



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Name of service area:	Midlands
Name of provider:	Tusla
Type of inspection:	Thematic
Date of inspection:	22 – 26 August 2022
Fieldwork ID:	MON-0037447

About this inspection

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

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

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

The previous two inspection programmes were as follows:

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

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

How we inspect

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

The key activities of this inspection involved:

- the analysis of data submitted by the area
- interviews with:
 - the regional chief officer
 - the area manager
 - the principal social worker for children in care and aftercare and the principal social worker for the foster care service the principal social worker and social work team leader for the regional assessment fostering team (RAFT)
 - the chair of the foster care committee (FCC)
 - the quality assurance monitor
 - the senior child care officer
 - the regional quality risk and service improvement manager
- focus groups with:
 - social work team leaders
 - the child-in-care reviewing officers
 - frontline staff
 - seven foster carers
 - external stakeholder representatives (from a youth organisation, and an advocacy agency)
- observations of:
 - a complex case forum
- the review of:
 - local policies and procedures, minutes of various meetings, staff supervision files, audits and service plans
 - staff personnel files
 - a sample of 38 children's and foster carer files
- separate phone conversations with:
 - a sample of four parents, 11 children and eight foster carers.

Acknowledgements

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

The Child and Family Agency

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

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

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

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

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

Service area

The Tusla Midlands Area comprises the counties Laois, Longford, Offaly and Westmeath, totaling an area of 6451.27 sq.km. Based on Census 2016 the Area has a total population of 289,695 (2016). This represents 6.1% of the state population (4,761,865). The number of children (0-17yrs) increased by 5%, from 2011 to 2016. As of 2016, the child population (80,193) of area as a percentage of total population is 6.7%.

The Midlands area is one of the four TUSLA areas within the Dublin Mid – Leinster Region. The region is under the direction of a regional chief officer. The area management structure for foster care comprised of an area manager and two principal social workers managing teams comprising of social work team leaders, aftercare manager, fostering link and children in care social workers, aftercare staff,

social care leaders and children in care reviewing officers. Area services were based across the four counties. The area children in care service comprises one principal social worker and six social work team leaders. Children who have recently entered the care system were managed within the child protection service which comprises one principal social worker and five social work team leaders. The area fostering service comprises one principal social worker and three social work team leaders. The children in care reviewing service comprises 2.6 whole time equivalent reviewing officers at social work team leader grade, and they are also managed by the principal social worker who manages the fostering team.

At the time of the inspection, the Midlands service area had 190 foster care households. There were 306 children living in foster care households, 215 in general foster care, of which 47 were placed with non-statutory providers and 91 in relative foster care placements.

Compliance classifications

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

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

This inspection was carried out during the following times:

Date	Times of inspection	Inspector	Role
22 August 2022	09:15 – 17:00	Una Coloe	Lead inspector
	09:15 – 17:00	Jane McCarroll	Support Inspector
	10:00 – 17:00	Mary Lillis	Support Inspector
	09:15 – 17:00	Eva Boyle	Support Inspector
	11:30 – 13:00	Sharron Austin	Remote Inspector
23 August 2022	09:00 – 17:30	Una Coloe	Lead inspector
	09:00 – 17:00	Jane McCarroll	Support Inspector
	09:00 – 17:00	Mary Lillis	Support Inspector
	09:00 – 17:00	Eva Boyle	Support Inspector
	09:00 – 17:00	Sharron Austin	Remote Inspector
24 August 2022	09:00 – 17:00	Una Coloe	Lead inspector
	09:30 – 17:00	Jane McCarroll	Support Inspector
	09:00 – 17:00	Mary Lillis	Support Inspector
	09:00 – 17:00	Eva Boyle	Support Inspector
	09:00 – 17:00	Sharron Austin	Remote Inspector
25 August 2022	09:00 – 16:30	Una Coloe	Lead inspector
	09:30 – 16:30	Jane McCarroll	Support Inspector
	09:00 – 16:30	Mary Lillis	Support Inspector
	09:00 – 16:00	Eva Boyle	Support Inspector
	09:00 – 16:00	Sharron Austin	Remote Inspector
26 August 2022	12:00 – 13:00	Una Coloe	Lead Inspector
29 August 2022	10:00 – 11:00	Mary Lillis	Support Inspector
30 August	11:00 – 12:00	Mary Lillis	Support Inspector
	12:00 – 13:30	Una Coloe	Lead Inspector

Background to this inspection

This thematic programme is the third and final phase of a 3-phased schedule of inspection programmes monitoring foster care services. The previous two inspection programmes were as follows:

- Phase 1 (completed in this area in September 2017) – Assessed the efficacy of recruitment procedures, foster carer supervision, and assessment of foster carers.
- Phase 2 (completed in this area in May 2019) – Reviewed the arrangements in place for assessing children’s needs, the care planning and review process, preparations for children leaving care, and safeguarding of children.

Summary of the Findings from Phase 1 and 2

Of the 10 standards assessed in Phase 1:

- Three standards were compliant
- Two standards were substantially compliant
- Three standards were non-compliant moderate
- Two standards were non-compliant major.

Phase one of the thematic programme focused on eight of the national standards. An additional two standards were assessed, as part of the thematic inspection in the Midlands service area, as significant risks had been identified during an inspection completed in 2016. These additional standards reviewed related to care planning and reviews, and matching. The inspection in 2017 found the area had made significant improvements with regard to child-in-care reviews and care planning, reviews of foster carers, and the foster care committee, in particular. Improvements were also evident with regard to the support and training provided to foster carers. Good quality assessments were carried out on all foster carers prior to approval but there were delays in assessing some relative foster carers. The area had a shortage of foster carers and this posed difficulties in ensuring that there were suitable placements for all children. Further improvement was also required in the area of safeguarding. Inspectors escalated three cases to the area in relation to safety planning in response to potential risk. Inspectors also escalated the issues of An Garda Síochána (police) vetting (Garda vetting) for relative foster carers undergoing assessment, and for members of foster care households over the age of 16 years, to the area manager. Inspectors also sought further information in relation to Garda vetting and the measures taken to address this. A satisfactory response was received.

Of the six standards assessed in Phase 2:

- Two standards were compliant
- Two standards were substantially compliant
- Two standards were non-compliant moderate.

The Phase 2 inspection found many areas of good practice in the area. There were no dual-unallocated cases and, where children did not have an allocated social worker, social care leaders carried out safeguarding visits every three months. Children with a disability received a good service and social workers encouraged and facilitated contact between children and their families, and tried to ensure that children maintained positive family relationships. Children had their needs adequately assessed. The aftercare team demonstrated a commitment to young people and engaged them in participation groups and in improving the after care service. Child-in-care reviews were well managed and care plans were up to date but further improvements were required as some care plans had not been signed off for a considerable time after the child-in-care reviews. Voluntary care agreements provided by some parents when their children were admitted into care were not formally discussed in reviews and some voluntary care agreements had not been updated for several years. There was a shortage of foster care placements in the area which meant that a large number of children were placed outside the area in private placements.

Self- Assessment information and what Tusla said about the service

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

The service rated its performance as compliant against two standards, substantially compliant against five standards and non-compliant moderate against one standard. The area had developed a service improvement plan which detailed areas of service provision that required further development to bring the area into full compliance. Inspectors agreed with the service areas assessment of its performance in six out of the eight standards assessed. The inspection found that levels of compliance with Standard 20, Training and qualifications was not compliant as assessed by the area and deemed this standard substantially compliant. Inspectors rated standard 24, Placement of children through non-statutory agencies as compliant as actions had been implemented since the area had assessed this standard as non-compliant moderate. The reasons for these judgments are outlined within the report.

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

Children's experience of the foster care service

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

Inspectors spoke with 11 children individually over the phone. Children spoke positively about their social workers and most of the children described their experience of the service as good. All of the children said they were happy in their foster placement. Children said they felt comfortable talking to their social workers and recalled nice experiences they had together such as playing football, attending an art event, group work and having lunch together. Comments children made about their social worker included the following;

- "I feel comfortable with her, if I am upset, she checks that everything is okay"
- "If I feel worried, I can talk to her"
- "I see her (social worker) enough and if there is anything I need, I can contact her"
- "My social worker has been great, she helped me with everything I need. I can contact her if I've any worries or complaints"
- "She (social worker) considers what I say and she does something about it"
- "I'm happy with how often I see her"
- "She listens very well and asks me how I'm getting on".

Children said they understood their care plan and could choose to attend the review meeting. While most of the children said they felt their views were listened too, two children described occasions when they did not feel listened too. While another child spoke positively about how a complaint they had was managed stating, "it was the first time being listened too, it is important, kids views count".

A small number of children gave suggestions about how the service could improve which related to consistency in allocated social workers, waiting lists for services and the lack of information on Tusla's website about aftercare.

Inspectors spoke to four parents individually over the phone. Parents had a mix of positive and negative views about the service. Positively, they said that their children were happy and one parent described their child's social worker as "brilliant". Another parent outlined improvements she noticed in the service, stating that, their child's care plan was explained to them and this wasn't done previously. Some parents were not happy with the arrangements for family contact, the frequency of contact from social

workers and how their views were listened too. Parents were aware of how to make a complaint and three of the parents had addressed their concerns through this process.

Inspectors spoke to seven foster carers through a focus group and with eight foster carers individually over the phone. Inspectors heard a range of experiences and feedback from foster carers about the service. Some described a positive experience with the service while others had mixed views and identified areas for improvement. The foster carers described the support they received from their link worker as good and good relationships between their child-in-care and link social worker. Some of the comments foster carers made about their experience included the following;

- "Tusla helped us move things along, they've been great"
- "No problems ringing them if I have a problem, never feel like we're on our own"
- "The social worker advocates for the children in relation to access and support services. Tusla funds respite and other services and there's a lot of support"
- "link workers has been fantastic, make us feel relaxed"
- "exceptional social worker, she has been amazing, it's not just a job, she is dedicated, she is fantastic"
- "two brilliant social workers that went above and beyond"
- "Social workers are very supportive and they are doing their best. They are very genuine and experienced".

Foster carers also identified areas for improvement. Some said the assessment process was too long and outlined difficulties obtaining supports and advice outside of normal office hours. In addition, some foster carers said support services and respite was difficult to obtain and some were dissatisfied with the fostering payments and their rights as foster carers. Not all foster carers knew how to make a complaint, while some had exercised this right.

External professionals told inspectors that the foster care service was child-centred and focused on children's rights. They outlined that there was good governance systems in the service and communication was effective between the services. They described the service as receptive to feedback from professionals and were satisfied that they had opportunities to share information and have discussions with social workers and managers. Professionals who had attended foster care committee meetings described their experience as positive and said the chairperson of the FCC was very approachable. Private foster care services said the management of allegations and serious concerns against foster carers was dealt with respectfully and efficiently. Advocacy services were involved with foster carers in the area and supported the team in the delivery of training to foster carers.

External professionals identified some areas for improvement. The lack of a suitable range of foster care placements was identified as a concern and although professionals

said the service had a good matching process, this was at times, hampered by a lack of choice. They believed that foster carers should be invited to disruption meetings and that the findings of disruption meetings should be shared at a national level to effect change. Other areas for improvements included improved access to services for children with additional needs and a clear approach to the support and supervision of foster carers.

The service provided was child-centred and children's needs were addressed in a timely manner in the majority of cases. The service had a number of participation groups for children and valued their feedback. Children were provided with a "backpack" when they were received into care which included some nice comforting items for them to help them settle in to their placements. Children and foster carers files provided evidence of good quality interventions completed with children and foster carers to support the placements. Social workers, practitioners and managers had good knowledge of the needs of children and foster carers. There was effective oversight and management of the majority of cases. The service advocated for children and sourced services privately when there were waiting lists for the services they required.

Governance and Management

There were effective governance and management structures in place to oversee the fostering service and to assure the area manager and regional chief officer that the service provided was safe, consistent and appropriate to children's needs. Monitoring and auditing systems were well developed. The service proactively addressed deficits in service provision and worked continuously towards improving practice and implementing change if this was what was required. This inspection found many areas of good practice and significant improvements since previous inspections. Some further improvements were required to ensure the service operated in full compliance with the standards and policies, such as timeliness of fostering assessments and the assessment of allegations and serious concerns. The system to track the Garda vetting of foster carers was not adequate and there were some foster carers who did not have training in Children First. The deficits identified did not pose a risk and there were no systems risks identified.

There was an effective management team who were experienced and competent to oversee the provision of a high quality service. There was a shared approach to the governance of the service and effective collaboration across the fostering and children in care teams. Regular management and governance meetings took place to ensure senior managers had oversight of the service and there was a commitment to driving improvements and implementing changes to practice when this was required.

Strategic planning systems were well developed. There was a service plan for 2022 in place for the fostering and children in care service. This set out key actions for service improvement that were aligned to the national standards. This was regularly assessed and reviewed by the management team to determine progress made and to plan any further actions required. The service area had a proactive approach to the management of deficits within their area and while this inspection found some improvements were required to ensure full compliance with the standards, these deficits had been identified by the management team.

Communications systems were strong and this supported the governance and oversight of the service. Senior management meetings, team meetings, supervision and regional forums were regular and provided opportunities to review performance, progress made within the area and to identify areas that required further improvement. The area manager also received reports from the chairperson of the foster care committee and the senior childcare officer who had responsibility to manage the risk management system and complaints. Regular management meetings occurred to review cases awaiting allocation to ensure children and foster carers who did not have an allocated social worker continued to receive a satisfactory service.

The service area had established systems in place for tracking performance, patterns and practice areas but some improvements were required to ensure all data was up to date. The National Child Care Information System (NCCIS) was used to monitor practice, run data reports and to provide oversight in relation to the children in care. The fostering service used a paper based tracking system to monitor the fostering service. While this database recorded all of the key data required such as support and supervision of foster carers, some recent updates were required to ensure this was up to date. The system to track Garda Vetting was not effective and the service was in the process of rectifying this.

The management team consistently monitored practice and service provision. There was a strong auditing culture and various audits had been completed across all areas of service provision. The management team also completed follow up audits, if necessary to monitor the management of allegations and serious concerns against foster carers, for example. Actions arising from audits were discussed during audit meetings with the management team and feedback provided to practitioners during team meetings. This ensured that deficits identified during audits were addressed in a timely manner.

Strong leadership was provided to the staff team and practitioners were adequately supported in their roles. There was a positive culture in the service with evidence of supportive working relationships across the various teams. There was a competent, professional and committed staff team who were dedicated to providing a high quality and safe service to children in care. Practitioners presented as knowledgeable about the cases and the service provided to children was child-centred. Good quality and creative interventions were carried out with children and it was evident that their views were listened too and acted upon in the vast majority of cases. Case supervision was regular and effective to provide oversight to team leaders. Regular team meetings occurred and it was evident that there was a shared learning approach across the teams.

Staffing vacancies impacted on the services capacity to allocate a social worker to all children in care and a link social worker to foster carers. To mitigate the associated risks, the service had implemented an effective system to manage the unallocated cases with the exception of two cases reviewed by inspectors that required better oversight. There were delays carrying out foster carer assessments and assessments of serious concerns and allegations against foster carers. Some foster carers had not received a support and supervision visit in line with the timeframes set out in the service area's policy. The visits were not significantly overdue and were delayed as a result of unexpected leave. The management team were aware of the deficits within the service and proactively addressing the gaps on an on-going basis.

Recruitment processes were safe and effective and the management team liaised with the human resources department to advocate for the service to address the staffing deficits. Staff were encouraged to develop within their roles and a learning culture was evident within the service through formal training initiatives and through case discussions, team meetings and complex case forums. Professional development plans were created and reviewed. A small number of these plans needed to be updated and this was identified through a supervision audit. The delivery of the training programme was impacted by COVID-19 and the cyber-attack. The training needs for the team had been prioritised and the training needs analysis was due to be updated by the end of quarter three. Significant progress was made to facilitate joint training programmes for practitioners and foster carers. The service liaised with another service area and advocacy services in the provision of a broad variety of training that focused on current challenges in the area, such as placement disruptions.

Managers routinely reported on the performance of the fostering and children in care service. They analysed the data and reported to the area manager on key aspects of service provision. Caseloads were monitored and reviewed in supervision and breeches on compliance with the standards were reported to the area manager by the chairperson of the FCC. The regional chief officer received monthly and quarterly activity reports from the area manager outlining data relating to unallocated cases, statutory visits and the assessments of foster carers, for example. The metrics were then discussed at a regional level and nationally through performance conferences. The area management team also discussed performance data at regional management meetings and alternative care forums. These processes supported the management team to plan their service.

The response to adverse incidents was good and an effective system was in place to respond to complaints and representations but there were some delays processing complaints in line with timeframes set out in policy. All incidents and complaints were recorded on the national incident management system. While most of the incidents related to COVID-19, the area had a robust 'need to know' system in place, where issues were appropriately escalated. Mechanisms to enable children, families and foster carers to provide feedback about the service were good. It was evident that they had opportunities to discuss their views on a consistent basis with social workers. The area advised that they had issued a letter to all children in care and foster carers outlining the complaints process but this was not evidenced on all files reviewed. Complaints were taken seriously and the principal social worker met with all complainants to try to resolve the issue locally. While the management of some complaints was outside of the timeframes required, there was evidence of managers addressing the complaints. The area also recorded compliments received and acknowledged good practice. There were processes to learn from complaints and they were discussed at team meetings to drive improvements in the service.

The service had an effective risk management system. There was a risk register and comprehensive risk assessments outlining the key risks within the service. While the risk management system did not record if a risk had been escalated regionally or nationally, the regional chief officer was aware of the pertinent risks. Risks were discussed at regional risk meetings and actions had been taken to address risks within the area's control. The lack of foster care placements continued to present as a risk since the last inspection of the service. This was a national risk for Tusla but the area was implementing actions to instigate change on a local level also, although this was in the early stages.

The service area had a recruitment plan for the recruitment and retention of foster carers and there was effective oversight of this process. Despite efforts of the local and regional recruitment team, the area experienced difficulties recruiting the number and range of foster carers required to meet demands in the area. The service was focused on increasing the numbers of foster carers from diverse backgrounds.

The service area had appropriate systems in place to ensure effective joint working with external agencies. Access to public services for children in care was a challenge with long waiting lists. The service had ensured that children and foster carers who required additional supports received these, in a timely manner, through accessing private services. The service were also identified as a pilot site for the roll out of an "integrated therapy team" and a recruitment process was underway to recruit professionals to work children who required additional support. This was a positive initiative and will improve access to services for children when established.

Overall, the governance and management systems in the Midlands service area were effective to ensure a good quality and safe service was provided to children and foster carers. Their systems were effective in identifying gaps in service provision and a proactive approach was taken to address concerns or deficits as they presented.

Standard 18 : Effective Policies

Health boards have up-to-date effective policies and plans in place to promote the provision of high quality foster care for children and young people who require it.

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

The service area had policies and procedures to ensure the effective and safe delivery of foster care services. These were informed by the relevant legislation, regulations and standards. Strong leadership and management systems ensured that practices, in the majority of cases, were in line with policies and procedures.

Staff were fully briefed on national policies and knowledgeable about procedures that guided their work. They presented as professional, competent and understood their specific roles. Social workers and practitioners provided a high quality service to children in care and foster carers. Relevant policies and procedures and practice issues were regularly discussed at team meetings and there was evidence that the service focused on continuous service improvement. There was a standard operating procedure for the management of unallocated children in care and foster carers. This was detailed with expectations clearly set out but the development of local policies in isolation from nationally agreed policies, without the approval of Tusla National office, may lead to differing practices in managing unallocated cases, when there should be consistent practice throughout all 17 Tusla service areas.

Records showed good adherence to policy, procedure, guidance, regulations and standards which meant that children received a good service, with some improvements to ensure full adherence. There was effective governance and management systems to monitor adherence to policies and practice in the area. Inspectors found that child-in-care reviews and statutory visits were carried out within the timeframes required by regulations and were of good quality. Placements at risk were identified and comprehensive work completed jointly between fostering teams and child-in-care teams to support these placements. Staff had good knowledge of the National Guidance on Children First (2017) and adhered to these procedures in managing allegations of abuse in relation to children. Welfare assessments were carried following a serious concern or allegation against a foster carers and safety plans were put in place when required. There was close inter-agency working and co-ordination of services where there were specific therapeutic needs.

Some gaps in adherence to policy and procedures were identified but these were minimal and did not identify any specific trend or risk to children. Visits to foster carers generally took place within the required timeframes but there were foster carers who had not been visited in the last three months, as required by the area's procedures,

due to unexpected staff leave. The principal social worker had a strategy to address this, if staff leave continued to impact service provision. In addition, carers from four foster carer placements required updated training in Children First (2017), and carers from two foster care placements required initial training. The principal social confirmed that this was being addressed with carers being supported to complete the required training. There were delays in obtaining updated Garda Vetting for numerous carers due to a backlog. In most cases, the applications had been submitted but inspectors sought verbal assurances from the area manager in relation to one foster carer and five significant others, over the age of 16, as there was no current vetting on file. Nine young people were on a waiting list for an assessment of need with the aftercare service. Fostering assessments and the assessments of serious concerns and allegations had not been completed within the required timeframes. Staff vacancies impacted on the service's capacity to allocate all children in care a social worker and foster carers, a link social worker. There was an effective procedure and system to manage these cases but there were two incidents where this had not been fully adhered to. Inspectors found that a statutory visit was delayed on one case, while action required to allocate a social worker on the second case had not been completed. A social work team leader assured inspectors that this would be addressed.

Communication with foster carers was good but it was not always evident that they were provided with copies of policies and procedures. It was evident that children had opportunities to discuss their views on a consistent basis with social workers. While the area manager advised that a letter was issued to all children in care and foster carers outlining the complaints process, this was not evidenced on all files reviewed. Records showed that foster carers and children were informed of the service being provided and the particular intervention, such as safety planning, child-in-care review or foster care review process. The service valued the contribution of foster carers and children. They received feedback from foster carers through foster care reviews and exit interviews. The chair of the FCC provided an overview in the FCC annual report of comments from 18 exit interviews heard in 2021. This feedback had yet to be analysed to drive improvements in the service. In addition, the FCC had requested feedback from all carers who attended the FCC but no responses were received. There were a number of participation groups for children to obtain their views with regard to service delivery. For example, suggestions and ideas were sought from children to improve family contact rooms in the social work department.

The service area followed the national transfer policy in relation to children placed outside the Midlands area. Managers advised that they have good relationships with other areas but outlined that there were difficulties progressing the transfers for some children who were subject to rolling interim care orders through the courts. Managers told inspectors that they tried to prioritise children living outside the area for allocation. Inspectors identified good practice on one case, while greater oversight was required for another child living outside the area who was unallocated. Principal

social workers told inspectors that the distance for social workers to travel to meet with children posed a challenge.

The area maintained a panel of approved persons who were willing to act as foster carers in order to comply with the Child Care (Placement of Children in Foster Care) Regulations 1995. A social work team leader and the principal social worker for fostering maintained oversight of the panel, and had a system in place to ensure it was updated. The panel contained all necessary information.

There were effective arrangements for partnership working with other agencies, to facilitate the management of specific cases as required. The area held complex case forum meetings to review complex cases. Inspectors observed a complex case forum and social workers and team leaders demonstrated a clear understanding of the needs of the children and creative ideas were discussed to maintain the placement long-term. The service had experienced delays accessing public services and had ensured children and foster carers received the required support through the provision of private services. The service was in the process of recruiting a team of professions to form a pilot "integrated therapy team". The area manager informed the regional chief officer of a complaint from a foster carer that identified gaps in national policy with regard to young adults with disabilities, who were accessing aftercare support.

The area had effective policies and procedures to ensure a high quality service was delivered to children and foster carers. Services provided were child-centred. Although this inspection found some gaps in adherence to policy and procedures specific trends or risk to children were not identified. Areas identified for improvement related to the timeliness of fostering assessments and aftercare assessments of need. Not all foster carers had received a visit in line with the service's own procedures and there were delays in obtaining Garda vetting for some foster carers. A small number of foster carers required training in Children first (2017). The management team were aware of and addressing the gaps identified and for this reason the area was judged to be substantially compliant with the standard.

Judgment: Substantially compliant

Standard 19 : Management and monitoring of foster care services

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

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

The service had management structures in place with clear lines of accountability. Staff had a good understanding of their roles and responsibilities and there was effective governance and oversight structures. The area was under the direction of the regional chief officer for the Dublin Mid-Leinster region, and was managed by an area manager. Two experienced principal social workers reported to the area manager in relation to children in care, fostering and aftercare and they managed a team of social work team leaders and the aftercare manager. The structure of the teams was clearly defined on the standard operating procedures. Managers demonstrated awareness of each managers responsibilities and a commitment to quality improvement and improved outcomes for children. Managers and staff reported a positive culture across the service with strong joint working relationships. Staff said they were supported in the delivery of care to children and their families.

A service improvement plan was developed for the fostering and children in care service for 2022. This outlined key priorities in areas identified as requiring improvement. Actions to be taken to improve service provision were clearly recorded and it was evident that some actions had been carried over from 2021 as they required further work or embedding. The service improvement plan was formally reviewed by senior managers on a regular basis to ensure actions were being addressed and to assess progress made. The service had a proactive approach to address deficits identified through their own auditing processes or from inspection and monitoring reports and these were outlined in the service improvement plan. Inspectors found that progress had been made in relation to actions set out in the service improvement plan in relation to, for example, the monitoring of statutory visits for children in care. Governance structures were well developed and effective. Management reporting systems provided the area manager and principal social workers with oversight of service delivery. The regional chief officer was satisfied that there was effective governance arrangements in the area and monitored this through supervision, management meetings and the analysis of monthly data provided by the area manager. Managers actively monitored performance through team meetings, analysis of data, auditing processes and case supervision. The service consistently held team meetings to provide opportunities for discussion and learning between teams. The area manager attended regular area management meetings which supported them to have management oversight of service delivery. The chairperson of the FCC and the child-

in-care reviewing officers reported on compliance with standards in line with their responsibilities. Social workers and team leaders understood the reporting procedures and reported that there was a strong management team and they were well supported.

Management systems had identified deficits within their service and these were being addressed to bring the area into full compliance with standards. Areas that required improvement identified during the course of the inspection were being actively addressed by the area's management team. Examples of improvements required related to timelines for the assessment of serious concerns and allegations and timeframes for the completion of foster care assessments.

Case supervision was effective to provide oversight on cases and service delivery. Records of case supervision were maintained on children's and foster carers' files and provided sufficient detail to ensure the team leader had oversight. Inspectors also reviewed supervision of staff from different grades. The records were detailed, providing sufficient oversight and it was evident that supervision occurred regularly, although slightly over the timeframes required for some staff.

Staff and managers reported that there was a strong and positive auditing culture in the area. Inspectors found that case files had been audited and actions addressed in a timely manner. Numerous audits had been completed in the previous 12 months including audits of the matching process, placement disruptions, pre-placement checks regarding unapproved relative cares, foster care files and basic detail on NCCIS. Serious concerns and allegations were audited on a quarterly basis and it was evident that outstanding actions from a previous audit were reviewed during this process. Actions arising from audits were discussed during audit meetings with the management team and feedback provided to practitioners during team meetings. This ensured that deficits identified during audits were addressed in a timely manner.

The service worked closely with Tusla's quality assurance team and the regional quality, risk and service improvement (QRSI) manager. The quality assurance officer attended audit meetings, tracked progress on actions required and outlined that learning was shared on findings on a regional basis. The PASM team completed an audit of foster care records recently and this report was in the process of being completed at the time of the inspection. The QRSI manager attended regional alternative care meetings and regional risk management and service improvement meetings with representatives from the area's management team. These forums considered for example, serious incidents, quality assurance audits, risk management and local reviews and learning arising from these meetings was disseminated to the local teams.

Managers had developed systems to monitor practice. The principal social worker had developed trackers and used NCCIS to monitor statutory visits to children in care, Garda notifications, child protection concerns, voluntary care agreements and care

orders with stipulations in which the area had to adhere to. In addition, when a case was transferring into the area or from the child protection and welfare team, the file was audited to ensure there was no outstanding information. The fostering service had a large database to record details relating to foster carers. Team leaders had responsibility to update this with information, such as the last support and supervision session with foster carers, their Garda vetting and training for example, but updates were not timely in all cases. The area manager said this was due to annual leave. There was a system to track relative foster carer assessments and it was evident that delays were reported to the principal social worker on a regular basis. The system to monitor Garda Vetting of foster carers required improvement. The database reviewed by inspectors did not consistently record if a new vetting application had been submitted for all foster carers and significant others, when this was required. The principal social worker outlined that there were other trackers to monitor this process and confirmed that there was one foster carer and five significant others who required updated vetting, as noted earlier in the report. The area manager advised that they were in the process of streamlining this system and a recruitment process was ongoing to ensure there was a dedicated person with responsibility for this. In addition, the area manager had plans to improve the overall tracking systems in the area, particularly in relation to paper based tracking systems.

There was an effective risk management system. There was a risk register and risk assessments that were regularly reviewed and updated. The service had recently implemented a new risk management system and the area's senior child care officer had responsibility to manage this and generate reports for senior management. The main risks relating to the service included, a lack of foster care placements, Garda vetting of FCC members, risk of young people entering homelessness due to a lack of available accommodation, unallocated children in care due to staff vacancies and delays completing foster care reviews. During the inspection, a risk assessment was completed regarding delays obtaining up-to-date Garda Vetting for foster carers. The regional chief officer was aware of all the risks and risks were appropriately escalated, when required. The system did not highlight if a risk had been escalated regionally or nationally but the inspector was advised that risks were discussed at regional meetings to determine if the risk could be managed regionally. The service operated a 'need to know' system, which ensured the area manager was aware of risks within the service.

Staff and external professionals identified the lack of available foster care placements as a risk for the service. This was a national issue and being actively addressed at a local level also. The impact of this was that some children were placed in households where the number of children placed exceeded the standards. Children were also placed in non-statutory placements. Inspectors identified one case where children were placed in an emergency with carers who did not have sufficient sleeping arrangements and although this was not a current risk, it was not good practice.

The service area also monitored its performance through the use of the NCCIS. The area maintained a child-in-care register in compliance with statutory requirements on NCCIS. The panel of persons approved to act as foster carers was up-to-date. Foster carer files were paper based and inspectors found that they were well maintained, legible and up to date. Children's records were maintained on NCCIS and with the exception of a small number of cases, records were uploaded in a timely way. Management oversight was evident on files through case supervision, case discussions and sign off on relevant documents. Overall, the inspection found good quality child-centred practice on files.

Service delivery was impacted by staffing vacancies across the children-in-care and fostering teams. There were five vacancies on the children in care team, 2.4 whole-time equivalent vacancies on the fostering team and two vacancies on the aftercare team as a result of long-term leave. The overall absenteeism rate for the service was 6.9%. Although recruitment processes were on-going, the vacancies impacted on the service's capacity to allocate a social worker to all children in care and foster carers. There were 47 children in care without an allocated social worker and seven foster carers who had children placed without an allocated link worker. There was a standard operating procedure to provide guidance on the management of unallocated cases. Inspectors found evidence of regular reviews of these cases and social care leaders completed the safeguarding visits with the children and foster carers. This system was generally operating effectively with management oversight evident on the files, with the exception of two cases, where greater oversight was required, as noted earlier.

Governance, oversight and management systems were well developed in the area. The management team provided effective leadership and support to practitioners to carry out their role and provide a high quality service. The service was continuously striving to improve the quality of service provision and learn from deficits identified through auditing and monitoring processes. Although tracking systems were consistently utilised, improvements were required to ensure they were up to date and effective to provide the required oversight. Staff vacancies also impacted on the area's capacity to be fully compliant with the standards. For these reasons, the area was deemed to be substantially compliant with the standard.

Judgment: Substantially compliant

Standard 20 : Training and qualification

Health boards ensure that the staff employed to work with children and young people, their families and foster carers are professionally qualified and suitably trained.

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

Recruitment practices supported the employment of staff with the necessary skills and competencies to work with children in care and deliver a high-quality foster care service. There was an experienced and competent staff team who presented as professional and knowledgeable about their roles and responsibilities. Detailed job descriptions were available for the roles across the teams. The service had a system in place to track and update each staff members Garda vetting and professional registration. However, there was insufficient staff due to vacancies on the team, to ensure the service could fully meet the standards. As, noted earlier, there were vacancies across the children in care, fostering and aftercare service. There was a recruitment plan in place to fill the positions and the service liaised with the human resources department to address the staffing deficits. The management team had put contingency plans in place to address the deficits associated with the vacancies on the team.

Inspectors reviewed a sample of 10 staff personnel files which were held centrally, for safe recruitment practices. Five of the 10 files contained all of the required documents including contracts, qualifications, references and evidence of CORU registration. However, five files did not have evidence of a contract, qualifications, or references and Garda vetting was not evident for one of these staff members. Following the inspection, inspectors spoke with the regional human resources manager who outlined the rationale for the gaps in the staff files. As the staff members were recruited to their roles prior to the establishment of Tusla, the recruitment files remained with the HSE. This was a national issue and Tusla was continuing to engage with the HSE to source the files. The human resources team facilitated the inspector to view the Garda vetting record that was not present on the day of the staff file review and this was found to be up to date.

There was a culture of learning and development within the service. New staff members engaged in corporate induction and they were provided with an induction pack that was described as very helpful. Further support was provided to new staff through a mentoring system. The majority of the management team had taken promotions within the service and staff were supported with regard to their development and career progression. Staff had opportunities to engage in bespoke

training courses in conjunction with foster carers with a focus on trauma and disruptions, for example. A training needs analysis was completed in 2018 and this was due to be updated by quarter three, in line with the process agreed nationally. The area focused on the delivery on mandatory training for staff but delivery of some training courses was impacted by COVID-19 and the cyber-attack. The area had identified a number of priority training sessions required and there was evidence of the service engaging with the workforce, learning and development team to plan this. The record for oversight of mandatory training completed by staff was not up to date. Personal development plans were developed with staff but two of ten plans reviewed by inspectors required updating.

The retention and wellbeing of staff in the service was prioritised. The social work teams received supports through the supervision process and the management team encouraged and supported the teams to work collaboratively together. The team had manageable caseloads and their caseloads were regularly reviewed. Staff had access to a complex case forum which helped them, with the support of senior managers, to identify specific actions, to be taken in relation to children with increased levels of need. Staff were supported with regard to their well-being and encouraged to highlight ideas for the area to enhance this further. The regional chief officer advised that they were implementing the Tusla People Strategy which focused on the retention of staff. Peer support meetings took place and it was evident that suggestions to support the retention of staff were discussed during this process. A well-being and retention group in 2021 had developed a wellbeing tool for managers to use in the supervision process with staff.

External professionals reported good working relationships with social workers to improve the outcomes for children. In addition, the area had established working relationships with external services to work with them to provide appropriate services for children with complex needs. Social workers strongly advocated for children when liaising with external services.

Recruitment practices were effective and the retention of staff was a priority for the area. However, there was insufficient staff due to vacancies on the team, to ensure the service could fully meet the standards. The staff team were supported in relation to their learning and development needs but the delivery of the training programme for staff had been impacted by COVID-19 and the cyber-attack. The training needs analysis was due to be updated by the end of quarter three. Staff files did not contain all of the required information and this was being addressed as a national issue. For these reasons the area was deemed to be substantially compliant with the standard.

Judgment: Substantially compliant

Standard 21: Recruitment and retention of an appropriate range of foster carers

Health boards are actively involved in recruiting and retaining an appropriate range of foster carers to meet the diverse needs of the children and young people in their care.

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

The service area were actively involved in the recruitment and retention of foster carers. They worked in partnership with the regional assessment and recruitment team (RAFT) and this was guided by a recruitment plan for the region. Despite efforts of the local and regional recruitment team, the area experienced difficulties recruiting the number and range of foster carers required to meet demands in the area. This was identified as a risk on the risk register and continued to be a concern for the area since the last inspection of the fostering service.

Governance and oversight arrangements for the recruitment and retention of foster carers was clearly set out. There was a principal social worker with overall responsibility for the fostering teams and one social work team leader managed relative foster care assessments. In addition, the area had a dedicated person to oversee and manage placements requests. The principal social worker attended fostering meetings held locally and regionally and also met with the principal social worker from the RAFT team. Principal social workers in the midlands and RAFT met quarterly to coordinate campaigns and pool resources.

The service was proactively trying to address the shortfall in foster carer's. They encouraged foster carers, their children, and young people with experience of the care system to get involved in recruitment campaigns. A leaflet regarding fostering was developed by young people whose families foster and this was used in their recruitment campaigns. The aftercare service supported a young person to participate in a recruitment campaign on television. The recruitment plan for 2022 set out actions including the development of a local recruitment group with the support of RAFT. This had commenced and the local team was focused on the recruitment of foster carers from African communities. In addition, the RAFT team had developed initiatives to increase carers from diverse backgrounds.

RAFT had responsibility for the recruitment and assessment of general foster carers. In the 12 months prior to the inspection, nine recruitment campaigns had taken place. The service area received 82 enquiries about becoming a foster carer in the 12

months prior to the inspection. The average response time to these enquiries was 1.5 days. The service area had approved seven general foster carers assessed by RAFT since August 2021. There was a standard operating procedure to guide the process of transferring cases from RAFT to the service area. The RAFT team facilitated the initial placement and supported the carers for two months before transferring to the local area link worker. Nine relative foster carers were approved during the same time frame and there was a process to transfer the carers from the relative assessment team to the link social work team.

Improvements were required in the timeliness of assessments of general and relative foster carers. Assessments of general and relative foster carers were not completed within the timeframes required by the national standards. The reason for delays with assessments was not consistently evident on file. The social work team leader with oversight of relative assessments provided a detailed report on any breaches to the principal social worker and it was evident that delays were discussed during their supervision. Some foster carers reported that they found the assessment process too long and this was evident in cases reviewed by inspectors where assessments took over 10 and 16 months to complete in two cases examined. Overall the quality of assessments was good with the exception of two cases that lacked a detailed analysis. The FCC chairperson had oversight of the assessments and it was evident that addendum reports were requested by the FCC if further information was required to ensure the assessment report was comprehensive. The chairperson outlined that the learning from a review of placement disruptions in 2021 had influenced the FCC to query assessment reports further, in key areas that might arise for foster carers when caring for children and young people.

The recruitment of an appropriate range of foster carers continued to present a challenge for the area. Staff and managers outlined that lack of placements options impacted on the matching process for children and carers as there were limited options. There were five foster care placements where the number of children placed exceeded the numbers recommended by the national standards. There was a waiting list for placements in the area and although the area manager confirmed that no children were at risk awaiting a placement, there were six children and young people living in residential care or with relatives who required a foster care placement. In addition, there were children on a waiting list for respite placements. The service also had 47 children placed with non-statutory foster care agencies.

There was an appropriate matching process with some improvements required in a small number of cases. The service prioritised placing children with relatives wherever possible. Of the 306 children in care in the service, 92 of these children were placed with relatives. In some situations, this led to children being placed outside of the service area. Principal social workers outlined that the matching process was carefully

considered to ensure the placement could meet the needs of the child. They had completed audits of the matching process and placements made and compiled a list of recommendations to further improve the process, such as the completion of written matching tools and placement request forms, in a timely way. Inspectors found that the matching process was appropriate in most of the cases reviewed but some deficits were identified on two cases. Two children were placed in emergency foster care placement for a short period of time without sufficient consideration of how the placement could appropriately accommodate the children. On the second case, inspectors did not find evidence of how foster carers were supported or trained to provide for ethnic and cultural needs of the child.

The service had good retention strategies for foster carers. Foster carers received adequate support from practitioners and had access to multi-disciplinary supports and private services, if required. There was a process to provide foster carers with an enhanced payment if this was needed to support the placement. Foster carers had access to support groups and they were invited to day activities to acknowledge their input to the service. Personalised thank you cards and a newsletter were delivered to foster carers at Christmas time and the team organised virtual coffee mornings and fun events for both carers and their children to attend.

Inspectors identified some good practice with regard to the training provided to foster carers. A training needs analysis was completed and this identified key areas that foster carers required training in and a plan to deliver the programmes over a two year period. A variety of comprehensive training programmes were offered to carers, to support them in caring for children with a focus on parenting skills and self-care, for example. Social workers were aware of the training needs of carers and supported them to attend relevant training. Eight joint training initiatives had taken place since August 2021 where foster carers and practitioners had the opportunity to participate in training programmes to enhance shared learning and consistency for the children they support. The service had liaised with a national advocacy group and another service area to design and deliver training programmes such as responding to disruption and loss in fostering, child and adolescent health in a digital world, and working with teenagers. Newly approved foster carers completed the foundations for fostering training and had additional supports through a pilot enhanced support programme developed by RAFT to provide additional support to carers in their first year of fostering. Inspectors found evidence of bespoke training and support provided to carers to address specific needs within the placement. While the majority of foster carers had completed Children First training, this was outstanding for six foster carers. The principal social worker assured inspectors that the allocated link workers had arranged to support the carers to complete this training.

Foster carers received good quality support and supervision from their link workers but there were delays carrying out the visits to some carers due to staff leave. At the time of the inspection there were seven foster carers who had children placed, that did not have a link worker. Despite this, they continued to receive support from a social care leader. The expectation was that foster carers received support and supervision visits every three months. Records of visits recorded on the fostering database showed that there were twenty-three carers whose visits were outside of the required timeframe. Fifteen of these carers had a visit in April 2022, so they were marginally over the timeframe. The remaining carers were last visited in February 2022. The principal social worker said the visits were delayed due to unexpected staff leave and there was a contingency plan to ensure these carers were supported, should the leave continue.

There were good systems in place to manage the recruitment and retention of foster carers but there was an insufficient number of appropriate foster care placements. Although the area attempted to implement an effective matching process, this was at times, impacted by a lack of placements. Foster carers received good training and support from the service but not all carers had been visited in line with the service's own procedure. The majority of foster carer assessments were of good quality but the assessments were not completed in line with the timeframes set out in the national standards. For these reasons, the area was judged to be substantially compliant with the standard.

Judgment: Substantially compliant

Standard 22: Special Foster Care

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

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

Tusla did not have a policy or procedures for the provision of special foster care for children with complex needs, as required by national standards. The area had a small number of foster care placements in receipt of an enhanced payment and deemed these placements as special foster care placements. The service area was proactive in accessing private therapeutic supports for children and foster carers when this was deemed necessary to support particular needs and the placement.

In the absence of a national policy, special foster care placements were guided by the enhanced payment policy. Such placements were provided with additional payments to provide for educational and medical needs of children and young people and were approved and reviewed by the principal social worker, area manager and regional chief officer.

Five foster care placements were in receipt of an enhanced payment. Inspectors found that there was appropriate decision making and oversight in relation to these payments. One case reviewed by inspectors was presented to the complex case forum and in the second case the decision was reviewed at the foster care review and child-in-care review meetings. The rationale for the provision of additional supports was clearly recorded with a strong focus on maintaining placements for the children. Inspectors found that children's additional needs were clearly identified on their care plans and there was evidence of multi-disciplinary input in the assessment of their needs.

Although there was only five special foster care placements identified by the area, staff were proactive in advocating and accessing additional services for children and foster carers when required. Children were referred to services for extra support when this was deemed necessary but as there were waiting lists for public services, these supports were accessed privately to meet the identified needs of children and placements. According to the area's SAQ, the service provided additional support in the form of:

- funding of a range of private specialised services unavailable in the public sector such as various therapies and assessments
- access to additional training
- access to respite support
- support for home improvements, based on needs of the child-in-care

- enhanced financial payment to carers to reimburse loss of earning, if this was required based on the child's needs
- enhanced placement support payments to foster carers.

In total, there were 88 children who were in receipt of private supports such as play therapy, occupational therapy, speech and language therapy, behavioural therapy and various assessments. Inspectors identified good practice on case files to ensure children had their needs assessed with the appropriate supports in place to meet their needs and to ensure their foster care placement could be maintained. Some children had access to respite services but as noted earlier there was a waiting list for respite placements which was not adequate.

Waiting lists for services for children and foster carers was identified as a concern by staff and management. The area manager advised that the service area had been chosen as the regional pilot site for an "integrated therapy team". A recruitment process was ongoing to recruit a psychologist, occupational therapist and a physiotherapist to work with children in care in the area. This was a positive initiative to improve access to services for children in care. In addition, there was a social worker on the team training to become a play therapist and had facilitated group work for children in foster care focusing on self-regulation. One child who spoke with inspectors said they had a very positive experience attending this group and it was very beneficial.

The service was proactive in accessing services for children and foster carers to address their needs and to support the placements. Although only a small number of foster care placements received an enhanced payment, 88 children were receiving additional supports through private services. There was no national policy to guide the provision of special foster care placements and for this reason the area was judged to be substantially compliant with the standard.

Judgment: Substantially compliant

Standard 23: The Foster Care Committee

Health boards have foster care committees to make recommendations regarding foster care applications and to approve long-term placements. The committees contribute to the development of health boards' policies, procedures and practice.

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

The foster care committee (FCC) was well governed. The FCC was led by a suitably qualified independent chairperson and its functions were guided by standards and Tusla's Foster Care Committees, Policy, Procedure and Best Practice Guidance (2017). The FCC chairperson reported to the area manager and there was an appeals process in place. There were delays in the processing of foster care reviews but the FCC had systems in place to manage this. The FCC chairperson reported on relevant matters in relation to the fostering service and made recommendations regarding service improvement.

There were good communication and reporting structures from the chairperson to the area manager and senior management team. The chairperson provided quarterly reports to the area manager and provided updates at senior management meetings. The committee had appropriate administrative support from a business support person who assisted the chairperson to track matters requiring follow up such as, allegations, concerns and Garda vetting of foster carers, where this was required to sign off on a foster care review, for example.

The membership of the FCC was in line with policy requirements. They included a former child in care, a foster carer and a representative from a children's charity. The committee were at times challenged with regard to the consistent attendance of specialist medical personnel and other professionals at the meetings. The area was in the process of seeking out further medical personnel to join the committee. In the interim, they had access to this advice when required. The committee members had a broad range of experience including social work, therapeutic and nursing backgrounds and this allowed for sharing of expertise to enhance discussions about the needs of children and the suitability and experience of foster carers. The FCC chairperson attended a regional foster care committee chairpersons group that facilitated discussions and sharing of ideas on particular issues affecting committees.

The FCC members and chairperson contributed to service improvement in the area. The chairperson produced an annual report in line with national standards and best practice guidance. This provided an overview of the work completed by the FCC and a breakdown of reports presented to the committee including assessment reports and foster carer reviews. This also highlighted key themes emerging from exits interviews with foster carers and disruption reports. The FCC chairperson outlined the

importance of seeking feedback on people's experience of their attendance at the meetings for an additional oversight and this was presented on the annual report. This also identified key priority actions for the following year.

The foster care committee had meetings on a monthly basis and additional meetings were held to address the backlog of foster care reviews. Inspectors found that the minutes of the meetings were comprehensive and provided a detailed overview on reports present, as well as appropriate challenge when queries arose. Inspectors found that the committee members requested addendum reports if further information was required or in instances when there was a significant delay between a report, such as a foster carer review being completed and presented to the FCC. The FCC completed a thorough analysis of fostering assessments and ensured all accompanying documentation was up to date. Written recommendations and decisions were recorded on the minutes of the meetings and inspectors found that records of FCC decisions were held on individual files.

There was a waiting list for foster carer reviews to be heard at the FCC, particularly in 2021. The regional chief officer had approved a derogation whereby foster carer reviews could be considered by a smaller subcommittee with the exception of reviews relating to allegations and serious concerns. This had proved effective in reducing the number of outstanding foster care reviews and there was a plan to hear the remainder of reviews on the waiting list in the coming months.

The area maintained a file for FCC members. These included their privacy and confidentiality statements, reference to their qualification and a letter outlining their appointment to the FCC. Not all committee members had up-to-date Garda Vetting due to a change in the criteria for vetting. This was appropriately escalated to the Tusla's national HR directorate for resolution. A central log was maintained detailing the training completed by committee members. The chair of the FCC outlined that he provided induction training to new committee members and this was recorded on their personnel files, as appropriate. The FCC members regularly reviewed HIQA inspection reports to derive learning and to drive improvement within their own area. In addition, committee members were provided within information on children's rights and other documentation relevant to the FCC and ensured time slots were allocated at their meeting to discuss updates to policies and practice.

The committee was well governed and ensured its practices complied with the standards and Tusla's policies, procedures and guidance and therefore the area was deemed to be compliant with this standard.

Judgment: Compliant

Standard 24: Placement of children through non-statutory agencies

Health boards placing children or young people with a foster carer through a non-statutory agency are responsible for satisfying themselves that the statutory requirements are met and that the children or young people receive a high quality service

The area judged themselves to be non-compliant moderate with this standard. Inspectors did not agree with this judgment, and assessed the area as compliant.

There was a national service level agreement in place with non-statutory agencies used by the service area. The role of governance and oversight of service provision by the non-statutory foster care agencies was delegated to a dedicated national manager to oversee the operational governance of these services.

The service area ensured good governance of the foster care services delivered through the non-statutory sector. The service area had 47 children, placed with five different providers. The regional chief officer told inspectors that the national manager met with the non-statutory agencies and reported to the regional chief officer on the outcome of these meetings. A report provided by the national manager outlined her engagement with the private providers. This outlined that the national manager liaised with the service area and the chair of the FCC prior to the meetings to ensure any issues and feedback was raised.

In addition, the area manager and the principal social worker met with the private providers twice a year to discuss the placements and to seek feedback on their experiences of the service area. The area manager outlined that they requested an overview of each placement including details of foster carer reviews, link social work contact, Garda Vetting and records of complaints or allegations to inform their discussions. This ensured there was good oversight. All private foster carers in the Midlands service area were approved through the FCC process and this ensured that assessment and review processes for non-statutory foster care agencies complied with policy, procedure and guidance.

Children in placements with private providers were prioritised for allocation and the 47 children had an allocated social worker. Records reviewed as part of the inspection showed that there was regular supervision of cases to ensure the allocated social worker kept their manager informed of the quality of care provided to the children. In addition, there was frequent communication and evidence of good joint working between the social worker and fostering link worker. Child-in-care reviews and statutory visits were completed in line with regulatory requirements. In addition, the management team tracked child-in-care reviews and visits of all children including children placed in non-statutory placements to ensure they were carried out in line

with statutory requirements. The oversight of allegations and serious concerns of children in private foster care were subject to the same level of review and oversight as children in statutory placements. External professionals reported positivity about their engagement with the service area.

The service had implemented good measures to ensure oversight and governance of private foster care placements and for this reason, the service was judged to be compliant with this standard.

Judgment: Compliant

Standard 25: Representation and complaints

Health boards have policies and procedures designed to ensure that children and young people, their families, foster carers and others with a bona fide interest in their welfare can make effective representations, including Complaints, about any aspect of the fostering service, whether provided directly by a health board or by a non-statutory agency.

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

There were systems in place to enable children, young people, their families, foster carers and others, to make representations, including feedback, compliments and complaints about the service provided to them. Overall, complaints were well managed, and were resolved locally where appropriate. Managers placed valued on the importance of feedback about service delivery to identify gaps for learning and to drive improvements in the service delivery. Compliments were also received and managers acknowledged good practice.

The area had a proactive approach to receiving feedback and all complaints were logged to ensure a consistent approach to the management of complaints and to facilitate learning from the feedback. The service had a dedicated complaints officer who managed complaints, maintained oversight of the complaints log and ensured complaints were recorded on their national incident management system. Staff and managers had a good understanding of the process and generally complaints were resolved at a local level. The principal social worker met with all complainants to address their concerns and if the complaint could not be resolved locally, the complaint was addressed by the complaints officer. The service had an appropriate appeals process in place for complainants, if they were not satisfied with the outcome.

The area had an appropriate system in place to ensure oversight of complaints in the area. The area manager was provided with copies of any formal complaints and maintained oversight of all complaints through the supervision process. Complaints were discussed at senior management team meetings which supported ongoing learning and quality improvement and a space to reflect on what was working well. The annual report on compliments and complaints also provided oversight to the management team on the number of complaints and compliments, themes arising and findings and recommendations.

The area's senior child care officer maintained a register of all complaints and compliments. This outlined if complaints were resolved locally or formally by the complaints officer. The majority of the complaints had been closed but not all complaints were managed in line with the timeframes set out in policy. There were three open complaints at the time of the inspection and although the complaints register did not account for delays in resolution, the documents provided to inspectors provided this detail. Inspectors identified good practice where the area manager had written to the regional chief officer to highlight a gap in national policy which had been identified on a complaint made to the service. This related to access to supports for young adults with disabilities who had left the care system.

Staff advised that children were provided with information on rights and the complaints process when they were received into care but it was not consistently recorded on all files if social workers had discussed this information with children. In addition, it was not evident on some foster carer files that they had been provided with the relevant information. The area manager advised that a letter was issued to all children in care and foster carers outlining the complaints process but this was not evidenced on all files reviewed by inspectors. Despite this, inspectors found good practice in the ways in which children and foster carers voice's, views and wishes were captured on files. Their wishes and concerns were well responded to in the majority of files reviewed. Inspectors identified one case where there was drift resolving a request from a child but the allocated social worker outlined the rationale and assured inspectors this was being addressed. This was an isolated case and inspectors identified good practice where a concern raised by a foster carer at a child-in-care review, was reported and logged on the area's complaints log. Social work team leaders said practice relating to the management of complaints had improved since previous inspections and the process helped to identify areas for service improvement.

External stakeholders reported that there was a proactive approach to promoting children's rights and they experienced a very child-centred approach at governance meetings. Children who spoke with inspectors said they could talk to their social worker if they had any worries and one child was very happy with how a complaint she made was managed. Foster carers reported that concerns they had were addressed but not all foster carers had been provided with information on how to make a complaint.

The voice of children and young people was valued and a number of participation groups were facilitated to obtain their views on various topics related to service delivery. These included groups for children whose families foster, a children's fora, an aftercare fora and a self-regulation group. Child-in-care reviews and foster carer reviews were also used as a means of ensuring that the voice of the child and foster carers was heard. Inspectors found good evidence that children were met with individually providing opportunities to provide feedback on their experience of the

service. The service was also working with advocacy organisations for children and foster carers.

The service area had good systems in place for the management and oversight of complaints. Feedback from stakeholders was valued and it was evident that children and foster carers had opportunities to discuss their views on a consistent basis with social workers. While the area manager advised that a letter was issued to all children in care and foster carers outlining the complaints process, this was not evidenced on all files reviewed. Not all complaints were addressed in line with the timeframes required by the policy. For these reasons the area was judged to be substantially compliant with the standard.

Judgment: Substantially compliant

Appendix 1: National Standards for Foster Care (2003)

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

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