



**Health
Information
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An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Name of service area:	Dublin South East Wicklow
Name of provider:	Tusla
Type of inspection:	Thematic
Date of inspection:	16 – 19 May 2022
Fieldwork ID:	MON_0036684

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 foster care reviewing officer
 - the chair of the foster care committee
 - the quality assurance monitors
- focus groups with:
 - the principal social workers for children in care, foster care, aftercare and the regional assessment fostering team (RAFT)
 - social work team leaders
 - frontline staff
 - external stakeholder representatives
- observations of:
 - a foster carer review meeting
- the review of:
 - local policies and procedures, minutes of various meetings, staff supervision files, audits and service plans
 - staff personnel files
 - a sample of 34 children's and foster carers files
- separate phone conversations with:
 - a sample of three parents, three children and four foster carers.

Acknowledgements

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

Profile of the foster care service

The Child and Family Agency

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

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

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

Child and family services are organised into 17 service areas and are managed by area managers. The areas are grouped into four regions, each with a regional manager known as the 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

Based on the 2016 census, the Dublin South East Wicklow area had a population of 362,425 of which 86,810 were children.

The area was under the direction of the Dublin Mid Leinster regional chief officer and was managed by an Area Manager. The alternative care service was managed by three principal social workers, two for children in care and aftercare and the third principal social worker managed the fostering service. Each principal social worker had responsibility for social work team leaders across the area. Team members included an aftercare manager, senior social work practitioners, social workers, social care leaders and social care workers.

At the time of the inspection, the Dublin South East Wicklow area had 149 foster care households providing placements to 166 children. A further 26 children were placed with non-statutory foster carers.

Compliance classifications

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

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

This inspection was carried out during the following times:

Date	Times of inspection	Inspector	Role
16 May 2022	09:30 – 17:00	Pauline Clarke Orohoe	Lead Inspector
	09:30 – 17:00	Una Coloe	Support Inspector
	10:00 – 17:00	Jane McCarroll	Support Inspector
	09:00 – 17:00	Lorraine O'Reilly	Support Inspector
	09:00 – 17:00	Tom Flanagan	Remote Inspector
17 May 2022	09:00 – 17:00	Pauline Clarke Orohoe	Lead Inspector
	09:30 – 16:30	Una Coloe	Support Inspector
	09:30 – 16:30	Jane McCarroll	Support Inspector
	09:00 – 17:00	Lorraine O'Reilly	Support Inspector
	09:00 – 17:00	Tom Flanagan	Remote Inspector
18 May 2022	09:00 – 17:00	Pauline Clarke Orohoe	Lead Inspector
	09:30 – 16:30	Una Coloe	Support Inspector
	09:30 – 16:30	Jane McCarroll	Support Inspector
	09:00 – 17:00	Lorraine O'Reilly	Support Inspector
	09:00 – 17:00	Tom Flanagan	Remote Inspector
19 May 2022	09:00 – 15:00	Pauline Clarke Orohoe	Lead Inspector
	09:30 – 15:00	Una Coloe	Support Inspector
	09:30 – 15:00	Jane McCarroll	Support Inspector
	09:00 – 13:00	Lorraine O'Reilly	Support Inspector
	09:00 – 17:00	Tom Flanagan	Remote Inspector
23 May 2022	10:15 – 11:30	Pauline Clarke Orohoe	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 February 2017) – Assessed the efficacy of recruitment procedures, foster carer supervision, and assessment of foster carers.
- Phase 2 (completed in this area in February 2019) – Reviewed the arrangements in place for assessing children’s needs, the care planning and review process, preparations for children leaving care, and safeguarding of children.

Summary of the Findings from Phase 1 and 2

Of the eight standards assessed in Phase 1:

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

The Phase 1 inspection found that complaints and allegations were responded to appropriately and action was taken to safeguard children when concerns were expressed. However, there was no system for tracking investigations. There were also delays in notifying allegations and in presenting reports to the foster care committee. There were no records to show that all foster carers were trained in line with Children First: National Guidance on the Protection and Welfare of Children (Children First) (2011). Assessments of prospective foster carers were comprehensive and the reports were of good quality, though there were at times long delays in completing assessments of relative carers. Foster carers were found to be well supported. Inspectors found that a number of foster carers were unallocated, had not had children placed with them for a number of years but still remained on the foster care panel. Foster carers were informed of training events or courses that may be of relevance to them. However, the area did not maintain overall training records and the training that was undertaken by foster carers was not clearly recorded in their files. When reviews were carried out they were of good quality but the lack of reviews meant that there was little or no learning derived from reviews to assist in the identification of gaps in the foster care service. The foster care committee was guided by, but was not fully compliant, with the Standards and national policy, procedure and best practice guidance. The lack of effective recruitment and retention strategies meant that there were insufficient foster carers to meet the needs of the service and more foster carers were leaving the service than were being recruited. There was no evidence that the foster carer panel was reviewed periodically to ensure there was an

appropriate number and range of foster carers to meet the needs of children in the area.

Of the six standards assessed in Phase 2:

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

The Phase 2 inspection found that social workers went to great lengths to support children and their families to remain in contact and to ensure parents continued to be part of their child's life, when this was appropriate. Social workers coordinated the care of children, ensured their care was delivered in a planned way and visited them in their placements. Not all children had an allocated social worker and as a result, some were not visited by a social worker. Assessments of children's needs were not recorded on a stand-alone document, and emergency assessments were not always carried out within the required timeframe. There was a low rate of children who attended their child-in-care review, and records of reviews were difficult to find. The quality of care plans varied, and social work records did not always include whether children and their parents and or carers received a copy of the final document. There was no formal matching process in place, and this was impacted by the limited availability of foster care placements. There were safe guarding practices in place to ensure that children were protected from all forms of abuse and social workers were committed to protecting children in care. However, improvements were required in relation to safeguarding visits to children in their placements and training for foster carers in Children First: National Guidance on the Protection and Welfare of Children (Children First) (2017). Aftercare supports were in place in the area but there was a lack of governance oversight of the Tusla aftercare service as the position of aftercare manager was vacant at the time of the inspection. This was being addressed at the time of the inspection.

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 one standard, substantially compliant against six 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 19, Management and monitoring of foster care services and Standard 21, Recruitment and retention of an appropriate range of foster carers were not as high as those assessed by the area. Inspectors rated both of these standards 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 three children on individual phone calls. Children spoke positively about their social worker. One child said that they did not have an allocated social worker. The young person spoke positively about their previous social worker. They said that they used to visit them and ask their views in relation to their care plans and invite them to their child-in-care reviews. The young person said that they had not been visited since their last social worker left, and that they were unaware of their current care plan. The young person was linked in with an after care worker and identified their foster carers' link social worker as an individual that they could talk to if they needed to. The other two children were allocated a social worker, and these two children spoke positively about their social worker, and said that they could talk to them if they had concerns or worries.

Two of the children were not aware of their care plan. One of the children said they had received a copy of the plan, while one of the children said they did not get any paperwork after the meeting. One of the children said they did not know how to make a complaint, while another said they had never made a complaint.

The inspectors spoke with three birth parents of children in foster care. Parents were unhappy with the service they received from their social workers. Parents reported a range of concerns including poor communication from social workers, such as not responding to queries, reduced access hours and concerns regarding the suitability of their child's foster placement. One of the parents said that her views in relation to aspects of her child's personal care have been ignored despite the conversation that they had had with the child's social worker. Another parent said they had shared concerns about the foster carer's ability to meet their child's needs, and they felt let down by the whole system.

When parents were asked if they were aware of how to make a complaint, one of the parents said that they had used the complaints process. A second parent said they had not been given information on how to make a complaint. The third parent said they have not had to make a complaint yet, but they will in the future if required.

Inspectors spoke with four foster carers. They had mixed views of the service. The foster carers described feeling supported by their link worker and the social work department. Foster carers described receiving communication from the social work department via email. Some comments from foster carers included:

- "what stands out is that people are not listening to me"
- "The fostering team leader who was with me was very supportive and the link social worker has been supportive"
- "The link worker has helped me and she visits often."
- "Fabulous, a really good experience"
- "I am happy with the support we receive from the fostering side, they accommodate our needs".

Some of the issues foster carers told us were:

- That social workers had not considered the needs of the child, and were slow to offer the support required.
- The social work service had not listened to their views, and that plans regarding access had not been maintained in the best interests of the child in their care.
- Foster carers get invited to, and attend the child-in-care reviews. However, in some cases they had not received copies of the minutes from the meeting or the child's care plan.

One foster carer gave an example of social workers agreeing to rotate visits to the home, as the foster carers had more than one child placed with them. The foster carers found this to be helpful as it allowed their daily routine to be maintained.

Foster carers said that they had completed online training with the service, and information on policies and the services available was shared with foster carers. Some

of the foster carers said that private therapies and services were provided for the children in their care as required.

Foster carers were aware of how to make a complaint. Some issues highlighted by the foster carers as requiring improvement included not receiving care plans, foster children not having an allocated social worker and having to "go hunting" for signatures when needed.

External professionals reported that the service was child centred, responsive and open minded. They noted the area were creative and proactive in meeting the needs and rights of the child. The on-the-ground communication with regard to cases was consistently noted to be good with any issues resolved quickly, acknowledging "in my experience when there is issues, they've been dealt with quickly". With the exception of one external stakeholder, management level governance meetings did not take place. Feedback in relation to their service was provided through national channels and not sought at a local level. Overall these professionals were positive about the service.

Governance and Management

There were governance and management systems in the Dublin South East Wicklow area that for the most part, ensured a safe, effective service was provided to meet children's needs. Staff roles and responsibilities were clearly set out, and the area were child centred in their practice. However, improvements were required to ensure that managers had accurate, relevant data to provide oversight of the service provided and ensure that they were in line with policies and procedures.

Overall, the service had stable leadership and the introduction of the principal social worker for fostering was enabling the area to streamline practice across the fostering teams. The service area had appointed a specific principal social worker for fostering to increase governance of the fostering service. In addition, a third fostering team had been established from within the existing staff resources, allowing team leaders to provide greater support and management oversight to their staff. While this was a recent development at the time of the inspection, it was evident that progress had been made to address areas of practice identified on the service improvement plan. The service had trackers and meeting structures in place to provide oversight of the quality service provided. Inspectors found that frontline staff and managers had a clear understanding of their professional roles, and were knowledgeable about their case work. However, continued progress was required to bring the service into compliance with the standards.

There was a culture of learning and development embedded within the service. Staff who spoke with inspectors said that the development of formal professional development plans within supervision was improving. The service had established a joint training initiative with a local university, and training specific to the needs of the staff team had been delivered. The service area were planning to develop joint training initiatives with foster carers in the area as part of the service improvement plan for the area.

Staff received regular supervision to monitor their case work, and their development and training needs. Improvements were required to ensure that supervision consistently took place in line with Tusla's policy. Staff reported that regular team meetings were an important form of communication in the service area, and said that communication had improved in the last number of years. Staff felt that management listened to what they had to say, and agreed that there were forums whereby staff could give feedback to management.

The service had established systems in place for tracking performance, patterns and practice in the area. These included HIQA action plan trackers, foster care training logs and Garda vetting trackers. However, inspectors found that the data gathered by these trackers was not up to date and accurate at times. In addition, appropriate action had not been taken to address the issues identified within the trackers, for example, for a significant number of foster carers, Children First training had expired, and little action had been taken by the area to ensure that this training was completed.

Improvements were required to ensure that regular audits were completed consistently across all teams to ensure the quality of the service provided. Managers and staff reported that there had been limited audit activity in the area due to COVID-19. Where audits had been completed, issues requiring action had not been consistently identified for follow up action. The area manager told inspectors that the addition of the quality team leader post will support the service to increase their file auditing activity.

The service area managed risks effectively. Local action was taken to mitigate the risks where possible, and risks were escalated to senior management when required. The area had a robust 'need to know' system in place, where issues were appropriately escalated. Staff told inspectors that there was greater oversight and accountability in the service area. External professionals reported that there were good systems in place in the area to manage referrals, allegations and match children with appropriate foster carers.

The service area had appropriate systems in place to ensure effective joint working with external agencies. Where gaps existed in accessing specialist services for children in care, the area had established a therapies committee which enabled social workers to access privately funded, specialist therapies for children in care.

Management had taken appropriate actions to address the staffing deficits in the area. While there were staffing vacancies at the time of the inspection, the service were in the process of on boarding five staff. The service had also established a staff retention subgroup to develop initiatives to support staff in their roles. Staff were competent and knowledgeable in relation to their role, and their case work. Staff were appropriately qualified, vetted and registered to carry out their statutory obligations. However, staffing vacancies and long term leave had an impact on the service areas ability to ensure all children had an allocated social worker, and to ensure that Section 36 assessments and child-in-care reviews were completed in a timely manner.

The service had appropriate oversight systems to ensure that unallocated children in care and foster carers received the necessary supports. While all foster carers had an allocated link social worker, there were eight children who were unallocated at the time of the inspection. While these cases had been reviewed monthly, the records of these reviews were not consistently uploaded onto Tusla's National Child Care Information System (NCCIS).

The service worked closely with RAFT in the recruitment and retention of foster carers to meet the needs of children in care across the service. There was a regional fostering recruitment strategy in place, and the principal social worker for fostering attended regular fostering recruitment meetings with RAFT. The recruitment and retention of foster carers had been identified as a priority on the service improvement plan for the area. Since the appointment of the principal social worker for fostering, the service had established a retention and recruitment subgroup which included foster carers. While the area had governance and oversight systems in place to monitor foster care recruitment, the lack of appropriate foster placement, including respite placements continued to be a risk for the area. In addition, while Section 36 assessments were monitored by senior management through trackers and regular meetings, delays in the completion of these assessments continued to present a challenge for the area. Improvements were required in the oversight of these assessments to ensure that they were completed in a timely manner.

There was good evidence that management supported the delivery of a child centred service, however improvements were required in relation to the governance of the service as care practices were not consistently in line with their policies and procedures. Local policy documents had been developed to support staff in their practice, including a guidance document for staff for the assessment of allegations and serious concerns for children placed in foster care, and also draft standard operating procedures for the management of unallocated children in care and foster carers. However, the development of local policies in isolation from nationally agreed policies, without the approval of Tusla National office, may lead to differing practices, when there should be consistent practice throughout all 17 Tusla service areas. Improvements were required to ensure that the systems in place to monitor practice

provided assurance to managers that practice was in line with their policies and procedures.

Improvements were required in relation to the governance and oversight of the data and information gathered by the service to ensure appropriate management oversight of the quality of the service. NCCIS was used by management to monitor the services provided to children and families. However, inspectors found that relevant documents and case records were not consistently uploaded to the system in a timely manner. This resulted in managers not having the necessary information to provide oversight, and gather accurate data from the system. The area was operating a dual recording system for foster carer's files, whereby some foster carers file were held on NCCIS while others were held as paper files. This practice had been identified as an issue by management, though it continued to be the practice at the time of the inspection.

While the foster care committee (FCC) carried out its role in line with policy and guidelines, improvements were required in relation to the management of individual member's files. The independent chairperson had been recently appointed to the role, and had considerable experience across the various functions of the service area. Membership of the FCC was in line with the requirements of Tusla's Foster Care Committees Policy, Procedure and Best Practice Guidance (2017). The area did not hold individual files for the FCC members. Inspectors found that the system in place to maintain the required documentation on individual FCC members was not in line with best practice guidelines, which in turn does not support good governance of committee member's personal data, and Garda vetting.

Overall, complaints were well managed and resolved locally where appropriate. However, the governance of the system for the recording and logging of complaints required improvement to ensure that the data collated by the area was accurate, and to allow the service to identify trends and learnings from complaints. Only those complaints that were submitted in writing through the formal Tusla process were logged on the National Incident Management System (NIMS). The regional chief officer acknowledged that the low level of complaints logged for the area was a cause of concern, while the area manager said it was difficult to identify learnings when the complaints were not being logged.

The service area had rated its performance as compliant against one standard, substantially compliant against six standards and non-compliant moderate against one standard. Inspectors agreed with the service areas assessment of its performance in six out of the eight standards. Two standards rated by the service area as substantially compliant were judged to be non-compliant moderate by inspectors.

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, procedures and guidelines in place which ensured the safe delivery of foster care services. These were aligned to relevant legislation, regulations and national standards. There was good evidence that management supported the delivery of a child-centred service, however care practices were not consistently in line with their policies and procedures. Inspectors found that policy and procedures had not been followed in relation to the provision of respite foster care to a child in the area. The service provided assurance that this was the only case of this type, and updated the relevant documents during the course of the inspection.

Inspectors found that social workers and managers had a clear understanding of their professional roles, and were knowledgeable about their case work. Staff told inspectors that they were kept updated on national and local policies from senior management and through the Tusla hub. They also discussed the relevant policies and the impact on their practice at team meetings. Local policy documents had been developed to support staff in their practice, including a guidance document for social workers for the assessment of allegations and serious concerns for children placed in foster care, and also draft standard operating procedures for the management of unallocated children in care and foster carers. However, the development of local policies in isolation from nationally agreed policies, without the approval of Tusla National office, may lead to differing practices, when there should be consistent practice throughout all 17 Tusla service areas.

Improvements were required to ensure, that the systems in place to monitor practice, provided assurance to managers, that practice was in line with their policies and procedures. While the area had implemented a local process to monitor children in care who did not have an allocated social worker, records of these reviews were not consistently available on children's files on NCCIS. The area were operating a dual recording system for foster carer's files. While foster carers files were held on a shared folder and paper files for some of the fostering teams, one of the teams were uploading case notes and documents relating to foster carers onto NCCIS. This was not in line with Tusla processes as NCCIS was developed as a recording system for

children's files, and posed a risk for the service. The area had identified this as an issue, and managers told inspectors that the introduction of the updated Tusla recording system would address this. Serious concerns and allegations were investigated in line with national policy, and were monitored through quarterly meetings. However, inspectors found that there were delays in completing tasks within the timeframes required. The reasons for delays were recorded on files reviewed by inspectors. The service had organised a workshop for staff with the FCC chairperson to discuss the policies and procedures for managing allegations and serious concerns.

The service area ensured that foster carers received information on policies and procedures through their social worker and from the business support team. Children who spoke with inspectors said that they met their social worker regularly, and generally felt listened to. Confirmation that foster carers or children received information about policies was not consistently recorded on their files. Foster carers said that they had received information packs from their social worker which had details of relevant policies.

The service area followed the national transfer policy in relation to children placed outside the Dublin South East Wicklow area. Managers acknowledged that there were some delays in the transfer of responsibility for these children to the service area where they were living. Managers told inspectors that the priority for the area was that the children received a service rather than being transferred out of the area to remain on a waiting list. Inspectors were told that children placed outside the area received the same level of service as those placed within the area. Inspectors reviewed the files of children placed outside the area, and found good quality care planning had taken place. While the children had been visited by their social workers, statutory visits had not taken place in line with the regulations, and were not consistently recorded on the child's file.

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. 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 in relation to the foster carer. However, inspectors found that the details relating to one foster carer were not accurate as they were recorded as not having any children placed with them, when in fact they provided respite to a child. This was brought to the attention of the principal social worker for fostering who provided assurance that it would be rectified immediately.

There were effective arrangements in place to support partnership working with other agencies, to facilitate the management of specific cases as needed. The area held monthly complex case forum meetings to review complex cases, where actions to be taken were identified. Practice was in line with the Health Service Executive (HSE) joint protocol for children with disabilities. The service had also developed a therapies

referral committee to ensure that where there were delays in accessing publicly funded specialist services for children in care, social workers could apply to the therapies committee for specific privately funded supports.

Foster carers were provided with additional supports to ensure that they could meet the needs of the children in their care. The area had developed and implemented procedures to ensure that foster carers had access to enhanced supports, and newly approved foster carers had access to a pilot enhanced support programme through the RAFT team. While practice across the area was child-centred, improvements were required to ensure that practice was in line with policies and procedures.

Care practices within the service area were not consistently in line with their policies and procedures. The service area were operating a dual recording system for foster carer's files, which posed a risk for the governance and oversight of the service. Adherence to policies regarding recording and the maintenance of case records required improvement. For these reasons, the area was judged to be substantially compliant with this 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 did not agree with this judgment, and assessed the area as being moderate non-compliant.

The service had a clear management structure in place, where staff had a good understanding of their roles and responsibilities. The area was under the direction of the regional chief officer for the Dublin Mid-Leinster region, and was managed by an area manager. Three principal social workers reported to the area manager in relation to children in care, fostering and aftercare. Staff provided a child centred service, with clear lines of accountability evident through case supervision. However, the governance, management and monitoring arrangements in the service required improvement to ensure that the senior management team could be assured as to the quality of the service provided. There was evidence of good working relationships between the teams. Training was strongly promoted for both foster carers and staff.

An annual service improvement plan had been developed for the fostering service and the aftercare service. These service improvement plans were developed following

analysis of the service areas needs and objectives, and set out key priorities for the area in relation to service improvement. The area also had a service plan for 2021, in addition to their 2022 service improvement plans. The service plan was aligned to Tusla's national business plan actions. However, the service area had not identified specific actions in relation to how they were planning to achieve the specific targets set out in the plan. Actions from the fostering service improvement plan were discussed at team meetings to ensure that actions were being progressed. Inspectors found evidence that progress had been made in relation to some of the actions from the fostering service improvement plan including the amalgamation of the foster care panel for the geographical teams within the service area into one document for the whole service area, and the development of the foster care retention and recruitment subgroup.

While the service had governance arrangements in place, improvements were required to ensure the delivery of a safe and sustainable service to children in foster care. The area held regular team meetings to provide opportunities for discussion and learning between teams. The area manager attended regular senior management meetings and governance meetings which supported them to have management oversight of service delivery. The regional chief officer said that while the area manager provided reports to her from governance meetings held within the service area, she had planned to start quarterly governance oversight meetings with this service area. However, these meetings had not commenced at the time of the inspection. In addition, the fostering principal social worker had begun to hold quarterly meetings to monitor and track the progress of serious concerns and allegations made by children in care. Inspectors found that while allegations and serious concerns were managed appropriately, improvements were required in the oversight of these to ensure that the timelines detailed in the Interim Protocol for Managing Concerns and Allegations of Abuse or Neglect Against Foster Carers and Relative Section 36 Carers were adhered to. The service area also held regular oversight meetings to monitor progress on actions plans following HIQA inspections, and maintained a tracker of the actions completed. Inspectors reviewed this tracker, and found that areas which required further action by the service area had been noted as completed.

The management of Section 36 relative foster care assessments required improvement to ensure that these assessments were completed in a timely manner. The principal social worker for fostering maintained and held monthly meetings to review the progress of Section 36 assessments. Monthly updates were also provided to the area manager and the foster care committee. At the time of the inspection, the area had 13 Section 36 assessments ongoing. A review of the tracker showed that there were significant delays in the completion of these assessments. However, the reasons for the delays had been consistently recorded on the tracker. Inspectors found that in one of the files reviewed the completion of the Section 36 assessment

had been delayed because of long term sick leave. This assessment had been allocated to a different social worker to complete the assessment at the time of the inspection. The delay in completing the assessments had been identified as a risk on the areas risk register. The principal social worker for fostering told inspectors that in the case of two assessments that were significantly delayed, one had been presented to the foster care committee following the inspection, and the second assessment was due to be presented in August. While the reason for the delay was recorded, improvements were required to ensure that assessments were completed in a timely manner in line with the national standards.

Inspectors found that the quality of case supervision was mixed. While some supervision records provided a detailed overview of the case, other records contained limited details, and actions to be completed were not followed up on at the next supervision session. This created challenges for team leaders in maintaining oversight of files. Where supervision had taken place, there was evidence of good management oversight of cases through case discussions. However, inspectors found that supervision sessions were not consistently held in line with Tusla policy. Improvements were required to ensure that supervision took place in line with policy, and that appropriate records were maintained.

Improvements were required in relation to management oversight to ensure that care plans and foster care contracts were completed and signed in a timely manner. Child in care reviews were chaired by team leaders. Inspectors found that while child in care reviews were generally held within the required timelines, there were two files where reviews were delayed by two and three months respectively. There were also delays in care plans being signed off by team leaders. In addition, inspectors found that practice in relation to the signing of foster care contracts varied, and there were delays in signing contracts. For example, some foster care contracts were signed on the date of placement while others were signed at the point of approval. One of the foster care contracts reviewed was dated three months prior to when it was actually signed.

The service area had monitoring systems in place, but improvements were required to ensure that they provided managers with accurate data and oversight. Trackers were maintained to monitor Garda vetting, serious concerns and allegations, placement disruptions, Section 36 assessments, enhanced rights, Children First training, foster care training, placement requests, audited files, complaints and compliments log, long-term matches, breaches and foster care reviews. The area held regular meetings where each tracker was discussed and reviewed. However, inspectors found that the information recorded on some trackers was not consistently updated and some categories remained blank. For example, inspectors reviewed the enhanced rights tracker and found that all categories had not been completed, including the date the enhanced rights were received or the allocated social worker or team leader. In addition, where trackers identified delays in Garda vetting and the completion of

Children First training, appropriate action had not been taken to address the deficits. While the issue of Children First training needing to be completed by foster carers had been discussed at meetings, the tracker identified a significant number of foster carers whose training had expired months prior to the inspection. The regional chief officer acknowledged that the trackers needed to have management oversight, and work needed to be completed within the service area to ensure the integrity of the data recorded. In addition, the area manager said that standard operating procedures were being developed to guide staff on the role of business support on each team including their role in updating of trackers. Improvements were required to ensure that managers had the information required to allow them to provide appropriate oversight.

The service had an independent reviewing officer with responsibility for completing foster care reviews and chairing disruption meetings. They maintained a tracker to provide oversight of a schedule of reviews to ensure that the service adhered to its statutory requirements, and were developing a system to schedule disruption meetings. Foster care reviews took place in a timely manner, and earlier than the required timeline where appropriate. Inspectors found that the tracker provided good oversight, and comments had been added to the tracker to explain why review dates were delayed or altered. However, the date of the last review remained blank for some foster carers, which posed a risk for the service as the timeline for the reviews could not be accurately tracked through this system. In addition, inspectors found that one foster care review had been significantly delayed due to an incorrect date being entered for their previous review. While the service area had a tracker in place, the information held on the tracker was not up to date, and therefore could not provide the assurance required that foster care reviews were taking place in a timely manner.

Improvements were required to ensure that regular audit activity took place to provide governance and management oversight of the quality of service provided to children in care and foster carers. Inspectors found limited evidence of audits having been completed on files. In addition, where audits had been completed, issues requiring action had not consistently been identified. For example, a self-audit completed on a file did not identify that the Garda vetting needed to be updated. The area manager told inspectors that the addition of the quality team leader post will support the service to increase their file auditing activity. Managers acknowledged that file auditing had been limited due to COVID-19 and the cyber-attack. The quality assurance directorate had completed an audit of the management of serious concerns and allegations in the area in 2021. Inspectors found that the audit report remained in draft form at the time of the inspection. While the service had completed some of the actions required, the action plan submitted in preparation for the inspection did not include a response from the area identifying the person responsible for addressing the recommendation.

The systems in place to ensure that the information held on the child in care register required improvement. The service maintained a register on NCCIS of all children in care, in line with statutory requirements. A review of the register found that a child

who was availing of respite foster care had not been included on the child in care register. Inspectors requested that the area review their register in order to provide assurance that there were no other children receiving respite who were not logged on the child-in-care register. The service provided assurance that this was a standalone case, and that the child-in-care register was being amended as required. The voluntary consent on file for the child had been generated by the social worker, and was not in line with legal requirements. This was brought to the attention of the principal social worker for child protection and welfare, and was amended during the course of the inspection fieldwork.

The service had a risk register in place which was reviewed and updated. Risks for the service included delays in Garda vetting, delays in the timely completion of Section 36 assessments, the lack of appropriate foster care placements and the need to contact out of hours service. The service managed risks locally and escalated them to the regional chief officer where appropriate. The regional chief officer told inspectors that they reported to the national committee on the risks which are escalated, for example the delays in Garda vetting has been brought forward by the regional chief officer. The service operated a robust 'need to know' system, which provided the area manager with assurance that they were aware of risks or issues across the service. The regional chief officer said that they have at times asked to have files reviewed where risks have been escalated to their office. At the time of the inspection, assurances were sought in relation to the safeguarding steps taken by the area to address the large number of foster carers whose Garda vetting had expired. The principal social worker for fostering provided written assurances that the issue had been escalated to senior management, the necessary paperwork was being followed up by Tusla staff, and self-declarations had been signed by the foster carers. The service were actively working to address the risks and deficits that were within their control to ensure a safe service was provided to children and their families.

Managers used NCCIS to maintain oversight of cases. Inspectors found that relevant documents were not consistently uploaded onto NCCIS in a timely way, and documents were saved under different categories and naming conventions were not standardised. Improvements were required to ensure that managers had access to the required information to provide consistent oversight of case work, and that practice was in line with Tusla processes. In addition, statutory visits were not consistently recorded on the children's or foster carers files. While this did not pose a risk to children, managers could not be assured that all necessary information was available on children's files to allow them to have oversight of case work. Inspectors also found that children's files remained allocated to a staff member who had left the service a number of months earlier. The team leader told inspectors that they had thought the case would automatically revert to them once the social worker had left.

At the time of the inspection the service had a number of vacancies across the teams. The service were in the process of on-boarding five social work staff at the time of

the inspection. While the service was well resourced, these vacancies were creating challenge in terms of case allocation. At the time of the inspection, there were eight children in foster care who were unallocated, one of whom was placed with a private foster care provider which posed a risk for the service, as this practice was not in line with the national standards. Inspectors found that these cases were reviewed monthly by the team leader, and actions for follow up were identified. However, these reviews were not uploaded onto the child's file on NCCIS. Improvements were required to ensure that the relevant documents and information were consistently available on the child's file in order for the service area to be able to effectively monitor and manage them.

The governance, management and monitoring arrangements in the service required improvement. The service plan for the area had not identified specific actions in relation to how they were planning to achieve the specific targets set out in the plan. Improvements were required in relation to case recording and the use of NCCIS to ensure managers had the required information to be able to have oversight of case work. The quality of supervision was mixed, and increased management oversight was required to ensure that trackers held within the area were accurate, up-to-date, and that necessary actions were completed. Improvements were required in the management and monitoring of care plans and foster care contracts, to ensure they were completed and signed in a timely manner. Consistent auditing activity was required to ensure the delivery of safe, effective services. Oversight of the child-in-care register required improvement. For these reasons, the area was judged as moderate non-compliant with this standard.

Judgment: Moderate non-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 agreed with this judgment.

Staff were experienced and competent, and had the required skills and knowledge to efficiently perform their duties. The service adhered to recruitment practices and ensured that staff were selected under competency frameworks where they

demonstrated the required skills and competencies to provide a good quality foster care service. 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. Inspectors reviewed a sample of 10 staff personnel files which were held centrally, for safe recruitment practices. Documents including professional registration certificates and Garda vetting were available on all staff files which were held centrally. The letter of appointment and references were not available on one staff members file. The regional chief officer provided written assurance that these documents were held by the Tusla human resource department where staff personnel files were held regionally.

A culture of learning and development was encouraged within the service. New staff members availed of corporate induction, and the service also provided a mentoring programme to new staff. The service had established a joint training programme with one of the local universities, which facilitated discussion on practice issues. The forum took place on a quarterly basis. The area manager selected topics for discussion at this forum based on the trends that were emerging from practice. In addition, the area manager told inspectors that the service had established a new role of quality team leader which was due to commence following the inspection, and this would further assist the area to share learning across the teams. A training needs analysis had been completed, and staff were encouraged to avail of training opportunities, and to take part in Tusla's 'Empowering Practitioners in Practice' (EPPI) forum. Staff teams had access to a complex case forum to support and assist them in their practice with complex cases. Professional development plans were developed and discussed in supervision. At the time of the inspection, the service did not carry out joint training between social workers and foster carers. However, the area manager told inspectors that this was an area which the service planned to focus on in the future. Actions were set out within the service improvement plan for fostering for a joint training plan to be drawn up later in 2022, following consultation with foster carers.

While there were a small number of vacancies on the teams, caseloads remained manageable. At the time of the inspection, the area had seven social work vacancies. The area were in the process of on-boarding five staff to fill these vacancies. In addition, the service had recently developed the post of principal social worker for fostering, and had established a third fostering team. Staff told inspectors that the establishment of the fostering principal social worker role placed an emphasis on fostering, and allowed for the development of a more cohesive team. Managers said that the addition of the third fostering team ensured that managers were able to provide appropriate supervision and support to their teams. Social workers had access to a complex case forum to discuss and agree actions on complex cases. In addition, a therapies referral committee had been established that social workers could apply for privately funded supports, where required. Staff said that they felt

supported and listened to by their managers. Regular supervision was provided to staff, though inspectors found that it did not occur in line with Tusla policy.

The area had completed a staff survey, and established a staff retention subgroup to develop initiatives to increase staff retention in the area. Overall, staff reported that they had stable teams. Prior to COVID-19, staff had been provided with sessions on mindfulness. The area were working with staff to identify supports and wellbeing initiatives that could be offered to the teams. Training needs analysis had been completed across the individual teams. Principal social workers told inspectors that staff teams were experienced, and had a vast amount of knowledge and practice experience.

The service had ensured that the staff team were suitably trained and qualified. Additional support and training was provided, with staff teams having access to specialist support and services when needed. For these reasons, the service was judged as compliant with this standard.

Judgment: Compliant

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

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

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

The service area were actively involved in the recruitment and retention of foster carers to meet the needs of children in care across the service. They worked in partnership with RAFT in developing a regional fostering recruitment strategy. The service area were involved with promoting fostering throughout the community, and had identified staff to act as "fostering champions" to support the recruitment of foster carers. However, despite these efforts the area experienced difficulties in recruiting the range of foster carers required to meet local demand.

There were governance and oversight systems in place to monitor the recruitment and retention of foster carers in the area. In September 2021, the service area had recruited a specific principal social worker post to provide oversight and management of the fostering service. Prior to this development, the fostering service had been

managed by one of the principal social workers for children in care. Since their appointment, the principal social worker for fostering attended regular fostering recruitment meetings with the RAFT on a local and also regional basis. The recruitment and retention of foster carers had been identified as a priority on the service improvement plan for the fostering service. As an action from the fostering service improvement plan, the service had established a retention and recruitment subgroup, which included foster carers, and met on a monthly basis. Fostering recruitment was an agenda item at the regional alternative care forum meetings, senior management meetings and fostering team meetings.

The service was dependent on RAFT to complete the general foster care assessments for the area. In the 12 months prior to the inspection, RAFT had run four recruitment campaigns, with the area running two additional campaigns. The service received 49 enquiries about becoming a foster carer in the 12 months prior to the inspection. The average response time to these enquiries was 1.7 days. Despite this, the service area only had three foster carers approved since May 2021, and the recruitment of appropriate foster carers continued to present a challenge for the area.

The service were involved in developing a regional fostering recruitment plan with RAFT. This plan contained detailed actions which were to be completed across the region in 2022, including the establishment of local recruitment groups. It also set out the need for quarterly meetings between the principal social worker for fostering and RAFT regarding the coordination of recruitment campaigns. RAFT had also completed a fostering needs analysis for the Dublin Mid Leinster area, which considered the number of admissions into care per each service area, and needs of the areas in relation to foster care placements. In addition, the principal social worker for fostering had compiled a list of areas for consideration for the service regarding fostering retention and recruitment. In line with the service plan for the area, an in-depth review of the foster care panel was due to be completed by the principal social worker for fostering to look further at the foster care needs of the service, taking account of the placement requests received in 2021 and 2022. In addition, the service were working closely with RAFT to recruit foster carers from various ethnic groups in order to meet local demands.

The lack of foster care placements had been identified as a risk on the local risk register, and the area continued to monitor this risk at the time of the inspection. Inspectors reviewed a sample of files, and found that there were occasions when children could not be moved as no other suitable placements were available. In addition, the lack of respite placements for children meant that foster carers who required this support were not provided with it. Social workers told inspectors that the lack of placements was a significant issue for the area. They said that while the area had a high number of relative foster carers, the number of general foster carers on the panel was decreasing as they were retiring. Three foster carers had left the panel in the 12 months prior to the inspection. Exit interviews were completed with

foster carers who had left the service. The chairperson of the foster care committee told inspectors that they were establishing a subgroup in August 2022 to review the findings of these exit interviews. In addition, the service improvement plan had identified the need for the area to complete a report on the findings from the exit interviews. This had not been completed at the time of the inspection. Reasons for foster carers exiting the service included children ageing out of care and health issues.

Inspectors found that the area had a good matching process. The service prioritised placing children with relatives wherever possible. Of the 192 children in care in the service, 63 of these children were placed with relatives. In some situations this led to children being placed outside of the service area. Other professionals working with children in the area said that while the service had good matching processes for placing children with foster carers, this was impacted by the lack of foster care placements in the area. Social workers were concerned that the lack of placements also impacted their ability to match children with foster carers, and at times when a placement move was required children had to be placed in whatever placement was available. Due to the demand for foster placements, the area had four foster placements where the number of unrelated children exceeded the standards. In addition, the service also had 26 children placed with non-statutory foster care agencies. Inspectors were told that these children received the same quality of service as those children placed with Tusla managed foster carers. However, inspectors found that one of the children placed with a non-statutory foster care agency did not have an allocated social worker, and this presented a risk for the service.

The service had supports in place to enable the retention of existing foster carers, and support placements. These included the provision of additional supports and enhanced payments for specific placements, and training for foster carers on a range of topics. The area also held coffee mornings and day activities for foster carers to acknowledge their input to the service. Calendars and thank you cards had been developed and distributed to foster carers also. Foster carers were required to complete the foundations for fostering training. RAFT had developed a pilot enhanced support programme for newly approved foster carers. Foster carers could attend this group as an additional support during their first year of fostering. The area had completed a training needs analysis with foster carers, and completed an analysis report on the online training provided to foster carers during the COVID-19 pandemic. This information was used to develop a training schedule to address these learning needs.

At the time of the inspection, all foster carers had an allocated link social worker who provided support and supervision. The foster carers who talked to inspectors spoke positively about the level and range of training that they received. Foster carers said they felt supported by their link social worker. Inspectors observed a foster care

review where the foster carers reported that they were well supported by their fostering link social worker, and by the service area as a whole. Inspectors found evidence of foster carers being provided with training in relation to attachment, child protection and educational supports for children. Improvements were required to ensure that certificates for training completed by foster carers were consistently available on their file. Foster carer's feedback was sought during foster care reviews. The service was planning to conduct a survey with foster carers to gather their feedback on the service provided, and any additional supports they felt they needed. This was set out as an action in the service improvement plan.

Despite the efforts being made by the service at a local level, the recruitment of foster carers in the area continued to be a risk for the service, and recruitment campaigns had not yet delivered the range of foster carers required by the area to meet the needs of children in care.

Judgment: Non-compliant moderate

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 procedure in place for the provision of a special foster care service for children with complex needs, as required by the National Standards for Foster Care (2003). While the area indicated that they did not have any 'special foster carers' on their panel, the area had a number of children with complex needs that were placed with foster carers who were receiving additional supports and enhanced payments.

The area had a local guidance document in place, in the absence of a National policy, under which they operated, when considering enhanced payments for foster carers. The area manager told inspectors that all applications for enhanced payments were sent through their office, and were reviewed annually where appropriate. Enhanced supports provided to foster carers included additional financial payments to foster carers to enable them to fund additional support, the provision of child care and additional therapies and support services. The service also operated a therapies committee, whereby private therapy could be accessed for children who required these services from an approved panel of service providers in the area, when there

were long waiting lists for public services. Inspectors found that the provision of respite care continued to present a challenge for the service, including for children with complex needs.

Inspectors reviewed a sample of files of children and foster carers who were in receipt of enhanced foster care payments and support. Each child had an up-to-date care plan, and child-in-care reviews were in line with statutory requirements. Statutory visits were completed as required and there was evidence of good support being provided to foster carers and children. Inspectors found that in some cases, foster carers were allocated the enhanced payments so that they could pay for private support services for the child in their care. Inspectors found that in one of the files reviewed, the child was being cared for by multiple family members and services which had been sourced by the foster carer. Inspectors found that improvements were required in relation to the governance and oversight of these arrangements to ensure that children were kept safe. This was brought to the attention of the principal social worker for children in care, and they provided assurance that the arrangements for the child would be reviewed, and increased oversight of this case would be provided to ensure that appropriate arrangements were in place.

There was no national policy in relation to the provision of special foster care services for children with complex needs, as required by the standards. Improvements were required in the oversight and governance of the private or additional arrangements put in place by foster carers for children in foster care.

Judgment: Substantially compliant

Standard 23: The Foster Care Committee

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

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

The Dublin South East Wicklow foster care committee (FCC) operated within the national policy, procedure and best practice guidance on foster care committees. The FCC was well led by a suitably experienced, independent chairperson who had come into post in November 2021. The committee met on a monthly basis.

Membership of the FCC was in line with the requirements of Tusla's Foster Care Committees Policy, Procedure and Best Practice Guidance (2017). The committee was made up of a chairperson, a deputy chairperson, a coordinator and eight other committee members. These included a care leaver, a foster carer, a principal social worker, a psychologist, a voluntary organisation representative, the foster care reviewing officer, a social worker and a team leader. In addition, a social care leader from the aftercare team was being inducted onto the FCC at the time of the inspection. The FCC had access to a general medical practitioner when required. The range of experience on the FCC allowed for robust discussion about the needs of children, and the suitability of foster carers. The FCC chairperson also attended meetings of the regional FCC chairpersons group where issues affecting the committees were discussed, and learnings were shared.

The FCC had a dedicated coordinator who provided administrative support to the FCC chairperson. The area did not hold individual files for the FCC members. The regional chief officer acknowledged that this was not in line with practice in other areas. Inspectors found that the system in place to maintain the required documentation on individual FCC members was difficult to navigate. It was not in line with best practice, or consistent with Tusla practice nationally. While copies of each FCC member's letter of appointment, Garda vetting and training log were provided to inspectors, copies of member's qualifications and professional registration were not available. The FCC chairperson told inspectors that copies of these documents for members of the FCC employed directly by Tusla were held centrally, and this was verified by the human resource department. Inspectors were provided with written assurance in relation to the qualifications held by the FCC member who worked with an external service. Due to the impact of changes to the Garda vetting processes, the service were unable to have the FCC members vetted. Inspectors found that Garda vetting was up-to-date for FCC members employed by Tusla. The service requested a copy of the Garda vetting completed by the external FCC members employer. At the time of the inspection, Garda vetting had expired for the foster carer who was a member of the FCC. The FCC chairperson told the inspector that the foster carer had been asked to sign a declaration form, until a decision was made on how to address the situation.

Members of the FCC received training on the FCC policies and procedures. As the FCC chairperson had taken up the role in November 2021, they told inspectors that additional induction training was scheduled for all FCC members later in the year. Appropriate in-service training was provided to all FCC members, and inspectors were provided with each members training record. At the time of inspection, the FCC chairperson was in the process of establishing a sub-committee to focus on reviewing themes emerging from disruption reports and exit interviews. The regional chief officer told inspectors that a quality assurance audit of the FCC processes in the area was being requested for the end of 2022.

Inspectors found that the minutes from FCC meetings were detailed and ensured that the FCC met their responsibilities in line with the relevant standards and policies. Inspectors found good evidence of the FCC requesting additional information when required, in order to support them to make appropriate decisions. Serious concerns and allegations were tracked through quarterly meetings between the FCC chairperson and the principle social workers. The service adhered to the appeals process detailed in the national guidelines. Placements exceeding the numbers recommended by the standards were notified to the FCC, as required by the national standards.

The area manager had sufficient oversight of the FCC in the area. Monthly supervision and attendance at management meetings allowed the area manager to maintain oversight of the operations and activities of the committee. The FCC chairperson completed quarterly reports for the area manager which provided details on the various reports presented to the FCC during the quarter. They also provided an overview of the operation of the FCC including issues arising, risks and management, training and feedback. The FCC chairperson also prepared an annual report for the area manager which was used to inform the annual adequacy report.

The system in place to maintain the required documentation on individual FCC members was not in line with best practice guidelines, which in turn did not support good governance of committee member's personal data, and Garda vetting. For this reason, the service was judged as substantially compliant with this standard.

Judgment: Substantially Compliant

Standard 24: Placement of children through non-statutory agencies

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

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

The area had a service level agreement in place with non-statutory agencies used by the service area. Tusla's national office had agreed contracts with six non-statutory

service providers, which included the provision of emergency out-of-hours foster care services. Tusla's national office had appointed a dedicated national manager to oversee the operational governance of these services. The regional chief officer told inspectors that the national manager meets with the non-statutory agencies on a quarterly basis, and reports to the regional chief officer on the outcome of these meetings. They explained that contact was also made with the area in advance of the meetings in order to highlight any issues that need to be discussed. In addition the FCC chairperson maintained a list of the names of private foster carers used by the area. The principal social worker for fostering confirmed that the area did not include the names of private foster carers on their local foster care panel, which is not in line with the statutory requirements. The service area had one child placed outside the country. Inspectors found that while the service had a service level agreement for private foster care services within the country, a service level agreement was not in place for a private foster care provider outside the state. The area had a foster care contract on file from the service for the placement of the child.

The self-assessment questionnaire returned as part of this inspection outlined that principal social workers for children in care held governance meetings with the relevant non-statutory agencies where all placements were fully reviewed. However, inspectors found that while annual governance meetings took place with one of the non-statutory agencies, this was not the practice in relation to the remaining service providers. The regional chief officer and area manager told inspectors that the meetings with the one agency had taken place in the area historically, and therefore had been continued. The regional chief officer acknowledged that this is a governance issue that needs to be considered in relation to the other non-statutory agencies providing foster care services in the area. Inspectors reviewed the file of a child placed with a non-statutory foster care provider where the placement was at risk of breaking down. The area did not have any local governance arrangements with the agency, and there were concerns that information relating to issues in the placement had not been communicated to the child's social worker. While appropriate steps had been taken at the time of the inspection to address this, there was a lack of local governance and oversight of the case.

Children placed with non-statutory agencies had detailed, up-to-date care plans which contained a good overview of the children's needs. Inspectors found that while statutory visits were completed, these visits did not take place in line with regulations. In addition, case notes and records of statutory visits were not consistently available on file. One of the children placed in private foster care did not have an allocated social worker for the three months prior to, or at the time of the inspection which was not in line with the national standards. A service level agreement was not in place for a private foster care provider outside the state. For these reasons, the service was judged as moderate non-compliant with this standard.

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.

Overall, complaints were well managed, and were resolved locally where appropriate. Where a formal complaint had been made in relation to the service, inspectors found that while it was managed in line with policy, the complaint was not concluded within the required timeframe. The service informed the complainant of the outcome of the complaint in writing. The principal social workers maintained responsibility for the management of complaints. The service also had an appropriate appeals process in place for complainants, if they were not satisfied with the outcome.

Improvements were required to ensure that practice in relation to the recording and logging of complaints was consistent so that the data collated by the area was accurate, and to allow the service to identify trends and learnings from complaints. While all principal social workers had received training on the complaints process, inspectors found that practice in the area varied in relation to what type of issues were considered to be complaints that needed to be notified or recorded as such. Social workers told inspectors that practice in the area was that complaints that were received in writing, or those that could not be resolved locally were recorded on the system. Informal complaints were recorded in different formats on case files. Some social workers said they recorded them within case notes, while others made a separate record of the issue or concern in order to have a separate record of it, should the issue arise again in the future. Social workers said that they received little feedback or learning on complaints. The regional chief officer acknowledged that the low level of complaints logged for the area was a cause of concern, while the area manager said it was difficult to identify learnings when the complaints were not being logged.

Children and foster carers were given information on how to make a complaint or give feedback in relation to the service. However, this was not consistently recorded

on the files reviewed. 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. Foster carers who spoke to inspectors said that they knew how to make a complaint, and had been given information on the process. Social workers told inspectors that the recording template for statutory visits to children in care included a specific prompt to discuss complaints. Inspectors found good evidence that children were met with by themselves, and care planning provided detailed overviews of the child's needs. The service was also working with advocacy organisations for children and foster carers.

The service area reported that they had received three compliments in the 12 months prior to the inspection. However, inspectors found that there were four compliments logged on the register. Compliments were received from foster carers and Tusla staff.

External professionals told inspectors that they felt the service took an opened-minded approach to their work. They said that the social work teams were responsive, and creative when considering how they could support children and foster carers.

Improvements were required to ensure that all complaints were logged, and trends identified, in order to share learning and influence service development. It was not always evident on files if children and foster carers had been given information on how to make a complaint.

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