



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Name of service area:	Dublin North
Type of inspection:	Focused Inspection
Date of inspection:	26-29 August 2024
Fieldwork ID:	MON-0044271
Lead Inspector:	Rachel Kane
Support Inspector(s):	Grace Lynam Sheila Hynes Caroline Browne Erin Byrne

About this inspection

The Health Information Quality Authority (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 national 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 access to 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 Dublin North service area. The scope of the inspection included Standards 3, 6, 8, 10, 19 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
- interview with:
 - the area manager
- focus groups with:
 - Five principal social workers from the children in care, fostering and assessment and intervention teams
 - 14 social work team leaders
 - 19 front-line staff
 - 11 foster carers
- the review of:
 - local policies and procedures, minutes of various meetings, staff supervision files, audits and service plans
 - staff personnel files
 - a sample of 32 children's files and 18 foster carer files
- telephone conversations with:
 - a sample of one parent, one child and six foster carers.

Acknowledgements

HIQA wishes to thank parents, children, foster carers and external stakeholders that spoke with inspectors during the course of this inspection, 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 received by children in privately-provided services.

Service area

The purpose and mission of North Dublin foster care service is to support and promote the development, welfare, education, and protection of children and young people, the effective functioning of families and the continued care for adults who use our services. The values of trust, respect, kindness and empowerment define engagement with service users in North Dublin.

North Dublin is part of the Dublin North East (DNE) region and is one of 17 areas nationally. North Dublin currently stretches from Raheny and Sutton on the east side, inland to Oldtown and the Meath border to Stamullen. The area also encompasses Howth, Coolock, Raheny, Darndale, Kilbarrack, Swords, Balbriggan and newly developed areas such as Clongriffin and Racecourse in Baldoyle. As well as being an expansive area, North Dublin local health area encompasses two geographical local

authority catchment areas; namely Fingal County Council and Dublin City Council. In October 2013, Dublin 15 became part of North Dublin.

The population profile of North Dublin is based on the 2022 Census issued, from Health Atlas Ireland as defined by the 62 electoral districts within the area. The overall population of the North Dublin is 388,244 which represents an increase of 30,235 or 7.8% from the 2016 census. The child population of North Dublin, based on the 2022 Census, is 49,582 with Priorswood designated as a very disadvantaged area.

The management structure of the alternative care service consists of one fostering principal social worker who manages the foster care service and two principal social workers who manage the children in care teams. The principal social workers report directly to the area manager and oversee the work of the social work team leaders. The fostering service have four team leader positions. The children in care services consists of six team leaders. Team members for both fostering and children in care teams included senior social work practitioners, social workers, social care leaders, social care workers and project workers. The aftercare service consists of a social care manager, social care leaders and a social care worker.

From the data provided by the Dublin North service area prior to the inspection, the area had a total of 349 children in foster care. There were 179 children living outside the boundaries of the Dublin North area. The data showed that 211 children were placed in general foster care placements and 138 children were placed in relative foster care placements. There were 21 children awaiting a foster care placement. Of these, 14 children had been waiting for more than three months. There were 48 eight children awaiting approval of a long term placement. Since 1 August 2023, a total of 38 children had been placed in foster care in an emergency. In addition, 159 children were admitted to foster care in the last 24 months and 68 children had experienced a change of placement during the same period.

The Dublin North area foster care panel consisted of 189 foster care households in the area which included 91 general foster care households and 98 relative foster care households. There were 32 special foster care households² in the area and 17 foster carers were from diverse cultural backgrounds. There was a total of 349 foster care placements and seven respite placements in the area. There were no available foster care placements or respite placements. Since 1 August 2023, three foster carers had left the panel voluntarily. In the 12 months previous to the inspection, 50 new enquiries were received about becoming a foster carer, nine of these had progressed to the application stage.

² Foster care households where additional resources such as additional training, respite support, and enhanced payments were allocated in order to support the placement.

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 3	Children's Rights	Compliant
Standard 6	Assessment of children and young people	Compliant
Standard 8	Matching carers with children and young people	Substantially compliant
Standard 10	Safeguarding and child protection	Not compliant
Standard 19	Management and monitoring of foster care services	Not 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
26 August 2024	09:00hrs to 17:00hrs 09:00hrs to 17:00hrs 09:00hrs to 17:00hrs 09:00hrs to 17:00hrs	Rachel Kane Grace Lynam Sheila Hynes Caroline Browne	Lead Inspector Support Inspector Support Inspector Support Inspector
27 August 2024	09:00hrs to 17:00hrs 09:00hrs to 17:00hrs 09:00hrs to 17:00hrs 09:00hrs to 17:00hrs	Rachel Kane Grace Lynam Sheila Hynes Caroline Browne	Lead Inspector Support Inspector Support Inspector Support Inspector
28 August 2024	09:00hrs to 17:00hrs 09:00hrs to 17:00hrs 09:00hrs to 17:00hrs 09:00hrs to 17:00hrs	Rachel Kane Grace Lynam Sheila Hynes Caroline Browne	Lead Inspector Support Inspector Support Inspector Support Inspector
29 August 2024	09:00hrs to 17:00hrs 09:00hrs to 17:00hrs 09:00hrs to 17:00hrs 09:00hrs to 17:00hrs	Rachel Kane Grace Lynam Sheila Hynes Erin Byrne	Lead Inspector Support Inspector Support Inspector Support Inspector

Children's experience of the foster care service

Children's experiences were established through speaking with a sample of children, a parent, 17 foster carers, and 39 professionals. Reviewing children and foster carer case files, complaints and records provided additional evidence on the experience of children in foster care. It is important to note that information gathered in respect to children's experience, was taken predominantly from children's files. One finding from this inspection was that a high number of children's files reviewed, were not updated in a timely manner. Accordingly, follow-up information was gathered from the assigned social worker and or other professionals working with the children in question.

Overall, from a review of the relevant files, as well as speaking with a sample of children, a parent and foster carers, inspectors heard positive feedback about the care and support children received from the service. Practitioners who spoke with inspectors were knowledgeable about the children they were allocated to, and they demonstrated thoughtful and considerate insights into the needs of the child. However, foster carers told inspectors that some children had experienced numerous changes in social workers. The absence of a consistent social worker for children in foster care, can impact on the development of professional relationships between the social worker and the child. Foster carers had previously raised this issue with the area manager during a consultation event, and the area manager told them that staff retention is a priority in the area and outlined several initiatives that have been implemented to try and retain staff. Inspectors found examples of good quality, comprehensive case transfer records on some of the files which were child-centred and demonstrated workers' knowledge of the children's needs and how best to meet them.

On all children's files reviewed, children's rights were respected and they were encouraged and supported to participate in decisions made about their lives and their care. Social workers advocated for children's rights, for example in one of the files reviewed, records showed how a social worker advocated for a child who requested a review of their phone access, giving careful consideration to the safety of the child. From the sample of files reviewed, all children were invited to attend their child-in-care reviews, as appropriate to their age. If children did not attend their review meeting, their views were captured either through one-to-one direct work, using words and pictures, or by the children writing down their views and wishes and their allocated worker representing their views in the meeting. Interpreters attended child-in-care reviews to support children and their parents if English wasn't their first language.

For the most part, children were visited by social workers in line with regulations, with some visits slightly overdue. Where children did not have an allocated social worker, social work team leaders attended statutory visits with the child's allocated secondary

worker. Following the inspection, the area confirmed that any overdue statutory visits had taken place or had been scheduled. Overall, the records reviewed by inspectors, showed that statutory visits were of good quality, children were met with alone and given the opportunity to give their feedback on how they felt their placement was going.

Children were supported to engage in education and additional supports were put in place to support this where required. Records showed that children and young people were also supported to engage in a variety of other activities, such as sports and clubs that supported them to fulfil their potential.

From a review of children's files, inspectors found that children had their family and life circumstances explained to them through life story work. Social workers explained that they strive to share children's stories with them on a continual basis so that they have an understanding of their family history and their identity. This approach to supporting children to understand why they are in care, was embedded in the practice of staff in the service. Parents were consulted, prior to life story work being carried out with their children.

Inspectors spoke with 17 foster carers who gave mixed feedback on how children were supported by the service.

- "social worker has advocated well for the child"
- Link worker and social worker are "absolutely brilliant"
- "the service have been there"
- "if you need something done, she is the woman to ask".

A small number of foster carers, told inspectors that more could be done to support children in their care.

- "has not been getting everything (child) needs"
- "no forward planning"
- "everything is a battle".

Some of the foster carers told inspectors that they felt the children were appropriately matched, as the children placed in their care were from similar cultural backgrounds. All the foster carers who spoke with inspectors, shared that they felt the foster care service tried to place children with foster carers who could best meet their needs. Overall, the majority of foster carers felt well supported to care for the children placed with them, and that children with complex needs received additional supports as required. Group based training programmes as well as one-to-one support was available to foster carers, in particular to carers of children with complex needs.

Some foster carers told inspectors that children were supported to maintain their relationships with their families, where appropriate. Foster carers described how the social workers and or other professionals would support family contact by facilitating lifts to access. Training had also been provided to some foster carers to assist them with building effective relationships with birth families and supporting family contact.

The service area established a fora for children in 2019 which was set up to consult with children and young people around their care and service delivery. Staff reported that this group is usually well attended and it supports the development of relationships between front line staff and children and young people in foster care. Over the last 12 months, the fora engaged in multiple group activities, such as football games, a trip to a theme park, a Christmas party and a Halloween event. Both staff and management informed inspectors of plans to steer the fora into a more consultative phase in the months ahead.

The service placed a strong emphasis on trying to keep children within their families, communities and established networks. There was a high proportion (52% of foster care households were relative foster care households) of children living with relative foster carers or carers who were previously known to them before they came into care. Where children could not be placed with family members or people already known to them, the service tried to match children with other carers who would best meet their needs in terms of their identity and culture. Children were supported to maintain relationships with their families, friends and communities where appropriate.

Summary of inspection findings

Tusla 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 consistently produce these outcomes.

This report reflects the findings of the focused inspection, which looked at children's experiences in relation to their rights. The inspection also considered the quality of children's assessments of need, including any specialist support children required, and how these assessments informed the matching of children with foster carers who could meet their needs. In addition, the management and monitoring of the foster care service was assessed, and the availability of a range of suitable foster carers to provide child-centred care was also considered.

On this inspection, HIQA found that, of the six national standards assessed:

- two standards were compliant
- two standards were substantially compliant
- two standards were not compliant.

The governance of the service required significant improvement in order to ensure that it was providing a safe service to children in foster care. Risk management required improvement; as despite risks being identified and escalated, the plans outlined in the service area's risk register to reduce the risks were inadequate and the progress was slow. Due to continued staffing challenges in the area, not all children in foster care had a professionally qualified social worker allocated to their case. The area provided information to the inspection team outlining that 21 children in foster care had no allocated social worker. Eighteen children in foster care were allocated to social care staff, two children were allocated to social workers on the child protection and welfare team and one child was allocated to the aftercare team. Issues relating to information governance and Tusla's case management system (TCM) were found to be impacting on management's effective oversight of service provision and risk. The inspection found that improvements were required in relation to quality assurance systems, due to the lack of timely action regarding the outcome of audits.

The systems in place to protect children from abuse and neglect required significant improvement to ensure that children were protected from abuse. There were 20 foster carers whose Garda vetting renewal was overdue. Garda vetting renewals were

delayed for two foster carers for more than 12 months. This was not in adherence with the national guidance. There were 16 foster carers, who had children placed in their care, who had not completed Children First training. The data provided to inspectors in relation to incidents of children being missing from care was incorrect, and there were delays in records being uploaded to TCM and signed off by management. The delays in the timely updating of children's files posed a potential risk to important information being missed which could impact on children's safety. The guidance in place in the service area regarding how to respond to child protection concerns was not consistently implemented with regards the use of screening forms. Improvements were required in recording how safety plans were being monitored and reviewed.

It is important to note that of the files sampled, two of these cases were escalated after fieldwork regarding the re-vetting of foster carers and one case was escalated in respect to the monitoring and review of a safety plan. Satisfactory assurances were received from the area manager in respect to all three cases.

Children's rights were respected and promoted by both the foster carers and the staff in the service. Of the files sampled with regards to children's rights, the records reviewed showed that children were informed of their rights and that they were told about the complaints procedure. Children's views were sought, listened to and considered when decisions were being made, such as decisions in relation to contact with their families, education and suitability of placements. The service had an approach to continually keep children informed and carry out life story work with them to enable them to understand their history, current circumstances and any changes arising for them. Children's right to access information was promoted and children were aware of their rights in regards to same.

From the files sampled the assessments of children's needs were carried out on all children, before they were placed in foster care or soon after, in the case of emergencies. Children's needs were also assessed on an ongoing basis. Where appropriate, children and their families were involved in the assessment process. Assessments of need were comprehensive and a multidisciplinary approach was used where required. Joint working arrangements with the Health Service Executive (HSE) were well established in the area and formed an integral part of the process of assessing children's needs.

Dublin North foster care service was committed to trying to ensure the best possible match for children and foster carers where possible. The area prioritised placing children with relative foster carers. The area had a matching procedure in place and all efforts were made to place children in the most suitable placement for them. However, the management team acknowledged that the national shortage of foster carers meant that finding the best suitable match for children could be difficult at times. Matching

documentation was not always available on file for all children placed. This meant that a clear picture for the rationale for matching decisions was not consistently evident on children's records.

The foster care service had clear plans and strategies directing their efforts to recruit more foster carers and retain current foster carers. The area had approved one new general foster care household and 13 new relative foster carers in the previous 12 months and only three foster carers had left the panel voluntarily. The area had a high number of relative foster carers and prioritised trying to keep children with their families and their communities where possible. Despite the area's efforts and success in recruiting new foster carers, there remained a shortage of foster carers for the number of children in need of a foster care placement in the area.

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, are heard when decisions are made which affect them or the care they receive.

Children's rights were respected and promoted by both the foster carers and the staff in the service. The service implemented a human rights-based approach in delivering child-centred care and support. Children and their rights were at the core of the staff's day-to-day practice. The records reviewed by inspectors showed that all children were informed of their rights, and that they were told about the complaints procedure. Children were provided with this information in a child-friendly format during home visits. Foster carers told inspectors that the service promoted children's rights and advocated on behalf of the children.

Front line staff and managers were knowledgeable about children's rights and the records reviewed by inspectors showed that practitioners were skilled at engaging with children in a meaningful way. Children were treated with fairness and they were at the centre of decisions that were made about their lives and their care. Children's views were sought, listened to and considered when decisions were being made, such as decisions in relation to contact with their families, education and suitability of placements.

Children's involvement in decisions about their care and lives, was observed in their child-in-care reviews and care plans. Children were supported to attend their child-in-care reviews when age-appropriate and if children did not attend their reviews,

practitioners engaged with them to determine their views and wishes by means of stories and pictures, or by completing a child-in-care review form with them.

As outlined above, the foster care service had established a forum for children and young people in care, and this group had participated in a variety of events and activities in the previous 12 months. These activities and events provided a space for children to connect with their peers, and raise issues facing them. It also provided front line staff and managers with the opportunity to get to know the children better and strengthen relationships.

Children's right to education was respected and supported by the service area. Where children required additional support in education, these resources were secured. The service area had funded special needs assistants for a number of children in their care. The service area promoted the rights of children with additional needs to access the supports and services they required. Children with complex needs who required additional support services were reviewed at the monthly area governance forum. Where children were not receiving the services they required, their cases were brought to the Integrated Case Management Forum where the area's management team advocated for them to receive the necessary supports. For example, through discussion and decisions made at this forum, occupational therapy and specialist equipment was secured for a child with additional needs.

Children's right to access information was promoted and children were aware of their rights in regards to same. The service had an approach to continually keep children informed and carry out life story work with them to enable them to understand their history, current circumstances and any changes arising for them. Frontline workers and managers told inspectors that due to the effectiveness of this work children currently in the foster care service were not as inclined to request access to their files. Before practitioners engaged children in life story work, the children's parents were consulted.

Not all children in foster care had an allocated social worker to coordinate their care. At the time of the inspection, there were 21 children who did not have an allocated social worker. Nevertheless, inspectors found that overall, these children's needs were being met and their rights were being upheld. There was oversight of unallocated cases by senior management, and unallocated cases were discussed at the area governance forum and in case supervision. 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.

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 and information from staff, foster carers and children demonstrated that overall, children were aware that they could make a complaint and also aware of supports available to them if making a complaint. Data submitted to inspectors showed that one child in foster care had made a formal complaint in the previous 12 months. The social work department responded to the child in writing and offered to meet with them to go through their concerns.

All children were encouraged to give feedback at various stages during their time in care, such as their child-in-care reviews, during visits from social workers and link workers, and as part of relative foster carer assessments and foster care reviews. When children gave informal feedback it was taken seriously, staff listened to the children's views and it was considered carefully in decisions that were being made.

Children's right to leisure, recreation and cultural activities was promoted by staff and foster carers. Children were supported to engage in a wide range of activities and hobbies. Children's social development needs were discussed in the child-in-care reviews and all individuals involved in the children's care tried to ensure children were provided with opportunities to pursue their interests and hobbies.

Children's right to preservation of their identity was promoted by this service area. The service area strived to keep children connected with their families, communities and cultures. Families and people from within the children's own support networks were always considered as a first option for children to be placed with. Among the children in foster care placements in the area, 39.5% were placed with relative foster carers. Where it was not possible for children to be placed with their own families or people from within their support networks, efforts were made to place children with foster care households that were culturally appropriate and which had the capacity to meet the child's assessed needs.

In summary, children's rights were promoted in relation to their care, in line with their age and stage of development. Children were both individually and through the youth fora, provided with opportunities to engage with decisions regarding their care experience and were informed of their rights. All children were provided with information with regards the complaint process and the complaint reviewed by inspectors was managed effectively. It is for these reasons that this standard is deemed compliant.

Judgment: 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.

In the Dublin North foster care service, the assessments of children's needs were carried out on all children before they were placed in foster care or soon after, in the case of emergencies. Children's needs were also assessed on an ongoing basis. Overall, assessments of children's needs were carried out in a timely manner. There was evidence of comprehensive assessments in the form of initial assessments, court reports and care plans combined together. There was a multidisciplinary approach in place for children with complex needs. Where appropriate, children and their families were involved in the assessment process. Overall, foster carers told inspectors that they were told about children's needs and were kept informed about changes to children's needs following updated assessments.

Data provided by the area before the inspection indicated that in the 24 months prior to the inspection, 159 children were placed in foster care and all 159 children's needs were assessed before the placements began. The data showed that 38 children were placed on an emergency basis, in the previous 12 months. Children placed in an emergency were visited by social workers and their child-in-care reviews took place in line with the time frames set by the regulations.

Inspectors reviewed 19 assessments of needs for children. Records indicated that children were assessed in a timely way to determine their needs. This ensured that children were provided with effective interventions, tailored to their individual needs. Overall, inspectors found that children's assessments were completed in a timely manner. Management informed inspectors that in cases where children were placed in an emergency, comprehensive assessments may take longer to complete than the six weeks specified in the *National Standards for Foster Care* (2003). Managers told inspectors that all children had an initial assessment carried out and a care plan devised as per the regulations and that other specialist or multidisciplinary assessments may need to wait until the child has settled in their placement.

Assessments of need were comprehensive and a multidisciplinary approach was used where required. Assessments of needs for children outlined clear rationale for the child's admission to care, and identified the physical, emotional, psychological, medical and educational needs of the child. Decisions were clearly recorded in children's assessment reports, and actions were identified to meet those needs. The assessments of needs reviewed by inspectors, demonstrated processes that were child-centred and the child's right to be heard and participate in decisions affecting their lives was promoted. There was evidence of children's views being sought in order to inform their assessments.

Data provided by the area indicated that there were 35 children with disabilities and 32 special foster care households which consisted of placements in receipt of enhanced payments and supports. As outlined previously, the service promoted the rights of children with complex needs by providing them with the necessary supports to reach their potential. A multidisciplinary approach was employed to inform children's assessments where required. 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 in some of the files reviewed. The service area previously employed a clinical psychologist, however this post became vacant in 2023. A new clinical psychologist was onboarding at the time of the inspection. The management team informed inspectors of how beneficial the psychologist's input was in planning interventions and assessment work for children, so they were eager to have this post filled. The service contracted in therapy support services to children in care, such as play therapy and art therapy.

Joint working arrangements with the HSE were well established in the area and formed an integral part of the process of assessing children's needs. The *Joint Protocol for Interagency Collaboration between the Health Services Executive and Tusla* was being adhered to in the area. Management told inspectors that there were sometimes delays in accessing community services for children. Despite these challenges, inspectors reviewed a sample of meeting minutes from the Integrated Case Management Forum where senior managers from the HSE and Tusla discussed the support services required for children in care with complex needs. Effective interagency collaborative working was evident in these meetings. When services in the community could not be accessed in a timely manner for children, private services were sourced.

Overall, all children from the sample of files reviewed had an initial assessment of need completed and timely follow-up was completed with children placed in an emergency. There was clear evidence regarding effective multidisciplinary and interagency working which was child-centred. Delays were monitored and managed through the monthly governance forum and integrated case management meetings. Further to this, foster carers were kept informed and updated regarding children's assessed needs and the outcomes of children's assessments were clearly recorded on children's files. It is for this reason this standard is deemed compliant.

Judgment: 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 Dublin North foster care service was committed to ensuring the best possible match for children and foster carers. The area prioritised placing children with relative foster carers. Of the children in foster care placements in the area, 39.5% were placed with relative foster carers. The management team acknowledged that matching was challenging in the area due to a shortage of suitable and available foster carers. Specifically, it was difficult to find suitable placements for children with complex needs. In addition, improvements were required to ensure that records of matching decisions and placement request forms for general foster carers were available in children's and foster carers' files, as per the area local matching policy.

At the time of the inspection the service area had no available foster care placements and there were 21 children awaiting a full-time foster care placement. There were also 48 children awaiting approval of long term placements. The management team informed inspectors of the current challenges in sourcing appropriate placements for children. This was due to a national shortage of foster carers. Management of the area described to inspectors how it was becoming increasingly difficult to find suitable placements for children with complex needs.

Due to the lack of available placements, in the 12 months prior to the inspection, the area placed four children with relative foster carers with whom they had no pre-existing relationship. The children were placed within relative foster care placements, whereby the children were not related or well known to the carers. These relative foster carers had not been assessed as general foster carers when the children were placed with them. Although these placements were not in line with standards and regulations, the decisions to place these children with these relative foster carers were made based on the foster carers' capacity to meet the children's needs, and the fact that there were no other suitable placements available for these children. It was clear from speaking with managers, staff and foster carers, that these decisions were made in the best interests of the children and in consideration of the foster carers' capacity to care for the children. Inspectors found that the placements were meeting the needs of the children. Two of the foster carers are now undergoing assessments to become general foster carers and there are plans in place for a more long term placement for the third child. The area manager told inspectors that these decisions were made as a last resort.

The area had a formal matching process in place for when children were placed with general foster carers. The area's matching protocol noted that there was a separate process for matching when children were placed with relative foster carers. In this

instance, the assessment and intervention team identified potential relative foster carers from within the family network. The fostering link worker then met with potential relative foster carers to complete the assessment. The matching of relative foster care placements is ongoing and managed throughout the care planning process. The inspection found that information pertaining to matching was not always present on the children's and general foster carer's files.

The area's fostering team had a duty system in place wherein a social care worker and social work team leader oversaw the placement requests. This team used the assessment of the child's needs and examined the carers' abilities to meet these needs from foster carer assessments and subsequent foster care review documents. Dublin North were also supported by the Regional Assessment Fostering Team (RAFT) which assists in identifying matches with newly approved carers.

Matching was achieved through information sharing, discussion with relevant professionals, and discussion regarding proposed suitable foster carers. Placement request forms were completed outlining the child's information including the type of placement requested and a pen picture of the child as well as a description of the child's assessed needs. Once a placement request was received, it was reviewed by the duty fostering team who first looked to the Dublin North foster carer panel for any potential matches. If there were no suitable placements available within the area's foster care panel then the fostering team sent the request to the RAFT team and private providers of foster care services.

Inspectors reviewed 10 files for matching, which included three placements where four children were placed with relative foster carers to whom they were not related nor well known. In addition to this, three relative foster care placements and four general foster care placements were also reviewed. There were placement request forms in three of the general foster care placement files, the fourth file had little evidence to demonstrate the rationale for the match. Of the three relative placements where the children were unrelated to the foster carers, placement request forms were on file for two of these placements. The placement request forms provided some insight into how the matching process was implemented, however, improvements are required to ensure that records provide a clear rationale and evidence underpinning the decision to match.

The matches in each of the 10 files reviewed, demonstrated that the children had been placed with carers who were able to meet their assessed needs, and those placements were culturally appropriate. Records demonstrated that practitioners considered the foster carers' ability to meet the children's needs on an ongoing basis. 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, this was also the case for children

who were not allocated a professionally qualified social worker. In this regard, social work team leaders and social care staff explored the suitability of placements during statutory visits. Foster carers who spoke with inspectors said that they were mostly provided with enough relevant information about the child before the placement.

Furthermore, strategy meetings were held to explore placement suitability when placements were at risk of breakdown. Further assessments were completed to gain an understanding of the child's current needs and to identify supports required to maintain the placement.

Overall, there was a matching process in place which was guided by a local protocol and the *National Standards for Foster Care* (2003). However, matching documentation was not always available on file for all children placed. This meant that a clear picture for the rationale of matching decisions was not consistently found on children's records. The area management team also acknowledged that the national shortage of foster carers meant that finding the best suitable match for children was a challenge. For these reasons, this standard was deemed substantially compliant.

Judgment: Substantially compliant

Standard 10: Safeguarding and child protection

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

The inspection found that significant improvements were required in the systems in place to ensure children are protected from abuse. The Dublin North foster care service was not consistently adhering to national guidance and Tusla's own guidance, in particular Responding to Child Protection and Welfare Concerns of Children in Care practice guidance (2023). Improvements were required in respect to the oversight of Garda vetting renewals of foster carers and the completion of Children First training for all foster carers in a timely manner. Furthermore, this inspection found that there were delays in the timely updating of children's files which posed a potential risk to important information being missed which could impact on children's safety.

Inspectors had to seek verbal updates from social workers and other key professionals in relation to a high number of files reviewed during fieldwork. As a result of this, three cases were escalated post-inspection and HIQA was satisfied with the response.

There were systems in place to track allegations and serious concerns in relation to foster carers. However, the inspection found that a strengthening of the oversight systems in relation to child safeguarding was required. Inspectors found two referrals on TCM in respect to a child protection and welfare concern and a child missing from foster care, which were not captured on the management's oversight systems. Therefore, this posed a potential risk in the management oversight of the foster care service with regards to the safeguarding of children.

All foster carers were Garda vetted, however, there were 16 households which consisted of 20 individuals where foster carers were not re-vetted as per Tusla policy. The fostering principal social worker maintained a tracker that identified when Garda vetting renewals were due, however, this tracker was not effective as re-vetting remained outstanding for long periods for some foster carers. From inspector's review of the tracker, two foster carer cases were escalated due to outstanding re-vetting for more than 12 months. Garda vetting renewal is a safeguarding mechanism for children in foster care. Regular renewal of vetting allows for continuous monitoring that promotes children's safety.

There was a separate tracker in place for other adults living in the foster care household which identified seven individuals where Garda vetting renewals were delayed, this system identified actions that had been taken to progress the applications. Garda vetting was also tracked at fostering management meetings and the monthly governance meetings, however, the area manager acknowledged that the oversight system requires strengthening with more focus given to Garda vetting. The area manager informed inspectors of her plans to improve this system.

Inspectors reviewed four children's files in relation to allegations made about foster carers. Two of these allegations were closed and two were open. Three of these allegations were made in the 12 months prior to the inspection and one was made in January 2023, which was still open. All of the allegations were managed in line with Children First (2017). Children's immediate safety was prioritised and timely actions were taken to keep children safe. Social workers met with children in relation to the allegations, stringent safety plans were implemented and strategy meetings to discuss the allegations and plan the appropriate course of action were convened. One of these allegations was deemed to meet the threshold of abuse and it was referred for assessment in line with child abuse substantiation procedure (CASP) and notified to An Garda Síochána.

However, improvements were required to ensure that allegations of abuse against foster carers were managed in line with the practice guidance that was in use in the area. The Responding to Child Protection and Welfare Concerns of Children in Care practice guidance (2023) states that any report or concern that arises should be logged as a referral on TCM and a screening form should be completed. However, there were no screening forms completed for the three allegations that were made

about foster carers in the 12 months prior to the inspection. Strategy meetings were held to discuss the allegations and at these meetings the screening took place. However a referral and screening form should be completed for each allegation to ensure that the records give a clear picture of how they were managed and responded to. This was brought to the attention of the area manager during the inspection who acknowledged that there should be a screening form on file for all allegations and concerns reported.

Data provided by the area showed that, in the previous 12 months, there were 49 child protection and welfare concerns pertaining to children in foster care. Inspectors reviewed four files in relation to child protection and welfare concerns. Overall, these were managed in line with Children First (2017) and Tusla standard business process and children were kept safe. Where foster carers became aware of concerns, records showed that they reported the concerns, fulfilling their responsibility as mandated reporters, in line with Children First (2017). Of the files reviewed child protection and welfare concerns were managed effectively in three out of the four files. In one file there were long delays in the screening process, albeit the foster carers had taken action to keep the child safe.

Inspectors reviewed three files in relation to serious concerns and there was a mixed finding. Overall, serious concerns were being managed, however there were some delays. In two of the cases reviewed, the serious concerns were screened in a timely way and in one of the cases there were significant delays in the sign off of screening by management and in this case there were further delays in the completion of the intake record. In all three cases reviewed, strategy meetings were held to discuss concerns and safety plans were implemented where necessary.

The inspection found mixed findings in respect to the monitoring and review of safety plans. Although safety plans were put in place to keep children safe it was not always clear on children's files how and by who these safety plans were being monitored and reviewed by. Inspectors reviewed five children's files in relation to safety plans. Overall, the quality of these plans was good, however in two of the files reviewed it was not clear how the safety plans were being monitored and reviewed. In relation to one of these files, inspectors were satisfied after speaking with the principal social worker that the child was safe and that the safety plan was being monitored. Inspectors sought assurances from the area manager in relation to the second child's file where it was not clear how a long standing safety plan was being implemented and monitored. Following the inspection the area manager provided satisfactory written assurances to HIQA which outlined that the safety plan was being implemented, monitored and reviewed effectively.

A significant finding on this inspection was that the a high number of children's files sampled were not being updated in a timely way and inspectors had to speak with social workers and other professionals to get clarity on the work that had been

carried out. Tusla has responsibility for the safeguarding of children in their care and to ensure safeguarding arrangements are in place. Due to the lack of timely update of children's files found in this inspection, there was a potential risk that important information about children's safety could be missed. Clear up-to-date records on children's safety is an essential element of safeguarding to ensure effective communication among colleagues and to ensure that managers have effective oversight of each individual child.

Data provided to inspectors stated that there were ten foster care households where the number of unrelated children placed exceeded standards. The area had a local protocol for the management of these placements which was in line with the national standards, whereby the foster care committee must approve any placements where the number of unrelated children placed exceed standards. These placements were reviewed at various meetings such as, senior management meetings and complex case forums. Foster carers who spoke with inspectors said that they were not put under pressure to accept placements and knew that they could decline a placement. Inspectors reviewed two placements where the number of unrelated children exceeded standards. Inspectors found that there was ongoing monitoring of these placements by the service. The fostering link workers were in regular contact with the foster carers who were very experienced and had the capacity to meet the needs of the children with the necessary supports in place. However, one of these placements had a particularly high number of unrelated children placed together. It was recognised by the area that this placement was meeting the short term needs of the children placed in this household. However, securing long term placements for these children was a priority for the area.

Joint training workshops were held for both fosters carers, social work and social care staff which promoted shared learning and a consistent approach to safeguarding children. Foster carers who spoke with inspectors for the most part said that they were provided with enough relevant information about the child before the placement. Overall, foster carers said that they received good support and guidance from the service and that additional supports such as respite and therapy for foster carers was sourced when required.

From inspectors' conversations with foster carers and records reviewed, it was clear that foster carers who had completed Children First training, had an understanding of safe guarding children and of their responsibilities as mandated persons in line with Children First (2017). The majority of foster carers had completed Children First training, however, there were 16 foster carers who had children placed in their care, who required this training. As per national guidance it is important for all mandated persons to be provided with good quality information, with regards the identification and reporting of child protection and welfare concerns to relevant authorities.

Management maintained a tracker to oversee Children First training and it was also reviewed at the monthly area governance meetings. The area manager informed inspectors that Children First training for these 16 foster carers was scheduled to be completed by the end of this year. However, this system required improvement to ensure that all foster carers have completed Children First training, as this is mandatory training as outlined in the national guidance.

Social workers and managers who spoke with inspectors demonstrated the necessary knowledge and skills required to keep children safe. Social workers met with children in their foster care placements during statutory visits. Records reviewed showed good examples of frontline staff engaging children in conversations about self-care and self-protection in an age appropriate manner. Eight statutory visits to children were overdue but inspectors were provided with dates to confirm that these had taken place or were scheduled to take place in the near future.

The systems in place to protect children required significant improvement. The Garda vetting renewal of 20 foster carers was overdue with two of these renewals outstanding for more than 12 months. The service area was not consistently implementing Tusla's own policy in respect to this. Furthermore, 16 foster carers who had children placed with them had not completed Children First training, which was not in line with national guidance. The guidance in place in the service area in relation to responding to child protection concerns was not being consistently implemented. Allegations against foster carers were not being screened in line with Tusla policy, they were screened at strategy meetings but there were no screening forms to reflect this. In addition, improvement was required in the timely updating of children's files to ensure effective management oversight in relation to child safeguarding. It is for these reasons that this standard is deemed not compliant.

Judgment: Not compliant

Standard 19 : Management and monitoring of foster care services

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

The governance of the foster care service in Dublin North required significant improvement in order to ensure that it was providing a safe service to children. Risk management required improvement, as despite risks being identified and escalated, plans to reduce risks in the area were inadequate and the progress was slow. According to the Tusla Corporate Plan 2024 to 2026, a three-year change project has been put in place to restructure the service, with the aim of improving service

delivery. However, due to staffing vacancies at the time of the inspection, the changes had not begun for the children-in-care or fostering teams in the service area. Due to staff vacancies in the area, there were 21 children in foster care who did not have a professionally qualified social worker allocated to them, in line with national standards. Of these, three children did not have an allocated secondary worker from the children-in-care team. Inspectors found that case records required significant improvement as they identified gaps, with case records missing from the case management system. This practice did not adequately promote the recording of the child's journey through care and important information could be missed in relation to safeguarding. Significant improvements were needed in relation to the information systems in place, in order to ensure effective oversight and monitoring by management. Additionally, further quality audits would enhance the area's governance and oversight systems.

Despite these challenges, the Dublin North service area was committed to providing a child-centred foster care service that protected and promoted children's rights and supported children to achieve their potential. The area's service plan for 2024 was informed by Tusla's Business Plan 2024, legislative and policy commitments, and the Tusla Corporate Plan 2024 to 2026. For example, the service employed social work students during the summer to support service provision, and senior managers had formed effective partnerships with external agencies to support task completion as the service area lacked capacity to deliver some aspects of the service. The service area had completed other actions in their local plan, such as the employment of a peer mentor for foster carers, and the securement of a driving service to support foster care households and families. The service area reported on all aspects of their foster care service, as part of their annual Adequacy of the Child Care and Family Support Services report which was published nationally. The area maintained a child-in-care register in compliance with statutory requirements on TCM.

Dublin North foster care service was managed by an experienced senior manager who had overall responsibility and authority for the delivery of the service, under the direction of the Regional Chief Officer for Tusla's Dublin North East region. There were two principal social workers who were responsible for the children-in-care service in the area. They were supported by six social work team leaders. There was a third principal social worker who was responsible for the fostering service. This principal social worker's role was supported by four team leaders. The children-in-care team had two senior social work practitioner vacancies, five social worker vacancies and two social care worker vacancies. At the time of the inspection, the area manager informed inspectors of plans to fill these posts, however, these vacancies as well as other vacancies in the area were impacting on some aspects of service delivery. For example, both front line workers and managers told inspectors that caseloads were heavy, which resulted in delays in children's records being completed in a timely manner.

Inspectors found that children's case file records were not being updated in line with regulations. Inspectors had concerns regarding the delays in records being uploaded in a high number of the case files they reviewed. In addition, in 12 of the files sampled by inspectors, it was found that there were delays in management signing off on several processes such as care plans and screening forms, which raised further concerns regarding the effectiveness of oversight systems in place.

During the inspection, inspectors were provided with data in relation to the number of children in foster care who did not have a professional qualified social worker allocated to their case. The management of the service told inspectors that the data provided on day one of the inspection was not accurate, due to TCM not being up-to-date. Inspectors were subsequently provided with the updated data. Due to the significant disparity in the figures provided, inspectors queried whether the data published in the Tusla performance reports³ were accurate. The area manager told inspectors that they were assured that the data submitted for performance reporting was correct, and that the mistake on this occasion occurred because TCM was not up-to-date. In addition, the data provided to inspectors at the start of the inspection indicated that no children had been missing from foster care in the 12 months prior; however inspectors found a record of a child reported missing from foster care in July 2024. It is crucial that records are completed in a timely manner and uploaded to TCM to ensure the service has accurate and up-to-date data, which supports informed decision-making, effective planning of services, good governance and the generation of accurate reports for monitoring and oversight. These information gaps pose a potential risk of important information being missed.

The management team acknowledged that there were delays in records being uploaded to the information system due to capacity issues in the workforce. The area manager told inspectors of efforts to try to improve this, and administrative staff were hired to support front line workers with these tasks. At the time of the inspection, it was too early to see the impact of this additional resource on the team. The area manager had also sourced a driving service to support access visits and other activities for children, to provide more time for social workers and social care staff to complete records. This had not started at the time of the inspection.

The risk to management oversight posed by the delayed updating of the information system was somewhat mitigated by the service's other oversight mechanisms. These included; case management and supervision, team meetings, management meetings, complex case forum meetings and the monthly area governance forum. While these mechanisms provided the management team with oversight of cases and of performance metrics, they did not fully alleviate the risk to the management and

³ Tusla publishes reports on the performance and activity of Tusla services on a monthly and quarterly basis, and these are published on their website.

monitoring caused by data inaccuracies due to delays in record completion and TCM updates.

The structure of the service was effective and there was good communication and collaborative working between the children-in-care, assessment and intervention and fostering teams. There were policies, procedures and systems in place to support staff in their roles, and staff who spoke with inspectors were knowledgeable about their roles and responsibilities.

Staff received supervision in conjunction with case management. Inspectors reviewed nine staff supervision files and 17 children's files with regards to case management records. Overall, the supervision records reviewed by inspectors were of good quality, with guidance and support provided to staff regarding their cases. Tracking compliance with regulatory time frames was also routinely monitored in supervision. However, improvements were required in relation to the frequency of supervision as not all supervision sessions happened in line with the supervision policy being implemented in the area. Of the nine staff supervision files inspectors reviewed, the frequency of supervision in seven files was not in line with the supervision policy. Improvements were also required in the recording of supervision, as some records were not on the file and there were inconsistencies regarding the contents of the records on the standard template.

Front line staff and senior management told inspectors that caseloads were sometimes unmanageable. Although caseloads were discussed in supervision, it was acknowledged by staff and management that the current tool for measuring caseloads and identifying actions to address when they become unmanageable, requires improvement as it was not proving to be effective. It was also clear from some supervision records reviewed by inspectors, that although the caseload management tool identified where caseloads had become unmanageable, progress in resolving this issue was slow at times.

The Dublin North foster care service area had a local protocol in place for governance and oversight of children in care allocated to non-social work grades. Children in foster care who were awaiting allocation were reviewed in the area's monthly governance forum. The number of unallocated children in foster care had decreased since the last inspection in 2022. Information provided to the inspection team outlined that there were 21 children awaiting allocation to a social worker. Of these children, 18 were allocated to social care staff, known as secondary workers and three children had no allocated secondary worker from the children-in-care team.

Inspectors reviewed the files of nine children who were unallocated to social workers including two files of children who had no assigned secondary worker from the children-in-care team. Inspectors also reviewed four files of children who were allocated to managers. Overall, the children's needs were being met and there was

evidence of management oversight on the records through audits and case supervision.

However, four children from the files inspectors sampled did not have up-to-date care plans and there were slight delays for three children regarding statutory visits. Management maintained a register to monitor child-in-care reviews and statutory visits for all children in care including those who were unallocated. Overall, statutory visits were taking place for the children who were unallocated and children allocated to managers in accordance with the regulations, with slight delays in the visits of three children. The management team confirmed that the outstanding statutory visits had either happened or were scheduled to take place after the inspection. The area had a risk assessment tool for prioritisation of allocation to a social worker which recorded the rationale for a child not being prioritised for an allocated social worker for a period of time. However, records of these risk assessments were not found on all of the unallocated children's files that inspectors reviewed.

Monthly governance meetings which were chaired by the area manager, facilitated a review of operational activity, emerging risks and performance metrics. This included routine reporting of unallocated children in care and foster carers, overdue statutory visits and reviews, and foster carer assessments. Garda vetting and Children First training were also tracked at this forum. Data analysis included children with disabilities and or complex needs who were awaiting specialist assessment or support. Despite having this governance forum in place, improvements were required which the area manager acknowledged. The area manager told inspectors of plans to change the structure of the monthly governance meetings to enable greater focus on governance separately for children-in-care and fostering. In addition, tighter scrutiny of the data regarding unallocated cases needs to be in place, to ensure the correct and most up-to-date information is analysed at this forum.

Social workers and managers appropriately used the service area's complex cases forum to explore the best care options for children facing ongoing challenges in being kept safe or finding the most suitable care placement. Inspectors reviewed a sample of the minutes of these meetings and found that they were comprehensive and clearly recorded concerns, as well as plans to address these concerns which were explored thoroughly with decisions and actions identified. For example, a placement where the number of children placed exceeds the standards was discussed. This meeting outlined supports for the foster care household which included the social worker supporting daily tasks, such as driving some of the children to school and to family access.

The service area had an established approach to the identification and management of organisational risks. The area manager maintained a risk register which was reviewed at the monthly governance meetings. The three highest risks recorded were in relation to a lack of foster care placements, staffing vacancies and difficulties using

TCM. It was identified in the risk register that the service may not be able to achieve statutory obligations, good governance and meet business plan objectives due to difficulties using the TCM system. Each of the risks had control measures in place and actions were identified to try and address the issues. However, the risks date back to 2018, 2021 and 2023 and despite efforts to address them, they are still rated as very high, with little progress made in reducing the level of risk.

There was a system in place for management oversight of adverse events. The Dublin North foster care service reported 18 adverse events in the 12 months prior to the inspection. Records sampled by inspectors demonstrated appropriate follow-up and management of risks to children's safety.

The area did not have any quality assurance reports completed within the 12 months prior to the inspection. Tusla's Practice Assurance and Services Monitoring Team (PASM) had completed an audit of care planning arrangements in the area in December 2022. The most recent audit by PASM was completed on foster carer records in May 2023. There was some evidence of internal audits carried out by managers on files and case notes, where gaps were identified and plans put in place to address these. However, at the time of the inspection, further work was required to ensure records were completed and uploaded to files in a timely manner. The service area had a system in place to monitor complaints in line with the standards. Inspectors also reviewed meeting minutes regarding placement disruption. These records demonstrated open and reflective discussion where the views of foster carers and children were taken into account and learnings were identified.

There were service level agreements in place with private fostering agencies, with whom the service area have placed children in their care, in line with standards. In the 12 months prior to the inspection, the service had one child who was placed in a special emergency arrangement following the ending of their foster care placement. Inspectors were told by the principal social worker, that the child was placed in a special emergency arrangement as there was no other suitable available placements. Inspectors reviewed records which showed that this child was being visited by a social worker, in line with statutory requirements. The records showed that the management, monitoring and oversight of this placement was in line with the national standard operating procedure for special emergency arrangements (2023).

Overall, the inspection found that the oversight systems in place required significant improvement. Staff vacancies were impacting on the service's capacity to ensure that work was recorded on TCM, in line with statutory requirements. Therefore, the information systems did not sufficiently ensure that management had effective oversight of service provision and risks. Improvements were also required in the quality assurance and risk management systems in place. For these reasons, the area is judged to be not compliant with this standard.

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 recruitment and retention of foster carers was a priority for the Dublin North foster care service. There were recruitment and retention strategies in place for 2024 which sought to address the service's needs. However, the service area did not have an adequate pool of foster carers to meet the needs of all the children in the area who required foster care placements.

The area had clear plans and strategies steering their efforts to recruit more foster carers and retain current foster carers. These included the Tusla strategic plan for foster care services 2022 to 2025, the Dublin North East fostering recruitment plan 2024 and the local Dublin North retention and recruitment plan 2024. Through a needs analysis process in December 2023, Dublin North East fostering teams identified three core priority areas for a recruitment drive in 2024 which included; caring for infants, providing much needed respite and caring for children with additional needs. In April 2024, the service provider ran a bespoke campaign for children with additional needs. The service have also contracted private foster care agencies to run bespoke campaigns to try to find suitable foster care placements for children with additional needs.

Members of the fostering team and foster carers were involved in local and national recruitment events and campaigns on a regular basis. Data provided by the area indicated that there were 12 recruitment campaigns in the last 12 months. There were six foster care applications in the 12 months prior to the inspection. One general foster care household and 13 relative foster carer households were approved in the last 12 months.

Despite these efforts, the area did not have a sufficient number of foster carers to meet the current needs of children in the area. There were 189 foster carer households in the area which consisted of 91 general foster care placements and 98 relative foster care placements. This represents an increase of four foster care households in the Dublin North area since the last inspection in October 2022. However, at the time of this inspection, there were 30 more children in foster care in the area than there were at the time of the last inspection. There were no available foster care placements at the time of this inspection. There were 10 foster care

households in which the numbers of children placed exceeded the standards, and 21 children were awaiting a full-time foster care placement.

When identifying a placement for a child, the possibility of relatives was always considered first. This was 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 was carefully considered when placing a child in foster care. Files reviewed by inspectors, showed efforts were made to place children with relatives and within their own communities, however these efforts were impacted by the availability of placements in the area.

As part of the area's local recruitment and retention plan, there was recognition that retention initiatives also act as recruitment initiatives. This is due to the research confirming that 'word of mouth' methods and positive messaging from existing foster carers within their own networks is the most effective form of recruitment. The area had a number of retention strategies in place that were proving effective.

Overall, the foster carers that spoke with inspectors generally felt very well supported by their link workers and by Tusla. Foster carers received regular support and supervision and were provided with training, based on the needs of children in their care. A peer support worker was employed to offer informal support to new foster carers. Other initiatives were in place, for example a newsletter that was sent to all foster care households twice a year, monthly coffee mornings and 'the young people who foster group'. To show their appreciation to foster carers, the service ran some events, which included; Fosterfest which was a family day out and a Christmas party. These events were also used to gather feedback from foster carers. In addition, the area held an event called 'Audience with the Area Manager' where foster carers were given the opportunity to give direct feedback to the area manager. One example of feedback from foster carers was regarding the excessive volume of emails and correspondence they received. In response, the service committed to streamlining their communication.

As previously outlined in this report, the area placed four children with three relative foster care households where there was no pre-existing relationship. Although this was not in line with standards and regulations as the carers were not yet approved as general foster carers, inspectors found that these placements met the needs of the children placed and the foster carers received the necessary supports. Two of these relative foster carers, at the time of the inspection were undergoing assessments to become general foster carers. The area identified that experienced relative foster carers can potentially become general foster carers, thereby increasing the availability of placements for children. Managers told inspectors that their plan includes supporting experienced relative foster carers who have the capacity and interest in becoming general foster carers to begin this process.

There were various supports in place to increase placement stability and retain foster carers. Enhanced supports were provided to foster carers where the need for additional support was identified. There were 32 foster care placements, where a range of additional supports such as enhanced payments and services were provided to help maintain the foster placements, while meeting the needs of the child.

The views of foster carers regarding their experience of being foster carers were sought when they left the service. Data provided to inspectors, indicated that three foster carers had left the foster care panel voluntarily in the previous 12 months. Exit interviews were carried out with these three foster carers. Foster carers left the service due to the aging out of children placed with them, family circumstances and due to finding that the expectation of the role was very different to the reality. The exit interviews sought to identify both positive and negative feedback from foster carers. The interviews reflected the foster carers' positive experiences regarding the level of support provided by fostering link workers, but also highlighted the impact of frequent changes in children's social workers and levels of challenging behaviour.

Overall, the service area had recruitment and retention strategies in place and with the support of the newly established national fostering recruitment team, the local team were making good efforts to increase the number of foster carers and to retain the foster carers that they currently have. Despite these efforts, the area did not have a sufficient number of foster carers to meet the needs of all the children in the area who required foster care placements. 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,⁴ 1995

Standard 3	Children's rights
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 ⁵	Assessment of circumstances of the child
Standard 10	Safeguarding and child protection
Standard 19	Management and monitoring of foster care services
Regulations Part IV, Article 12	Maintenance of register
Part IV, Article 17	Supervision and visiting of children
Standard 21	Recruitment and retention of an appropriate range of foster carers

⁴ Child Care (Placement of Children in Foster Care) Regulations, 1995

⁵ Child Care (Placement of Children with Relatives) Regulations, 1995

Compliance Plan for OSV– 0004414

Inspection ID: MON-0044271

Date of inspection: 26-29 August 2024

Introduction and instruction

This document sets out the regulations 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 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 or person in charge has generally met the requirements of the regulation 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 or person in charge has not complied with a regulation 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 residents using the service will be risk rated red (high risk) and the inspector have 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 residents 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 and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **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 regulation 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:

Regulation Heading	Judgment
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> <ol style="list-style-type: none">1. Dublin North Fostering Recruitment Leads will continue to work closely with Regional and National recruitment leads in recruiting new foster carers and implementing developments in this area in line with the National Fostering Strategy 2022-2025. Commenced, completed by end of Q4 2024. Responsible: Fostering PSW.2. Dublin North is working with a private agency to facilitate a bespoke campaign for children with complex/additional needs. Commenced, completed by end of Q4 2024. Responsible: Fostering PSW.3. There is a regional fostering recruitment plan developed between the national fostering recruitment team and the regional recruitment leads which highlights the priority needs for fostering awareness. This will be updated and reviewed quarterly to ensure awareness raising is in line with identified need. The identified needs for DNE are: Children with additional needs, respite and infants. Commenced, completed by end of Q4 2024. Responsible: National Office.4. Dublin North will continue to promote and prioritise the retention of existing foster carers through support and supervision, training and area retention initiatives. Commenced, completed by end of Q4 2024. Responsible: Fostering PSW.5. The Dublin North matching document (placement request form) will be amended to include a section on the rationale for the match of the child with the identified carers. Commenced, completed by end of Q4 2024. Responsible: Fostering PSW.6. The Matching document will be placed on the fostering and Child's files on TCM. Commenced, completed by end of Q4 2024. Responsible: Fostering PSW.	

<p>7. A second schedule form will be given to all foster carers when a child is placed, to ensure they receive relevant information about the child. This should be followed up with provision of the child's care plan. Completed by end of Q4 2024. Responsible: Fostering PSW.</p> <p>8. Long Term matches will continue to be completed in line with foster care reviews and this will form part of the monthly Fostering governance meetings. Completed by end of Q4 2024. Responsible: Fostering PSW.</p>	
Standard 10: Safeguarding and child protection	Not compliant
<p>Outline how you are going to come into compliance with Standard 10: Children and young people in foster care are protected from abuse and neglect:</p> <ol style="list-style-type: none"> 1. Briefings will be provided to ensure adherence to the National Tusla Guidance when responding to Child Protection and Welfare Concerns of Children in Care. Completed on 23/11/2024. Responsibility: PSW. 2. Safety Planning: governance of safety plans will form part of supervision records and will be monitored through support and supervision visit. A tracker will be developed to monitor same by the Principal Social Worker. Currently in development and completed by Q4 2024. Responsibility: PSW. 3. A clear tracker will be developed to track and monitor all Garda Vetting Renewals for foster carers and those identified as having a caring role for children in foster care. This will be reviewed on a monthly basis at the Fostering Governance Forum by the Area Manager. Tracker. Completed by end of Q4 2024. Responsibility: Fostering PSW. 4. As part of the New Monthly Fostering Area Governance Forum, the PSW for Fostering will set out a tracker identifying when Children First training is due for Foster Carers and what progress has been made re completion of same to ensure all Children First training is completed within the designated timeframes. In situations where Children First training is outstanding, the FLW will link directly with foster carers to support completion before year end. This tracker commences Q4 2024 and will be reviewed monthly by Area Manager. This will also be discussed regularly as part of support and supervision visits and in supervision between PSW, TL and Fostering Social Worker. Completed by end of Q4 2024. Responsibility: PSW. 5. An audit of children in foster care to ensure a complete record is available on TCM. To complete this process, a special project team will be established to support completion of same. Progress will be monitored on a monthly basis at the Children in Care Governance Forum by the Area Manager. Commenced by end of Q4 2024, completed by Q1 2025. Responsibility: PSW. 	

6.	TCM Data Integrity will be monitored on a monthly basis at the Children in Care Governance Forum by the Area Manager in partnership with the User Liaison Officer. Completed by end of Q4 2024. Responsibility: CIC PSW.
7.	Case records will be tracked through supervision and where issues are identified, individual work plans will be created with the Team Leader. Protected time will be allocated to SWs complete this task. Completed by end of Q4 2024. Responsibility: CIC PSW.
8.	Statutory Visits: are monitored on a monthly basis at the Children in Care Governance Forum by the Area Manager. Area Manager's Office will send monthly reminders at the end of each month and this will be tracked in supervision. Action plans are put in place by the PSW for outstanding Statutory Visits. AM has a specific tracker in place to monitor same. Commenced, ongoing. Responsibility: CIC PSW
Standard 19: Management and monitoring of foster care services	
Not Compliant	
Outline how you are going to come into compliance with Standard 19: Health boards have effective structures in place for the management and monitoring of foster care services.	
1.	Staff Vacancies: Senior Management Team have strongly advocated to fill vacant posts. A number of initiatives have been implemented nationally and locally such as recruitment of additional Family Support Practitioners, the Summer Initiatives of pre-CORU registered SWs, commissioning of Attuned Service to support access, Practice Support Workers to assist SW, SW Apprentice Programme – funded by national office to upskill staff to SW grade, various Career Progression Pathways to promote retention and retain skill base, International recruitment of SW – one in place and another onboarding, Special Project Admin Team, Mentoring and Student Training). These initiatives will increase Social Worker capacity across all teams, in conjunction with ongoing efforts to recruit additional qualified Social Worker. Ongoing recruitment nationally and locally. Completed by end of Q4 2024. Responsibility: Area Manager.
2.	Standard Business Processes: Managerial approval of Standard Business Processes such as care plans and screening forms will be monitored through supervision and action plans put in place to complete same. Progress report will be generated from TCM and reviewed at the Children in Care Governance Forum by the Area Manager. Commenced, Completed by end of Q4 2024. Responsibility: PSW.
3.	Case Records: an audit of children in foster care to ensure a complete record is available on TCM. To complete this process, a number of initiatives (recruitment of Family Support Practitioners, Summer Initiatives, Attuned Service, PSO, Apprentice Programme, Career Progression Pathways, International recruitment, Special

- Project Admin Team, Mentoring and Student Training) have been put in place to create capacity and protected time on teams. Nationally, the Robert Gordon training programme has benefited this Area, with an increase of SWs. Progress will be monitored on a monthly basis at the Children in Care Governance Forum by the Area Manager. Ongoing and completed by end of Q4 2024. Responsibility: PSW.
4. TCM Data Integrity will be monitored on a monthly basis at the Children in Care Governance Forum by the Area Manager in partnership with the User Liaison Officer. Commenced and completed by end of Q4 2024. Responsibility: PSW.
 5. Supervision: Management and monitors of foster care services will form part of supervision at all levels, from LWs to TLs, TLs to PSW and PSW to AM. PSW/TLs will complete an audit of frequency of supervision in line with the supervision policy. This will be monitored by the AM a monthly Area Governance For a and through supervision. A Supervision Policy briefing will take place as part of Departmental Meeting. Completed by end of Q4 2024. Responsibility: PSW.
 6. Risk assessment tool for prioritisation of allocation: all unallocated children in foster care records will be audited to ensure the risk assessment tool for prioritisation of allocation is completed. This will be monitored through supervision and form part of the supervision template. Completed by end of Q4 2024. Responsibility: PSW
 7. The Area Manager has established a Fostering Governance Forum to take place on a monthly basis, with a specific focus on statutory requirements for fostering. This will be separate from the already in place monthly CIC/Aftercare Monthly Governance meetings to ensure greater governance. This will provide a great focus on the data relating to Children in foster Care at the monthly Area Governance Forum for Child in Care. Commenced in Q3 2024. Responsibility: Fostering PSW.
 8. An audit of foster care records will be completed to ensure a complete record is available. Fostering will be transitioning to TCM nationally and will give greater capability to audit records nationally, regionally and locally. To complete this process, a special project team will be established to support completion of same. Progress will be monitored on a monthly basis at the Fostering Governance Forum by the Area Manager. Commenced by end of Q4 2024, completed by Q2 2025. Fostering PSW.
 9. Risk Register: the senior management team will review the risk register and update same on a monthly basis so that there are clear controls measures in place to mitigate risks. In situations where these measures are proving ineffective, the

AM will liaise directly with the RCO regarding next appropriate actions. All risks are reviewed with the RCO office monthly. Completed & ongoing. Responsibility: Area Manager.	
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> <ol style="list-style-type: none"> 1. Recruitment & Retention: The Area will continue to promote fostering locally and through the Children and Young Peoples Services Committee. The Area will work with the newly established national fostering recruitment team to expand the pool of foster carers. All network options are extensively explored for possible carers. Ongoing & Complete by Q1 2025. Responsible: Fostering PSW. 2. The area will continue to work to identify its foster care recruitment needs for inclusion in the regional fostering recruitment plan which dictates the regional fostering awareness priorities. These needs are currently identified as carers for infants, children with additional needs and respite carers. This plan is reviewed each quarter with progress updates and the area will engage in this review to ensure the plan is appropriate and effective. Ongoing & Complete by Q4 2024. Responsible: Fostering PSW. 3. The area will engage with the National fostering recruitment lead to identify any bespoke requirements that arise outside the regional fostering recruitment plan to ensure that the national Fostering Recruitment Team can provide the appropriate level of support through awareness raising activities and advertising. This year the regional recruitment team has contacted 64 primary schools and 7 special schools as part of our recruitment initiatives. Ongoing & Complete by Q4 2024. Responsible: Fostering PSW. 4. The area has already liaised with a private agency regarding a targeted campaign for children with additional needs [Ongoing & Complete by Q4 2024. Responsible: Fostering PSW. 5. New retention initiatives implemented in 2024 include the foster carers HUB, which went live in July 2024, The Fostering Charter which was launched in 2024 and the National Fostering Induction Training, to be launched Q1 2025. Ongoing & Complete by Q1 2025. Responsible: Fostering PSW. 	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation 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 or person in charge has failed to comply with the following regulation(s).

Standard	Regulatory requirement	Judgment	Risk rating	Date to be complied 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.	Substantially Compliant	Yellow	Ongoing, completed by Q4 24.
Standard 10	Children and young people in foster care are protected from abuse and neglect.	Not Compliant	Orange	Currently in development and completed by Q4 2024.
Standard 19	Health boards have effective structures in place for the management and monitoring of foster care services.	Not Compliant	Orange	Commenced, Completed by end of Q4 2024.
Standard 21	Health boards are actively involved in recruiting and retaining an	Substantially Compliant	Yellow	Ongoing & rolling campaigns.

	appropriate range of foster carers to meet the diverse needs of the children and young people in their care.			Complete by Q1 2025.
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