



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

Name of service area:	Donegal
Type of inspection:	Focused Inspection
Date of inspection:	3 - 6 March 2025
Fieldwork ID:	MON-0046190
Lead Inspector:	Saragh McGarrigle
Support Inspector(s):	Grace Lynam Sabine Buschmann Sheila Hynes

## About this inspection

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

HIQA is authorised by the Minister for Children, Disability and Equality 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)<sup>1</sup> and to report on its findings to the Minister for Children, Disability and Equality.

This inspection was a focused inspection of Donegal service area. The scope of the inspection included Standards 3, 6, 8, 10, 19 and 21 of the National Standards of Foster Care (2003)

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

## How we inspect

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

The key activities of this inspection involved:

- the analysis of data submitted by the area
- interviews with:
  - the area manager
- focus groups with:
  - five principal social workers for children in care, fostering and assessment and intervention teams
  - eight social work team leaders
  - 10 social workers across the children in care, fostering and child protection and welfare teams
  - six foster carers
- the review of:
  - local policies and procedures, minutes of various meetings, staff supervision files, audits and service plans
  - staff personnel files
  - a sample of 34 children's and 12 foster carer files
- conversations or visits with:
  - a sample of five children and nine foster carers.

### **Acknowledgements**

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

### **The Child and Family Agency**

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

Tusla has responsibility for a range of services, including:

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

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

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

### **Service area**

The information in this section of the report was provided by the service area for inclusion in the report.

Donegal is the most northerly county in Ireland with a land mass of 4,861 sq kms or 6.9% of the total land area of the State. It is the fourth largest county in Ireland with a sparse population density (32.3 persons per sq.km compared to the State average of 70 persons per sq. km). Donegal is predominately a rural county (27% of the total population living in aggregate urban areas compared to 63% in the State) and accounts for the largest share of the border region's population at 40% in 2016. Donegal is considered to have the second highest level of deprivation in Ireland, slightly behind Limerick City. Given the physical size of the county, its weak urban structure and low population density, accessing and providing services to children, young people and their families can be challenging.

Letterkenny is the county town, with a population of 22,549 followed by Buncrana and Ballybofey/Stranorlar. One of the changing features of Donegal over the past few years is the significantly increased Ukrainian and International Protection Accommodation Service (IPAS) populations. There are currently 311 Ukrainian beneficiaries of temporary protection (BOTP) children and young people in the county in addition to 836 children and young people living in IPAS accommodation (the second highest population outside Dublin). This adds to the challenge of service provision given the traumatic experiences of many of these children before arriving in Donegal, the lack of approved translators within the county and the lack of extended family networks of support for children and young people within these populations. Tusla Donegal social work service is delivered through four area based child protection and welfare teams, whereas wider service planning, including commissioning, is based on the five Child and Family Support Networks (CFSNs).

### **Tusla Service Area Profile**

Tusla Donegal employs 160 staff with a whole time equivalent (WTE) of 136.5. The area is managed by the area manager for Donegal under the direction of the regional chief officer for Tusla's West North West region. Services provided by Tusla Donegal are delivered from four Tusla office locations throughout County Donegal, each of which are populated with staff from across all service areas. Staff from regional and national support services are also embedded within each of the local area offices. The local Donegal offices are based in Buncrana, Donegal town and Letterkenny.

Governance and oversight is undertaken by the Donegal senior management team which comprised of one area manager, six principal social workers, a senior manager for prevention, partnership and family support (PPFS), a business support manager and a children and young people's services committee coordinator.

The fostering service principal social worker oversaw four teams. These teams are the fostering recruitment, assessment and training team, the foster support team, the care placement support service and the leaving and aftercare service. These teams provide support and supervision to approved general and relative foster carers and also support foster carers in parenting children in care with complex issues. The children-in-care principal social worker oversees two child-in-care teams, the child-in-care reviewing team and the child-in-care support team. There are two additional principal social workers for the child protection and welfare teams who have responsibility for children in care.

From the information provided by Donegal foster care service area prior to the inspection, the area had a total of 219 children in foster care. There were six children living outside the boundaries of the Donegal area. The information showed that 182

children were placed in general foster care placements and 37 children were placed in relative foster care placements. All children assessed as in need of a foster care placement were placed in foster care. However, at the time of the inspection, six children were placed in emergency foster care placements and were awaiting the outcome of an assessment to be placed in an alternative foster care placement. There were no children awaiting approval for a long term placement. Since March 2024, a total of 44 children had been placed in foster care in an emergency. In addition, 69 children were admitted to foster care in the last 24 months and 31 children had experienced a change of placement during the same period.

The Donegal area foster care panel consisted of 122 foster care households in the area which included 107 general foster care households and 15 relative foster care households. There were no special foster care households in the area and four foster carers were from diverse cultural backgrounds. There were no foster care placements available and, there were four respite foster placements available in the area. Since March 2024, three foster carers had left the panel voluntarily. In the 12 months previous to the inspection, 39 new enquiries were received about becoming a foster carer, five of these had progressed to the application stage and two had been approved.

## Compliance classifications

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

The compliance descriptors are defined as follows:

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

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

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

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

National Standards for Foster Care		Judgment
Standard 3	Children's Rights	Compliant
Standard 6	Assessment of children and young people	Compliant
Standard 8	Matching carers with children and young people	Substantially Compliant
Standard 10	Safeguarding and child protection	Substantially Compliant
Standard 19	Management and monitoring of foster care services	Substantially Compliant
Standard 21	Recruitment and retention of an appropriate range of foster carers	Substantially Compliant

**This inspection was carried out during the following times:**

Date	Times of inspection	Inspector	Role
3 March 2025	09:00hrs to 17:00hrs 09:00hrs to 17:00hrs 12:00hrs to 17:00hrs 11:00hrs to 17:00hrs	Saragh McGarrigle Sabine Buschmann Sheila Hynes Grace Lynam	Lead Inspector Support Inspector Support Inspector Support Inspector
4 March 2025	09:00hrs to 17:00hrs 09:00hrs to 17:00hrs 09:00hrs to 17:00hrs 09:00hrs to 17:00hrs	Saragh McGarrigle Sabine Buschmann Sheila Hynes Grace Lynam	Lead Inspector Support Inspector Support Inspector Support Inspector
5 March 2025	09:00hrs to 17:00hrs 09:00hrs to 17:00hrs 09:00hrs to 17:45hrs 09:00hrs to 17:00hrs	Saragh McGarrigle Sabine Buschmann Sheila Hynes Grace Lynam	Lead Inspector Support Inspector Support Inspector Support Inspector
6 March 2025	08:30hrs to 15:00hrs 08:30hrs to 15:00hrs 09:00hrs to 14:00hrs 08:30hrs to 15:00hrs	Saragh McGarrigle Sabine Buschmann Sheila Hynes Grace Lynam	Lead Inspector Support Inspector Support Inspector Support Inspector



## Children's experience of the foster care service

Children's experiences were established through speaking with and observing a sample of five children with their foster carers. Birth parents of children in foster care were offered the opportunity to engage with inspectors, however no birth parents were available to talk to inspectors during this inspection. It was also established through speaking with 15 foster carers and 24 professionals. The review of 34 children and 12 foster carer case files and records also provided evidence on the experience of children in foster care.

Overall, children who spoke with inspectors expressed positive feedback about their experience in foster care in the area. Children felt well cared for in their foster homes. One child told an inspector that "this is my family, family mean everything to me", while another child said that their foster family was "a great place to live". One of the children stated that; "It is the best feeling that they [foster carers] are proud of me". Children spoken to said that they understood why they were in foster care. Children were supported by foster carers and social workers to maintain relationships with their birth families. One of the children said; "I have a great relationship with my mum, I am so glad that I have that".

Children who spoke with inspectors, were positive about the support they got from their social worker. One child stated; "I ring if I need anything, or I need to talk", while another reported "I feel comfortable chatting with her [social worker]". Children were aware of their rights and were supported by social workers to exercise their rights. One of the children spoke about attending their child-in-care reviews, while another spoke about knowing how to make a complaint. It was clear that all children had opportunities to develop their interests and talents, as some spoke positively about what they enjoyed doing, such as singing, basketball, Gaelic football and kickboxing. They also spoke about their plans for their future careers, such as joining the army or becoming a social worker.

Some of the children inspectors met with during the inspection had disabilities which impacted their verbal communications, while other children were too young to speak with. However, inspectors observed positive and caring interactions between the foster carers and these children and a review of these children's files supported the view that these children were well cared for. Inspectors spoke with social workers allocated to children with complex needs and they were knowledgeable about the children and their needs. Some of the social workers had training or previous experience in communicating with children who were non-verbal, while other social workers spoke about seeking advice from professionals in multiagency meetings to gain a better

understanding of how best to communicate and to ensure they understood the particular child's communication needs.

Overall, foster carers who spoke with inspectors said that children placed with them were getting a good service. One of the foster carers commented that; "a lot of support is given to help children". All foster carers spoke highly of the level of support they received from their link worker. Some foster carers who spoke with inspectors had children placed with them, who had complex needs and they had a high level of support from their link worker. A number of foster carers spoke about the practical supports they received for children in their care with complex needs, such as alterations to their homes to meet the needs of the children.

Foster carers reported that the matching process was positive. They reported that they were given the necessary information about the needs of the children placed with them and their capacity to meet the children's needs were taken into account. This included a number of foster carers where the number of unrelated children placed with them exceeded standards. Foster carers reported that they did not feel pressure to take on a foster placement. Foster carers were well supported and had access to appropriate training and supports to assist them in meeting the needs of the children placed with them.

The records reviewed by inspectors found that children were provided with a good quality and child-centred service. All the children whose case files were reviewed had up-to-date child-in-care reviews and statutory visits. The service area had a strong focus on the participation of children in child-in-care reviews and ensuring that children's views were considered and recorded. However, from a review of meeting minutes, there were delays in some child-in-care reviews.

## Summary of inspection findings

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

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

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

- two standards were compliant
- four standards were substantially compliant.

Children were supported to understand and exercise their rights. Social workers and team leaders demonstrated that they knew the children in foster care very well and were respectful and child-centred when they spoke about the children to inspectors. Inspectors found that the children they met and the children's files they reviewed showed that children were treated with dignity and respect. Children were encouraged to develop their independence skills and were supported in making choices, in an age appropriate manner. Children were aware of the complaints process. Children were supported and were actively encouraged to participate in decision-making such as attending and participating in their child-in-care reviews. Children's contact with their family was managed well, and it reflected the children's wishes, preferences and their best interest.

Children's needs were assessed prior to placement where possible, and in emergency foster placements, a timely and comprehensive assessment of needs was completed. There were good working relationships with the community network disability teams (CNDT) and regular multiagency meetings aided the ongoing assessment of children who had complex or additional needs. There was a care placement support service team which provided additional support to both children, their foster carers and the school when required.

Joint working arrangements with the Health Service Executive (HSE) were well established. There were regular meetings between the agencies and there was effective use of the escalation processes whenever challenges arose.

The area had a clear system in place to support matching children to foster carers who were best placed to meet their needs within the pool of foster carers available. It was clear this process was focused on the needs of the children, and matches were carefully considered at the matching meetings. However, there was a limited pool of foster carers, and the area's management team acknowledged that the national shortage of foster carers meant that finding the best suitable match for children was a challenge. The impact of this was that a number of foster families had unrelated children placed with them which was not in line with the national standards.

The Donegal foster care service had safeguarding systems in place for children in foster care. However, there was a significantly high number of unrelated children placed together with foster carers which was not in line with the national standards. Further to this, one foster carer reported a child protection and welfare concern to the child's social worker who then in turn made the mandated reports on their behalf. All foster carers and adults living in their households had up-to-date An Garda Síochána (Police) vetting, and there was a tracking system in place to ensure re-vetting happened in a timely manner. However, this tracking system was somewhat ineffective, as some foster carers vetting was outstanding for a period in the 12 months prior to the inspection. The principal social worker identified this issue in January 2025, and a system was in place to reduce the risk of this happening again. Disruption meetings were held to identify learning from unplanned endings. Risk and safety management plans were of good quality, and they were monitored and updated as required. *Children First: National Guidance on the Protection and Welfare of Children* (2017) and Tusla processes were followed when allegations were made. Allegations against foster carers were thoroughly investigated. Child protection and welfare concerns were responded to appropriately and thoroughly investigated.

There were clearly defined governance arrangements and structures in place that set out lines of authority and accountability. There were a number of quality assurance processes and management oversight systems in place. Learning from audits and action plans were monitored well. However, increased oversight was required with regard to foster carers fulfilling their role as mandated persons and ongoing monitoring of re-vetting of foster carers. While overall, there was adherence to Tusla's professional practice supervision policy 2023, there was room for improvement with regard to supervision frequency and the recording and tracking of actions. As the area had insufficient numbers of foster carers to meet the demands of the service, further

oversight and planning in respect to the management is required in this area, as this impacted matching, recruitment and retention of foster carers.

There were not enough foster carers to meet the diverse needs of children in the area. At the time of the inspection, all children who required a foster care placement were placed in foster care. However, there were 46 children (19 children in sibling groups and 27 children who were unrelated), placed across 14 foster families, where the foster care family had two or more children unrelated in the same placement. Of the 14 families, nine foster families had sibling groups plus unrelated children, and the other five foster families had three unrelated children placed with them. Assessment and matching had been completed for these placements, and foster carers were matched as they had the capacity and skills to meet the children's needs. However, reliance on foster carers to take on additional placements due to lack of foster carers was a risk. At the time of the inspection, while there were four respite foster placements available, there were no general foster care placements available.

### **Standard 3: Children's rights**

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

Children's rights were respected and promoted by staff, managers and foster carers. Children were supported to understand and exercise their rights. In 2023, a practice assurance and service monitoring (PASM) audit had been completed on the promotion and safeguarding of children's rights in alternative care. The audit tracker showed that all the recommendations had been completed through the course of 2024. These included the team leader and social worker reviewing the statutory visit tracker as part of supervision and the inclusion of discussion with children regarding diversity and culture needs recorded in the statutory visit record. Social workers and team leaders demonstrated that they knew the children in foster care very well and were respectful and child-centred when they spoke about the children to inspectors. Inspectors found that the children they met and the children's files they reviewed showed that children were treated with dignity and respect. Children were encouraged to develop their independence skills and were supported in making choices in an age-appropriate manner. Children were aware of the complaints process. Children were supported and actively encouraged to participate in decision-making such as attending and participating in their child-in-care reviews. Children's contact with their family was managed well, and it reflected the children's wishes, preferences and their best interests.

Ensuring children's right to participate in decision-making about their future was actively promoted by the Donegal service area. Over the last few years, the service worked with a voluntary youth service on a number of projects aimed at increasing participation of children and young people in their child-in-care reviews. This collaboration started with seeking the views of children and young people in care and taking on board their feedback. This resulted in a number of positive improvements, such as a welcoming waiting area where snacks and drinks were made available to children waiting for their child-in-care reviews. Further to this, a digital video was made that explains what a child-in-care review is and what to expect when attending one. During 2024, a group of young people in care created the 'peace pod', which is a colourful outdoor seating area. It is located next to the rooms used for child-in-care reviews, and children can sit there before or after a child-in-care review meeting.

The inspection found that from a review of files and from talking to social workers and foster carers, that social workers communicated effectively with children whose complex needs meant they were not able to communicate verbally. Foster carers and social workers had support and advice from other professionals regarding effective communication for children with complex needs. Where appropriate, children had communication aids such as digital devices.

The area was using cultural care planning for children from ethnic minorities in foster care. The area acknowledged that it was a challenge at times to find placements for some children from within their own ethnic communities. The local guidance for cultural care plans supported practitioners to be actively aware of culturally sensitive approaches required to work with children and families from different backgrounds. The purpose of these plans were for the child to have a healthy and accepted understanding of who they are and where they come from. Inspectors saw a number of examples of how these plans were implemented, such as ensuring a foster family had a calendar which outlined the significant religious dates in the child's religion. Another example, each foster carer had a detailed plan of actions to be completed over the next 24 months, such as dates for the children's social workers and foster carers to complete joint training on diversity and a timeframe for the foster carers to start creating 'my culture and me' book with the children placed with them. Inspectors saw some written work carried out with a child and social worker to identify their likes and dislikes. The service also used 'sacks' to aid with communication and diversity work with children from Traveller and Roma backgrounds. These sacks were made by traveller women and had items in them such as jigsaws, books and toy vehicles, which supported discussions about identity and culture.

Inspectors found that children were provided information and understood the complaints process. From a review of children's files, inspectors found that social

workers gave children information about their rights and complaints in the form of a 'pack' and social workers ensured that children understood the complaints process. Some of the children who spoke to inspectors told them they knew how to make a complaint. Data provided by the area prior to the inspection showed that there were no complaints made by children in foster care in the 12 months prior to the inspection. The service had a system in place to capture all complaints and compliments received about the service and this was tracked for any emerging trends.

Information provided by the service in advance of this inspection outlined that 22% of children in foster care had a disability. The disability type ranged from mild to complex needs. The rights of these children were promoted, and they were supported to reach their full potential. Children were provided with personal care appropriate to their needs; it was clear for children with complex needs that this was addressed and managed appropriately. Foster carers were supported to manage these complexities by providing additional supports such as the provision of mechanical equipment such as a hoist, and in some cases structural work was undertaken in the foster carers home to ensure it met the children's needs. Children received extra supports, such as psychological services, occupational therapy and speech and language therapy to support their development and meet their needs. Children were linked with the local disability services and there were regular multiagency meetings to support children in foster care with a disability.

Joint working arrangements with the Health Service Executive (HSE) were well established. The minutes reviewed from these meetings showed how each child's needs were discussed and actions agreed upon were tracked to ensure they were followed up. The records included a review of actions whereby the desired outcome was not achieved for the child and alternative actions were agreed. There were regular meetings between the agencies and there was effective use of the escalation processes whenever challenges arose.

Children were supported to develop their abilities and to reach their full potential in line with their interests. Children were encouraged and supported to reach their full educational potential. Children received appropriate education and support in order to ensure they had the same educational opportunities as their peers.

From a review of children's files and from talking to children and foster carers, children had contact with their family and significant others. This was in line with the child's best interests and recorded in their care plans. There were also many examples where social workers and foster carers ensured children had access with siblings and other extended family who were significant in their lives. Where it was

required, clear safety plans were in place such as supervised family access if this was assessed as the most appropriate and safe manner to facilitate it.

Children's rights were recognised and promoted. Children were actively encouraged to share their views and participate in decision-making, appropriate to their age. Children were treated with dignity and respect and were informed of the complaint process. Social workers ensured that children understood how to make a complaint and understood the complaints process. For these reasons this standard is deemed to be compliant.

Judgment: Compliant

## **Standard 6: Assessment of children and young people**

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

Social workers completed assessments of needs for children placed in foster care in the Donegal foster care service, and the majority of these assessments were carried out prior to their placement in foster care. In the case of emergency placements, initial assessments and comprehensive assessments were carried out in a timely manner in line with the standards. Children's assessments of needs were recorded on a variety of documents, including initial assessments, care plans and social work reports for court, and multidisciplinary meeting minutes, as well as in minutes of child protection conferences. The way in which the assessment of need was recorded depended on whether the admission of the child was a planned admission, an emergency admission or a change of placement.

Information provided by the area prior to the inspection outlined that 69 children were admitted to foster care in the 24 months prior to this inspection, 44 of whom were placed following an emergency. In the same period, 31 children had experienced a change in placement during that time.

Inspectors sampled the files of 10 children for the purpose of examining the quality of needs assessments. Assessments of needs of children and young people were detailed, comprehensive and, where appropriate, multidisciplinary. They considered the emotional, psychological, medical, educational and other needs of the children as required by the standards and took account of any previous assessments of the children where they had been known to the social work department already. In addition, when children were placed in foster care in an emergency, the assessments of needs were completed in a timely manner and were of good quality. Children, their



families and others involved in their care were encouraged and facilitated to participate in the assessment process.

Children with complex needs and disabilities were supported to reach their full potential. At the time of the inspection, Donegal service area had 49 children with disabilities in foster care placements. Foster carers were supported to manage children's complex needs by providing additional supports such as respite, additional training and the provision of mechanical equipment or adjustments to homes when required. Children were supported to access additional support services in order to meet their assessed needs. These included medical, educational, mental health, psychology services, occupational therapy and speech and language therapy. Children were linked in with the Child Disability Network Team (CDNT). Multiagency meetings took place to ensure children's needs were being met.

The area had a local care placement support team in place which responded to requests for additional support for children-in-care in the area. This team provided direct support to children-in-care as well as support for foster carers and others involved in the children's care such as schools.

Outcomes of assessments were shared with foster carers, children and their parents as appropriate. The area had introduced an innovative approach to engaging children and young people in participating in child-in-care reviews, where they could share outcomes of assessments. The management team did acknowledge that they believe further innovative work is needed to fully engage young people aged 13 and over in decision-making. Children's needs were comprehensively assessed and met.

There were joint working arrangements with the HSE which were embedded into the process of children's assessments of needs in the area. The joint protocol for interagency collaboration between the HSE and Tusla was being followed. Regular meetings were held between managers from Tusla and the HSE whereby children's cases whose care required a joint working approach were discussed. Actions were identified and funding arrangements were agreed. Where challenges arose between the two agencies, the escalation protocols were followed and managers reported that the escalation processes were effective in addressing challenges. Where services in the community could not be accessed in a timely manner for children, private services were sourced.

Assessments of need were carried out on children placed in foster care and they were of good quality and completed in a timely manner. In the case of emergency placements, they were also carried out in a timely manner. Children and families were involved in the assessment process and outcomes were shared with them as appropriate. Decisions regarding assessments were clearly recorded and included a clear rationale. There was good interagency cooperation and collaboration. Appropriate referrals were made by social workers for children who required additional services.

The area had a local care placement support team which responded to requests for additional support for children-in-care in the area. This team provided direct support to children-in-care as well as supports to foster carers and others involved in the children's care such as schools. In light of the above, this standard is deemed compliant.

Judgment: Compliant

## **Standard 8: Matching carers with children and young people**

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

There were good practices and procedures in place to ensure children were matched with foster carers who could meet their assessed needs. The best interests of the child were at the forefront of the matching decisions and children's views were considered, as appropriate, when placements were being made. However, there were not enough foster carers available in the service area and the pool to match children with foster carers was limited. At the time of the inspection, there were 27 children placed across 14 foster families where the number of unrelated children placed in each of these families exceeded the national standards. A number of these placements were short-term or emergency placements and the service was working to identify an alternative foster placement. This meant that some of these children would experience future changes in their placement and this has the potential to have a negative impact on their journey through care.

In the first instance, where foster placements were required, social workers looked to the children's extended family to see if a relative foster placement was available. The information provided by the area showed that relative foster placements were low, they were at 17% of the overall foster placements. The management team told inspectors that there was a focus on increasing relative foster placements in the area. Social workers gave careful consideration to relative placements where possible and this was recorded as part of the matching process. The management team reported that the changing profile of children in need of foster placements was impacted by the availability of relative foster carers. There was an increased proportion of children in foster care where their extended family networks were not resident in Ireland, which limited the availability of relative foster placements for these children.

The fostering, recruitment, assessment and training team's responsibilities included relative foster care assessments and matching of children and foster carers. Assessments of relative foster care placements were the priority task for this team.

The area had a formal matching process in place, which was supported by a guidance document. This document set out the scope and statutory framework, procedure and guiding principles for matching in the area. The factors for consideration when matching a child with a foster carer were set out and the terms of reference for the matching panel meeting were outlined in this document.

Matching tools were used, and monthly matching meetings were held to discuss matching children with appropriate carers. Inspectors reviewed a sample of matching meeting minutes, such meetings were very detailed and demonstrated that careful consideration was given to ensure matches were appropriate to the child's needs. Child-in-care social workers routinely provided information to inform matching meetings to ensure detailed consideration of the assessed needs of the child.

The number of existing and new foster carers in the area was small and this was a challenge to effective matching. Despite the limitations, the matching documents reviewed indicated that matching assessments were of good quality and that children were matched with the best foster carers that were available within that pool of foster carers.

Inspectors reviewed 10 files for matching, which included three placements where the number of unrelated children placed with foster carers exceeded the standards. Inspectors found good examples of joint working across the social work teams working with children in foster care and their families as part of the matching process. The matches in each of the 10 files reviewed demonstrated that the children had been placed with foster carers who were able to meet their assessed needs.

Where there were cultural differences, a cultural tool was used to ensure the foster carers could address the child's cultural needs. Where possible, children meet with foster carers before being placed. Records showed that social workers considered the foster carer's ability to meet the children's needs on an ongoing basis. The ability of the foster placement to meet the child's needs was routinely discussed at child-in-care reviews.

Overall, foster carers who spoke with inspectors felt they had the capacity and support to take care of the children placed with them, even with very complex needs. The children that spoke with inspectors indicated they were happy in their foster placements.

At the time of the inspection, the foster care service area had no available foster care placements and four respite care foster placements available. There were no children awaiting a foster care placement, though there were six children in foster placements on short-term or emergency basis where alternative foster placements were required

within the next few months and there was ongoing work to identify appropriate matches for these children.

When placements were made where the number of children exceeded the standards, the rationale for the placement was carefully considered and notified to the Foster Care Committee (FCC). In circumstances where the child was placed in an emergency situation, approval was first sought from the fostering principal social worker and then brought to the FCC at the earliest opportunity.

There were examples where the situation for the foster carer or the child changed, and the case was discussed at matching meetings and FCC meetings promptly to consider whether the match continued to be appropriate.

Social workers were routinely considering the suitability of foster carers meeting the children's needs. The children's placements were consistently discussed at child-in-care review meetings. When placements were at risk of breakdown, strategy meetings were held to explore the sustainability of placements. Risk and safety management plans were developed to manage identified risk in order to support the placement.

Overall, there was a well-structured matching process in place, and matching was carefully considered and recorded. However, there were not enough foster carers available in the service area and the pool to match children with foster carers was limited. The area's management team acknowledged that the national shortage of foster carers meant that finding the best suitable match for children was a challenge. Twenty seven children were placed in foster families where the number of unrelated children exceeded the standards. For these reasons, this standard is deemed substantially compliant.

Judgment: Substantially compliant

## **Standard 10: Safeguarding and child protection**

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

The Donegal foster care service had systems in place to protect children from abuse. However, increased levels of oversight was required to ensure all foster carers were aware of their role of mandated person; and the area had significantly high numbers of children who were not related placed in the same foster care home. This volume of numbers gave cause for concern and exceeded the national standards. The national standards outline that no more than two children are placed in the same foster home

at any one time, except in the case of sibling groups and these are not placed with other foster children.

At the time of the inspection, all foster carers were Garda vetted, and there was a tracking system in place to alert fostering link workers when the foster carers and adult members of their households' Garda vetting was due for renewal. Although a system was in place to track Garda vetting renewals, for a period during 2024, there were foster carers without up-to-date vetting and there was a lack of oversight regarding the same. An internal audit of Garda vetting was completed in January 2025, and the lapse in re-vetting was identified for a small number of foster carers. The principal social worker addressed this matter in a timely way, and at the time of the inspection, all foster carer renewals were up-to-date. The principal social worker provided assurances to inspectors during fieldwork with regards to all foster carers vetting renewals being updated in a timely manner and the ongoing monitoring of same.

All foster carers had completed training on Children First (2017), and there was a system in place to track when foster carers were required to renew their training. Foster carers were also provided with training on a range of areas, such as responding therapeutically to complex needs and to behaviour that challenges and managing disclosures. While most foster carers reported they were aware of the Tusla portal for reporting child protection and welfare concerns, a foster carer told inspectors they were not fully clear on how to use the Tusla portal, but they further said that they would contact the social worker if they had concerns. In the 12 months prior to the inspection, there was one notification made by a foster carer through the portal. Inspectors reviewed two allegations where a foster carer reported a concern in a timely manner to the child-in-care social worker and this was followed up without delay. However, on one occasion it was the child-in-care social worker who completed the mandated report on the Tusla portal. While there were no delays in the foster carers reporting these allegations to the child's social worker, they did not make the child protection and welfare report as per their mandated person's responsibilities. Although there were appropriate policies and procedures in place, there was a gap in some foster carers knowledge in respect to their role as a mandated person as per Children First (2017).

The area had a child safeguarding statement risk assessment in place, dated 15 January 2025 which was signed by the area manager. The area had systems in place that ensure complaints, concerns and allegations were recorded, managed and tracked until a final outcome was reached. Child protection and welfare concerns in respect of children in foster care and allegations against foster carers received an appropriate response and were managed in line with Children First (2017). Information provided by the area showed that, in the previous 12 months, there were 102 child protection and welfare concerns regarding children in foster care. At the

time of the inspection, all of these were closed. Six of these child protection and welfare concerns were reviewed by inspectors. It was clear that Children First (2017) and Tusla's standard business processes were followed in respect to the management of all of these concerns. Concerns were referred to the appropriate team for screening, and where required, notifications were sent to An Garda Síochána in a timely manner. Children's immediate safety was considered and given priority and actions were taken to keep children safe. Where allegations were made against foster carers, allegations were investigated and foster carers were treated with dignity during the process. There was a tracker for allegations against foster carers which aided the oversight of these allegations. The principal social worker reviewed this three times per year. There were five allegations against foster carers in the 12 months prior to this inspection. All except one were unfounded. The one case that was founded was managed appropriately; a foster care review was completed and the recommendation to the FCC is that this person is no longer a foster carer.

Data provided by the service area showed that 27 children were placed between 14 foster families where the number of children placed with them was over the numbers, which was not in line with the national standards. This meant that there were foster families who had two or more unrelated children placed with them. The service area had a strong ethos of ensuring that any children who were assessed as needing a foster care placement, would be provided with a foster care placement. This meant that foster carers, who were assessed as having capacity were asked to take additional children. There were systems in place to ensure that the FCC were advised of these placements and they were tracked on a monthly basis through the matching committee meetings. Inspectors spoke to some of these foster carers and reviewed some of the files and it was clear these placements had been assessed and carefully considered. In the majority of circumstances where children were placed in families over numbers, it was an emergency situation and so approval was sought from the FCC post the placement. This was identified as part of an internal audit and system in place to ensure the FCC was informed without delay. Foster carers were prepared and supported to care for children appropriately. However, given the significant volume of children placed with foster families that exceeded the standards, this was of concern to HIQA as the area had an insufficient number and range of foster carers in place to meet the demands of the service.

The service area had four respite foster placements available at the time of the inspection. The area had a residential unit to provide respite care for many of the foster placements, however, at the time of the inspection, this service had not been available for a number of weeks. Management and staff highlighted the loss of this resource in the area and the area manager had escalated this risk. The Donegal foster care service went above and beyond in situations when children and foster carers were going through a crisis. Foster carers had access to Tusla's out of hours

services. There was one occasion, due to a particularly difficult circumstance, that the service area put in place an on-call support for the children and their foster carers on a short-term basis.

Donegal foster care service had a local safety and risk management plan, last reviewed on 1 February 2024. The guidance document was designed to assist social workers and link workers to work collaboratively and to recognise and identify risk in foster care placements. It also supported social workers to develop safety and risk management plans which outlined safeguarding interventions for the child or young person and the oversight mechanisms for the monitoring and review of such plans. Inspectors found that children and foster carers were consulted with as part of safety planning. Inspectors found these plans to be of good quality. Risk and safety management plans were monitored and updated as required.

Social workers and managers who spoke with inspectors demonstrated knowledge and skills required to keep children safe. Social workers met with children in their foster care placements as part of statutory visits and met with children on their own. Disruption meetings were held to identify learning from unplanned endings. A review of a sample of disruption meeting minutes showed that there was reflective discussions and the views of children, foster carers and other professionals involved in the child's care were taken into account.

Data provided by the service area showed that, in the 12 months prior to this inspection, there were no incidents of children in foster care going missing from care.

Child protection and welfare concerns were responded to appropriately and thoroughly investigated. The inspection found that one foster carer reported their concerns to the child-in-care social worker, who in turn made the mandated report on their behalf; increased management oversight is required in respect of this. The area was not in line with the standard with regards to the significantly high number of unrelated children placed in the same foster care home. For all of the above, this standard is deemed to be substantially compliant.

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 Donegal foster care service area was committed to providing a quality foster care service that protected and promoted children's rights and supported children to achieve their potential. There were clearly defined governance and oversight systems in place that set out lines of authority and accountability. There were a number of quality assurance processes and management oversight systems in place. The quality assurance systems in place were somewhat effective. However, some systems required more effective oversight from management. For example, one foster carer reported a child protection and welfare allegation directly to the child-in-care social worker, who in turn made the mandated report on their behalf. The inspection found that there was room for improvement with regard to the frequency and recording of staff supervision. Further to this, HIQA had concerns with regards to the Donegal area not having sufficient resources in place to match the needs of children in the area that required a foster care service. This was in particular to the significant high numbers of unrelated children being placed in the same foster care home at any one time, and this was an identified risk in the area.

The area was managed by an experienced area manager who had overall responsibility and authority for the delivery of the service under the direction of the regional chief officer for Tusla's West North West region. There were two principal social workers who were responsible for the alternative care service in the area. They were supported in their roles by team leaders across both the children in care and fostering teams. At the time of the inspection, a new principal social worker had recently started on the child-in-care team and was currently undergoing their induction. There was also a care placement support service which supported foster carers and children in care in a range of therapeutic interventions.

The service was organised effectively and had a service improvement plan in place. This plan was informed by the outcome of audits. There had been a recent review of the senior management team which resulted in the introduction of two new governance groups, for alternative care and child protection and welfare teams. There was also a new principal social worker appointed with responsibility for quality assurance across the area. The teams were mostly co-located and there was good joined-up working between the teams. Staff who spoke with inspectors were clear about their roles and responsibilities. There were structures and systems in place to support staff to do their jobs well and staff were knowledgeable about such structures and systems. However, staff reported that at times the complexity of their cases and related workload impacted on them taking leave. The senior management team had identified that despite having a full complement of staff, there was



significant loss of working days through various types of leave. There were systems in place on the fostering and child-in-care teams for staff cover when required, and managers also took on some additional tasks to cover staff leave. However, one of the impacts of this was a delay in some child-in-care reviews.

The senior management team were proactive around planning for the needs and demands in the area and they were in the process of developing a business case for additional resources. In January 2025, the risk register was updated to include the risk in respect to the demands of the service and the number of staff to meet those demands. One of the actions was to review the number of staff required to meet the ongoing demands of the foster care service. This piece of work was ongoing at the time of the inspection. All children had an allocated social worker, and all foster carers had an allocated link worker. There was effective oversight of cases when there were social workers on extended periods of leave.

In addition, the area had a lack of foster carers to meet the needs of the children who required foster care placements. There were 27 children placed with foster carers within 14 foster care homes, this exceeded the national standards. Overall, there was insufficient number and range of foster carers in place to meet the demands in the area.

Staff were held to account by their line manager. The area had implemented Tusla's professional practice supervision policy 2023 and the supervision template was in use from the end of 2024. However, managers highlighted problems with this template in that the design did not allow for ease of recording or tracking actions from one supervision to the next. At the time of the inspection, they were in the final stages of implementing an amended template to address these issues. Of the 11 staff supervision files reviewed by inspectors, the majority were in line with Tusla's policy, and the quality of some of the records was to a high standard whereby there was good discussion, actions were agreed, and followed up on. However, of the files reviewed, three of the staff files had some gaps in frequency of supervision and some files required improvement with regards the quality of the supervision record, for example, as the area had already identified the need to track actions agreed from one supervision to the next.

Inspectors reviewed 10 children's files with regard to case management records. Overall, case supervision records were found to be detailed and actions were identified and followed up. Case supervision records were child-centred and were in line with best practice. Directions provided by team leaders, when required were clearly recorded in case supervision records.

The management team was committed to continuous improvement. The quality and safety of the service were monitored through a range of trackers and audits. There

was a detailed fostering audit plan in place for 2025, which included an audit of supervision policy adherence and an audit of safety and risk management plans. The service improvement plan was linked to the completed external and internal audits and had clear actions and timelines which were reviewed with regard to progress made.

The area ensured governance and ongoing oversight through a range of management and staff team meetings. These included monthly senior management meetings, fostering service meetings and staff team meetings, as well as complex case forums. Review of these meeting minutes showed clear indications of relevant standing items, recording of decisions made and review of actions from one meeting to the next. Additionally, there were matching meeting minutes and FCC meeting minutes which were reviewed. Both were thorough and had good detail on discussions.

However, in respect to management oversight and governance, the tracker in place for foster carers Garda vetting was not entirely effective, the re-vetting of some foster carers were found to be out-of-date in the 12 months prior to the inspection. Actions were taken to address this, and the principal social worker put in place measures to reduce the risk of this happening again. Further to this, inspectors found that due to staff leave there were delays with some child-in-care reviews, although the area was fully staffed and had contingencies in place for when staff took leave, in some cases these contingencies did not ensure there were a sufficient number of workers employed to undertake their duties, for example, the chairing of child-in-care reviews. This in particular was identified as a risk in the area and recorded on the area's risk register. As noted under standard 10, one foster carer did not report a child protection and welfare concern as per their role as mandated persons, and increased management oversight was required in this area.

The service area risk register had six recorded risks which were relevant to this inspection. Each risk had detailed controls and actions identified to mitigate the risks, and there were regular reviews of progress made. Other risks on the register included the pressure on placement options for children in care, the risk of placement breakdowns due to the temporary unavailability of a residential respite centre in the area and risks in relation to the absence of police checks in emergency relative placements. All of these risks had detailed controls and actions to lessen the risk and were reviewed and updated regularly.

The service area reported on all aspects of their foster care service as part of their annual adequacy of the child care and family support service report, which was published nationally. At the time of the inspection the 2024 report had not yet been published, though a detailed end-of-year report for the fostering team 2024 was made available to inspectors.

The area maintained a child-in-care register in compliance with statutory requirements. The register was maintained on the electronic Tusla Case Management system (TCM), which ensured that the information was continually updated as changes in placements happened.

The service reported that three children were placed through a private foster care agency. Management told inspectors that the service level agreement for private foster care was managed nationally.

Overall, the governance and oversight in place ensured that children in care received an appropriate service that met their needs. The quality and safety of the service was monitored through a range of trackers and audits. However, the quality assurance system in place regarding foster carers making mandated reports required increased oversight. While overall, there was effective supervision, there was some room for improvement in the frequency and recording of same. Although the service had systems in place when staff were on extended leave, the contingencies in place for staff cover were somewhat ineffective in some cases, as there were delays in some child-in-care reviews taking place in line with the regulations. Finally, the area did not have sufficient resources in place to meet the needs of children, this was in particular due to the high number of unrelated children being placed in the same foster care home at any one time. In light of the above, this standard is deemed to be substantially compliant.

Judgment: Substantially compliant

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

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

The Donegal service area had recruitment and retention initiatives in place. However, the area did not have a sufficient number of foster carers to meet the diverse needs of children in the area. At the time of the inspection, the service area managed to place all children in need of a foster placement.

There were 122 foster carer households in the area, which consisted of 107 general foster care and 15 relative foster care households. There were four respite foster placements available and no available general foster placements. There were 27 children placed with foster carers within 14 foster care households, this exceeded the national standards. The area had recorded on the risk register that due to pressure

on placements, there was a risk that children would not be placed in foster placements within their communities or they would be placed in foster placements over numbers which would exceed national standards.

The general foster care households represented more than 83% of the total foster carer households. Of the 219 children in foster care, 37 children (17%) were placed in relative foster care. The area's performance, with respect to children placed with relative foster carers was below the national average. Managers recognised this and it was a focus for improvement throughout 2024 and early 2025. Managers highlighted particular challenges with regard to identifying relative foster carers for some of the children in care, such as those whose family did not have extended family networks living in Ireland.

The fostering recruitment, assessment and training team responsibilities included conducting recruitment campaigns and implementation of a training plan for foster carers.

There was a recruitment strategy in place. This strategy was informed by the priority given to placing children in their local community whenever this was consistent with their assessed needs. It was guided by the national strategic plan for foster care services and aligned with Tusla's national foster care campaign. The overall aim of the strategy was to improve local placement choice and stability for children, including recruitment of carers from all ethnic backgrounds to try to ensure that children maintained their cultural identity. In the months prior to this inspection, work had been undertaken to engage with the local Traveller and Roma communities. Managers recognised the need to recruit foster carers from diverse ethnic backgrounds. At the time of the inspection they had just four foster families from diverse backgrounds. The managers reported some work ongoing with the Traveller and Roma communities in Donegal. However, this work was in its infancy, and there was a limited outcome at the time of the inspection. The strategy also focused on measures to promote retention by ensuring that foster carers felt valued and supported in their role. There were processes in place to recruit and retain foster carers, supported by a suite of documents to guide practice. Foster carers told inspectors they felt supported.

The service area held quarterly recruitment meetings for which they had a terms of reference document. This document set out the role of the quarterly meetings and what the meetings included, such as progressing enquiries, managing the waiting list for assessments, planning recruitment drives and tracking relative and foster carer assessments. However, difficulties in recruiting a diverse range of foster carers remained an issue in the area.

Donegal foster care service had a range of recruitment methods in place to attract potential foster carers. In the 12 months prior to the inspection, they held two bespoke campaigns for children with complex needs; one of these campaigns was successful, and there were plans to run the second bespoke campaign in 2025. The area held seven information meetings during 2024.

At a national level, the area participated in monthly meetings established under Tusla's strategic plan for foster care 2022-2025. The purpose of these meetings was to promote good practice locally and nationally in relation to recruitment and to support and guide local recruitment plans. A national fostering enquiry line was in place for the transfer of enquiries from the national office to the local areas. As the national structures had only been in place in the six months prior to this inspection, it was too early to assess its impact on recruitment. The area promoted fostering awareness in the local area in order to attract potential new foster carers within various communities. Managers told inspectors that foster carers and staff had been interviewed on local area radio. The Donegal service area tried to build capacity of new foster carers through induction, support and supervision and training in a variety of areas.

Social workers from the recruitment and assessment team reported that most of their time was taken up with completing relative foster carer assessments, and they did not have a lot of time to get involved in the local recruitment of general foster carers, despite this being part of their role. Given the shortage of foster carers in the area, this was of concern.

There was a placement resource panel, which was the central process for request, notification and approval of placement requests. These included emergency admissions into foster care, placement requests, and respite requests for children both within care and in the community. Disruption of placements or placements at risk of disruption, where an alternative placement requires identification as a contingency were also dealt with at these meetings. Business cases for financial support and review of existing ongoing support packages were also covered in these meetings.

The service area had supports in place for foster placements which were child-centred and led by children's assessed needs. The service had implemented procedures such as the creative community alternatives funding and commissioning service, to ensure foster families had enhanced supports when required to meet the children's needs.

As part of retention services, several families benefitted from the respite service provided by 'foster families support network' carers, whereby a system was in place

to assess the foster family's own network to provide a respite service if this was in the best interest of the child.

There was support for foster carers from the care placement support service. Its role is to support foster carers in their overall parenting of children in care who are presenting with complex issues. The service also ran coffee mornings and appreciation days for foster carers.

Three foster carers had left the foster care panel voluntarily in the 12 months prior to the inspection. Exit interviews were completed with all the foster carers who left the service. A report on the findings of the exit interviews for 2024 was presented to the FCC in February 2025. The service area maintained a tracker of all exit interviews, and this was used to identify any themes emerging. Learning from exit interviews were used to inform practice regarding training, support, supervision, recruitment and retention of foster carers.

At the time of the inspection, there were two applicants awaiting assessment and seven assessments were in progress. During 2024 there were 38 enquiries and six foster carers were approved.

Overall, the service area had retention and recruitment strategies in place. However, the number of foster carers in the area was not sufficient to meet the diverse needs of children in foster care, it is for this reason this standard is deemed substantially compliant.

Judgment: Substantially compliant

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

Standard 3	Children's rights
Standard 6	Assessment of children and young people
Regulation Part III, Article 6	Assessment of circumstances of child
Standard 8	Matching carers with children and young people
Regulations Part III, Article 7	Capacity of foster parents to meet the needs of child
Part III, Article 7 <sup>3</sup>	Assessment of circumstances of the child
Standard 10	Safeguarding and child protection
Standard 19	Management and monitoring of foster care services
Regulations Part IV, Article 12	Maintenance of register
Part IV, Article 17	Supervision and visiting of children
Standard 21	Recruitment and retention of an appropriate range of foster carers

<sup>2</sup> Child Care (Placement of Children in Foster Care) Regulations, 1995

<sup>3</sup> Child Care (Placement of Children with Relatives) Regulations, 1995

# Compliance Plan for Donegal Foster Care Service OSV – 0004393

**Inspection ID: MON\_0046190**

**Date of inspection: 3-6 March 2025**

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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



## Section 1

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

### Compliance plan provider's response:

Standard Heading	Judgment
<b>Standard 8: Matching carers with children and young people</b>	Substantially Compliant
<p><i>Outline how you are going to come into compliance with Standard 8: Children and young people are placed with carers who are chosen for their capacity to meet the assessed needs of the children and young people.</i></p> <p><b>Reduced Responsibilities</b></p> <ul style="list-style-type: none"><li>• Reduce responsibilities of Fostering, Recruitment, Assessment and Training Team (FRATT) to enable staff to allocate increased time to recruitment and completion of assessments. This will be achieved by transferring 10 cases currently allocated to the FRATT team to the Fostering Support Team.<ul style="list-style-type: none"><li>➤ <b>Compliance date:</b> 30<sup>th</sup> June 2025.</li><li>➤ <b>Sustainability:</b> In future, all cases will transfer after initial Foster Care Review.</li><li>➤ <b>Verification</b> – Review transfer status at Alternative Care Governance Group.</li></ul></li></ul> <p><b>Trajectory Document</b></p> <ul style="list-style-type: none"><li>• Trajectory document with clear timelines has been created for Foster Care Assessments. Implementation commenced subsequent to the HIQA Inspection.<ul style="list-style-type: none"><li>➤ <b>Compliance date:</b> 30<sup>th</sup> June 2025.</li><li>➤ <b>Sustainability:</b> Standard Operating Procedure for future implementation and review of the Trajectory to be developed and signed off at Quality Risk and Service Improvement (QRSI) meetings (15.07.25).</li></ul></li></ul> <p>The trajectory document is designed to ensure that Fostering Assessments are expedited in a timely manner. This will support the matching process and will lead to an increase in foster care capacity in Donegal by ensuring that foster care assessments are completed within the 16-week timeframe as outlined in Standard</p>	

14 of the National Standards for Foster Care.

#### Expected Impact on Matching and Capacity

##### **1. Timely Approvals**

- **Objective:** Strive to ensure all foster care assessments are completed within 16 weeks. If delays occur, reasons for same will be clearly documented and reviewed by the Principal Social Worker (PSW) for Fostering to identify potential systemic delays.
- **Impact:** Increase the available pool of foster carers through speedier processes, improving the likelihood of successful matches between children and carers.

##### **2. Improved Workforce Efficiency**

- **Objective:** Reduce staff time spent on assessments through rigorous adherence to the trajectory.
- **Impact:** Free up fostering social workers to focus on recruitment and retention activities by reducing drift in assessment processes.

##### **3. Enhanced Reputation and Recruitment**

- **Objective:** Achieve a 20% increase in foster carer applications through increased confidence in the assessment process given that 'word of mouth' referrals are known to be the most effective route to fostering in Donegal.
- **Impact:** Builds trust in the application process among the foster care community and supports long term recruitment and retention.

##### **4. Monitoring and Accountability**

- **Quarterly Audits:** The Fostering Principal Social Worker will conduct an audit every three months to assess adherence to the trajectory document.
- **Governance Review:** Principal Social Worker (PSW) Audit findings will be presented to Donegal Alternative Care Governance Forum (meets every two months and chaired by PSW for Quality Assurance).
- **Remedial Action:** Within one month of being identified, any issues of concern such as delays in meeting timelines will be escalated to the Quality Risk & Service Improvement (QRSI) meeting (chaired by Area Manager) for corrective measures.
- **Tracker:** A tracker will be developed to monitor assessment timeliness, approval rates and recruitment trends. This will be reviewed quarterly by the Principal Social Worker for Fostering and reported into the Alternative Care Governance Group.
- **Feedback Loop:** Develop a short survey for completion by applicants post assessment to gather feedback to enhance practice and learning. To commence immediately. Findings will be fed into Quality Risk & Service Improvement meetings for review and action. Findings will also inform the annual service plan.

## Recruitment

- The Donegal Senior Management Team had a dedicated strategic discussion on Fostering Recruitment on 10<sup>th</sup> June 2025 to address current gaps in Foster Carer availability including emergency and respite placements, targeted recruitment campaigns, etc. The existing Fostering Recruitment Plan will be adapted to reflect agreed actions and new target groups identified.
  - **Compliance date:** 30<sup>th</sup> June 2025.
  - **Sustainability:** Review dates on progress in Fostering Recruitment Plan implementation are scheduled for 11<sup>th</sup> June, 17<sup>th</sup> September and 19<sup>th</sup> December 2025.
  - **Verification:** Review of Foster Care recruitment data at Alternative Care Governance Group as standing metric.
- The possibility/feasibility of relative foster carers will increasingly be explored as an option across the entire service. Outcomes will be measured through recommendations of Family Welfare Conferences, Network meetings, Child in Care Reviews and review of placements in the Placement Prioritisation and Review Forum. Information on potential family options on new admissions to care to be recorded at the Placement Prioritisation and Review Forum (noting that family options unavailable at time of admission may become available at a later point).
  - **Compliance date:** Agreement on initiative and agreed focus: QRSI 03.06.25 Formal amendment to Terms of Reference of Placement Prioritisation & Review Forum – Senior Management Team (SMT) 10.06.25. Full compliance: 30<sup>th</sup> June 2025.
  - **Sustainability:** Standing item discussion at Placement Prioritisation & Review Forum.
  - **Verification:** Request PASM verification

## Actions to be taken to ensure that relative foster care placements are fully explored in the first instance.

When a child is identified as needing a care placement the child's social worker will immediately explore the possibility of a relative foster placement with the child's parents and extended network. This is the first approach in line with good practice.

### 1. Supervision and Decision Making

**Action:** The social worker will input a case note on the child's file as early as possible after the child is received into care to state that relative care was explored, whether this resulted in a successful family placement, and if not, outline the reasons why. Options for potential future exploration will also be documented on the case note, i.e. options currently not feasible may become so in the future, these will be recorded on the case file.

All placement options, including relative care, will be discussed with the Social Work Team leader (SWTL) at supervision prior to a planned admission to care or within 3 working days of the child being taken into care in emergency situations. If outside supervision, this discussion will be documented as a case note.

**Verification:** This will be through case file reviews conducted by the Social Work Team Leader (SWTL), service PSW or PSW for Quality Assurance. All case file reviews are captured on the central audit tracker reviewed quarterly by the Area Manager and PSW for Quality Assurance. Potential family options will also be reviewed as a standing agenda item at all Social Worker supervisions. This will be verified through supervision audits conducted by the service PSWs and PSW for Quality Assurance.

Where financial supports are required to enable a relative placement, proposals for same will be reviewed at weekly Finance Approvals meetings. All decisions are recorded on a finance tracker.

## **2.Family Welfare Conferences**

- **Action:** For planned admission to care, a Family Welfare Conference (FWC) will be held at least one month before admission. For emergency admissions, a Family Welfare Conference will be held within 2 weeks post-admission to care. This action is contingent on the availability of family networks noting the changing demographics in Donegal.
- **Verification:** The FWC Coordinator will maintain a central log of conferences which have taken place for children received into care. Monthly reports detailing compliance rates will be submitted to the Area Manager and PSW for Quality Assurance.
- **Target:** From 1<sup>st</sup> July 2025, Family Welfare Conferences will be held in 100% of cases where family networks are available.

## **3.Child In Care Review Documentation**

**Action:** The Social Work Assessment Report (Form 8 reports) will be amended to include:

- Family Placement options considered
- Reasons why options were not feasible
- Future potential options for family placement noting circumstances can change and timelines for same.

### **Deadline:**

- Template amendment (Form 8) to be completed by 1<sup>st</sup> July 2025

### **Verification:**

- Random sample audits of 10% of Form 8s received per quarter to be carried out by the PSW for Children in Care.
- Compliance on the above to be tracked via the Child in Care Review System (reviewed by the PSW for Children in Care). Report to be provided to

Alternative Care Governance Group.

#### **4. Placement and Resource Panel**

**Action:** The monthly Placement and Resource Panel will include a standing agenda item on 'Consideration of Relative Placements' to provide a structured forum to review and document relative options considered:

**Deadline:** Implementation by 1<sup>st</sup> July 2025

**Verification:**

- The Placement and Resource Panel is chaired and reviewed monthly by the Principal Social Worker.
- Options for relative placements will be reviewed on all cases discussed. Viable options to be actioned by the Social Worker and reported back to the next Placement and Resource Panel. Minutes will document options, exploration of same and feedback. Verification by PSW for Fostering.

#### **5. Local Standard Operating Procedure**

**Action:** A comprehensive guidance document incorporating workflow will be developed to:

- Outline all of the above actions and requirements regarding exploration of relative Foster Care.
- Explain the rationale and link to Standard 8 of the National Standards for Foster Care.

**Deadline:** Completed, signed off by Quality Risk and Service Improvement meeting and circulated by 1<sup>st</sup> September 2025.

**Verification:**

- The guidance document will be discussed at all Social Work team meetings in September 2025
- Staff sign-off sheets will confirm receipt and understanding of all actions required in relation to relative care.

#### **6. Preventative Work to Avoid Admissions to Care**

**Action:** Strengthen preventative work with International Protection Accommodation Service (IPAS) communities through assigned Family Support staff to:

- Provide information and education regarding support services available through Tusla and funded partners
- Identify families at risk of breakdown through direct family support work in IPAS Centres
- Provide early intervention supports through family support work in IPAS

centres.

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**Verification:**

- Metrics captured by the Family Support service on uptake of preventative service presented at Child Protection and Welfare Governance Forum.

**Action plan to address children placed over standard numbers:**

**1. Provision of Additional Financial or Therapeutic Supports**

**Measurable Objective:** Ensure all financial and therapeutic supports required to support 'placements over numbers' are pro-actively identified, explored and provided with the Foster Carers.

**Action:** Link Social Workers and/or Children in Care Social Workers to discuss unmet needs with foster carers and/or additional supports required, identify potential providers where appropriate and develop finance applications for consideration at weekly Finance Approval meetings.

**Verification:** To be reviewed at matching meetings and Alternative Care Governance Forum chaired by the PSW for Quality Assurance. Minutes will verify discussions of same.

**Deliverables:** Financial and/or therapeutic interventions to support placements.

**Timeline:** With immediate effect (from 19.06.25)

**Responsible:** PSWs for Fostering and Children in Care Services.

**2. Response to unmet needs through provision of Health Service Executive (HSE) services.**

**Measurable Objective:** To ensure that all HSE services required to support children in placements over numbers are involved as appropriate.

**Action:** Present all children with additional needs requiring HSE services to the HSE / Tusla Joint Protocol meetings (Levels 1 and 2), noting contextual information that Foster Carers are caring for children 'above numbers'.

**Verification:** Presenting cases to be reviewed by PSWs. Minutes of HSE Protocol meetings will verify presenting cases.

**Deliverable:** Provision of HSE supports to families with children above placements where appropriate. Formal notification to HSE that Foster Carers are accommodating children above the standards through Joint Protocol meetings.

**Timeline:** With immediate effect (from 19.06.25)

**Responsible:** PSWs for Fostering and Children in Care and Area Manager as Chair of Joint Protocol.

**3. Provision of Respite**

**Measurable Objective:** Ensure respite and community support options are pro-actively discussed with Foster Carers accommodating children above numbers.

**Action:** Link Social Workers and/ or Children in Care Social Workers to ensure this is explored with foster carers and actioned where required. Actions may include development of finance proposals for consideration at Finance Approvals meeting or Creative Community Alternative (CCA) applications for presentation at monthly meetings of CCA Governance Forum.

**Verification:** Review at Matching Meetings (standing agenda to be amended to ensure discussion takes place) and Alternative Care Governance Forum. Verification through Matching Meeting Minutes, Alternative Care Governance Forum Minutes and CCA minutes reviewed by PSWs for Fostering and Children in Care.

**Deliverable:** Provision of respite or community supports where required and possible.

**Timeline:** With immediate effect (from 19.06.25)

**Responsible:** PSWs for Fostering and Children in Care.

#### **4. Expansion of Foster Carer Pool**

**Action:** Implement the foster carer recruitment plan to increase capacity to enable consideration of alternative placements for children placed over numbers.

**Deliverable:** Bi-monthly recruitment progress reports presented to the Alternative Care Governance Forum.

**Timeline:** Ongoing, with first report due September 2025.

**Responsible:** Team Leader for Foster Care Recruitment and Assessment.

**Measurable Objective:** 10% increase in approved foster carers by end December 2025.

#### **5. Preventative Measure - Prioritisation of Relative Placements**

**Action:** Prioritise assessment of relative carers before placing children in General Foster Care.

**Deliverables:** Monthly tracking of relative placement assessments and outcomes, at monthly Matching Meetings, Placement and Resource Panel and bi-monthly meetings of the Alternative Care Governance Forum.

**Timeline:** Immediate implementation.

**Responsible:** Fostering Team Leader for recruitment and assessment.

**Measurable Objective:** By Q4 2025 there will be a 50% increase in relative foster carer placements (based on current figure).

#### **5. Reporting and Quality Assurance**

**Action:** Track progress on reducing over-standard placements through the Alternative Care Governance Forum.

**Integration:** Report back to Quality, Risk and Service Improvement meetings for Area Manager and Senior Management Team oversight.

**Timeline:** To commence by July 2025; reporting to the Quality Risk and Service Improvement meeting begins August 2025.

**Responsible:** PSW for Quality Assurance

**Measurable Objective:** Monthly reports submitted to Quality Risk and Service

Improvement meetings; 10% reduction in over-standard placements by March 2026.

***This compliance plan response from the provider did not adequately assure the Health Information and Quality Authority that the actions will result in compliance with this standard.***

<b>Standard 10: Safeguarding and child protection</b>	Substantially Compliant
<p><i>Outline how you are going to come into compliance with Standard 10: Children and young people in foster care are protected from abuse and neglect.</i></p> <ul style="list-style-type: none"> <li>• Reduce responsibilities of Fostering, Recruitment, Assessment and Training Team (FRATT) to enable staff to allocate increased time to recruitment and completion of assessments. This will be achieved by transferring 10 cases currently allocated to the FRATT team to the Fostering Support Team. <ul style="list-style-type: none"> <li>• <b>Compliance date:</b> 30<sup>th</sup> June 2025.</li> <li>• <b>Sustainability:</b> In future, all cases will transfer after initial Foster Care Review.</li> <li>• <b>Verification</b> – Review transfer status at Alternative Care Governance Group.</li> </ul> </li> <li>• Trajectory document with clear timelines has been created for Foster Care Assessments. Implementation commenced subsequent to the HIQA Inspection. <ul style="list-style-type: none"> <li>➤ <b>Compliance date:</b> 30<sup>th</sup> June 2025.</li> <li>➤ <b>Sustainability:</b> Standard Operating Procedure for future implementation and review of the Trajectory to be developed and signed off at QRSI.</li> <li>➤ <b>Verification:</b> Efficacy and adherence to timelines will be reviewed through the Alternative Care Governance Forum (all meetings) and SWTL supervision.</li> </ul> </li> <li>• Making referrals under Children First already addressed through Foster Care Training. Should Foster Carers have difficulties in navigating portal; they will be talked through the process by the allocated Link Social Worker if and when challenges arise. The Fostering Duty system also acts as a routine support to Foster Carers should they require any guidance with portal use. <ul style="list-style-type: none"> <li>• <b>Compliance date:</b> 30<sup>th</sup> June 2025 and ongoing.</li> <li>• <b>Sustainability:</b> Ongoing as part of FC responsibilities under Children First.</li> <li>• <b>Verification:</b> Timely submission of serious allegations. Review at</li> </ul> </li> </ul>	



***Can you please outline how you will come into compliance with standard 10 and timelines regarding same? In particular standard 10.6: Generally, no more than two children are placed in the same foster home at any one time, except in the case of sibling groups and these are not placed with other fostered children. The foster care committee must approve any departure from this practice in advance of the placement. Please include more detail with regard to plans for increased recruitment to address the over numbers.***

In addition to the points outlined above, the following actions will be implemented:

### **1. Placement Oversight and Exceptions**

**Planned Admissions:** All proposed deviations from Standard 10.6 will be submitted in writing to the Foster Care Committee (FCC) for prior approval.

**Emergency Placements:** In emergencies, the Principal Social Worker will approve the placement by email and notify the Foster Committee Chair in writing within 24 hours of the placement.

**Review:** All such placements will continue to be notified to the Foster Care Committee in writing and discussed at the next scheduled meeting of the Foster Care Committee. To be included as a standing agenda item Foster Care Committee meetings.

### **2. Monitoring Over-Placement Cases**

A monthly report will be prepared by the PSW for Fostering will be submitted to the Foster Care Committee detailing:

- Number of placements exceeding the standard.
- Rationale for each case.
- Efforts made to move children to compliant placements.
- Additional supports provided to carers (e.g., respite, financial, therapeutic).
- A bi annual review by the Fostering Principal Social Worker will assess the effectiveness of these supports and identify trends. This will be presented to Quality Risk and Service Improvement meetings for review and action as appropriate.

### **3.Fostering Recruitment and Retention Plan 2025**

**Objective:** To recruit and retain general foster carers to ensure a diverse and suitable pool of placements for children in care to help reduce the number of children in placements above standards.

**Actions:** Recruitment of 16 new foster carers through Community Outreach.

**Engage with:**

- Ethnic minorities via Intercultural Platform
- Traveller and Roma communities via National Traveller and Roma Inclusion Strategy and Donegal Traveller Project
- LGBTQ+ community via participation in Falcarragh Pride (5 July 2025)

**Measurable Outcome:** 6 information sessions held by October 2025

**Collaborate with:**

- Gaelic Athletic Association (GAA) - local and national
- 10 Family Resource Centres (FRCs)

**Measurable Outcome:** Increase in foster care enquiries from outreach work, community and public engagement.

**Host:**

- Coffee mornings
- Library and college information stands
- Online national information sessions

**Measurable Outcome:** 10 events or targeted campaign by 30<sup>th</sup> November 2025

**4. Respite & Emergency Carers Recruitment plan: To be finalised by 30<sup>th</sup> July 2025**

**Target groups:** Retired teachers, Irish Countrywomen's Association, Letterkenny Women's Centre, retired civil and public servants

**Measurable Outcome:** 4 meetings with target groups identified above. 4 respite carers recruited by December 2025

**4. Targeted Marketing and Advertising campaign for Respite and Emergency Foster Carers:**

**Objective:** To raise awareness of need for respite and emergency foster carers in the community and to increase visibility of the value and fulfilment of Foster Care.

**Actions:** Posters distributed to Medical centres, GPs, hospitals, churches, adult education centres, schools (by September 2025).

**Measurable Outcome:** 1 targeted media campaign launched. Posters in 100+ locations by Oct 2025

**Deliverable:** Creation of pool of dedicated emergency and respite foster carers.

**5. Ongoing Monitoring and Reporting:**

Monthly Recruitment tracker: Tracks inquiries, assessments, approvals. Reviewed by PSW for Fostering. Report to Alternative Care Governance Forum.

Quarterly Review Meetings: With FCC and Area Manager to evaluate progress.

Annual Report: Submitted to the National Office summarising recruitment outcomes and compliance with Standard 10.6.

***How are you assured that social workers can respond appropriately, should foster carers seek support when making mandated/joint reports as per Children First (2017)? What mechanisms are in place to ensure foster carers are clear on how to make reports on the portal?***

**Objective:** To ensure that foster carers and social workers are fully informed and supported in making mandated/joint reports in line with Children First (2017) on the Tusla portal and that social workers respond appropriately when approached for support.

## **Actions and Measurable Objectives**

### **1.Action: Development of Foster Carer Leaflet**

**Action:** Create a leaflet detailing:

- How to make a mandated report.
- How to use the Tusla Portal using info graphics by way of visual demonstration
- Distinct roles and responsibilities of foster carers and social workers when referrals are made under Children First

**Owner:** PSW for Fostering Service

**Deadline:** 1st September 2025

**Measurable Outcome:** Leaflet distributed to 100% of active foster carers by 15th September 2025.

**Follow-up:** Briefings for staff and foster carers between 1st September and 30th November 2025. Attendance logs to be maintained for verification purposes. To be reviewed by PSW for Fostering.

### **2.Staff Awareness and Assurance Mechanisms**

**Actions:** Issue a staff memorandum (Memo) outlining expectations for supporting foster carers with mandated reports.  
Deliver a briefing session as part of implementation of Area Children First Compliance Plan.

**Owner:** Principal Social Worker, Fostering

**Deadline:** Memorandum issued by 15th July 2025/ Staff briefing to be delivered by 31st August 2025.

**Measurable Outcome:** 100% of social work staff to acknowledge receipt of memo; 90% attendance at briefing session.

### **3. Quarterly Newsletter**

**Action:** Include a standing section in the Donegal Fostering Service Newsletter on:

*'How to make referrals.'* Provide updates on mandated reporting procedures.

**Owner:** Principal Social Worker for Fostering and Fostering Team Leader

**Start Date:** Q3 Newsletter – September 2025

**Measurable Outcome:** Section to be included in 100% of newsletters from Q3 2025 onwards.

#### **4.Team Meeting Agenda Integration**

**Action:** Add a standing item to all social work team meeting templates to ensure they are clear that their role is to support Foster Carers to submit reports and not submit on their behalf.

**Owner:** Social Work Team Leaders

**Deadline:** From 1st July 2025

**Measurable Outcome:** Item discussed and recorded in 100% of team meetings from July 2025 onwards. Random audits to be completed by the Fostering Principal Social Worker every 2<sup>nd</sup> quarter.

#### **5.Foundation Training for New Foster Carers**

**Action:** Integrate Tusla Portal navigation and mandated reporting into the Foundation Training curriculum.

**Owner:** Fostering Recruitment and Training Team

**Deadline:** 1st July 2025

**Measurable Outcome:** 100% of new foster carers trained on this module from July 2025 onwards. Training feedback form to include a question on confidence in using the portal.

#### **6.Duty Team Support**

**Action:** Confirm and communicate the role of the Duty Team in supporting foster carers with mandated reports.

**Owner:** Fostering Social Work Team Leader

**Deadline:** 15th July 2025

**Measurable Outcome:** Role outlined in internal guidance and referenced in staff memo and foster carer leaflet.

**Verification:** Review referrals on children in Foster Care to ensure referrals were submitted by Foster Carers where appropriate. Metric to be reviewed at Alternative Care Governance Forum.

<b>Standard 19: Management and monitoring of foster care services</b>	Substantially Compliant
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*Outline how you are going to come into compliance with Standard 19: Health boards have effective structures in place for the management and monitoring*

*of foster care services.*

- At the Alternative Care Governance Forum, a dedicated briefing will be delivered to SWTLs to 1) ensure supervision is undertaken in line with Tusla policy and 2) ensure high quality supervision records are maintained across the service.
  - **Compliance Date:** 30th July 2025
  - **Sustainability:** Ongoing implementation and review by PSWs at supervision.
  - **Verification:** Oversight of frequency of supervision will be conducted by the Alternative Care Governance Forum and oversight of quality of supervision will be ensured by PSW audit.
- Timeliness of Child in Care Reviews will be monitored and tracked at the Alternative Care Governance Forum & QRSI. If deficits arise a plan will be put in place to ensure standards are met.
  - **Compliance Date:** 12<sup>th</sup> December 2025
  - **Sustainability:** Ongoing implementation and review by PSWs at supervision.
  - **Verification:** Review at Alternative Care Governance Group.

**Area's Plan to ensure compliance with regard to oversight of foster carers making mandated reports.**

- Referrals on children in Foster Care will be added as a specific metric in the dataset to be reviewed at the Alternative Care Governance Forum (to be added with immediate effect – from 19.06.25);
- Metric will be reviewed at bi-monthly meetings of this Governance Forum;
- Oversight for ensuring compliance with regards to foster carers making mandated reports will be reviewed by the PSW for Quality Assurance as Chair of the Governance Forum.
- Submission of child protection notifications will be added as a standing question at Social Work and Social Work Team Leader supervision for ongoing oversight. The PSW will be required to notify non compliance to the Area Manager.
- Ongoing implementation will be reviewed as part of supervision audits by PSWs and the PSW for Quality Assurance.

**Governance arrangements to ensure that the area has sufficient resources to meet the needs of children in foster care, in particular addressing children being placed with unrelated children in foster care placements.**

In addition to the actions outlined in sections above in relation to oversight of mandated reports and ensuring the area has sufficient resources to meet the needs of children in foster care, in particular addressing children being placed with unrelated children in foster care placements, the following actions and governance arrangements will be implemented and/or enhanced:

### **Governance Structures (Ongoing)**

These forums will provide oversight and accountability:

- Placement and Resource Panel Meetings (Monthly): Oversight of placement requests and placement moves. Also oversight of supports in place or identified for sustainability of placements and foster carers. Will receive and review reports on both relative Foster Care Placements and placements above numbers including children being placed with unrelated children in foster care placements.
- Matching Meetings (Monthly): Placement decisions and resource alignment. Will consider relative Foster Care Placements and placements above numbers including children being placed with unrelated children in foster care placements.
- Child in Care Reviews (6-monthly/yearly): Long-term care planning. These will include review and consideration of potential options for relative placements identified at the time of children being taken into care.
- Monthly Supervisions: These will include review individual case oversight, mandated reporting checks, updates on foster care recruitment and discussion on children above placements with particular emphasis on children being placed with unrelated children in foster care.
- Alternative Care Governance Forum (Bi-monthly): Strategic oversight of placement standards. Will also include metrics on reports on children in Foster Care, updates on foster care recruitment, reports on exploration of relative foster care placements and discussion on children above placements with particular emphasis on children being placed with unrelated children in foster care.
- HIQA Audit Review: Standing item in all governance meetings.

Issues and recommendations from Alternative Care Governance Forum to be fed into Senior Management Team meetings and/or Quality Risk and Service Improvement Meetings as appropriate for review and action.

PSWs chairing other fora (e.g. Matching Meetings) responsible for feeding back to Senior Management Team meetings and/or Quality Risk and Service Improvement Meetings as appropriate for review and action.

<b>Standard 21: Recruitment and retention of an appropriate range of foster carers</b>	Substantially Compliant
<i>Outline how you are going to come into compliance with Standard 21: Health boards are actively involved in recruiting and retaining an appropriate range of foster carers to meet the diverse needs of the children and young people in their care.</i>	

- The fostering recruitment and retention plan for 2025 targets diverse communities, including Travellers and other cultural, religious and ethnic minorities including the LGBTQ+ community.
  - **Compliance Date:** 12<sup>th</sup> December 2025
  - **Sustainability:** Review dates on progress are scheduled for 11<sup>th</sup> June, 17<sup>th</sup> September and 19<sup>th</sup> December 2025. Review to be undertaken by PSW and SWTLs. Compliant date: 12<sup>th</sup> December 2025.
  - **Verification:** Review of data at Alternative Care Governance Group.
- Donegal Senior Management Team held a dedicated strategic discussion on Fostering Recruitment at its 10<sup>th</sup> June meeting to address current gaps in Foster Carer availability including emergency and respite placements, targeted recruitment campaigns, etc. The Fostering Recruitment Plan will be adapted to reflect agreed actions and new target groups.
  - **Compliance Date:** 30<sup>th</sup> June 2025.
  - **Sustainability:** Future review dates on progress of implementation plan are scheduled for 17<sup>th</sup> September and 19<sup>th</sup> December 2025. Review to be undertaken by PSW and SWTLs. Compliant date: 12<sup>th</sup> December 2025.
  - **Verification:** Review at Alternative Care Governance Group

## Section 2:

### Standards to be complied with

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

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

Standard	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Standard 8	Children and young people are placed with carers who are chosen for their capacity to meet the assessed needs of the children and young people.	Substantially compliant	Yellow	30 <sup>th</sup> June 2025
Standard 10	Children and young people in foster care are protected from abuse and neglect.	Substantially compliant	Yellow	12 <sup>th</sup> December 2025
Standard 19	Health boards have effective structures in place for the management and monitoring of foster care services.	Substantially compliant	Yellow	12 <sup>th</sup> December 2025
Standard 21	Health boards are actively involved in recruiting and retaining an appropriate range of foster carers to meet the diverse needs of the children and young people in their care.	Substantially compliant	Yellow	12 <sup>th</sup> December 2025