



Health Information and Quality Authority Regulation Directorate monitoring inspection of Foster Care Services

| | |
|-----------------------|---|
| Name of service area: | Cavan Monaghan |
| Type of inspection: | Focused Inspection |
| Date of inspection: | 23-25 May 2023 |
| Fieldwork ID: | MON_0039981 |
| Lead Inspector: | Caroline Browne |
| Support Inspector(s): | Sheila Hynes Rachel Kane Adekunle Oladejo Sharon Moore |

About this inspection

HIQA monitors services used by some of the most vulnerable children in the State. Monitoring provides assurance to the public that children are receiving a service that meets the requirements of quality standards. This process also seeks to ensure that the wellbeing, welfare and safety of children is promoted and protected. Monitoring also has an important role in driving continual improvement so that children have better, safer services.

HIQA is authorised by the Minister for Children, Equality, Disability, Integration and Youth under Section 69 of the Child Care Act, 1991 as amended by Section 26 of the Child Care (Amendment) Act 2011 to inspect foster care services provided by the Child and Family Agency (Tusla)¹ and to report on its findings to the Minister for Children, Equality, Disability, Integration and Youth.

This inspection was a focused inspection of Cavan/Monaghan service area. The scope of the inspection included standards 1, 2, 3, 4, 6, 8 and 21 of the National Standards for Foster Care (2003).

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

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
 - the principal social worker covering for the children in care team
 - the principal social worker for the assessment and intervention team
 - the principal social worker for the foster care team
- focus groups with:
 - six social work team leaders
 - seven front-line staff from children in care, fostering and assessment and intervention teams.
- visits to two foster care households to meet two children and their foster carers
- visits to access centre to meet one parent and the access co-ordinator
- the review of:
 - local policies and procedures, minutes of various meetings, staff supervision files, audits and service plans
 - staff personnel files
 - a sample of 25 children's and 11 foster carer files
- conversations or visits with:
 - a sample of three parents, three children and four foster carers.

Acknowledgements

HIQA wishes to thank parents, children, foster carers and external stakeholders that spoke with inspectors during the course of this inspection, along with 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 established Tusla with effect from 1 January 2014.

Tusla 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 six regions, each with a regional manager known as a regional chief officer. The regional chief officers 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.

Information was provided by the service with respect to the profile of the Cavan/Monaghan area. The total population of the area based on the 2016 census is 137,562. Cavan/Monaghan is ranked in the top ten counties for unemployment with 15.1% unemployment compared to the national average of 12.2%. The population of children in Cavan/Monaghan was estimated 37,587 (34.1% of the total population) children and young people which was slightly above national average. Two Cavan towns were among the top 10 towns in Ireland which have the highest proportion of people from ethnic minorities.

An area manager, who reports to the regional chief officer, is responsible for the leadership and governance of child protection and fostering services; day to day operations are overseen by the principal social workers and team leaders. The service area has two child-in-care and fostering teams one of each were based in both Cavan and Monaghan offices.

There was an access team which consisted of social care workers and social care leaders who provided supervised access and completed direct work with children and families. There was also a therapeutic team within the service which provided therapy and psychological support to children and foster carers in the area.

At the time of the inspection, there were no vacancies on the fostering and child in care teams. However, the area manager advised that the capacity of the teams were impacted by both planned and unplanned staff leave. At the time of the inspection, there were 11 children-in-care who were unallocated a dedicated social worker to coordinate their care. There were five foster carers who did not have a link social worker to provide supervision and support. There were no dual unallocated children or foster carers at the time of the inspection.

The Cavan/Monaghan service area has a total of 148 children in foster care. There were 119 children in general foster care and 29 children in relative foster care. There were three children placed in private foster care settings. At the time of the inspection, there was one child awaiting a full time foster placement. Fifteen children were placed in an emergency since 1 May 2022. There were 55 new placements in care in the 24 months prior to the inspection. Thirteen children had a placement change in the 24 months prior to the inspection.

There were 78 children placed with carers of the same cultural, ethnic or religious background. There were 35 sibling groups in the area of which 28 were placed together in general foster carer and seven were placed together in relative foster care. Thirty one children in foster care in the area had a disability.

The Cavan/Monaghan service area foster care panel consisted of 104 foster care households which included 81 general foster care placements and 13 relative care placements. There were eight foster care placements outside of the area. Of these foster carers, there were 22 foster care households where additional resources such as additional training, respite support, and enhanced payments were allocated in order to support the placement. There were four households where the number of children placed exceeded the standards.

Compliance classifications

HIQA will judge whether the foster care service has been found to be **compliant**, **substantially compliant** or **not compliant** with the regulations and or standards associated with them.

The compliance descriptors are defined as follows:

Compliant: a judgment of compliant means the service is meeting or exceeding the standard and or regulation and is delivering a high-quality service which is responsive to the needs of children.

Substantially compliant: a judgment of substantially compliant means that the service is mostly compliant with the standard and or regulation but some additional action is required to be fully compliant. However, the service is one that protects children.

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

This inspection report sets out the findings of a monitoring inspection against the following standards:

| National Standards for Foster Care | | Judgment |
|---|--|-------------------------|
| Standard 1 | Positive sense of identity | Substantially compliant |
| Standard 2 | Family and friends | Compliant |
| Standard 3 | Children's Rights | Substantially compliant |
| Standard 4 | Valuing diversity | Substantially compliant |
| Standard 6 | Assessment of children and young people | Substantially compliant |
| Standard 8 | Matching carers with children and young people | Substantially compliant |
| Standard 21 | Recruitment and retention of an appropriate range of foster carers | Substantially compliant |

This inspection was carried out during the following times:

| Date | Times of inspection | Inspector | Role |
|-------------|-----------------------|------------------|-------------------|
| 23 May 2023 | 9.00 hrs to 17.00 hrs | Caroline Browne | Lead Inspector |
| | 9.00 hrs to 17.00 hrs | Sheila Hynes | Support Inspector |
| | 9.00 hrs to 17.00 hrs | Rachel Kane | Support Inspector |
| | 9.00 hrs to 17.00 hrs | Sharon Moore | Support Inspector |
| | 9.00 hrs to 17.00 hrs | Adekunle Oladejo | Support Inspector |
| 24 May 2023 | 8.30 hrs to 17.00 hrs | Caroline Browne | Lead Inspector |
| | 9.00 hrs to-17.00 hrs | Sheila Hynes | Support Inspector |
| | 9.00 hrs to-17.00 hrs | Rachel Kane | Support Inspector |
| | 9.00 hrs to-17.00 hrs | Sharon Moore | Support Inspector |
| | 9.00 hrs to-17.00 hrs | Adekunle Oladejo | Support Inspector |
| 25 May 2023 | 8.30 hrs to 17.00 hrs | Caroline Browne | Lead Inspector |
| | 9.00 hrs to-17.00 hrs | Sheila Hynes | Support Inspector |
| | 9.00 hrs to-17.00 hrs | Rachel Kane | Support Inspector |
| | 9.00 hrs to-17.00 hrs | Sharon Moore | Support Inspector |

Children's experience of the foster care service

Children's experiences were established through speaking with a total of five children, four parents and six foster carers. The review of case files, complaints and feedback also provided evidence on the experience of children in foster care. Five children spoken to had an allocated social worker.

Children spoke positively about their experiences of living in foster care. Contact with the children's family and friends was promoted and children's need for peer-to-peer support was respected. One child said she had contact with family and friends whenever she wanted. Children spoke about the various social activities and hobbies such as drama and horse-riding and free time with their friends and family. One child advised '*I like having a busy life*'. Another child spoke of a group relating to hair and beauty hosted by the service which she enjoyed and hoped to pursue a career in this area. One child spoke positively about supports offered to them through the therapeutic team in the area.

Children's views were respected and their rights were promoted within the service. Children told inspectors that '*they felt listened to and had a say in matters affecting them*'. Children said that their '*voice was heard*' and they participated in decisions made about their care. One child said that they did not attend their child-in-care reviews, but they were asked if they wanted to attend and they chose not to. This child's views were represented through completion of a child-in-care review form. Children said that they had the opportunity to voice their opinion, and they knew what was in their care plan. They advised that they always received feedback with respect to decisions made about their care. Three children said they were aware of their rights. Records of statutory visits and contact with children showed that children's rights were discussed on an ongoing basis. For example, children's right to contact with families and to age appropriate activities were discussed. One child said they were aware of their rights and their social worker was always available to them and said '*I feel she helped me a lot*'. Another child said the social worker was '*doing everything for us*'.

However, not all children were allocated a social worker who co-ordinated their care. Eleven children were unallocated. One child advised that they '*had a lot of social workers in the past 3 years*' however they advised that their foster placement provided them with stability. Another, child advised that they were '*regularly visited by their social worker*'.

Children were aware of the complaints process and they exercised their right to make complaints. Children spoken to knew how to make a complaint and they felt listened to by their foster carer. Records indicated that the majority of children were provided

with information and regularly informed about the complaints procedure by their social worker. A review of complaint records showed that complaints made were taken seriously and were responded to in a timely way. However, three children advised that they were not provided with information in relation to external advocacy groups.

Foster carers told inspectors that the service promoted children's rights and that social workers advocated for children-in-care. Foster carers described their link social workers as "*fantastic*" and very "*supportive*". They spoke about supports available to them including foster carer support groups. Three foster carers felt that they were carefully matched with children placed with them. Some foster carers were given information with respect to children's background and history.

One foster carer spoke about the importance of listening to children demonstrating their understanding of the child's right to be heard. They were very positive about the supports offered through the therapeutic hub within the service. One foster carer indicated that they had regular communication with their social worker they "*didn't think that they would get all the support*" they did when a child was placed in their care. This foster carer told inspectors that they were "*very happy*" with the level of support provided. Foster carers ensured children attended access with family and facilitated video calls with the parents and the child's extended family. They advised that they were aware of the complaints process and were comfortable raising concerns. Any issues that they had raised were responded to promptly and plans were put in place to resolve any issues in the best interests of the child. However, one foster carer highlighted concerns about the use of closed circuit television (CCTV) where supervised access was held without informed consent of all participants in attendance.

Parents spoke positively about the service. One parent advised that they were regularly consulted on matters regarding the care of their children, received information following meetings and that social workers communicated well with them. They attended weekly supervised access with their child and were invited to meetings where decisions made regarding their child's care. Another parent had regular contact with the foster carer and was happy with the child's foster placement. They felt their wishes with regard to the child's culture and background were respected and promoted. Family links were maintained with extended families through various methods such as social media, sharing photos and via phone messaging. One parent advised that their social worker spoke about plans to teach their child about their heritage and culture. The parent said they were happy and there was "*nothing they would like to change*", The social worker "*tell me about meetings*" and "*they plan for my child and they helped me as a parent*".

Summary of inspection findings

Tulsa has the legal responsibility to promote the welfare of children and protect those who are deemed to be at risk of harm. Children in foster care require a high-quality service which is safe and well-supported by social workers. Foster carers must be able to provide children with warm and nurturing relationships in order for them to achieve positive outcomes. Services must be well governed in order to produce these outcomes consistently.

This report reflects the findings of the focused inspection, which looked at children's experiences in relation to their rights and sense of identity, including recognition of their diverse backgrounds and the promotion of children's relationships with families and friends while they are in care. The inspection also considered the quality of children's assessments of need and how these assessments informed the services considerations of matching of children with foster carers who could meet their needs. The availability of a range of suitable foster carers to provide child centred care was also reviewed.

Prior to the inspection the service area submitted a self-assessment questionnaire (SAQ) of its performance against the seven selected standards. Local managers rated their performance as substantially compliant in six standards and non-compliant in one standard. The SAQ provided analysis of organisational priorities and areas of practice they were working to continually improve which will be further commented on in this report.

In this inspection, HIQA found that, of the seven national standards assessed:

- one standard was compliant and
- six standards were substantially compliant.

Overall, the area responded to its growing population and the implications for service provision, in particular, the growing population of people from ethnic minorities living in the service area.

There were not a sufficient number of foster carers to meet the current needs of children within the service area who required a foster care placement. As a result, one child was placed in short-term foster care while awaiting a long-term placement. The unavailability of a long term placements for children impacts on their ability to settle within in a placement. In addition, some children were waiting for respite placements to support their long-term placements. The limited availability of foster placements also impacted on the quality of matching of children with foster carers who were skilled and experienced to meet the child's needs.

At the time of the inspection, the viability of some placements were being considered and there was parallel planning in the event of a placement breakdown. Recruitment and retention was identified as a priority in the area and this was escalated on the risk register in 2022 and remained on the risk register at the time of the inspection. The area's recruitment strategy 2023 placed emphasis on the areas objectives to increase the availability of foster carers from diverse backgrounds and improve services for foster carers in order to meet the needs of children placed in the area.

There was a formal matching process in place, however, the implementation and recording of this process required improvement. The area identified challenges when matching foster carers and children and sought to ensure appropriate matching within the pool of foster carers available within the area. However, records of matching were mixed, while some demonstrated careful consideration of the child's needs and foster carers capacity to meet those needs, matching records were not always available on all children's files. As a result, the service could not always demonstrate whether children were placed with foster carers who were the most suitable to meet the child's needs.

The area sought to place children with relatives and within their local communities. Data indicated that the area placed an emphasis on placing siblings together and out of 35 sibling groups, the majority of siblings groups were placed together. This was important to maintain the children's relationships and to promote their sense of identity and belonging. However, as a result of the limited availability of foster carers within the service area, 70 children were not placed with carers from the same cultural, ethnic or religious background and 75 children were not placed within their own communities including eight children who were placed outside the service area. Overall, foster carers supported and advocated for children with respect to their identity, cultural and religious needs. Inspectors found from records reviewed that, children placed outside of the service area, received a rights based, child centred service.

Assessments of children's needs were comprehensive and involved a multidisciplinary approach. Where children's needs were complex, specialist services were requested in order to develop an understanding of the child and to inform the assessment of the child. Generally, children were assessed in a timely way in order to ascertain their needs and ensure they were provided with effective interventions. Referrals were made to private agencies in circumstances where children could not access services in a timely way within public services.

Children were encouraged and facilitated to maintain and develop family relationships and friendships. Staff and foster carers were cognisant of the importance of children's relationships with family and friends and this was reflected in children's records. Records showed that social workers carefully considered children's contact with

families throughout the care planning process. It was evident that both foster carers and social work staff were consistently ensuring that the child's contact with families was a positive experience.

Social workers promoted children's sense of identity through life story work and one to one support. There was evidence of direct work with children to help promote their personal identity and self-esteem. Case records showed use of child-centred activities and tools to identify and support children around their life experiences while also having a strong focus on helping them to understand their needs and express their wishes.

There were mixed findings with respect to the promotion of children's rights. While the inspection found some good practice in the promotion of children's rights, there were some areas such as the child's right to be heard and their right privacy which required improvement. Children were informed of their rights and were provided with accessible information including the United Nations Convention on the Rights of the Child and the areas complaints procedures. Social workers discussed the complaints process with the majority of children in a child-friendly manner during their statutory visits. Complaints were taken seriously and responded to in a timely manner.

The service area sought the views of children through the child-in-care review process and statutory visits. However, improvement were required with respect to seeking the views of younger children and those with a disability. There were up-to-date care plans available on all children's files reviewed. Children's care plans provided a clear picture of the child's identity, interests and special celebrations. The majority of children were visited in line with the regulations. Statutory visits of children in their foster home showed good engagement with children which included seeing them on their own, both within and outside the home. However, inspectors found that in some cases where children were young or where children had a disability, they were not seen on their own and in some cases, efforts to seeks their views or understanding were not made and reason's cited included the child's age or level of understanding.

Not all children-in-care had an allocated social worker to co-ordinate their care. At the time of the inspection, there were 11 children who did not have an allocated social worker. The area identified that there was not appropriate staffing to meet the service demand and to provide a quality service to all children-in-care in the area. All unallocated children had up-to-date care plans. The majority of children were visited in line with the regulations. While there was effective oversight by the social work team leaders and the principal social worker of all unallocated cases, this was unsustainable in the long-term placing further constraints on child-in-care teams.

Records indicated that children's right to privacy was respected by social work staff and foster carers. For example, children's right to age appropriate opportunities to be

alone and respect for children's personal effects and correspondence was promoted in service. In respect to children's contact with family, improvements were required in relation to communicating with children and families on the use of closed circuit television in access services (CCTV). The operation of CCTV recording during access between children and families and where participatory groups were using Tusla facilities raised concerns for the promotion of children's rights. While the area identified that CCTV was used for security purpose and were not used for the purpose of monitoring children and families, inspectors found that not all families were informed of its use. On request of a policy with respect to the use of CCTV, the principal social worker provided a CCTV privacy notice, however, this did not provide guidance to staff about the practice with respect to informing families about the use of CCTV.

There were some creative initiatives in place in order to promote diversity and shared understanding of children's ethnicity, identity and culture. Some of these initiatives were in the early stages of implementation and as a result had not yet been introduced to all children and foster carers in the service. A recent social inclusion project was launched in November 2022 which provided training to foster carers in social inclusion. As part of this training on social inclusion packs were provided to foster carers which contained toys such as dolls representing different skins tones and different abilities/disabilities, books on diversity and inclusion and other resources relating to culture in which foster carers could use with children placed with them. The area had also introduced cultural plans for children who were placed with carers from different ethnic or religious backgrounds. These plans were developed when children were placed with foster carers and were separate to the child's care plan. They recorded the voice of the child, birth parents and foster carers, outlining their needs and requirements to support the placement. These plans supported foster carers to enable children to develop a positive understanding of their origins and background.

In addition, there was also a 'Cultural Champions' project in the community where selected individuals were drawn from different cultural communities that provided a gateway between services and their communities. This project was a resource used to support professionals, parents and foster carers in providing a service to children which assisted understanding and respect for diversity.

There was limited records of children being informed and supported to access information held on their case files. Further to this, children did not have access to complete information held about them on their case files. The updating of children's and foster carers records were not timely and did not reflect the level of support and interventions in place for children-in-care. Social work staff acknowledged that children's records were not up-to-date and were not an accurate reflection of the child's care history.

Standard 1: Positive sense of identity

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

The area identified that they were substantially compliant with this standard. Inspectors agreed with this judgment.

A positive sense of identity for children was promoted by the service and foster carers. There was evidence of work within individual case records and wider service development activity to promote shared understanding of children's faith and culture, and ensure their identity needs were effectively recognised and met. While 11 children were without an allocated social worker, records reviewed demonstrated that all children were advocated for and their sense of identity was promoted. Children were actively supported with their awareness of their cultural background, religious beliefs and sexual identity. There was also recognition that not all children identify with their culture of origin. In recent months, Tusla staff undertook cultural training and the service had introduced a cultural planning tool which supported foster carers to enable children to develop a positive understanding of their origins and backgrounds in the event that children were placed outside their cultural, ethnic or religious group. Training was also provided to foster carers to help strengthen relationships and promote shared understanding of children's emotional and behavioural presentations.

There were up-to-date care plans available on all children's files reviewed. Children's care plans provided a clear picture of the child's identity, religious beliefs, interests and special celebrations such as communions and baptisms. The service worked in partnership with families and parents were involved in decisions about their children's care. Children's interests such as in sports were actively explored and promoted. There was evidence of the progression of children's care plan actions that supported a positive sense of identity.

Children were supported to understand information about their family and time in care. There was evidence of direct work with children to help promote their personal identity and self-esteem. Children were sensitively encouraged to talk about their life at home prior to being admitted to care. In one case reviewed, a child was provided with information in order to gain a better understanding and self-compassion with respect to their behaviours. Case records showed use of child-centred activities and tools to identify and support children around their life experiences while also having a strong focus on helping them to understand their needs and express their wishes. Furthermore, the service recognised where primary attachments had been made for children in foster care placements, this needed to be maintained after placement breakdown. Case records showed that where there was a placement breakdown,

timely supports were put in place for both children and foster carers to help the child understand the placement breakdown and to support re-unification if possible.

Children had regular contact with their families and friends. Children's contact and relationships with their families was supported where possible and appropriate. The child's best interests were considered with regard to contact arrangements and changed as needed. Foster carers supported ongoing contact with birth parents and extended family members including those living outside Ireland. Inspectors saw examples of foster carers keeping personal items for children such as a memory box in order to aid their understanding of their background and sense of self. Children were supported where possible to retain links to their own community and also to build networks.

Placements with relatives and keeping siblings together was promoted within the service when deemed in the best interest of the child. The service area placed children with relative foster carers or locally with general foster carers, wherever possible and appropriate. The majority of sibling groups were placed together in foster care where it was in the best interest of the child. Continuity of care was also considered when children were accessing respite care. Records showed efforts made by the service to ensure use the same placement each time to ensure continuity of care for children in foster care.

The particular needs of children with disabilities and or medical needs were recognised in decisions made about their care. Inspectors found that frontline staff and foster carers were strong advocates in working to ensure children had timely access to interventions and support. This included referral for mental health support, disability support and support from the local therapeutic hub. There was a disability network multidisciplinary group who met quarterly to discuss supports and access to services for children with a disability. There was also regular meetings with the HSE in line with the joint protocol for children with disabilities accessing services. This forum was in place in circumstances where there were issues for children accessing services, and there were no cases that required escalation to this forum at the time of the inspection. Inspectors found examples of direct work completed with children in order to improve their confidence, self-esteem and independence in the community.

In some cases children were supported to understand information about their background, appropriate to their age, stage of development and individual needs through life story work. However, inspectors found from files sampled that children were not routinely informed of their right to access their information held on their case files. Further to this, children did not have access to complete information held about them on their case files. There were gaps in records held on children's case files which did not reflect their journey while in foster care.

Inspectors found that the updating of children's and foster carer records were not timely and did not reflect the level of support and interventions in place for children in care.

Overall, the service promoted a positive sense of identity by respecting children's families of origin, valuing children's culture, religion and sexual identity. However, the promotion of children's sense of identity could be improved in some areas such as children's access to comprehensive records which reflected their journey through care. For this reason, this standard is deemed substantially compliant.

Judgment: Substantially compliant

Standard 2: Family and friends

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

The area identified that they were substantially compliant with this standard. Inspectors found that the area was compliant in this standard.

The area made every effort to place children with their families, in their communities and where possible with families that share the same cultural and religious background. However, the area acknowledged that the lack of available foster placements impacted on their ability to place children within their own communities. Data provided by the area indicated 73 children were placed in their own community whereas 70 children, while placed within the service area, were placed outside of their own communities. 78 children were placed with carers of the same cultural, ethnic or religious background.

The majority of sibling groups were placed together. The area sought to place siblings together where possible and where deemed to be in their best interest. There were 35 sibling groups in the area of which 28 were placed together in general foster care and seven sibling groups were placed together in relative foster care. However, seven children were not placed together and on review of one of those children's files, it was evident that this decision was made following a placement breakdown and was made in the best interest of all children in the sibling group.

Children were encouraged and facilitated to maintain and develop family relationships and friendships. There were eight children placed outside the area. The principal social worker identified that when a child was placed a distance from their home, additional supports were put in place to ensure they maintain relationships with family and friends. The principal social worker told inspectors that the majority of these children were placed in relative foster care placements. Inspectors reviewed

three of those children placed outside the area in a relative foster placement. Records indicated that children had regular access with family and children's views with respect to access was sought. A variety of media was used to maintain contact and it was evident that both social workers and foster carers understood the importance of contact with families and friends. Files showed that staff and foster carers shared photographs with children, kept memory boxes for children, made effort to establish family backgrounds and enabled relative's attendance at a religious ceremony via online media.

Contact arrangements with family and friends were clearly set out within children's care plans. Families were involved in decisions made about their children's care through their attendance at child-in-care reviews when appropriate. Care plans also demonstrated that children were consulted about who significant people were in their lives and who they wished to maintain contact with. Contact with families was arranged on both a formal and informal basis. Where possible, foster carers facilitated contact between children and birth families. Data provided indicated that 43 children had family access in the foster carers' home. Where children did not have regular contact with families, the reasons were discussed with them and recorded on case files. Inspectors spoke with children and foster carers who advised of informal contact with children's families and friends.

Where access was supervised, appropriate facilities were provided by the social work department to children and families to facilitate contact. Where it was deemed appropriate for contact between children and birth families to be supervised, the rationale for this decision was recorded on the child's files. There were two access centres in the service area. The area had a dedicated access team who supervised access and provided support to children and families where this was deemed appropriate. Inspectors visited the access facilities in one social work office and spoke to a parent and social care worker. The rooms used for access were bright, spacious and child friendly with toys and books available to children which facilitated interactive contact between children and families. Facilities also included a well equipped kitchen which allowed families to create experiences promoting good quality access.

The service area had clear procedures in place for agreeing, maintaining, monitoring and reviewing contact and access arrangements between children and families. Case records demonstrated thoughtful planning in arranging meetings between family members. Access arrangements recognised the complexity of family arrangements and the diversity of the foster care setting. There were weekly reports available completed by the person who supervised access which included a good analysis of attachments between the child and parents, interventions and support provided during access and where any follow up was required. Inspectors reviewed records of supervised access which showed that access was supervised in the least intrusive manner. Records showed that the access team carefully considered the experience of

the child and were consistently ensuring that the child's contact with families was a positive experience. Children's contact and access arrangement with families was regularly reviewed to ensure it was in the best interest of the child.

Overall, children were supported to maintain regular contact with families. Children's views were considered when agreeing plans for contact with families. Families and friends were considered first when identifying placements for children. The majority of siblings were placed together where possible. There was appropriate oversight mechanisms to monitor and review contact arrangements between children and their families and friends.

Judgment: Compliant

Standard 3: Children's rights

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

The area identified that they were substantially compliant with this standard. Inspectors agreed with this judgment.

Overall, the service promoted children's rights and respected their individuality. However, there were some areas, such as seeking the views of the child which required improvement. Staff spoken to recognised children's rights including their right to participate in decisions made about their lives. Records reviewed showed that children were informed of their rights and were provided with accessible information including the United Nations Convention on the Rights of the Child, the National Young People's Charter and the area's complaints procedures. However, some children spoken to said that they were not given information about advocacy services. Children were provided with age appropriate packs which informed and enabled children to express their wishes and feelings when taking part in the child-in-care review process. Foster carers spoken to reported that the service promoted children's rights and advocated on behalf of the children.

Children were enabled to be independent consistent with their age, stage of development and individual needs. Statutory visits and records of child-in-care reviews demonstrated the promotion of and respect for children's rights. The area sought to ensure that the child-in-care reviews were a positive experience for children. In an effort to increase children's attendance, some child-in-care reviews were held online based on feedback from some children that they were more comfortable contributing at online reviews. The area also identified that in some

cases child-in-care reviews occurred in the foster carers home in order to facilitate maximum attendance. Careful consideration was given to children's views and wishes with respect to practicing religion and whether they identified with their cultural background. In addition, children's views were sought with respect to important people in their lives and who they wished to maintain contact with. One child spoken to said that they were '*always asked for their opinion and they attended all their meetings*'. One foster carer spoke about the importance of listening to children demonstrating their understanding of the child's right to be heard.

Children's case records also showed that children's privacy was respected and promoted. Children enjoyed time with their family and friends within their foster placements and children had age appropriate opportunities to be alone. Children's personal effects and correspondence were respected. For example, inspectors saw examples of letters from parents being held on children's files for them. Records also showed foster carers keeping memorabilia for children which they could access whenever they wished.

However, during the inspection, inspectors spoke to a foster carer who raised concerns about children and families right to informed consent with respect to their privacy. In particular, concerns were raised with respect to the use of, closed CCTV recording during access between children and families which they had not been informed of. Inspectors were also informed that there was CCTV in several of the rooms within the Tusla social work department. However, notice of the use of CCTV was not displayed in all rooms where it was operated. The principal social worker confirmed that these cameras were used for security purposes and were not used to record or monitor access. The area provided a Tusla CCTV privacy notice and a Tusla privacy notice, however, a local policy with respect to the use of CCTV in the area was not available. It was of concern to inspectors that, children's privacy during family access and while attending various participation groups within the service were being recorded without transparency about its purpose, use and without receiving consent for doing so.

Not all children in care had an allocated social worker to co-ordinate their care. At the time of the inspection, there were 11 children who did not have an allocated social worker. The area identified that there was not appropriate staffing to meet the service demand and to provide a quality service to all children in care in the area. This was identified as a risk in the area and measures to address this risk included the oversight by the social work team leaders and the principal social worker of all unallocated cases to ensure no high priority case were unallocated.

Inspectors found there was good oversight of unallocated cases by senior management and all unallocated cases were discussed at senior management meetings. In order to ensure these children had child-in-care reviews and statutory visits occurring in line with regulations, a register was in place to record the child's

last child-in-care review and statutory visit. Further to this, unallocated cases were discussed during supervision of the team leader to ensure effective oversight.

Inspectors found that out of the 11 foster carers, three children were unallocated for over two year period, two children were unallocated for 16 months, three children were unallocated for a period of four months and three children were unallocated for over one month. There was a duty system in place to ensure that a social worker on a rotational basis completed statutory visits to all unallocated children. This system was overseen by the social work team leader. The principal social worker told inspectors that for the children unallocated for over two years, the social work team leader conducted statutory visits in order to ensure the child had a consistent social worker visiting them and to maintain the relationship that they had already established.

Inspectors reviewed three files of unallocated children. On two files reviewed the children were visited in line with regulations by a social work team leader. However, in one file reviewed, the child was visited by a social care leader and these visits were overseen by the social work team leader. The team leader advised that this was the only case in which an unallocated children are was not visited by a professionally qualified social worker. The principal social worker identified that a decision was made for this child to be visited by a social care worker in order to maintain the child's relationship with this secondary worker.

Case records indicated that the majority of children were being visited by a social worker in line with regulations. Statutory visits of children in their foster care homes showed good engagement with children which included seeing them on their own, both within and outside the home. Records indicated a good account of children's relationships within the household with discussions with children about why they were in care and whether they wished to make a complaint about any aspect of the service. However, inspectors found that in some cases where children were young or where children had a disability, children were not seen on their own and in some cases, efforts to seeks their views or understanding were not made and reasons cited included the child's age or level of understanding.

The majority of children knew how to make a complaint and were given a copy of the complaints procedure in an age appropriate format. Inspectors saw evidence of social workers discussing the complaint process with children in a child friendly manner during their statutory visits. However, records showed that younger children and those with a disability were not spoken to about complaints. Data provided by the area identified that there were two complaints made by children in the last 12 months. Inspectors found that complaints made by children were taken seriously and dealt with in a timely way. Social workers assisted children and sought to resolve complaints informally and advocated on behalf of children. In one file reviewed, a child had a guardian ad litem appointed who also acted as an advocate for them. In

another file reviewed, joint visits were completed by both the child-in-care and the fostering social workers and their joint liaison in an effort to resolve complaints at a local level. The complaints register was up-to-date with both formal and informal complaints and recorded the outcome of complaints.

Opportunities were provided to children to develop abilities, aptitudes and interests. Reviews of case records indicated that children were supported to enjoy a wide range of social and leisure activities. Care plans identified social groups and hobbies in which children were interested. Children were consulted with and made decisions to pursue their interests and develop their abilities. Inspectors spoke to three children who talked about the various social groups and sports they were involved in and enjoyed. It was also evident that children were enabled to be independent consistent with their age stage of development and specific needs. One child told inspectors that they were '*listened to*' and '*given choice and independence*'. On two files reviewed a social care worker was working with children on a weekly basis in order support them to gain confidence, independence and capacity to express their views.

The area facilitated four participation groups in the last year which were available to children in care. These groups included an equine therapy, a summer cycling project and a make-up and hair group. These groups supported children to develop their abilities, build confidence and provided a sense of community inclusion for children in care. Inspectors spoke to three children and reviewed one child's files where they had attended these groups. From a review of records and discussions with children it was evident that they enjoyed this participation, developed new interests and skills and met new people. The social work team leaders identified that they were currently seeking to train children to provide this training going forward.

Overall, the service provided rights-based, child-centred practice in the area. However there were areas which required improvement, such as the representing younger children's and children with a disabilities voice and ensuring younger children were seen on their own during statutory visits. Not all families were informed of the use of CCTV within the Tusla building. For this reason, this standard was deemed substantially compliant.

Judgment: Substantially compliant

Standard 4: Valuing diversity

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

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

The area sought to place children with carers from their own cultural, ethnic and religious groups, however this was not always possible due to the limited availability of carers within the service area. Data provided by the area showed that 70 children out of 148 children were not placed with carers of the same cultural, ethnic or religious background.

In the absence of availability of foster carers from diverse backgrounds the area recently developed guidance on matching when placing children-in-care with carers from a different cultural or religious background. This outlined that foster carers should be supported to enable children to develop a positive understanding of their origins and background. In order to achieve this, the area developed a cultural plan template which identified the child's view of their identity and the foster carers understanding and ability to accommodate the child's identity and culture. They also explored the foster carer's experience of caring for children from a different culture or religion and identified local cultural or religious groups that the child could link with. However, the principal social worker identified that this project was in the early stages of development.

Children were encouraged to understand and practice their religious, cultural, ethnic and sexual identity. Inspectors found that children's cultural and religious backgrounds were explored in child-in-care reviews and care plans. Children and parents views were sought with respect to practicing religion, and attending ceremonies such as communions and confirmations. Staff spoken to were aware of the importance of promoting children's diversity and identified a number of ways diversity was promoted in the area. For example, social inclusion training and resources were provided and links made with ethnic minority groups in the community. Staff told inspectors that training provided to staff and foster carers in respect to culture and social inclusion was very informative and provided insight to the importance of the understanding and promotion of children's identity. Children's records demonstrated various supports provided by foster carers and social workers to facilitate children to explore their diversity. For example, care plans identified children's religious beliefs and foster carers ensured children were enabled to practice their religious faith. In addition, supports included the promotion of children's native

language, sourcing food from native countries and psychological support was in place to support children who were exploring their sexual identity.

The area sought to ensure that children had a sense of belonging and had space to explore their families' culture. Carers were supported to enable children to develop a positive understanding of their origins and backgrounds. A recent social inclusion project was launched in November 2022 which provided training to foster carers in social inclusion. This training also explored challenging racism and discrimination. As part of this training on social inclusion, packs were provided to foster carers which contained toys such as dolls representing different skins tones and different abilities/disabilities, books on diversity and inclusion and other resources relating to culture in which foster care could use with children placed with them. A pack was also provided for older age groups which included books on topics such as disability, lesbian, gay, bisexual and transgender (LGBT) and ethnicity. While this was a very positive initiative in the area it was in the early stages of development. Social inclusion training and resources were provided to 22 foster carers who attended training. It was anticipated that this training and resources would be rolled out to all foster carers.

There was also a 'Cultural Champions Project' employed in the area where selected individuals were drawn from different cultural communities that provided a gateway between services and their communities. This project was a resource used to support professionals, parents and foster carers in providing a service to children which assisted understanding and respect for diversity. Inspectors reviewed children's files where practical advice and considerations for example for skin and hair care was sought and provided through this forum in caring for a child of different ethnic background.

The area hosted an LGBTQ group fortnightly in Tusla offices which was supported by Tusla staff. This group offered various activities for children such as homework support, pride celebrations and educational workshops such as understanding consent, wellbeing and mental health. This group published an information booklet providing information for those exploring their gender identity, sexual orientation and as a support to families, parents and friends.

Children with a disability were provided with appropriate services and supports to help them maximise their potential. There were 31 children with a disability in foster care in the area. The area recognised that there was not an appropriate number of carers to provide for children with diverse or complex/disability needs. Every effort was made to place children with carers with relevant experience to best manage the child's presenting needs. The area had a therapeutic team which provided specialist supports from psychologist, play and art therapy to children. Staff identified this as a valuable resource for children and foster carers.

Inspectors reviewed four children's files where children had a disability or complex need. There was evidence of external assessments and therapeutic interventions for children with complex needs. Foster carers were being supported to build knowledge in caring for children with complex needs in order to improve outcomes and promote the continuity of their placement. Respite care was also made available for children in order to support and maintain their long-term placements. However, in one case reviewed there was delays in accessing respite support for a child with complex needs. This was as a result of the limited availability of respite placement for children with complex needs. The staff team held several strategy meetings in order to explore available supports available to this child and parallel planning was in place in the event of a placement breakdown.

In four cases reviewed, children were referred to the children's network disability team which provided specialised support and services for children with a disability or complex needs. Where there was issues with accessing additional supports the area sought to access these services privately.

The area had developed good relationships with the disability services and there was good channels of communication in place. A local working group for children's disability network met quarterly in the area. There was also a Tusla HSE Cavan/Monaghan joint protocol interagency group which held quarterly meetings in order to promote the best interests of children in the area.

Overall, the area promoted a service that took into account children's assessed needs and valued their diversity including disability, gender, family background, culture and ethnicity, religion and sexual identity. However, a large proportion of children were not placed with foster carers from their own cultural, ethnic and religious groups, due to the limited availability of carers within the service area. While initiatives were in place to support these placements, they were not fully embedded in the service. For this reason, this standard was deemed substantially compliant.

Judgment: Substantially compliant

Standard 6: Assessment of children and young people

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

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

Data provided by the area indicated 15 children were placed in foster care in an emergency in the last 12 months. Of the children that required a comprehensive assessment, they were completed within six weeks following an emergency foster placement.

A review of records indicated that children were assessed in a timely way to ascertain their needs in order to ensure they were provided with effective interventions tailored to their needs. In line with standards, an comprehensive assessment of the child's needs is made prior to any placement or in case of emergencies, the completion of an initial assessment within one week of placement and a comprehensive assessment within six weeks. Overall, inspectors found that children's assessments were completed in a timely manner. Staff identified that children's needs were continually being assessed while they were placed in care.

Children's assessment of needs were recorded in a variety of documents which included, initial assessments, care planning documents and child protection notification conferences. The principal social worker advised that oversight of timeliness of children's initial assessments were monitored through the supervision process. Further to this, the area tracked the completion of children's comprehensive assessments and care planning process through the area's register and discussion at governance meetings. Following the completion of an initial assessment, the care plan for the child formed the child's assessment of need.

Assessments of need were comprehensive and ensured a multidisciplinary approach was used. Inspectors reviewed 16 assessments of needs for children and found they were comprehensive, outlining clear rationale for child's admission to care, identifying the physical, emotional, psychological, medical and educational needs of the child. Decisions made were clearly recorded in children's assessment reports and actions were identified to meet those needs. The area identified that children and family participate in the assessment of needs where appropriate. Overall the assessment process was child-centred and the child's right to be heard and participate in decisions made about their lives was promoted. There was evidence of children's views being sought in order to inform their assessments. However, it was not always evident that copies of the assessment outcomes were shared with families and foster carers. While the area identified that additional supports were put in place to discuss

outcomes with children where their ability to comprehend may be limited, this was not evident on files reviewed as part of this inspection.

A multidisciplinary approach was employed to inform children's assessments where required. Where children's needs were complex, specialist services were requested in order to develop an understanding of the child and to inform the assessment of the child. Of the 16 files reviewed, 10 of the children's assessments included referrals for assessment for external services in order to assess their needs and to meet the identified unmet needs for children. Referrals were made for services such as Occupational Therapy, Child and Adolescent Mental Health Services and Psychological support. Inspectors found examples of collaborative working relationships with external professionals. The area had a therapeutic team which was available to respond to requests for additional supports for children in care in the area. This service provided direct therapy support services to children in care which included psychology service, play therapy and other therapies.

Overall, children had comprehensive assessments of needs completed. Assessments used multidisciplinary approach and considered the previous assessments of the child. However, it was not always evident that assessment outcomes were shared with families and foster carers. While the area identified that additional supports were put in place to discuss outcomes with children where their ability to comprehend may be limited, this was not evident on files reviewed as part of this inspection. For this reason, this standard was deemed substantially compliant.

Judgment: Substantially compliant

Standard 8: Matching carers with children and young people

Children and young people are placed with carers who are chosen for their capacity to meet the assessed needs of the children and young people.

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

The management team acknowledged that matching was challenging in the area due to a shortage of foster carers available, however, efforts were made to choose the most appropriate match within the available foster care placements. Data provided by the area identified that there was one child awaiting a full-time foster placement. Seven children awaited a foster care placement, this figure included children in short term placements awaiting long term placements and children awaiting respite placements to support their long term placement. There were also 13 children awaiting approval of long term placements.

The area had a formal matching process in place which was guided by a local policy. Matching was achieved through information sharing and discussion with relevant professionals and proposed foster carers. A new suite of matching documents was developed in quarter three 2022, in order to provide clear guidance to assist staff with matching considerations. These documents, once completed, provided greater transparency with respect to the rationale for matching considerations. The principal social worker told inspectors that when a placement request was received, relative placements were always considered first and foremost. Placement request forms were completed outlining the child's information including the type of placement requested, matching considerations and a brief profile of the child.

Once a placement request was received, there were weekly placement planning meetings in which all placement requests were considered. Records demonstrated the range of foster carers considered and once a foster carer was identified, preliminary matching considerations provided some detail regarding the carers capacity to meet the child's needs, for example, their religious and cultural need, proximity to school and capacity to facilitate the child's contact time with family.

Inspectors found that the matching process had not been fully embedded into practice in the area. Of the ten children's files reviewed for matching, documentation was available for six files reviewed. Not all matching documentation was available on the child's file and some were provided once requested. Where there was matching documents provided, four were detailed and reflected the efforts to keep siblings placed together, experience of foster carer, their ability to manage challenging behaviours, the capacity to maintain children's identity. In two of the above matching documents reviewed there were transition plans in place and children had the opportunity to meet with prospective carers in advance of the placement move. However, inspectors found that the remainder of documents did not reflect clear

rationale or discussion with respect to matching of children and foster carers. Furthermore, inspectors found that the voice of the child was not always recorded in relation to the proposed placement. In some cases, records indicated that children were too young to ascertain their views. In a further two children's files, there was limited records demonstrating how the capacity of the foster carer was chosen to meet the needs of the child.

When placing children in care, consideration was given to children's culture, ethnicity and religion, however due to the lack of availability of carers from different ethnic backgrounds the service was limited in matching children with foster carers of a similar culture. Data provided indicated that 70 children were not placed with carers of the same cultural, ethnic or religious backgrounds. When children were placed with foster carers from a different cultural or religious background, the area introduced 'cultural plans' to support foster carers to enable children to develop a positive understanding of children's origins and background. However, staff identified that the use cultural plans were not fully embedded in the service and cultural plans were completed for a small number of children. As a result, it was not always clearly demonstrated how the placement would promote the child's identity. In addition, the supports required by the foster carers to enable them to promote the child's identity were not always identified.

In two files reviewed for matching, there were no matching documents available. In the absence of matching records, cultural plans were provided for these children. While the cultural plans were comprehensive and considered the parents view of identity and foster carers experience of accommodating children from different ethnic backgrounds, inspectors identified that while these documents complemented the matching process they were not substitutes for the matching documents already in use in the service.

Records demonstrated that social workers were continually considering the ability of the foster carers to meet the children's needs. The ability of the foster placement to meet the child's needs were routinely discussed at child-in-care reviews. Inspectors found that social workers explored the suitability of placements while completing statutory visits. Furthermore, when placements were at risk of breakdown, strategy meetings were held to explore the suitability of placements and further assessments were completed to gain an understanding of the child's current needs and identify supports required to maintain the placement. Inspectors reviewed two children's files where there was parallel planning in the event of a placement breakdown.

Data provided indicated that there were 17 approvals of long term placements in the last 12 months and 13 children were awaiting approval of long term matches at the time of this inspection. The principal social worker identified that that all children were scheduled for the approval of their long term placements. Staff had recently received permanency planning training which had resulted in more discussions in

child in care reviews for longer term planning in order to provide more stability for children in care. Two children in foster care had been adopted in the last 24 months.

Overall, there was a matching process in place which was guided by policy. However, matching documentation was not always available on file for all children placed. Due to the lack of availability of foster carers from different ethnic backgrounds, the service was limited in matching foster carers with children of similar ethnic background. Records of matching did not always reflect consultation with children. For this reason, this standard was deemed substantially compliant.

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 service area judged themselves to be non-compliant with this standard. Inspectors found that the area was substantially compliant with this standard.

There was not a sufficient number of foster carers to meet the current needs of children in the area. There were 104 foster carer households in the area which consisted of 81 general foster care placements and 13 relative foster care placements. This represents a decrease in the number of foster carers in the Cavan/Monaghan area over the past number of years. There were 22 available foster care placements which mainly consisted of short term and specific age group placements. There were four foster care households in which the numbers of children placed exceeded the standards. One child was awaiting a full time foster care placement.

The principal social workers identified recruitment and retention as a priority in the area and this was escalated on the regional risk register in 2022. Recruitment of and assessment of foster carers was completed through the Regional Assessment Fostering Team (RAFT). The area managers told inspectors that in January 2023, in response, to the low levels of recruitment of foster carers in the Cavan/Monaghan area, senior management made a decision to proceed with a local recruitment drive in order to supplement the Regional and National Recruitment plan. Data provided by the area indicated that there were 12 recruitment campaigns in the last 12 months. There were eight foster care applications and three foster carers approved arising from the areas most recent recruitment campaign.

There were effective recruitment and retention strategies in place for 2023 which were seeking to address the needs of the service. The area's service improvement plan identified specific actions to promote recruitment and retention in the area. The

area manager identified that the foster carer panel was reviewed periodically in order to assess the needs of the fostering service. The area's recruitment strategy placed emphasis on the areas objectives to increase the availability of foster carers from diverse backgrounds and improve services for foster carers in order to meet the needs of children placed in the area. In addition, a key priority for the area for 2023 was to recruit local foster carers for children in the Cavan/Monaghan area. In January 2023 the area introduced two recruitment leads for both Cavan and Monaghan with the intention of creating awareness and establishing links with diverse communities in the area.

The area sought to develop links and engage with local ethnic minority groups to attract people to become foster carers. Staff attended cultural events in order to promote awareness of fostering within various communities. Staff also attended local community group meetings in order to seek these groups to assist the area to develop a recruitment and training plan for foster carers who have children placed from ethnic minorities. Links were developed with the groups in line with the Regional National Traveller and Roma Inclusion Strategy 2017-2021 that would support the provision of culturally appropriate placements by Tulsa for Traveller and Roma children placed in the area. The principal social workers told inspectors of the activities to date in order to recruit foster carers such as providing information with respect to fostering to general practitioners, sports clubs and churches in their localities and providing information sessions to interested groups, services and business.

The principal social worker told inspectors that when identifying a placement for a child, the possibility of relatives were always considered first. This is achieved through identifying people in the child's support networks who would be suitable to provide a relative foster care placement. Furthermore, the child's right to remain within their local communities were carefully considered when placing a child in foster care. Files reviewed and placement planning meetings showed efforts made to place children with relatives and within their own communities, however these efforts were impacted by the availability of placements in the area.

The area's retention strategy identified the need to ensure foster carers and their children had positive experiences of support to enable them to achieve positive outcomes of children. A number of initiatives were in place in the area and there were also initiatives planned for commencement. As part of this strategy, the area completed a survey of the children of foster carers with a view to establishing a support group for children of foster carers. As a result of the survey, activity days were held with children of foster carers with a view to gaining and sharing views in relation to possible supports to be put in place going forward.

There were various supports in place to increase placement stability and retain foster carers. Enhanced supports were provided to foster carers where there was an identified need for additional support. An active foster care support group was in

place in the area which also incorporated social and training events. Support groups were also used as a feedback mechanism for foster carers to share their views and identify training needs and activities which would support them. For example, wellbeing was identified by foster carers and a wellbeing event was held in November 2022 for foster carers and children. The area had a therapeutic hub which provided direct therapy support service to children in care in the area including psychology services, play therapy and other therapies. Where identified as a need, the therapeutic hub also provided supports to foster carers. There were 22 foster care placements, where a range of additional supports such as training, enhanced payments and services were provided to the placements to help maintain the foster placements while meeting the needs of the child.

There were systems in place for evaluating and reviewing recruitment and retention strategies. The area manager told inspectors that recruitment and retention strategies were reviewed bi-annually at senior management meetings.

Approved foster carers had been identified to provide peer support and assist with the recruitment of potential new foster carers within their community. In line with the areas service improvement plan 2023, the service identified six foster carers which they may consult with, in respect to recruitment and retention. However, this initiative was in the early stages of development and had not been formalised to date.

The views of foster carers with respect to their experience of being foster carers were sought when they left the service. However, a comprehensive analysis of this data had not been concluded to date. Data provided indicated that five foster carers had left the foster care panel voluntarily in the last 12 months. Of these five foster carers four exit interviews were completed. Foster carers left the service due to the aging out of children placed with them. Exit interviews reflected the foster carers positive experiences with respect to the level of support and training provided. Exit interviews also captured whether the foster carer would be interested in assisting the fostering team with recruitment campaigns and training. The area manager acknowledged that a comprehensive analysis of these exit interviews is yet to be completed with the Foster Care Committee.

Overall, the service had retention and recruitment strategies in place however, there remained a limited pool of foster carers in the area. Further work was needed to secure a sufficient number of foster carers to meet the changing and diverse needs of children admitted to foster care. Exit interviews of foster carers who left the service were carried out, but some further work was to be completed with respect to the analysis of these interviews. For this reason, this standard was deemed substantially compliant.

Judgment: Substantially compliant

**Appendix 1:
National Standards for Foster Care (2003)
and
Child Care (Placement of Children in Foster Care)
Regulations,² 1995**

| | |
|----------------------------------|--|
| Standard 1 | Positive sense of identity |
| Standard 2 | Family and friends |
| Standard 3 | Children's rights |
| Standard 4 | Valuing diversity |
| Regulation Part III Article 8 | Religion |
| Standard 6 | Assessment of children and young people |
| Regulation Part III, Article 6 | Assessment of circumstances of child |
| Standard 8 | Matching carers with children and young people |
| Regulations Part III, Article 7 | Capacity of foster parents to meet the needs of child |
| Part III, Article 7 ³ | Assessment of circumstances of the child |
| Standard 21 | Recruitment and retention of an appropriate range of foster carers |

² Child Care (Placement of Children in Foster Care) Regulations, 1995

³ Child Care (Placement of Children with Relatives) Regulations, 1995

Compliance Plan for Cavan Monaghan OSV – 0004405

Inspection ID: MON_0039981

Date of inspection: 23 -25 May 2023

Introduction and instruction

This document sets out the standards where it has been assessed that the provider is not compliant with the National Standards for Foster Care, 2003.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which standards the provider must take action on to comply. In this section the provider must consider the overall standard when responding and not just the individual non compliances as listed in section 2.

Section 2 is the list of all standards where it has been assessed the provider is not compliant. Each standard is risk assessed as to the impact of the non-compliance on the safety, health and welfare of children using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider has generally met the requirements of the standard but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider has not complied with a standard and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of children using the service will be risk rated red (high risk) and the inspector has identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of children using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider is required to set out what action they have taken or intend to take to comply with the standard in order to bring the service back into compliance. The plan should be **SMART** in nature. **S**pecific to that standard, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each standard set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

| Standard Heading | Judgment |
|--|-------------------------|
| Standard 1: Positive sense of identity | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Standard 1: Children and young people are provided with foster care services that promote a positive sense of identity.</p> <p>Action: Social Workers will ensure that all children in care are informed about their right to access their own information. This information is in a child friendly leaflet format and will be added to the children's back packs, and tactic packs that children receive when they are admitted into the care of Tusla Child and Family Agency. The sharing of this information will be evidenced by a written record on stat visit template.</p> <p>Person Responsible: Social Workers, Social Work Team Leaders, and Principal Social Workers.</p> <p>Completion By: 30th December 2023</p> | |
| Standard 3: Children’s rights | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Standard 3: Children and young people are treated with dignity, their privacy is respected, they make choices based on information provided to them in an age-appropriate manner, and have their views, including complaints, heard when decisions are made which affect them or the care they receive.</p> <p>Action:</p> <ol style="list-style-type: none"> 1. Young children and disability voices: AC education training will be delivered to staff on working with children with disabilities. This training focuses on promoting inclusion for all children, awareness of how disability can be stigmatized and how this can be challenged and how to help the children get the most out of life and | |

meet their particular special needs. This training will ensure workers develop essential knowledge and skills to work effectively with a diverse range of children and young people with disabilities in ensuring their voice is heard and views considered.

2. A local area toolkit will be developed to assist staff in working with children with disabilities.
3. Children will be provided with information on advocacy services.
4. All children in care will be seen on their own during statutory visits.

Person Responsible:

Social Workers, Social Work Team Leaders, and Principal Social Workers

Completion By:

30th December 2023

Action:

1. The area will ensure that all people using Tusla facilities are informed about the use of CCTV in specific rooms. This will be in the form of leaflets, notices, and signs.
2. In the absence of an updated National CCTV policy, the area will devise and implement local guidance.

Person Responsible:

Business Support Manager, Privacy Officer and Area Manager

Completion By:

30th December 2023

Standard 4: Valuing diversity

Substantially Compliant

Outline how you are going to come into compliance with Standard 4: Children and young people are provided with foster care services that take account of their age, stage of development, individual assessed needs, illness or disability, gender, family background, culture and ethnicity (including membership of the Traveller community), religion and sexual identity.

Action:

1. All children in care will have a cultural plan developed where appropriate.
2. The area will ensure that where appropriate, all foster care placements will have an age appropriate "Social Inclusion Pack", and this will be evidenced on the foster Carers file.
3. The area's recruitment strategy will continue to place emphasis on the objective of increasing the availability of foster carers from diverse backgrounds.

| | |
|---|-------------------------|
| <p>Person Responsible: Children in Care and Fostering Social Workers, Social Work Team Leaders, and Principal Social Workers.</p> <p>Completion By: 30th December 2023</p> | |
| Standard 6: Assessment of children and young people | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Standard 6: An assessment of the child's needs is made prior to any placement or, in the case of emergencies, as soon as possible thereafter.</p> <p>Action: All social workers will ensure that outcomes of assessments are shared with families and foster carers during home visits. This will be completed once the assessment is completed and recorded on TCM for the child's file and on the foster carers file. This will be evidenced on the child's file and/or stat visit template. This will be included on the area's child in care audit template.</p> <p>Person Responsible: All Social Workers, Social Work Team Leaders and Principal Social Workers.</p> <p>Completion By: 30th December 2023</p> | |
| Standard 8: Matching carers with children and young people | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Standard 8: Children and young people are placed with carers who are chosen for their capacity to meet the assessed needs of the children and young people.</p> <p>Action:</p> <ol style="list-style-type: none"> 1. The area will ensure that all records regarding the matching process are uploaded on TCM for the child's file, in addition to the foster carers file. 2. Social workers will ensure they consult with all children in care about any potential move to a foster care placement and their views / wishes taken into account. This consultation will be recorded on TCM and evidenced on the Child's file. The progress will be measured in staff supervision and file audits. 3. The placement request form and matching template will be amended to include a section on the Child's views. <p>Person Responsible: All Social Workers, Social Work Team Leaders and Principal Social Workers.</p> | |

| | |
|---|-------------------------|
| Completion By: 30 th August 2023 | |
| Standard 21: Recruitment and retention of an appropriate range of foster carers | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Standard 21: Health boards are actively involved in recruiting and retaining an appropriate range of foster carers to meet the diverse needs of the children and young people in their care.</p> <p>Action:</p> <ul style="list-style-type: none"> • The area will continue to embed the local recruitment strategy to increase the number of foster carers from diverse backgrounds in the area. • Exit interviews will be offered to all foster carers leaving the service. A comprehensive analysis of this data will be completed and the learning from this will be used to inform recruitment and retention strategies in the Cavan Monaghan area. • The area will further develop and formalise the foster carers peer support group that will include their assistance with the recruitment of potential new foster carers within their community and with the retention of our current foster carers. <p>Person Responsible: Fostering Principal Social Worker and Fostering Social Work Team Leaders. FCC (Foster Care Committee) Chair</p> <p>Completion By: 30th December 2023</p> | |

Section 2:

Standards to be complied with

The provider must consider the details and risk rating of the following standards when completing the compliance plan in section 1. Where a standard has been risk rated red (high risk) the inspector has set out the date by which the provider must comply. Where a standard has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider has failed to comply with the following regulation(s).

| Standard | Regulatory requirement | Judgment | Risk rating | Date to be complied with |
|------------|---|-------------------------|-------------|--------------------------------|
| Standard 1 | Children and young people are provided with foster care services that promote a positive sense of identity. | Substantially Compliant | Yellow | 30 th December 2023 |
| Standard 3 | Children and young people are treated with dignity, their privacy is respected, they make choices based on information provided to them in an age-appropriate manner, and have their views, including complaints, heard when decisions are made which affect them or the care they receive. | Substantially Compliant | Yellow | 30 th December 2023 |
| Standard 4 | Children and young people are provided with foster care services that take | Substantially Compliant | Yellow | 30 th December 2023 |

| | | | | |
|-------------|---|-------------------------|--------|--------------------------------|
| | account of their age, stage of development, individual assessed needs, illness or disability, gender, family background, culture and ethnicity (including membership of the Traveller community), religion and sexual identity. | | | |
| Standard 6 | An assessment of the child's needs is made prior to any placement or, in the case of emergencies, as soon as possible thereafter. | Substantially Compliant | Yellow | 30 th December 2023 |
| Standard 8 | Children and young people are placed with carers who are chosen for their capacity to meet the assessed needs of the children and young people. | Substantially Compliant | Yellow | 30 th August 2023 |
| Standard 21 | 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. | Substantially Compliant | Yellow | 30 th December 2023 |