



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

Name of service area:	Donegal
Name of provider:	Tusla
Type of inspection:	Thematic
Date of inspection:	18 – 21 October 2021
Fieldwork ID:	MON_0032929

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, child care 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 area manager
 - principal social workers
 - the child in care reviewing officer
 - the chair of the foster care committee
 - the quality assurance monitor
 - a representative from an external advocacy agency
- focus groups with:
 - social work team leaders
 - frontline staff
 - five children
 - five foster carers
 - external stakeholder representatives (from one advocacy agency, Guardians-ad-litem and a representative from a private foster care agency)
- observations of:
 - child-in-care review meeting
 - a fostering team matching meeting and a management 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 32 children's and foster carer files
- separate phone conversations with:
 - a sample of four parents, one child and five 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

According to data published by Tusla in 2018, the Donegal service area had a population of children aged 0–17 years of 42,865.*

The area is under the direction of the service director for Tusla West region. This post was vacant at the time of the inspection. Each area manager in the West region was providing cover for two week blocks on a rotational basis until this position was filled. The area is managed by an area manager. There were two principal social workers in the area, who had responsibility for alternative care services. There was a principal social worker who managed the fostering recruitment and assessment team, the fostering support team, the leaving and aftercare service and a care and placement support team. A principal social worker for children-in-care managed two

child-in-care teams, the child-in-care support team and the child-in-care reviewing officers.

The long-term children in care team, and the leaving and aftercare service were based across Letterkenny, Ballyshannon, Donegal town and Buncrana. Three child protection teams, who had responsibility for the care of children in care until they were transferred to the long-term children in care team, were located in offices throughout the service area.

At the time of the inspection there were 137 foster care placements in the area providing placements to 207 children. Of these, 36 children were placed with relatives and the remaining 171 children were placed with general foster carers (three within non-statutory placements).

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
18 October 2021	11:00 – 17:30	Una Coloe	Inspector
	11:00 – 17:30	Sabine Buschmann	Inspector
	14:00 – 17:00	Tom Flanagan	Inspector
	12:00 – 17:00	Pauline Clarke	Inspector
	09:00 – 17:00 (Remote)	Orohoe Grace Lynam	Inspector
19 October 2021	09:00 – 17:00	Una Coloe	Inspector
	09:00 – 17:00	Sabine Buschmann	Inspector
	09:00 – 17:00	Tom Flanagan	Inspector
	09:00 – 17:00	Pauline Clarke	Inspector
	09:00 – 17:00 (Remote)	Orohoe Grace Lynam	Inspector
20 October 2021	09:00 – 17:00	Una Coloe	Inspector
	09:00 – 17:00	Sabine Buschmann	Inspector
	09:00 – 17:00	Tom Flanagan	Inspector
	09:00 – 17:00	Pauline Clarke	Inspector
	09:00 – 17:00 (Remote)	Orohoe Grace Lynam	Inspector
21 October 2021	09:00 – 14.30	Una Coloe	Inspector
	09:00 – 14.30	Sabine Buschmann	Inspector
	09:00 – 12:30	Tom Flanagan	Inspector
	09:00 – 14:30	Pauline Clarke	Inspector
	09:00 – 17:00 (Remote)	Orohoe Grace Lynam	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 April 2018) – Assessed the efficacy of recruitment procedures, foster carer supervision, and assessment of foster carers.
- Phase 2 (completed in this area in June 2019) – 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:

- Four standards were substantially compliant
- One standard was non-compliant moderate
- Three standards were non-compliant major.

The Phase 1 inspection found that there was a delay implementing Tusla’s protocol for managing allegations and serious concerns against foster carers. There was a lack of oversight of the implementation of risk management plans and not all adults or young people over 16 had appropriate Garda Vetting. Foster care assessments were not completed in a timely manner and the monitoring and oversight of preliminary checks when children were placed in an emergency was not sufficient. Reviews had not taken place for the majority of foster carers and records of support visits to foster carers were not adequate. There was an insufficient number of foster carers to meet the demands of the service and the foster care committee were not adhering to the policy regarding the arrangements in place for the approval of foster carers, in all cases. Good practice was identified in the support offered to foster carers regarding retention strategies, all foster carers were allocated a social worker and there was a range of supports and services for foster carers caring for children with complex needs.

Of the six standards assessed in Phase 2:

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

The Phase 2 inspection found that while allegations made by children in care were assessed and responded to, they were not always investigated in line with *Children First: National Guidance for the Protection and Welfare of Children* (2017). Statutory visits had been carried out but not in line with the frequency required by Regulations in all cases. Issues were identified with the quality of the care planning process including the participation of children and parents, plans not addressing the identified needs of children, and decisions not being shared with children and other relevant people. In addition, the area took legal action in response to one case escalated for assurances in respect of voluntary agreements. Good practice was identified in the assessment and matching process and in the work of the leaving care and aftercare team. Children and young people said they had an allocated social worker. Most spoke positively about the help they received and their relationships with foster carers, social workers and aftercare workers.

The service director for Tusla West had convened a group of representatives from all five service areas in the region to reflect on the outcomes of these inspections and ensure that good practice was shared and new systems were put in place to improve the foster care services.

Self- Assessment information and what Tusla said about the service

Prior to the announcement of the inspection, a self-assessment 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 compliant against two standards, substantially compliant against four standards and non-compliant moderate against two standards. The area had a service plan and a quality improvement plan in place, which identified areas requiring improvement to bring them into full compliance.

Inspectors agreed with the service area's assessment of its performance in three of the eight standards assessed. Two standards rated substantially compliant by the area were judged to be compliant. Standard 18, Effective policies, was rated by the area as substantially compliant due to a deficit related to staffing. However, for this inspection staffing was assessed under Standard 19, Management and monitoring of foster care services. Therefore, inspectors deemed Standard 18 to be compliant. In addition, the area judged themselves to be substantially compliant against standard 20, Training and qualifications, as professional development plans were being devised. Inspectors found evidence that these had been implemented in the area by the time of the inspection and therefore assessed the standard as compliant. The area had judged Standard 22, Special foster care as compliant as they had developed a local guidance document for an enhanced support foster service. However, Tusla did not have a policy or procedure for the provision of special foster care for children with complex needs, as required by national standards and therefore inspectors assessed this standard as substantially compliant. The remaining two standards rated as non-compliant moderate by the area were assessed as substantially compliant, considering the progress made by the area since the completion of its SAQ. Although there was a lack of a national service level agreement for non-statutory agencies, the area had proactively engaged with the service to complete a self-audit which increased their governance and oversight. In addition, this inspection found that significant progress had been made by the area to address the deficits relating to Standard 21, Recruitment and retention of an appropriate range of foster carers. There continued to be a lack of foster care placements but the area had ensured progress had been made. The SAQ indicated that the area had effective management and governance systems in place and effective arrangements to drive improvements in the service.

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 addition, this inspection was initially planned for June 2021 and was postponed due to the cyber-attack on Ireland's HSE ICT system, which also impacted Tusla's systems. 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 five children in a focus group and with a sixth child individually over the phone. They reported positive experiences of foster care and the social work department. All the children reported that they were happy with the contact they had with their social workers and felt listened to. They said the social workers have helped them and they are happy in their foster homes. Two young people reported that their social worker provided information and they were clear what to expect from the aftercare service.

Children's comments about their social workers were mainly positive and included:

- "She's amazing. If I have a problem, she tries to sort it out".
- "They ask what I want and I feel listened to. They do listen and try to sort it".
- "Told us everything we needed to know".
- "Social workers have helped".
- "Get everything you need".

Children said they had experienced changes in their social workers and one child said "I'm not bothered about the changes of social workers, just get used to it".

Children also said:

- "I know that my foster family really cares and give me the support that I need".
- "I'm very happy and safe".
- "I love it (foster care), it's very good".

Parents had mixed views of the foster care service. Some reported that they were very satisfied with the foster placement and the social work department looked after and kept their child safe. In addition, some parents said they felt listened to but some parents did not have the same view and reported their concerns about poor communication. Another parent was not happy about decisions made about their child's care. Some comments from parents included:

- "she (social worker) treats me with respect all the time"
- " my social worker is always transparent, good to give information and easy to deal with"
- "no major issues but concerned about the big turnover of social workers"

Foster carers reported that there was good communication with the service and social workers listened to children and acted in their best interests. Some of the comments by foster carers included:

- "We wouldn't be managing if it wasn't for them (social workers)".
- "Social worker sourced supports for the child".
- "Social worker was just amazing".
- "There's nothing social workers wouldn't do for the children".
- "The social worker makes sure the child can give their views and then makes sure they're heard at reviews".
- "The social worker is fantastic and extremely reliable".

Some issues highlighted by foster carers as requiring improvement included delays obtaining full care orders for children and their decision making capacity in relation to court ordered access. In addition, foster carers said they did not believe that their achievements were celebrated by the service and spoke about the impact of staff changes.

External professionals reported that the service was child-centred and responsive where children's rights were promoted and social workers acted protectively to safeguard children. They said that despite staffing challenges, foster carers and children received the support they need. One professional said social workers "go above and beyond, they're excellent". They described good relationships with the teams and although they had not been asked for feedback about the service, they outlined that the quality of the service was excellent. They acknowledged the work of the placement support team, describing "really good work". They highlighted issues impacting children which related to court orders and the impact on permanency planning, foster carers awareness of their autonomy with regard to court ordered access and the lack of foster care placements, particularly from a multi-cultural background.

Case records demonstrated good quality and child-centred support provided to children. Social workers ensured that children's needs were met and appropriate supports were sourced for children if they were required. Trusting relationships between social workers and children were evident and social workers consistently ensured children could discuss any worries they might have with them. The voice of children including their wishes and views was clearly recorded and considered in child-in-care reviews and statutory visits. The service area had a strong focus on the participation of children and parents and were continuously striving to develop this further. For example, in 2021, ten young people participated in a project to progress changes required to enhance the participation of children in child-in-care reviews. The area had won an "investing in children" award in 2020 following a project completed with children and young people. This was described as "the most amazing child, youth and family friendly building" when they received the award.

Foster carers were well supported and had access to appropriate training and supports to assist them in meeting the needs of the children. Areas for improvement related to the allocation of social workers, as a small number of children had experienced changes in their allocated social worker and eight children had recently become unallocated. In addition, not all foster carers had an allocated link worker. Permanency planning for children was impacted when children were subject to ongoing short-term court orders. Despite this, children and foster carers received a high quality service.

Overall, children in care received a child-centred and safe service where their views were listened to and considered. Children had positive relationships with their foster carers and social workers. Foster carers were overall very satisfied with the service and the support they received.

Governance and Management

There were effective governance and management systems in the Donegal area to ensure a safe service was delivered appropriate to the needs of the children. There were clear policies, procedures and guidance to guide the delivery of the foster care service. Individual roles and responsibilities for staff and management were clearly set out in the area's statement of purpose and function. There were effective systems for management and oversight of all aspects of the service and a commitment to continuously improve the quality of service provision.

The service focused on continuous improvement while striving to comply with the standards and to develop the service in line with national objectives. Service planning was informed by an analysis of their progress, documented in comprehensive end of year reports for the fostering and children-in-care teams. They incorporated areas identified for learning, actions from audits and previous inspections, as well as feedback from stakeholders, to inform their quality improvement plans. Significant progress had been made to implement actions outlined in the service and quality improvement plans. The majority of actions contained in their quality improvement plan had been completed, with further development planned in relation to enhancing participation in child-in-care reviews, further analysis of their recruitment and retention strategies for foster carers and to develop more child friendly formats for complaints. Actions identified on the area's service plan were all ongoing, apart from the participation of birth children of foster carers in the foster care review process and to facilitate an annual event/outing for children who foster. Both of these actions were planned for completion in 2022.

Service delivery was aligned to relevant legislation, regulations, policies and standards. There was effective leadership and adequate management arrangements in place that supported the delivery of a child-centred service. However, there were some areas that required improvement to ensure full compliance with the standards. The area manager was experienced and had held the position in Donegal for four years. There was a principal social worker who managed the fostering recruitment and assessment team, the fostering support team, the leaving and aftercare service and a care and placement support team. A principal social worker for children-in-care managed two child-in-care teams, the child-in-care support team and the child-in-care reviewing officers. Although, managers were experienced, the overall governance of the service was effected as the service director role had recently become vacant. Temporary arrangements put in place to cover this role were not adequate. Each area manager in the West region provided cover for two week blocks but this meant there was no consistent manager with responsibility for the overall governance and management of the service while the service director position was vacant. The area had experienced staffing challenges which impacted on their capacity to recruit an appropriate range of foster carers, to meet the diverse needs of children. Furthermore, there were a small number of children and foster carers who did not have an allocated social worker. The management team were actively working on these deficits and actions to address were reflected in the quality improvement plans.

There were effective systems in place to provide assurance to managers on service provision. There was ongoing oversight and monitoring of all aspects of service delivery. Quarterly area operational meetings took place with the previous service director which provided an overview of operations and updates from each pillar. There were regular senior management meetings and quality, risk, safety and improvement (QRSI) meetings. This reporting structure ensured the area manager had a detailed overview of all aspects of service provision, with actions set out, to ensure any issues were addressed in a timely manner. There was evidence that feedback from these meetings was provided to the staff during their own team meetings.

There was formal line management supervision of all staff which was in line with the requirements of Tusla's national policy. Supervision was recorded on standardised templates and allowed staff and their managers to track key data including statutory requirements, care plans, any updates relating to the child's care and complaints. In addition, there were individual case management templates for the fostering team including the recruitment and assessment team. The recording of supervision was good and ensured management oversight of individual cases and performance. Caseloads were monitored to ensure they were manageable.

There were good management systems to ensure managers in the service effectively monitored service provision. This in turn, promoted learning to drive further improvements. Trackers maintained by the area included those in relation to serious concerns, allegations, foster care reviews, Garda Vetting, statutory visits, unallocated

cases, safety and risk management plans, among others. Although a small number of trackers were not up to date, due to staff leave, there was a system to review and audit all trackers. The area manager also monitored trackers with the business support manager and liaised with the principal social worker regarding any gaps or queries. Auditing of case files was impacted by COVID-19 and the cyber-attack and although there were no individual audits of case records on the files reviewed, cases were monitored by team leaders and case supervision was comprehensive. Regular meetings took place to monitor service provision in relation to, for example, the recruitment and assessments of foster carers, new admissions and placements at risks. These meetings considered service needs or gaps and ensured the principal social workers had a comprehensive oversight of all aspects of the service.

End of year reports provided a comprehensive analysis of service provision. The FCC also produced an annual report. Although the service did not prepare an annual '*Adequacy of the Child Care and Family Support Services*' report as required by the national standards, the end of year reports and FCC annual report were comprehensive to inform the development of services.

The area complied with Tusla's national policies and procedures for risk management. Risks were recorded on the area's risk register which clearly set out the risk rating and whether the risk was held locally or escalated to regional or national level. The main risks relating to this inspection focused on staffing deficits, the difficulties related to the recruitment of foster carers and lack of appropriate and varied placements for children. Risks were proactively addressed and reviewed at regular quality, risk, safety and improvement meetings which were attended by senior management. Risk escalation tools were utilised if cases were unallocated to assist the management team in the prioritisation of cases that required allocation. The area had a system to record incidents relating to the service and individual cases were escalated to the area manager as 'need to knows', if required.

Children in care, their families and foster carers were supported by an experienced team. Staff were aware of their role and responsibilities and had a good understanding of the policies and procedures relevant to their roles. They were child-centred and valued the participation of children and families and were continuously striving to further improve participation. They were held to account for their practice and involved in tracking outcomes for children. They reported receiving effective leadership and supervision with appropriate challenge, feedback and guidance. The quality of service provision was good and involved innovative practice to improve outcomes for children including the supports offered by the placement support, access and aftercare team, the provision of enhanced placements and training provided to foster carers. There was a complex case forum to support the team with regard to complex cases and regular core group meetings took place when required.

Staffing levels were not optimal but the management team were actively managing this issue to ensure there was adequate staff to provide a good quality service. Staff turnover rates and absenteeism rates were relatively low (4.34%) but had a significant impact on the capacity of the teams to deliver the service in line with the standards. The fostering and child-in-care team had vacancies but the teams capacity had also been impacted as a result of various leave taken by staff and staff changing to other teams within the area. As noted, this impacted on the recruitment of foster carers and the allocation of a social worker to all children and foster carers. An effective system was implemented to provide supports to a small number of children (eight) and foster carers (eight) who did not have an allocated social worker. Staff and managers reported difficulties regarding permanency planning for children on short care orders and this resulted in considerable amounts of time focused on court reports and associated work. Despite this, the management team ensured caseloads were manageable.

There was a good training programme for staff and recruitment practices were safe. Although inspectors found gaps in the personnel files of staff, assurances were provided after the inspection to outline that the missing documentation was present and was not provided due to administrative errors. There was a system to track the vetting and registration of staff. Mandatory training was strongly promoted, staff had professional development plans and additional training was sourced in response to requests by the team for training outside of the standard national training programme.

The recruitment of foster carers was recognised as a priority for the area. This was identified as a risk as there was an insufficient range of foster carers to meet the demands for placements, particularly after a significant rise in the number of children coming into care in the area. Due to the lack of available placements, there were nine placements where the numbers of children placed exceeded the recommendations of the standards and three children were placed in non-statutory placements. The concern was actively managed and a recruitment strategy and a retention strategy for foster carers was developed to address the deficits. Recruitment practices were well-developed and included representatives from the foster care panel. Although there was no general foster carers recruited in 2020, significant progress had been made in 2021 with regard to the recruitment of carers. There was a small number of foster care placements available but the area identified a deficit in placements for children aged eight and over and for children with complex needs. A comprehensive training needs analysis was completed to improve retention of foster carers and this informed the training plan for foster carers.

The area maintained a panel of foster carers. At the time of the inspection there were 137 foster care placements in the area providing placements to 207 children. Of these, 36 children were placed with relatives and the remaining 171 children were placed with general foster carers (three within non-statutory placements).

There was an enhanced placement guidance which provided a framework to support and manage children and placements requiring enhanced support in the absence of a dedicated specialist foster care service. These placements were well managed and reviewed. The area ensured that children received additional services and multi-disciplinary support, if required and in a timely manner. Formal arrangements were in place to facilitate the management of specific cases at steering committee and joint protocol meetings with the HSE.

The foster care committee (FCC) carried out its duties and functions in line with the Tusla Foster Care Committee, Policy, Procedures and Best Practice Guidance (2017). Membership of the committee was appropriate and ensured there was a range of experience, expertise and knowledge. There was an experienced chairperson with extensive knowledge in the area and appropriate acting up arrangements for deputising in the absence of the chairperson. Committee meetings took place monthly. The FCC developed guidance and checklists to improve consistency in presentations to the committee. Minutes of meetings were well recorded and clearly set out the rationale for decisions and recommendations. The area manager signed off on all decisions to ensure governance and oversight of the work of the FCC. There was a backlog of foster care reviews and the chair of the committee had arranged additional committee meetings to address this. The FCC produced an annual report regarding their work, progress, strengths and challenges within the area.

Complaints were well managed. The area welcomed feedback and had an effective system to monitor and review complaints. There was a process to identify learning from complaints made and action was taken to improve service provision, if required. Foster carers and children knew how to make a complaint but it was not always recorded on their files, if they were provided with the guidance to do so.

The area routinely collected and used information to enhance the quality and performance of the service. Key data was compiled into a quarterly safety, risk and quality improvement report. This included data in relation to complaints, compliments, incidents entered on National Incident Management System (NIMS) and 'need to knows'. Key data relating to governance and management was also recorded such as implementation of actions required from quality improvement plans. Tusla's National Child in Care Information System (NCCIS) was used to monitor service provision and allowed the management team to gather data to support service delivery. The area manager was provided with monthly data reports from the user liaison officer. Managers had access to all information on NCCIS and took actions if there were any gaps. The area had additional training planned to improve data management practices. Improvements were required in the management of case files as not all records were uploaded in a timely manner and not all information relating to foster carers was contained in a single filing system.

The service area rated its performance as compliant against two standards, substantially compliant against four standards and non-compliant moderate against two standards. The SAQ indicated that the service area had strong management and governance systems and plans to drive service improvement. Inspectors agreed with the service area's assessment of its performance in three of the eight standards assessed. One standard rated as compliant by the area was judged to be substantially compliant. Two standards rated substantially compliant by the area were judged to be compliant. The remaining two standards rated as non-compliant moderate by the area were assessed as substantially compliant, considering the progress made by the area since the completion of its SAQ.

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 did not agree with this judgment and assessed this standard as compliant.

Policies, procedures and guidance were in place to ensure the effective and safe delivery of foster care services. These were informed by the relevant legislation, regulations and standards. Strong leadership and management in the area ensured that practices were in line with policies and procedures. The area's statement of purpose and function clearly set out each team's roles and responsibilities to ensure the consistent delivery of services. The area developed a service plan on a yearly basis which set out key priorities in order to ensure service improvement. This was aligned to the national corporate plan.

Managers were satisfied that staff had a good understanding of policies and practice requirements. The regional 'task and finish group' had helped to standardise practice and share learning to improve service delivery in line with policies. Staff were fully briefed on national policies and knowledgeable about procedures that guided their work. Local guidance documents were developed to support the team in their work in relation to safety and risk management plans, the matching process and disruptions, among others. It was evident that these guidance documents were discussed at team meetings with staff.

The staff and management team monitored their practice to ensure it was in line with their policies. Allegations and serious concerns were investigated in line with Children First, National Guidance for the Protection and Welfare of Children (2017) and the

interim protocol. Placements exceeding the numbers recommended by the standards were notified to the FCC, as required. Some children and foster carers were not allocated a social worker due to the impact of staffing deficits and while this was not ideal, the service had implemented local procedures to ensure the statutory requirements were met. Managers were responsive to queries regarding their procedures and made amendments to ensure the procedure was in line with regulations when a gap was noted during the inspection in relation to statutory visits for unallocated children.

There was a system to ensure foster carers were briefed on updates regarding the service. The service wrote to all foster carers on a regular basis to update them on key areas such as COVID-19 restrictions and management of restrictions in terms of access, supports, training and data management. Foster carers were also briefed on relevant policies during support and supervision sessions. Children's case files demonstrated that children were provided with information in an age appropriate way.

The area followed the national transfer policy in relation to children placed outside the area. There was a small number of children placed outside the area and in most cases this was to facilitate relative placements or bespoke placements for children to best meet their needs.

There was effective partnership working with other agencies and formal arrangements in place to facilitate the management of specific cases as required. Practice was in line with the Health Service Executive (HSE) joint protocol for children with disabilities. The area had regular referral liaison meetings with mental health services. There was a funding agreement with local youth and family agencies who provided services to children and families in the area. In addition, steering committee meetings were held regularly to ensure services were in place for children in the leaving and aftercare service who had additional needs.

This inspection found areas of good practice where it was evidenced that care practices were child-centred and children's needs prioritised. The service had implemented procedures to ensure foster placements had access to enhanced supports where required to meet the children's needs. In addition, a system was in place to assess the foster family's own network to provide a respite service, if this was in the best interests of the child. The area placed a strong emphasis on the participation of children and families, which was guided by their participation strategies. Work was ongoing to enhance the participation of both children and parents in the child-in-care review process as a result of feedback and observations since the COVID-19 pandemic. The area won an "investing in children" award in 2020 for the work completed with partner agencies and children in the development of a

child and family friendly environment. Finally, the area had a care placement and support team to provide support and interventions to children and foster carers to help maintain the placements.

The area had effective policies and procedures to ensure a high quality service was delivered to children and foster carers. Local guidance documents were developed when required and they were comprehensive to guide the team in the provision of child-centred services.

Judgment: 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.

There were strong governance arrangements and structures to ensure the delivery of a high quality service. The management team had implemented effective systems to manage and monitor the service and there were several layers of governance to ensure the service was safe and effective. However, the service director post had recently become vacant. Arrangements to cover this post on a short-term basis were put in place, where each area manager provided cover for two week blocks. These arrangements were not adequate to ensure consistent oversight and governance of the service on an ongoing basis. In the absence of a consistent service director, the area was held to account nationally through national performance meetings with the chief executive officer and through quarterly reporting of their metrics.

Management roles and accountabilities were clearly defined with strong governance and oversight by the management team. The alternative care management team comprised of two principal social workers led by the area manager. There was an experienced principal social worker for the foster care service. A newly appointed principal social worker for the child-in-care team was on leave during the inspection and the previous post holder acted up in her absence. The area had a comprehensive statement of purpose and function to ensure clarity with regard to roles and responsibilities of each team. Inspectors observed good collaborative working between managers who demonstrated awareness of each managers responsibilities, a commitment to quality improvement and improved outcomes for children.

The service had clear and effective management and governance systems that enabled regular review of service provision. The regional task and finish group had helped to standardise practice and ensure ongoing of an effective, safe and child centred approach across the region. The area used their service plan and quality improvement plans to drive improvements in the service. These were derived from end of year reports and the FCC annual report which collated all key activities, strengths and weakness of the service. The service plan and quality improvement plans evidenced progress made in relation to the development of a recruitment and retention strategy for foster carers, a training needs analysis and the implementation of the enhanced placement guidance.

Deficits existed in the service which related to staffing challenges and this impacted on the organisations performance. There were eight children that did not have an allocated social worker and eight foster carers who had children placed with them were unallocated. There were appropriate systems to manage these cases including a risk management process to review these cases and a duty system to provide adequate support in the absence of an allocated worker. Significant staffing deficits in 2019 impacted the recruitment of foster carers and following an increase in the number of children coming in to care, this put significant pressure on the team in terms of placement availability. Although the capacity of the team had increased and assessments of foster carers had recommenced, there was a lack of foster care placements. This meant that there were some children in placements where the numbers of children placed exceeded the standards and a small number of children in non-statutory placements. The management team were actively working to resolve the staffing challenges in the area. A recruitment and retention of foster carer's strategy was developed to address gaps in the availability of foster care placements.

The service was well led, organised and managed. Managers actively monitored performance in its review of service plans, quality improvement plans, through meetings and case supervision. Regular senior management meetings took place which ensured the area manager had a comprehensive overview of the service. Records of placement resource meetings, matching meetings and recruitment meetings were comprehensive and ensured managers had oversight of all aspects of the service. These meetings monitored placement requests and needs, placements at risks or disruptions, recruitment processes and progress, assessments of foster carers, placements exceeding numbers and presentations to the FCC. Inspectors observed one of the meetings and found it demonstrated an effective governance and oversight system that reported on all aspects of the fostering service.

There were effective monitoring systems but some improvements were required. Several trackers were maintained, reviewed and audited to allow senior managers,

including the area manager to monitor the progress of complaints, unallocated cases, enhanced support placements, allegations and serious concerns and safety and risk management plans, among others. Garda vetting of foster carers and significant others was also tracked to ensure applications were submitted in a timely manner. Some improvements were required to ensure all trackers were up to date. Although the tracker for complaints and visits to unallocated foster carers were not up to date, inspectors found that there were no risks, as the required work was carried out. However, the tracker for statutory visits to children in care was not up to date and some visits to children were not carried out in line with the frequency required by regulations. Team leaders outlined that they regularly reviewed case records. Although audits of case records were not evident on files, case supervision recorded how the team leaders ensured oversight of cases. These records were comprehensive and gave an overview of the quality of work and support to children and foster carers.

The Tusla Practice Assurance and Service Monitoring Team (PASM) had not completed an audit of the fostering service in this area since 2019. An audit to assess the quality of the supervision of foster carers was planned to take place in 2022. The quality assurance officer was involved in the 'task and finish' group set up in the area and reported that the area was proactive and ensured actions were implemented to improve the service.

The service had a risk register and a process to review risks during regular quality, risk and service improvement meetings. Risks relating to the foster care service included, staffing deficits, recruitment of foster carers, lack of mental health services, lack of appropriate placements and the significant increase of children coming into care. Risks were managed locally or escalated to the regional risk register. The area compiled key data into a quarterly safety, risk and quality improvement report. It included data in relation to complaints, compliments, incidents entered on National Incident Management System (NIMS), need to knows and key data relating to governance and management such as implementation of actions required from quality improvement plans. Managers were fully briefed on the key areas of risk and were actively working to address deficits within their control.

The area manager outlined tasks he was committed to, to manage risks. The staffing situation had improved as a number of vacant posts had been accepted. There was a plan to set up a staff recruitment and retention group to address staffing issues. Services for children were accessed privately if required and there were referral liaison meetings with mental health services to discuss individual cases. HSE Joint protocol meetings and steering committee meetings were held as required and this had a positive impact for children with complex needs.

The service area also monitored its performance through the use of the National Child in Care Information System (NCCIS). The area maintained a child in care register in compliance with statutory requirements on NCCIS. The area manager was provided with monthly data reports from the user liaison officer and outlined how he can access information on NCCIS in relation to any gaps. The area identified the need for further training for the team to ensure the system was being used effectively. Inspectors found that documents were not consistently uploaded to NCCIS in a timely way as records of case supervision and statutory visits were not present on all files or had been uploaded just prior to and during the inspection. Foster carers' files were held electronically on a shared server with some documentation held on paper files. This impacted on the ability of managers to maintain oversight of entire files.

Staff and senior managers demonstrated an openness to learning from feedback, compliments, complaints, inspection processes and internal reviews. Findings from previous inspections were tracked and completed. The area manager outlined how learning from a complaint in the past led to the grounding of their participation strategy and led to the programme of work completed on one of their buildings to make it accessible for people with disabilities as well as child-friendly. The area utilised their end of year reports to highlight any areas for learning which were addressed in the following years' service plan. Frontline staff described a culture of learning from child-in-care reviews, foster care reviews, supervision and team meetings. In addition, there was a complex case forum which allowed for structured progress and learning in more complex cases.

Overall, there was effective governance and management of the service. The area continuously planned to improve through service planning and quality improvement initiatives. These systems ensured the service was provided was safe and effective. Further improvements were required to ensure data management practices were effective and statutory visits were carried out in line with regulations. There was no consistent service director in place which was not good practice. Staff challenges had also impacted on the area's capacity to fully comply with the standards.

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 did not agree with this judgment and assessed the standard as compliant.

Recruitment practices supported the employment of staff with the necessary skills and competencies to work with children in care and deliver a high-quality foster care service. There was an experienced and competent staff team who presented as professional and knowledgeable about their role and responsibilities but ongoing staffing challenges impacted on the service's capacity to fully meet the standards. This was being addressed by the area manager who had submitted a business case to source additional staff.

The area had appropriate systems in place for the recruitment, induction and continuous professional development of the team but not all of the required documents were available during the inspection. Staff had detailed job descriptions and each team's specific roles and responsibilities were outlined in the area's statement of purpose and function. The area tracked each workers Garda Vetting and CORU registration to ensure they were up to date. Recruitment files were held centrally and inspectors reviewed a sample of 10 personnel files virtually with the assistance of an administrator. Inspectors were advised that a number of documents were not present on the files to show inspectors. These included references for five staff, the date of appointment for two staff and evidence of qualifications for one staff member. In addition, CORU registration was not provided for two staff. Following the inspection, the area provided assurance that all documents, except one reference, were present on the files. Two staff files continued to be maintained by the HSE as the staff were employed prior to the establishment of Tusla. The area outlined that there was an administration error on the day the personnel files were reviewed and this was being addressed.

Staff were well supported in their roles, received regular supervision and had manageable caseloads. There was a small number of vacancies and the team's capacity had been impacted by various staff leave. Senior managers outlined plans to develop a recruitment and retention group to enhance staff retention in the area. There was a care and placement support team to support foster carers and complete interventions with children in care. They had a fully staffed leaving and aftercare team and access to multi-disciplinary supports and advice, all of which supported the delivery of a safe service. In addition, staff had access to a complex case forum to assist them in their management of complex cases and regular meetings with staff and

management. Staff received regular supervision and said they felt supported in their roles.

Staff well-being initiatives were in place to support staff. Managers outlined that group supervision had commenced for the alternative care teams and team building initiatives were scheduled to take place as they had been cancelled due to the COVID-19 pandemic. Staff well-being was addressed at team meetings and through individual supervision. Staff also had access to formal support including the employee assistance programme.

The area promoted a culture of learning and had identified key learning and development needs of staff. New staff engaged in a comprehensive induction programme and a mentoring system was in place. Professional development plans were devised with staff and training needs identified during the supervision process. Learning and development needs of the team which were not part of the national workforce training programme were considered and prioritised. Three training events were prioritised for 2021, one of which had been delivered. The area had a tracker to record the mandatory training received by the team. The area manager outlined that the service were in the process of reviewing joint training for social workers and foster carer following feedback received from foster carers. Staff were issued with local guidance and procedures to assist them in their work and significant efforts had been made by the area to help staff enhance the participation of children and families in their work. External professionals reported strong working relationships with the frontline staff.

The service area had ensured that there were suitably qualified and trained staff working in the area. Staff were supported, supervised and there was a strong culture of learning.

Judgment: 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 non-compliant moderate with this standard. Inspectors did not agree with this judgment and assessed the standard as substantially compliant.

The service area were actively involved in the recruitment and retention of an appropriate range of foster carers. They had a detailed recruitment and retention strategy. Local recruitment strategies were aligned to Tusla's national campaigns but despite this, the area experienced difficulties in recruiting the range of foster carers it required to meet local demand.

The area identified in their self-assessment questionnaire that they had insufficient numbers of foster carers to fully meet local need, especially due to a spike in the number of admissions to care in the latter stages of 2020 and early 2021. The service experienced significant staffing deficits in 2019 which impacted their capacity to recruit foster carers and undertake assessments. The area manager outlined there were improvements since the self-assessment was completed as recruitment of general foster carers had recommended and there were a small number of placements available. The quality improvement plan identified actions to address gaps and led to the development of a detailed recruitment and retention strategy. The recruitment strategy contained an analysis of service gaps and a list of actions to prioritise for the year. These include targeted campaigns for ethnic minority groups.

The area had effective systems to analyse their recruitment campaigns and identify service need and gaps. Monthly matching meetings and regular fostering recruitment meetings ensured staff and senior managers had oversight of the process. These meetings identified a need for foster care placements for children from ages eight to eighteen and children with complex needs.

The area have a dedicated fostering recruitment and assessment team. Due to staffing deficits, the area prioritised relative assessments in 2020 but no general foster carers were assessed. However, the area engaged the services of a private foster care service and an independent assessor to assist in the assessment of foster carers and the recruitment of foster carers improved in 2021. In the previous 12 months, there were 61 new enquiries about becoming a foster carer. The average response time to these enquiries was three days. There had been two recruitment campaigns and three information evenings for prospective foster carers. There was a duty system to respond to enquiries and complete screening visits to prospective foster carers. Foster carers supported the team in the recruitment campaigns. The service had completed targeted campaigns for children with disabilities with a successful match arising from the campaign.

Although the fostering team continued to experience some staffing challenges, assessments of foster carers had recommenced. In the last 12 months there were 18 applications to foster. Eleven assessments were ongoing at the time of the inspection including two relative assessments. Preliminary assessments were carried out for relative placements and there were five ongoing assessments. There was an appropriate system to track these assessments and if there were delays, the reasons were recorded. At the time of the inspection, there were no assessments on a waiting list.

There was a comprehensive guidance document regarding the matching process. A placement request and matching form was completed for each placement request and the process was overseen by management. The service sought potential relative foster carers if this was in the best interests of the child. Managers had oversight of all children coming in to care through the placement resource panel and were present for matching meetings. Although there was a good matching process, due to demands for placements there were nine foster care households with numbers of children placed exceeding the standards. In addition, there were three children placed with a non-statutory agency. There were six placements outside of the area but these were identified by the area manager as relative placements and no children were placed in residential care due to a lack of placements. In addition, staff, foster carers and external professionals identified a challenge with regard permanency planning for children as the extension of short-term court orders impacted on their capacity to approve long-term placements.

There was a comprehensive retention strategy in place which identified the need to support, recognise and retain existing carers as a priority. All foster carers engaged in foundations for fostering training which included input from experienced foster carers. Most foster carers had an allocated link worker for support and supervision but when this was not possible there was an effective duty system to provide support to the carers. In addition, there was a care placement support service that provided support and interventions to children and foster carers. This included supports to new foster carers in adapting to the role of foster carer through the provision of parenting supports, direct work with children and occupational therapy support where required. Foster carers were supported to meet the cultural needs of children. A comprehensive training needs analysis was completed which incorporated feedback from foster carers and social workers. This in turn informed the training plan for foster carers. Foster carers were happy with the support and training they received and although provided feedback in relation to their experience of the service, were unsure what happened with their feedback. Foster carers did not believe their achievements were adequately celebrated by the area.

The area sought feedback from foster carers during foster care reviews and during support and supervision sessions. Exit interviews were completed with foster carers who had left the service and the records were presented to the FCC.

Staffing challenges and an unprecedented rise in the number of children coming into care had challenged the service to ensure appropriate placements were available for children. Despite this, significant progress had been made by the area to address deficits in the number of foster care placements available in the area and plans were in place to continue to increase the availability of foster care placements. There were good retention strategies and foster carers were well supported.

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 compliant with this standard. Inspectors did not agree with this judgment and assessed this standard as substantially compliant.

Tusla did not have a policy or procedures for the provision of special foster care for children with complex needs, as required by national standards. However, the area had developed a local guidance document for an enhanced support foster service. This provided a framework to support and manage children and placements requiring enhanced support in the absence of a dedicated specialist foster care service. The local guidance outlined that enhanced support placements were to meet the assessed needs of children who had complex and high-end support needs.

The types of enhanced placements varied. According to the guidance, they included financial and therapeutic supports to placements to meet the assessed needs of children. Examples of enhanced placements included, financial provisions to allow foster carers to reduce their working hours or to access private specialist interventions or supports. In addition, specialist training was provided to foster carers and respite supports were available.

The area had introduced a system to increase respite options available for foster carers. They assessed persons within the foster carers own network who had a significant relationship with children to provide respite care. This was an innovative approach to ensure that respite options were available to all children.

Foster carers reported to inspectors that the provision of these supports helped to maintain the placement and were very positive about the support received. They said there was no time delay receiving the additional supports if they were required. It was evident that there was significant multidisciplinary input for the children whose files were reviewed, with evidence of core group meetings and the required supports in place, to meet the needs of the child.

There was appropriate management oversight of these placements. They were initially presented as a business case at the placement resource panel attended by a team leader and principal social worker. If the request was approved during this process, further approval was sought from the area manager, who signed off on all enhanced placements. The enhanced placement was recorded on care plans and ongoing need

for the additional supports was reviewed through the child-in-care review process. There was a tracker to record all enhanced placements and it was evident that all cases were reviewed and actions listed, when required. Social workers and team leaders understood the process and highlighted the value this service added to placements in the area.

Children who required multi-disciplinary or additional supports received them. Although the area acknowledged that there were gaps in services for children and delays for children receiving services, every effort was made to source a service privately if deemed necessary. A monthly referral liaison meeting occurred with mental health services to discuss cases and the appropriate service to accept the referral. In addition, Tusla had the opportunity to seek advice during this process for children who were not accepted by a service. The senior management team identified the need to source their own psychologist and this position had been advertised.

The service had recognised gaps in its provision for children with complex or high needs and had introduced an effective system to support and manage these cases. However, the national office had not developed a clear framework or policy to guide the provision of special foster care.

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 compliant with this standard. Inspectors agreed with this judgment.

The foster care committee (FCC) was well governed. The FCC was led by a suitably qualified independent chairperson who reported to the area manager. The membership was in accordance with Tusla's Foster Care Committees, Policy, Procedure and Best Practice Guidance (2017) and there was an appeals process in place. The area manager ratified all decisions made by the FCC and had meetings with the chairperson to ensure oversight of the operations and decisions of the FCC. There was a local guidance document which provided a comprehensive guide for staff to follow regarding their preparation and presentations to the FCC.

The committee members had a broad range of experience. They included a former child-in-care, a foster carer, a medical advisor, a public health nurse for traveller health and a representative from a domestic violence service. In addition, there was an occupational and sensory integration therapist, representatives from the social work department and a retired Garda. The range of experience allowed for sharing of expertise to enhance discussions about the needs of children and the suitability and experience of foster carers. The FCC chairperson attended a regional foster care committee chairpersons group that facilitated discussions and sharing of ideas on particular issues affecting committees.

The area maintained a log of committee member's appointments, Garda Vetting, training and confidentiality statements. All members were vetted and there was a system in place to review vetting as required. The area held a record of committee members who had completed induction training. Four members joined the committee before this was a requirement and this was reflected in the files reviewed by inspectors. Inspectors reviewed the files of five committee members and found that the area did not hold proof of their qualifications. Garda vetting was in date in all cases. The committee members engaged in comprehensive training in 2021 including an overview of the legislation relating to the fostering service, the aftercare service and enhanced support placements.

Minutes of FCC meetings were comprehensive and reflected that responsibilities in line with the standards were met. This included consideration of assessment reports, notifications regarding placements exceeding the standards, notifications of serious concerns and allegations and outcome reports, disruptions, long term matches and foster carer reviews. There was a strong focus on the experience of children with evidence of consideration of risks and impact on children and birth children of foster carers. Serious concerns and allegations were tracked during these meetings which ensured they could map the process from notification to outcome. There was a process to appeal decisions of the FCC. The chairperson advised that although the number of appeals had been small, there was a process to ensure there was a fair process.

The area manager had sufficient oversight of the foster care committee as he had responsibility to sign off on all decisions and recommendations arising from committee meetings. There was a quality improvement plan in place for 2020 and 2021 and the FCC chair reported on the progress of identified actions during bi-annual meetings with the area manager and the principal social worker for fostering. Records of these meetings also highlighted discussions regarding membership of the FCC and scheduling of meetings. The chairperson advised that he had a good working relationship with managers in the service.

The FCC chairperson completed an annual report of the FCC. This included a breakdown of reports presented to the committee. It noted the impact of the COVID-19 pandemic and the requirement to develop data protection guidance to facilitate the change in how meetings were convened. It highlighted feedback from committee members on what was working well and the challenges faced. The annual report documented progress made with regard to a backlog of foster carer reviews and although a checklist and guidance document assisted the committee in managing this area of work, the backlog of reviews was shared with the area manager as a resource issue. The FCC scheduled additional meetings to address this. The recruitment of foster carers in 2020 was also highlighted as a resource issue. Although the service did not prepare an annual '*Adequacy of the Child Care and Family Support Services*' report as required by the national standards, the end of year reports and FCC annual report were comprehensive to inform the development of services.

The committee was well governed and ensured its practices complied with the standards and Tusla's policies, procedures and guidance.

Judgment: 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 area judged themselves to be non-compliant moderate with this standard. Inspectors did not agree with this judgment and assessed this standard as substantially compliant.

There was no service level agreement in place with the non-statutory agency used by the service area. Tusla National Office were in the process of agreeing contracts with all private foster care agencies and this will include a service level agreements. This was not in place at the time of the inspection and had been delayed by the cyber-attack earlier in 2021.

The area required the services of a non-statutory private foster care service to provide placements to three children in two placements. In addition, they accessed emergency placements when required through the private service. All private foster carers in Donegal were approved through the FCC process and this ensured that assessment and review processes for non-statutory foster care agencies complied with policy, procedure and guidance. The foster carers were listed on their foster care register.

The self-assessment questionnaire returned as part of this inspection outlined that the National Office had appointed a monitoring officer to monitor and audit private foster care agencies to ensure compliance with standards. However, the area manager confirmed that there had been no reports of their oversight at the time of the inspection. In light of this, the area identified an action through the FCC quality improvement plan to request a self-audit of foster care placements with the private providers. This was completed in May 2021 and provided assurances to the management team with regard to Garda Vetting, Children First mandatory training, foster carer reviews and adherence to policy relating to the management of allegations, serious concerns.

All children placed within private foster care agencies in Donegal were allocated to a social worker and had up-to-date care plans. The quality improvement plan for the fostering service documented that children placed in private foster care placements were prioritised for allocation. This was confirmed by principal social workers during the inspection. Documentation provided by the area showed that the children were regularly visited by a social worker and their child-in-care reviews took place in accordance with standards and regulations. Social workers were clear about their responsibilities for these children. Inspectors reviewed a case where a private fostering service provided link work support to the foster carers. The child-in-care social worker met with the child as required including a joint visit with the link workers. There was evidence that the link worker attended meetings in respect of the child but there was no formal monitoring arrangement of the link social work provision and there was a delay receiving the foster carers review completed by the non-statutory agency.

The national office had not yet developed a service level agreement with the private providers and therefore there was no guidance for managers to monitor their performance. The service had implemented good measures to ensure oversight and governance of private foster care placements but this could be further improved to include monitoring of link social work provision.

Judgment: Substantially compliant

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 agreed with this judgment.

Representations and complaints were managed in line with Tusla's national complaints policy. The area manager maintained good oversight of complaints and they were regularly discussed at team meetings, management meetings and quality, risk and safety improvement meetings. The area were dedicated to learning from complaints and attempted to resolve them at local level, if possible. Independent and peer reviews were carried out, if this was required. There was a complaints officer with responsibility to oversee the management of complaints. This responsibility was recently handed over to a new principal social worker.

Complaints were overall well-managed and monitored by the team, with complainants routinely advised of the outcome of the complaint. There was an appeals process for complainants if they were not satisfied with the outcome of their complaint. The service had received 13 complaints since October 2020. Inspectors found that complaints made in 2020 were well managed in a timely manner. The complaints tracker for 2021 showed that four of the 10 complaints were closed. However, the former complaints officer who spoke with inspectors outlined that an additional three of the complaints were closed and the tracker needed to be updated. Records of complaints showed that action was taken to address complaints in a timely manner but there were some delays due to the cyber-attack and change of complaints officer. One complaint was on hold due to leave and two were ongoing at the time of the inspection.

The area proactively identified themes for learning arising from the analysis of complaints received and implemented actions to improve the quality of service provision. Complaints were discussed at team meetings with staff and each team had responsibility to analyse and report on complaints relating to the service in end of year reports. Learning derived from this analysis informed the service plan and quality improvement plans. The area tried to improve the quality of the service based on feedback received. For example, the participation strategy was developed to improve communication and accessibility for service users, as a result of a complaint made relating to poor communication with a child. The service were in the process of developing participation plans for each child and parent to enhance their participation in child-in-care reviews and visits following a consultation forum with young people.

Children who spoke with inspectors said they were aware of how to make a complaint. Although it was not always recorded on the child's file if they had been provided with the guidance on how to make a complaint, children were supported to voice their wishes, concerns and worries during visits with their social worker. There was evidence of trusting relationships and social workers acted on children's requests. Statutory visits were of good quality and children had opportunities to meet with their social worker alone. Supervision records had a section to record if a complaint had been made.

Foster carers who spoke with inspectors were aware of how to make a complaint and those who had, were happy with the outcome of the process. Support and supervision sessions with foster carers addressed if there were complaints but it was not consistently recorded on the file if they were provided with the guidance on how to make a complaint. Parents had mixed views regarding the complaint process with some outlining that they were given the information, felt listened too and never had a reason to complain. While others, outlined that they were not given information on complaints and did not get a response to a complaint made.

External professionals reported that the service was child-centred, promoted children's rights and was responsive to their needs. Children had access to an independent advocacy service and Guardian's ad Litem were appointed when required.

The compliment register showed that the area had received 12 compliments in the last 12 months. These were reviewed by the area manager and acknowledged by the service.

Overall, the service actively responded to complaints made about the service. There was a commitment to learning and quality improvement arising from complaints and feedback about the service. It was not always evident on files if children and foster carers were provided with information on how to make a complaint and the complaints tracker was not up to date.

Judgment: Substantially 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