in the area, admissions to care and breakdown of children in care. The geographical area, ethnic minorities, age and gender were reviewed. Similarly, the analysis looked at the foster carer population profile, placements that were available, as well as a gap analysis of foster care assessments and training. The analysis demonstrated that COVID-19 had a significant impact on the service in terms of screening, training and completing assessments of foster carers. There were 10 less foster carers operational in January 2021 compared to quarter one of 2020. Some carers had retired as the children placed with them had aged out of care and other relative foster carers were no longer required. The key areas identified for improvement going forward were recruiting and assessing carers for an identified cohort of children with specific needs. This informed the area's recruitment and retention strategy for 2021. The associated action plans included national and area initiatives and focused on ensuring quality standards were

achieved in relation to timely and effective responses linking recruitment, assessment and approval processes to deliver a good experience for foster carers. Consideration was given to some relevant performance indicators for example, increased number of contacts with the public, increased enquiries, applications, approvals and the recruitment of traveller foster carers. However, these were not yet at a stage to enable tracking of progress and benchmarking. The majority of area initiatives were already in place. These were evident in records and documentation reviewed, interviews with staff, managers and conversations with external stakeholders and foster carers.

The area routinely collected and used information to enhance the quality of care and the performance of the service. Tusla's National Child in Care Information System (NCCIS) was used to monitor service provision and gathered appropriate data about the service to support service planning and delivery. Reports provided information to the management team on the volume of work in the area. Information was routinely audited with management and staff and used to enhance the quality of care and the performance of the service. These related to statutory requirements, such as, up-to-date care plans, child-in-care reviews, foster carer reviews and Garda vetting checks. This informed the planning and needs analysis for the area as part of their service plan. An overview report for 2020 was completed and action plans were put in place as part of the area's service planning. An audit of children with a disability was undertaken by Tusla's practice assurance and service monitoring team (PASMT) in November 2020. The audit found that it was difficult to establish a child's diagnosis from reviewing their care plan or child-in-care review records on NCCIS. This had been identified as an issue that the area was aware of and, in response, a workshop was held with frontline staff in November 2020 to look at how to improve recording in relation to health and disability information on NCCIS. An action plan was developed and where required and agreed, additional resources were provided for children with complex needs and their foster carers. This included respite, enhanced payment and other additional supports.

Tusla's published metrics for the service area in January 2021 outlined that 100% of children in care had an allocated social worker and an up-to-date care plan and 100% of foster carers had an allocated link worker. Quarterly comparison figures illustrated that the service had maintained 100% allocation for children in care and foster carers in 2020 and went from 96% of children in care with an up-to-date care plan in quarter three to 100% in quarter four 2020. This was a great achievement given the staff vacancies that existed throughout 2020 and changes across the alternative care teams. Performance indicators were noted in supervision records so as to hold staff to account on a regular basis. Senior management team meetings demonstrated the analysis of key metrics to inform discussion and planning.

The area had a good system in place for the oversight and management of representations and complaints. A complaints tracker was managed by the principal

social worker and the area manager also had oversight of all complaints. Complaints were dealt with in line with Tusla's national complaints policy and the complaints officer had responsibility for ensuring they were investigated in line with the policy in a timely manner. Complaints relating to the alternative care service were reviewed at the end of 2020 which found that complaints were dealt with appropriately and there was no specific action plan required as a result of the review. While no emerging patterns were identified, the service director outlined that the only trend identified across the region was that generally complaints were handled at the first point of contact and in a timely manner.

The service area rated its performance as substantially compliant against all eight standards. The SAQ indicated that the service area had strong leadership and management systems; with effective arrangements in place to drive quality improvement. The area's review of their service performance aligned well with the strengths outlined within this inspection report. This inspection found levels of compliance similar to those assessed by the area with Standard 25 assessed as compliant.

There was one standard that could not be assessed:

- Standard 24: the area did not have any children placed in private foster care.

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.

The area judged themselves to be substantially compliant with this standard. Inspectors agreed with this judgment.

Policies, procedures and guidances were in place to guide the management and provision of the foster care service and service delivery was aligned to relevant legislation, regulations, policies and standards. National policies and guidance were also followed in relation to COVID-19. Leadership and management supported the delivery of a child-centred service and care practices were consistent with their policies and procedures. The area's service plan was informed by an analysis of the service area's needs with objectives in place for the alternative care service for 2021 – 2023 and was aligned with Tusla's national service development and improvement plans.

Managers were satisfied that staff had a good understanding of policies, procedural and practice requirements. Care practices were consistent with their policies and procedures. All those who worked in the service took a partnership approach towards the care of children. The regional 'Task and Finish' group had helped to standardise practice and ensured the ongoing challenge of the effectiveness of foster care arrangements were considered and this included the review of policies and procedures. Staff reported that they were kept informed of any updates via Tusla's national newscast on Tusla's website. Consultation with staff in relation to policies and procedures also took place at team meetings.

Records demonstrated that foster carers were provided with information in relation to policies and procedures. Copies of these were sent as part of the foster carer's induction pack and were also periodically provided if updated. This was confirmed by some of the foster carers who spoke with inspectors. Children's records and case notes of conversations with children demonstrated that information was provided in an age appropriate format.

The area followed the national transfer policy in relation to children placed outside the area when required. However, the service ensured that children were placed locally as the area had adopted the concept of the 'Mayo Child' to ensure an integrated and local response and the panel of foster carers reflected the diversity of provision in the area.

Formal arrangements were in place with other agencies to facilitate the management of specific cases as required. Quarterly meetings took place with Disability and HSE services in line with the joint working protocol. Partnership working was reported to be working well in enabling transition planning for young people with additional needs. The creative community alternative project (CCA) also worked with children with complex needs to support their placement. Gaps in access to some specialist services, such as occupational therapy provision, had been identified. This was being followed up in line with the joint working protocol, and in some cases had resulted in Tusla funding additional specialist services. External professionals reported strong joint working with all frontline teams and they also commended the approach taken to service level agreements, service development and performance monitoring discussions with Tusla senior managers.

While the area had effective policies and plans in place to promote the provision of a high-quality foster care service, there were a number of identified areas that required further improvement. These included addressing the delays and waiting lists for access to specialist provision, such as play therapy and occupational therapy and challenges in caring for a cohort of children with specific needs, such as teenagers, children aged 0 – 3 years, supported lodgings and placements specifically for traveller children.

Judgment: Substantially compliant

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.

The area judged themselves to be substantially compliant with this standard. Inspectors agreed with this judgment.

Governance and management arrangements in place were effective, and ensured accountability for the delivery of a safe service that was consistent and appropriate to children's needs. The area was under the direction of the service director for the Tusla West region, and was managed by an area manager.

The service director had several mechanisms in place in order to be assured of the quality and safety of the service. More frequent governance checks were carried out at the onset of COVID-19. The regional task and finish group had helped to standardise practice and ensure ongoing challenge of the effectiveness, safety and child-centred approach of foster care arrangements. Similarly, the area manager was assured through the various mechanisms he had in place and was satisfied that assurances were provided through these regular forums. These included specific assurances in relation to key performance indicators in line with statutory requirements.

The service director reported a strong drive for continuous improvement in the area and across the region. The area demonstrated a high standard of self-regulation and effort in striving for excellence, with the main focus always on the child, and always questioned themselves as to the impact of whether an action was or was not taken. The area's quality improvement plan was very much a 'live' document and was reviewed at the bi-monthly standards meeting. Examples of progress made included all care plans and foster care reviews were up to date, fostering area needs analysis completed, plans in place for the completion of relative assessments and the development of additional training in attachment for foster carers with young children aged under 12 years. Areas identified as requiring further improvement included permanency planning across the service for children in care, timeframes for foster care assessments and continuing to build links with community-based services, particularly in relation to the recruitment of foster carers from the traveller community. Positive collaborative approaches between frontline teams and managers were key contributions to driving service improvement.

The regional quality assurance monitor attended the bi-monthly standards meetings, was invited to contribute and was also involved in and contributed to the area's service planning day alongside managers at the end of January 2021.

The service area's strategic direction and service plans were appropriately aligned with Tusla's national service development and improvement plans. External professionals reported an open culture, where children's rights and advocacy were strongly promoted and there was good joint working with all frontline teams in shared efforts to manage risk and improve outcomes for children.

The alternative care service was well led, organised, managed and staffed, so as to ensure a quality service to children in care. The principal social worker had been in post since January 2020 and had several years' experience within the service prior to this. The service director and area manager reported that there was a stable workforce in the area and staff were very clear on their roles and responsibilities and that the standard of practice was good. Staff reported that there was strong leadership and a continuous improvement drive which underpinned their work. At the time of inspection, the fostering team had a full complement of staff and the children in care team had one vacancy and two staff on long-term leave. There were no waiting lists for children and families to receive a foster care service. Senior managers reported that resources were allocated to provide cover and ensure safe care to children. Inspectors found a high standard of practice overall and there were no unallocated children or foster carers despite these vacancies.

Systems for tracking local performance, patterns and trends were well established. Staff were held to account via regular case supervision which noted the tracking of key statutory requirements such as statutory visits, foster care reviews, and Garda vetting. Other trackers maintained included complaints, compliments, quality assurance and HIQA actions plans and foster carer training, among others. The regional quality assurance monitor also reviewed some of these trackers.

The service director outlined that one of the most positive impacts on the alternative care service was the culture and values-based approach taken by staff. The area was always open to learning from audits, inspections, complaints and compliments. Findings from previous inspections were adopted and tracked to completion. Frontline staff highlighted that there was good learning from previous inspections and outlined better systems and tracking arrangements that were in place to quality assure service delivery. Examples of improvements achieved included a strengthened approach to placement planning, improvements to the quality of child in care reviews with additional administrative supports and the use of Tusla's National Child Care Information System (NCCIS) to track performance and activity levels, as well as the management and updating of the child in care register.

The service area maintained a child in care register in compliance with statutory requirements on NCCIS which was audited by the NCCIS Liaison person. The area

reported on all aspects of their foster care service as part of their annual *Adequacy of the Child Care and Family Support Services* report which was published nationally. The 2020 Mayo FCC Annual Report informed the wider alternative care planning and service development activity.

NCCIS was used to monitor service provision. Reports provided information to the management team on the volume of work in the area. Information was routinely collected and used to enhance the quality of care and the performance of the service in relation to up-to-date care plans, child in care reviews, foster carer reviews and Garda vetting checks. This informed the planning and needs analysis for the area as part of their service plan. Inspectors found that accessing information relating to children on NCCIS was good and in the majority of cases reviewed information was up to date. While the key records in relation to statutory requirements were evident, some of the work being completed by social workers was not consistently reflected as not all information was recorded or uploaded to the system in a timely manner and naming conventions were not standardised.

The service director reported that a resource allocation profile was completed nationally and also in the West region. This looked at what percentage of funding was targeted within the area. In this service area, significant funding had been targeted into early intervention and prevention work which resulted in a low number of children being placed in residential care. It demonstrated that there were good outcomes for children in care in the area. For the first time, the area had an agreed staff whole time equivalency (WTE) and budget to meet the needs of children in the area.

Judgment: Substantially compliant

Standard 20 : Training and qualification

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.

The area judged themselves to be substantially compliant with this standard. Inspectors agreed with this judgment.

Staff were experienced and competent and had the required skills and knowledge to efficiently perform their duties. Senior managers outlined that staff retention was good and a stable workforce was in place. The turnover of staff on some teams throughout 2020 meant that there had been several changes of social workers for a number of children and their foster carers. This was primarily on foot of staff promotions, and any staffing deficits were managed locally. Despite this, the area was child centred in its approach and made the best use of its capacity and resources. Staff were responsive to children's needs so as to maximise their participation in decisions about their care. Staff had received training in a child participation model to support them to engage and help children. The Mayo Youth Participation Committee had developed a 'Staff Pack' for Tusla staff – a toolkit for practitioners on how to engage online with children and young people. The service director outlined that the area was looking at resourcing a further roll-out of this toolkit.

Garda vetting checks of staff were audited on a monthly basis and professional registration was in place for all staff and reviewed by the line manager. A sample of 10 staff files were reviewed for safe recruitment practices. Recent checks undertaken by An Garda Síochána (police vetting), professional registration and renewal was available on all records of staff who were professionally qualified. However, improvements were required to ensure safe recruitment practices, as six staff files held centrally by Tusla did not contain a copy of a staff member's qualification and five did not contain copies of references obtained. This was brought to the attention of the area manager following the inspection.

Retention and wellbeing initiatives were in place to support staff. Staff wellbeing was addressed at team days and within individual supervision. Formal wellbeing initiatives included the employee assistance programme and access to occupational health. Staff were supported and encouraged to engage with Tusla's 'Empowering Practitioners in Practice (EPPI) and managers to attend 'Everyday Inspirational leadership' training. Staff had access to an external psychotherapist and group analyst. A 'Values and Behaviours' working group had been established in 2018 with representatives from the various teams. Other supports included team meetings, team building days locally and across the county. A training needs analysis aligned to national and local service development priorities was completed in October 2020 for the alternative care teams and submitted to workforce learning and development for consideration and progression. In line with Tusla's national policies, formal staff supervision and professional development plans were in place. Staff told inspectors that they felt supported by their managers and that there was a genuine appreciation and acknowledgement by managers of their workload.

External professionals reported strong joint working with all frontline teams in shared efforts to manage risk and improve outcomes for children. There was ongoing liaison with other agencies and community based services.

Judgment: Substantially compliant

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.

The area judged themselves to be substantially compliant with this standard. Inspectors agreed with this judgment.

The area had effective recruitment and retention strategies. They supported the national recruitment campaign and had a fostering champion on this committee. Foster carers and young people with care experience were also participants in the campaign. The service director outlined a pilot project between Mayo and another service area in the region for a half-time post for a person from the travelling community to be involved in the recruitment of traveller foster carers. The service area had completed a fostering needs analysis for 2021. While acknowledging that the previous 12 months saw an "unanticipated and unequalled challenge" to fostering recruitment as result of COVID-19; more innovative ways to recruit foster carers were pursued locally and nationally. These included hosting online virtual fostering information events, talks, and training and support events as well as increased social media content and presence. Managers were provided with media training to support this.

In 2020, there were 46 general foster care enquiries of which 26 proceeded to home screening. There were nine relative enquiries, of which three closed following an initial assessment visit and six proceeded to assessment. The area's analysis indicated that as of the 1 January 2021, there were 19 general foster care applicants awaiting a home screening visit and 17 applicants (nine general and eight relative) awaiting 'Foundations for Fostering' training. The report identified that completing general assessments so as to increase the availability of foster carers was required. It also identified the need for 'Foundations for Fostering' training to take place regularly, so as to increase the availability of general foster care applicants for assessments. A plan was in place to increase the availability of this training in 2021. The need for additional placements for a cohort of children with specific needs had been identified, which included placements for teenagers, children aged 0 – 3 years, supported lodgings and placements specifically for traveller children. In order to allow Tusla social workers to progress the assessments of general foster carers to maintain a sufficient panel of foster carers, the area had commissioned a private agency to assess a number of relative foster carers.

In 2020, the service area had sufficient levels of foster carers to meet the demands for placements. There were no children awaiting placements and no children were

placed with a private foster care agency. There was a good recognition of children's faith, culture and ethnicity within the recruitment, assessment and matching processes. Some traveller community members had been appointed as relative foster carers. Recent enquiries had been from members of other cultural backgrounds such as the Vietnamese, the Czech Republic and Nigerian communities. The panel of foster carers was updated after each Foster Care Committee meeting (FCC). A review of a sample of files demonstrated comprehensive analysis of the carer's ability to be a foster carer and their approval status. The FCC chair outlined that foster carer assessments and long-term matching documentation submitted to the committee for approval were of a good standard overall.

The service area had a structured assessment and matching process in place. There were successful matches with some children and foster carers and many good outcomes for children in care. However, there were six placement disruptions presented to the FCC in 2020. An analysis of these in the FCC Annual Report noted that none of these placement breakdowns were unallocated cases. Factors contributing to the breakdowns included more than two moves for the child in care, insufficient information provided to foster carers at the beginning of the placement and lack of communication between social workers and other professionals.

While significant progress had been achieved by the area to ensure long-term matches were up to date, approval of long-term placements was impacted by children remaining on shorter court orders for prolonged periods of time. Examples given included short-term placements that were extended indefinitely without the foster carers knowing whether they could actually provide care on a more long-term basis. This contributed to delays in transferring of cases to the children in care team, which subsequently impacted upon the approval of long-term placements in the area.

Relatives were always the first option reviewed for any child placed in care. This was supported by the signs of safety assessment and safety networks that were generally in place before a child was placed in care. Children were placed locally as the area had adopted the concept of the 'Mayo Child' to ensure an integrated and local response. With the exception of four relative placements outside the area, children were placed within the area.

A fostering newsletter issued as a result of COVID-19 was valued by foster carers as it kept them in touch with any new developments. Since the onset of the pandemic, fostering link social workers had increased their contact with foster carers and had been regularly checking in with them to assess how they were getting on and managing home schooling. A number of foster carers received enhanced payments in recognition of the additional needs of children they were caring for. Training to support foster carers was increasingly informed by the needs and experiences of foster carers. The alternative care principal social worker liaised with and had

attended meetings with the Mayo branch of a foster care association around support and training for foster carers.

Exit interviews were completed in a timely manner and outcomes discussed with the foster care committee. A review of two exit interviews undertaken in September 2020 demonstrated that the carers had been fostering for between 14 to 19 years. Their fostering experience was generally positive and they reported good relationships with their fostering link workers. Learnings differed according to their respective experiences, such as more support and honesty for difficult placements, consideration of the impact on carer's own children and the need for ongoing learning. The area's standards meeting identified that the implementation of learning from the review of exit interviews was an area for improvement.

Judgment: Substantially compliant

Standard 22: Special Foster Care

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

The area judged themselves to be substantially compliant with this standard. Inspectors agreed with this judgment. The service area did not identify foster carers as 'special foster carers' on the panel.

While the area indicated that they did not have any 'special foster carers' on their panel, the area did have children with complex needs that were placed with foster carers who received additional supports or enhanced payments. Some of the areas of good practice identified as part of a recent audit of children with a disability included that all children in care with a disability were allocated a social worker, some children had benefited from having the same social worker over a significant time period. Statutory visits were undertaken, as well as additional visits more frequently than the required timeframes, which included visits to children in respite care. The frequency of child-in-care reviews, and subsequent development of care plans and placement plans was compliant with the standards. The voice of the child was evident on all of the files reviewed. Transition or future planning for children with a disability was well managed in relation to adoption, enhanced rights, and discharge home or progression to aftercare.

However, there was no national policy in relation to providing a special foster care service for children with complex needs, as required by the standards. The area therefore had no guidance to support them in providing a special foster care service

for the cohort of children that required this service. This needs to be addressed at a national level.

Judgment: Substantially compliant.

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.

The area judged themselves to be substantially compliant with this standard. Inspectors agreed with this judgment.

The foster care committee (FCC) was well governed and had good oversight of the activities relevant to its function. The membership of the committee was in accordance with Tusla's Foster Care Committees, Policy, Procedures and Best practice Guidance (2017). An open and transparent appeals process was also in place. The committee membership was made up of a broad range of members with appropriate experience and qualifications. It also included representation from Mayo Traveller's Support Group and work to further strengthen cultural diversity representation on the committee was ongoing. A care experienced representative had been appointed to the committee in the previous 12 months and outlined that they felt well supported by the other committee members. The membership included the area medical officer and a psychologist who offered specialist advice and the committee had access to other relevant specialist advice externally, if required.

FCC members felt their views, expertise and experience were encouraged and were adequately supported in relation to their learning and development needs. They felt their decisions were appropriately challenged and questioned in promoting the best interests of children while ensuring appropriate support to foster carers and birth families. They also reported that the long-term planning processes worked well, and felt they were kept appropriately informed about serious concerns and allegations. A number of improvement activities included processes to ensure committee teleconference meetings complied with GDPR were introduced and enhanced scrutiny of foster carer exit interviews and disruption meetings was progressing.

A dedicated committee secretary provided administrative support and maintained a well-organised membership file. Appropriate arrangements were in place to track Garda vetting and renewal. A review of eight FCC member's records showed that they

contained the relevant documentation to show their suitability as a member of the FCC. A record of training attendance for FCC members was also maintained by the secretary. As a result of COVID-19 restrictions, training events in 2020 did not take place. A virtual training session on the management of serious concerns and allegations was held in February 2021 of which eight of the 12 FCC members attended. All committee members had up-to-date Garda vetting, however, four of the FCC member's records did not contain evidence of induction.

Minutes of the FCC meetings reflected their responsibilities in line with the standards. This included consideration of disruption reports, notifications of serious concerns and allegations and outcome reports, notification of placements over numbers, matching long-term approvals, consideration of assessment reports of foster carers and reviews of foster carers. The minutes were comprehensive and well structured, with clear recommendations and decisions recorded. Comprehensive reports were provided to the committee in relation the agenda items. Allegations and serious welfare concerns were notified to the committee in a consistent manner. A tracker was maintained by the FCC to map the process from notification to outcome of all allegations and serious concerns.

The FCC Chair formally reported to the area manager via monthly supervision and was part of the senior management team. The FCC Chair, the alternative care principal social worker and fostering team leader, met formally on a quarterly basis in order to highlight issues as they arose. Escalation of any issues were fed back by the FCC chair to the area manager. Bi-monthly standards meetings, inclusive of the FCC Chair ensured ongoing monitoring of work and improvement activities. Regional FCC Chair meetings in conjunction with the regional quality, risk and service improvement manager (QRSI) promoted a strong shared improvement direction.

The committee's work was underpinned by a comprehensive annual report and service plan that had been informed by the committee's activities and learning over the previous year. This informed the wider alternative care planning and service development activity. The 2020 Mayo FCC Annual Report outlined evidence of good joint working between the FCC Chair and the alternative care management team.

The committee was well governed and its membership was in accordance with Tusla's Foster Care Committees, Policy, Procedures and Best practice Guidance (2017). All committee members had up-to-date Garda vetting, however, four of the FCC member's records did not contain evidence of induction.

Judgment: Substantially compliant

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

The service area did not have any children placed in private foster care, therefore this standard could not be assessed.

Judgment: Not assessed

Standard 25: Representation 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.

The area judged themselves to be substantially compliant with this standard. Inspectors did not agree with this judgment and assessed this standard as compliant.

Representations and complaints were managed in line with Tusla's national complaints policy. Effective oversight was in place which demonstrated an efficient and prompt response and resolution to all complaints. A focus on compliments and complaints was embedded within discussions in the management team and standards meeting minutes, staff supervision records, case records and other correspondence issued to foster carers and children. The area maintained a tracker of representations and complaints and they were standing agenda items on the alternative care management and senior management team meetings. The service area actively sought to use compliments and complaints to support organisational learning and quality improvement, using positive feedback from children and their families to reflect on what worked well.

Children in care were advised and given adequate and age-appropriate information on how to make a complaint or representation. Staff appropriately supported children on how to raise a concern or complaint, as demonstrated on children's care records. A checklist of information provided to children was also evident on their records.

Foster carers were given a copy of the complaints procedure. A review of foster carer files showed that fostering link workers discussed this in support and supervision records and also noted this at foster care review meetings.

Birth parents were also provided with information on the complaints procedure at the initial stages of their contact with the social work department.

Information in relation to external independent advocacy services was available to children, foster carers and parents if required. External advocates reported an open culture, where children's rights and advocacy were strongly promoted. They reported strong joint working with all front line teams in shared efforts to manage risk and improve outcomes for children.

A review of the complaints tracker demonstrated an efficient and prompt response and resolution to all complaints. There were six entries recorded, five pertaining to 2020 and one recent complaint in April 2021 which was still open. The tracker did not note whether the complainant was satisfied with the outcome or not. Complaints received were reviewed at the end of 2020 which found that they were dealt with appropriately with no specific action plan required. Senior managers monitored and reviewed all complaints and representations. They reported that there was no pattern of complaints in the area as the numbers received were low. The service director outlined that the only trend identified across the region was that in general complaints were handled at the first point of contact and in a timely manner.

The compliments register showed that the area had received 28 compliments from a variety of sources in the previous 12 months which was shared with staff in a colourful poster format on a quarterly basis. These included compliments from children, foster carers, external stakeholders, An Garda Síochána, and a Judge, among others.

Judgment: Compliant

Appendix 1: National Standards for Foster Care (2003)

This thematic inspection focused on the following national standards that relate to the governance of foster care services.

Standard 18	Effective policies
Standard 19	Management and monitoring of foster care services
Standard 20	Training and qualification
Standard 21	Recruitment and retention of an appropriate range of foster carers
Standard 22	Special foster care
Standard 23	The Foster Care Committee
Standard 24	Placement of children through non-statutory agencies
Standard 25	Representations and complaints