



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

Name of service area:	Mid West
Type of inspection:	Focused Inspection
Date of inspection:	10-12 July 2023
Fieldwork ID:	MON_0040765
Lead Inspector:	Sue Talbot
Support Inspector(s):	Hazel Hanrahan Mary Wallace Sharon Moore Eva Boyle Ade Oladejo

## About this inspection

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

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

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

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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 children and foster carers and with relevant managers and child care professionals. Inspectors observed practices and reviewed documentation such as children's and foster carers' records, 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 and the general manager for alternative care
  - two principal social workers for children in care and the principal social worker for fostering
- focus groups with:
  - seven social work team leaders
  - eight front-line staff
- visits to two foster care households to meet five children and their foster carers
- visits to two access centres to meet a parent, child and two social care workers
- additional telephone conversations with:
  - three foster carers
- observation of a placement meeting
- the review of:
  - local policies and procedures, minutes of various meetings, staff supervision files, audits and service plans
  - staff personnel files
  - a sample of 34 children and 12 foster carer files

### **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.

## Profile of the foster care service

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

Child and family services in Ireland are delivered by a single dedicated State agency called the Child and Family Agency (Tusla), which is overseen by the Department of Children, Equality, Disability, Integration and Youth. The Child and Family Agency Act 2013 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 children placed in privately provided services receive.

### **Service area**

The Mid West is one of the six Tusla regional areas in the Republic of Ireland and includes the counties of Clare, Limerick and North Tipperary. It was established as a regional area in its own right in March 2022 as part of Tusla's national restructuring plan. The area has a diverse mix of urban and rural areas. A total of 385,000 people were estimated to live in the area in 2016 (latest census data). This included 96,266 children, representing 25% of the area's total population.

Service leadership and operations are overseen by a regional chief officer and an area manager. Day-to-day operational management of all Tusla services in the Mid West is undertaken by two general managers, who in turn are supported by principal social workers and team leaders.

There are two principal social workers for children in care, one also manages aftercare in the area, and they oversee the work of team leaders, senior social work practitioners, social workers, social care leaders and workers, family support practitioners and access workers. A principal social worker for fostering and supported lodgings oversees the work of social work team leaders for local fostering teams. Fostering team members include senior social work practitioners, social workers, a social care leader and a supported lodgings coordinator.

The Mid West had a total of 476 children in foster care, 402 children were placed locally in the Mid West region and 74 were placed outside the area. Of these, 343 children were placed with general foster carers and 133 children were placed with relative foster carers. Ten children were placed with foster carers through non-statutory (private) foster care agencies. Nine children were awaiting a suitable long-term foster care placement, three of whom had been waiting for longer than three months. A total of 11 children had been placed in foster care in an emergency since 1 July 2022.

The Mid West's foster care panel comprised 401 households. This was made up of 273 general foster care households and 128 relative foster care households. Of these, 109 households were caring for children with additional or complex needs. At the time of this inspection, five foster care households had capacity to accommodate children. There were seven foster carer households available to provide respite. A total of 22 foster care households exceeded the numbers of children, they were approved to care for.

At the time of this inspection 65 children in foster care did not have a social worker allocated to them. This number had increased from 19 children, at the time of the August 2022 inspection. Service managers reported that staff vacancies and turnover was leading to further increases in the numbers of children without an allocated social worker over the coming months. All foster carers had a fostering link social worker at the time of this inspection.

## 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:

<b>National Standards for Foster Care</b>		<b>Judgment</b>
Standard 1	Positive sense of identity	Substantially compliant
Standard 2	Family and friends	Substantially compliant
Standard 3	Children's Rights	Substantially compliant
Standard 4	Valuing diversity	Substantially compliant
Standard 6	Assessment of children and young people	Compliant
Standard 8	Matching carers with children and young people	Not compliant
Standard 21	Recruitment and retention of an appropriate range of foster carers	Not compliant

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

<b>Date</b>	<b>Times of inspection</b>	<b>Inspector</b>	<b>Role</b>
10 July 2023	09.00hrs to 17.00hrs 09.00hrs to 17.00hrs 09.30hrs to 17.00hrs 10.00hrs to 17.00hrs 10.00hrs to 17.00hrs	Sue Talbot Mary Wallace Eva Boyle Hazel Hanrahan Sharon Moore	Lead Inspector Support Inspector Support Inspector Support Inspector Support Inspector
11 July 2023	09.00hrs to 17.00hrs 09.00hrs to 17.00hrs 09.00hrs to 17.00hrs 09.00hrs to 17.00hrs 09.00hrs to 17.00hrs 11.30hrs to 17.00hrs	Sue Talbot Mary Wallace Eva Boyle Hazel Hanrahan Sharon Moore Ade Oladejo	Lead Inspector Support Inspector Support Inspector Support Inspector Support Inspector Support Inspector
12 July 2023	09.00hrs to 16.00hrs 09.00hrs to 16.00hrs 09.00hrs to 16.00hrs 09.00hrs to 16.00hrs 09.00hrs to 16.00hrs	Sue Talbot Mary Wallace Hazel Hanrahan Sharon Moore Ade Oladejo	Lead Inspector Support Inspector Support Inspector Support Inspector Support Inspector

## Children's experience of the foster care service

Children's experiences were established through visiting two foster care households to meet five children and their foster carers and visiting two access centres to meet a parent and child and two social care workers. In addition, inspectors made phone calls to three foster carers. Childrens' and foster carer case records also provided additional information on the experiences of children.

All the children that inspectors met said they were well-cared for by their foster carers and were happy where they were now living. They regarded it as home and had good relationships with their foster carers and other children living in the household. They spoke about lots of things they enjoyed doing. The children said their foster carers were nice, and that if they had a problem they felt able to speak to them:

"I see my foster carers as my parents and friends. We have a great relationship and I can talk to them about everything and anything that is going on".

All children said they were doing well at school and had good friends. They said they were looking forward to their holidays with their foster carers and the other children within the household. Children spoke positively about being able to see and speak with their parents, brother and sisters and extended family members. They said that they had a choice about who they wanted to see and when.

Children thought their social worker was nice and they said they could tell them their worries:

"I get on well with my social worker. She is very easy going and I can talk to her. I would tell her about anything that is going on".

"I feel I am believed now. It is nice to have more choice and control, I did not have choice or control in my life before".

"I trust my social worker with most things".

Some children said they were not sure how to make a complaint, but they knew they could talk to their social worker if they were not happy in their placement or anything else. One child said they had experienced multiple moves before coming to live in their current placement:

"I was bounced around the country and told nothing before I came here. I had a bit of a bit of a journey, but feel better now that I am here".

Children and their foster carers said they valued the support they received from guardians ad litem (GAL):<sup>2</sup>

"The GAL tells us what's happening and what's going on".

A parent told an inspector they were happy with their child's placement and that they had a good relationship with their foster carers. They said their child's right to an education and support for their additional needs was being well managed by the social worker and foster carers. They said they had been invited to and attended their child's review. They also advised the location of the access centre was not easy for them to get to or in a good location.

Foster carers spoke highly of their fostering link social workers:

"She is very honest, down to earth and very proactive. I can request any training I need".

"The social worker is there to help us. Anything we need, we pick up the phone. They will deal with things as soon as they can".

"My social worker visits regularly and is a good support in helping me meet the children's needs".

Foster carers told inspectors they were always thanked by Tusla staff for the work they did to help make things better for children. However, foster carers also highlighted the need for stronger working relationships and communication with children's social workers, and more frequent visits from them to see how the children were doing. One foster carer spoke about having only received limited information advice and support from the child's social worker to assist in developing a child's safety plan.

Foster carers said they had been consulted about their capacity to care for a child prior to the child being placed with them:

"Social workers have been open and honest about the children's needs, and given us information about why they were being taken into care. Our decisions about the suitability of the match are respected".

Foster carers also highlighted some areas for improvement in the way the fostering service is delivered, and where they would welcome more support:

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<sup>2</sup> Court appointed advocate to represent the best interests of children.

"We have no guidance on how to approach explaining the child's culture and heritage to them".

"The level of financial allowance needs to be looked at, with the cost of living, the allowance doesn't come near what needs to be spent"

"I am constantly on the road doing all the access visits. It's too much driving".

"Long-term planning is difficult when there are uncertainties about Court Orders. It feels like things are left up in the air".

"More face-to-face training would be beneficial for support".

Overall, children's case records provided an adequate picture of children's backgrounds, their individual needs, and the things that mattered most to them. Inspectors however, found variability in the quality of case recording. This appeared to depend on whether children had been actively case managed and whether a locality had sufficient capacity to undertake direct work, such as life story work, with them.

Some records highlighted good engagement of children, actively supporting them to understand and make choices and decisions about their care arrangements, including their wishes about levels of contact they had with their family and friends. However, there were inconsistencies in how well records described how children's rights were promoted or their diverse cultural or faith backgrounds were recognised. The use of children's own words as routine practice would enhance the focus on their care experiences.

The next sections of the report consider the quality of social work practice in meeting the individual needs of children, including the availability of foster care placements.

## 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 a focused inspection in the Mid West, which looked at the promotion of children's rights and identity, recognition of their diverse backgrounds and the support provided to help them maintain relationships with their family and friends. The inspection also considered the quality of their individual assessments of need, including any specialist support children required. It assessed how well children were matched to their foster carers, and the availability of a suitable range of local foster carers to provide good quality, child-centred care.

Prior to the inspection, the service area submitted a self-assessment questionnaire (SAQ) of its performance against the seven selected standards. Local managers rated their performance as substantially compliant in five areas and not compliant in two areas. The SAQ provided analysis of organisational priorities and areas of practice they were working to continually improve; these will be further commented on in body of this report.

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

- one standard was compliant
- four standards were substantially compliant, and
- two standards were not compliant.

Overall, managers within the Mid West's fostering service provided strong leadership, were open to learning and focused on continual improvement. They had a well-developed understanding of the changing profile of children-in-care and of organisational strengths and locality specific difficulties in recruiting and retaining sufficient social work staff and foster carers. They recognised these issues were impacting on the quality of matching given the ongoing challenges they were facing in consistently meeting the diverse, and in some cases, high support needs of children in care.

Significant efforts had been made by staff, wherever possible and appropriate, to help children remain within their local area and close to their families and friends. Social workers sought to identify suitable family members who could offer care to children in the first instance when they could not be kept safe in their family home.

The Mid West had clear processes for the initial assessment of relatives which sought to ensure that they were supported and felt able to meet children's needs.

Life story work was used with some children to help them adjust to their life in care, to make sense of past relationships and manage the loss of their parents or siblings. Direct work undertaken by social care leaders paid good attention to helping children talk about their past experiences or relationships. However, review of children's records indicated that for some children, life story work had been delayed due to shortfalls in the capacity of the social care workforce. This was an area that required closer monitoring to prevent any delays in children being helped to understand their past and form positive personal identities and pride in who they are.

Inspectors found that the Mid West had made good progress in strengthening the delivery of its foster care services in some areas since the last HIQA inspection in August 2022. A significant achievement had been the filling of all fostering social work posts for the first time since 2019. This provided much needed resources and momentum to address the increasing gaps in the capacity of its foster carer panel. Service managers sought to encourage joint working between teams and localities to ensure high priority work was allocated in a timely manner. Statutory work in relation to children's and foster carer reviews, care plans and statutory visits was mostly undertaken in line with regulations. Management oversight of this was good within the supervision records sampled by inspectors.

Following the last inspection, HIQA issued an urgent compliance plan given the high numbers of foster carers whose Children First training was overdue. However, although some progress had been made, the timeframe for completion by all foster carers had not been achieved. On this inspection, further concerns were raised with senior managers that child protection training remained out of date on some foster carers records. Senior managers provided a detailed response outlining a range of strategies to ensure such training was embedded within foster assessment, approval and review arrangements going forward.

Inspectors found that the area's self-assessment did not adequately reflect the pressures on front-line teams which impacted on compliance with all standards, including the quality of case records. Gaps in key areas such as the availability of all statutory visits, access and supervision records did not provide sufficient assurance of outcomes for children or the rationale for decisions. Management audits of casework was not embedded, nor had it been effective in sustaining improvement. Direct work with children was not sufficiently visible nor was its impact adequately evidenced on a few children's records. The quality of foster carer records overall was poor and disjointed. Older information was held on paper records, with fostering records stored locally within electronic folders since February 2023 awaiting transfer to Tusla's new

shared case management system (TCM). This governance issue had been escalated to Tusla's national managers and is being addressed with the new systems due to go live later this year.

Inspectors found some examples of strong child-centred practice where the rights of children had been effectively promoted and resulted in improved outcomes for them. This included routinely checking and listening to children about whether they were happy in their placement and whether they felt safe and had someone they were able to talk to if they had any worries. Inspectors however, found a mixed picture overall in the level of information provided to children about their rights and the responsiveness of the service in promoting their identity, rights and recognition of their diversity. There was a need to strengthen the inclusion of children in their reviews and to ensure they were fully aware of their right to complain. The Mid West needed to strengthen its focus on learning from locally resolved complaints given that no complaints from children had been flagged for formal investigation over the past two years.

From the sample of case records reviewed, HIQA required immediate assurances from senior managers about the safety and privacy of children having identified the use of CCTV cameras to help keep children safe. While this was recognised as a restrictive practice, there was a lack of clear guidance for foster carers and front-line practitioners about its use. Senior managers provided a comprehensive response to this issue and outlined priority actions the service area would be taking forward to address current gaps in local procedures and practice. This area would also benefit from wider national direction and guidance on the use of CCTV in foster carer households.

Children were supported to maintain and further enhance their relationships with family and friends. Access arrangements in most cases were adequately managed. This included careful consideration of contact children had with parents who were in prison. The location for meetings between children and their families was flexible, and took account of the places, activities and environments children enjoyed. Parents were helped to attend through support with travel. The service area worked closely with family advocacy services to encourage parents to remain involved in their children's lives. An information booklet had been developed for parents outlining what was expected of them and the need for the best interests of children to be kept at the centre of all decisions. The service area was also progressing well with its plans to ensure all its buildings where access took place were child-centred and offered a range of facilities for play and food preparation to enhance the experience of children and their families.

Inspectors raised some practice matters with senior managers about access. This included a serious concern that supervised access was not taking place in line the

agreed approach to the management of risk. Gaps in the approved safeguarding arrangements were acknowledged by managers and supervised access was reinstated with immediate effect. In another case, there had been a lengthy delay in sibling access due to parental engagement being prioritised. Managers provided assurance of early review of these arrangements to prevent further delays in children meeting their siblings.

Senior managers recognised the growing diversity of children being taken into care, and the challenges the service faced in being able to offer a cultural match and having sufficient carers with a suitable level of experience and expertise. Inspectors found gaps in the recognition and support available to help some children, including Irish Traveller children as well as those from different ethnic or faith backgrounds to have an awareness and appreciation of their family background. In some cases, there was a reliance on foster carers providing relevant information and linking children to specific faith communities or cultural events.

Inspectors highlighted one case to senior managers where further assurance was needed on how a child's faith and cultural needs would be actioned. The area's response outlined a clear role for social workers, parents and foster carers, and provided assurances of how their cultural and faith needs would be promoted by foster carers within daily routines. The needs of the child would be further explored within parental access arrangements and direct work with the child. Service managers recognised this as an area where staff and foster carer training could be strengthened.

While managers were working to improve their awareness of children who experienced bullying or racial harassment, they recognised further work was required to strengthen reporting and to build the confidence and skills of foster carers and social workers within a wider approach to safeguarding children. The service area would also welcome further direction and guidance from Tusla's national office in relation to this area of practice.

Inspectors found assessments of children's needs were of good quality, undertaken in a timely manner and provided a clear picture of children's needs at the point of, or soon after they were placed in foster care. A high standard of practice had been sustained in line with the findings of previous inspections. Case records of children with complex needs, including children with disabilities or emotional and behavioural needs, demonstrated recent improvements in the identification of their specialist needs and of the range of services best placed to support them. The establishment of the new area-based and regional therapeutic team brought significant additional capacity to provide a joined up, holistic assessment and review of children's needs. Further improvement was required, however, in the joint planning and delivery of specialist

services for younger children through the Tusla/Health Services Executive (HSE) joint protocol.

Inspectors found that Tusla's approved matching template had not been fully embedded in practice and was not available on all records sampled. Matching practice overall was variable, and in some cases records of placement decisions did not sufficiently consider the likely longer-term impact on other children living in the household. The rationale for why a foster carer was not considered suitable was also not consistently recorded. Managers sought to promote permanency arrangements for children who remained in foster care, with recent positive action taken to reduce delays for children awaiting long-term matching.

Front-line staff and managers were responsive when they identified placements under stress, and the service area commissioned a range of additional support for children to help sustain their placement while working through a period of crisis or until alternative arrangements could be made. However, since the last inspection, there had been a further increase in the number of foster carer households with higher numbers of unrelated children placed together than they had been approved for. The Mid West had 22 such households at the time of this inspection, including five households caring for four children. In addition, while the service area welcomed applications from foster carers with a range of backgrounds and experience, matching of children to single foster carers would benefit from greater consideration of their capacity to care for a child over time and of the back-up support they required.

Overall, the capacity of the local foster carer panel was not sufficient to meet the diverse and changing needs of children either at the point of their placement or over time in some cases. This had led to variable experiences for children and their foster carers. There continued to be more foster carers leaving the service than had been recruited, with work required to strengthen the knowledge and skills of foster carers and reduce the incidence of placement breakdown. The recent strengthening of the fostering social work resource in the Mid West was a considerable achievement and provided important capacity to address and prevent future backlogs of work as well as progress its recruitment and retention priorities.

The next section of this report provides further detail in relation to each specific standard.

## Standard 1: Positive sense of identity

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

The service area rated its performance against this standard as substantially compliant. Inspectors agreed with this judgment.

The importance of children being placed locally, having a positive sense of their identity and support to maximise their potential was at the heart of all care interventions. Wherever possible and appropriate, children were placed with known family members who were encouraged to come forward to be assessed as relative foster carers. Efforts were made to ensure children accessing respite services benefited from consistent carers. Priority was given to identifying the strengths and specific needs of children with disabilities or other complex needs and to ensuring they benefited from timely therapeutic intervention. Children's care plans provided an important picture of their needs and experiences in key areas such as their health, education, social and emotional well-being, including relevant details about their personality, interests and special celebrations.

A total of 84% of the Mid West's children in foster care had been supported to remain living within the boundary of the service area, albeit the majority of children had to move schools when they entered foster care. The service area estimated that only 63 children attended the school where they were previously known following their admission to care.

Children's individual wishes and feelings were sought and listened to by foster carers and front-line practitioners and in turn informed decisions about their best interests. This was evident through social workers advocating for funding for additional assessments, holding meetings with children, their families and their foster carers to discuss progress, or jointly acting to address risks to children's safety or wellbeing. Children's wishes for permanence were taken into account within discussions about enhanced rights for foster carers, adoption and long-term match arrangements. Support for children's relationships with their birth families was encouraged through regular contact, and in some cases, overnight stays and review of the potential for re-unification.

Service staff paid good attention to promoting the development of children's personal identity and recognised the impact this had on their self-esteem. Life story work had helped some children have a better understanding of their family and changes in their lives. However, there were delays in this important work commencing for some children. The service area needed to further review the capacity of its social care workforce to ensure children consistently benefited from life story work at the time that

was right for them. Social care workers were also responsible for promoting children's contact with their families, and increasingly were involved in overseeing the welfare of children who did not have an allocated social worker. There was evidence of growing pressure on the capacity of social care practitioners which carried the risk of delays in direct work with children.

The development and sustainability of relationships between children and their foster carers was carefully considered, with a strengthened focus on the timely approval of long-term matching for children in stable placements. Children were helped to understand why they were in care and were encouraged to talk about their hopes and experiences in line with their age and understanding. There were examples of good joint working between social workers and GAL in using child-friendly words to help explain parental absence, including where their parents were in prison or their mental health needs impacted on their capacity to care for them. Children's views and wishes were respected, including when they said they wished to be known by another name. Tusla's national initiatives for children entering care had been implemented by the service area. Children were provided with backpacks containing items to give them comfort and through use of messages from other children have a sense of their not being on their own. Foster carers were provided with essential equipment for caring for babies. Children received personal diaries at a recent Care Day celebration to encourage them to write about their thoughts, feelings, dreams and ambitions.

Checks were made by social workers as to whether children had personal items that reflected their history and interests or had memory boxes that contained the things that were precious to them. Records of statutory visits described the possessions children had in their bedrooms that reflected their feelings of belonging and being well-cared for. Special events in children's lives were actively recognised and celebrated. Children had access to a range of enriching and positive activities to help them enjoy their childhood and promote their skills and achievements. The individual talents and aspirations of children were routinely considered in their child-in-care reviews, with additional support and funding provided to help children achieve their full potential.

Overall, the service area had relevant systems and working arrangements in place to encourage children to have a positive sense of who they are, in line with their hopes and aspirations. However, further work was required to ensure children were consistently able to benefit from direct work, including life story work at the time that was right for them.

Judgment: Substantially compliant

## Standard 2: Family and friends

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

The service area rated its performance against this standard as substantially compliant. Inspectors agreed with this judgment.

Overall, children's right to be placed together with their siblings, where possible, and to keep in touch with their parents and other family members was prioritised and adequately reviewed in most cases. The challenges of not having sufficient foster carer placements however, impacted on the number of sibling groups that could be placed together. Data provided by the service area indicated that 109 children had been placed with at least one other sibling, 78 were placed with general foster carers and 31 with relative foster carers. Managers reported there were 37 children who had not been able to be placed with their sibling/s contrary to their assessments. Children's wishes and control over how and when they wanted to make contact with or meet their families was respected, with appropriate support given to children making difficult decisions about what they felt was best for them. This included responding to children who said they were unhappy with access arrangements or who wanted their arrangements changed so as not to miss time at school or soccer practice. Case records indicated a child-centred approach to addressing any concerns that arose.

Family access was undertaken by foster carers, social care workers and on occasions by the child's social worker or an independent agency. An inspector observed a social care worker supervising access with the consent of the child and their parent. The approach of the social care worker was sensitive in assisting the parent to understand and meet their child's needs. They balanced the frequency of their direct intervention with encouragement of parental engagement and their awareness of the things that mattered to the child.

Children's access with their families and friends overall was adequately planned for on case records sampled by inspectors. In some cases, there was evidence of supportive phone calls made to parents to remind them of access arrangements. Feedback from children about their experience of access was well-recorded on some records. Foster carers also provided important feedback about children's engagement and behaviour following access visits. A total of 65 children benefited from meeting family members in the foster carer's own home. Some foster carers welcomed children's siblings or friends to stay overnight for sleepovers and actively supported brothers and sisters to meet up with each other and have days out together. Foster carers played an important role in helping children to deal with loss of their relationships, including death of close family members. Social workers encouraged contact between siblings and with children's extended families. This included taking them to meet relatives living outside the area.

Such arrangements helped to sustain children's emotional attachments and relationships.

There was effective monitoring of parents who failed to attend and of the impact this had on children. The reasons for children not having access, or contact arrangements being changed were set out in children's records and reviewed in line with children's individual wishes and care plans. Children were advised they could change their mind about access at any time. However, not all records of access visits had been uploaded on children's case records to provide assurance of the expected frequency and quality of this activity.

Careful thought was given to helping children stay in contact with their parents. This included tailoring arrangements for children whose parents were in prison. Contact through use of video conferencing or social media was considered, and children were supported to make cards and send letters and photos. Case records indicated effective joint working with prison and probation service staff regarding the location and suitability of family rooms where children could meet face-to-face with their parents. Inspectors also found examples of sensitive working and ongoing contact with parents who lived outside Ireland. There were estimated to be 32 parents who lived outside the jurisdiction.

Safeguarding measures were taken in response to identification of risks of harm to children, or where there was ongoing conflict between family members. Access records generally indicated whether supervision was supervised or unsupervised. However, inspectors found a poor standard of safety planning in one case where access was deemed to be 'semi-supervised'. There were gaps in adherence to risk assessment processes that had led to an inadequate level of supervision of parents. Inspectors raised this concern with managers who took immediate action to address the safety of the child and required all access to continue to be fully supervised. In another case, planning for access visits with siblings had been slow to be progressed as parental engagement had been seen to be the priority. The timeliness and balance of parental and sibling access rights were areas for further review.

Front-line staff and managers sought to place children with relatives wherever possible and appropriate in line with the area's standard operating procedure for the screening of potential relative foster carers. The numbers of children placed with relative carers had steadily increased since the last HIQA inspection. Careful consideration was given to the suitability of the placement to try and prevent the risk of children having to move to a different placement later.

Service managers had recognised the need to improve the quality of accommodation in which meetings between children and their families took place. The buildings used for

family access that inspectors visited provided opportunities for a range of activities including play and food preparation, and promoted their privacy. Improvements required to other access settings had been clearly identified. The service area had a substantial programme of work in progress to upgrade or replace all its access accommodation that was not sufficiently child-centred, recognising that this was an important element in children feeling safe and being able to enjoy their time with family.

Overall, the service area had appropriate arrangements in place for children to have contact with and spend time with their family and friends. However, there was a need to ensure supervised access was consistently undertaken in line with relevant risk assessments and safety plans, and that the rights of children to see their siblings was not impacted by levels of parental engagement.

Judgment: Substantially compliant

### Standard 3: Children's rights

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

The service area rated its performance against this standard as substantially compliant. Inspectors agreed with this judgment.

Children's right to a family life, to be treated with dignity and respect and for their individuality, personal space and privacy to be protected was well-managed overall by front-line practitioners. Children's right to be listened to and consulted about their care was clearly recognised and promoted within most children's casework records. Their right to education and preparation for adulthood, including additional support or access to an alternative curriculum was identified and progressed within multi-agency meetings to help maximise the life chances of children. Children's right to health care and support for their emotional, disability and behavioural-related needs was prioritised, with efforts made to prevent delays in access to specialist assessments or therapeutic programmes of care.

Inspectors, however, identified a lack of clarity and management of children's rights in the use of CCTV cameras within foster care households. Inspectors escalated this issue to senior managers and sought assurances about the rights of children, their privacy and safety, and whether there were other households in the area where CCTV was in

use. Although this issue had been appropriately recognised as restrictive practice by front-line staff prior to the inspection, senior managers had not been informed about its use locally. Inspectors were assured by the actions subsequently taken by senior managers, including the development of further guidance for foster carers and social workers about the need for and future consultation and approval processes. This issue would also benefit from national direction and guidance in safeguarding children's right to privacy and expected standards of practice.

Inspectors found some examples of strong child-centred practice where the rights of children had been effectively promoted and resulted in improved outcomes for them. This included routinely checking and listening to children about whether they were happy in their placement and whether they felt safe and had someone they were able to talk to if they had any worries. One case record demonstrated a high standard of practice where the social work team leader explained their use of Tulsa's 'Harm Matrix' to help a young person explore their concerns. The record made sensitive use of the child's own words to share their feelings about previous alleged incidents. In another child's case, they were helped to go on holiday with their friend through advocating for Court approval for their Care Order to be discharged for the duration of the holiday. These examples demonstrate a high standard of practice in promoting children's rights in what are often complex situations.

The service area was seeking to expand its ways of helping children understand and exercise their rights including preparation for leaving care. This included piloting a savings scheme in one locality to help young people learn about and make choices about how they used their money. Managers recognised the need to prioritise the establishment of young person's fora to support children in care to speak out and share their ideas for service improvement. Plans were still at an early stage in relation to mapping the local approach.

Statutory visits and child-in-care reviews generally took place in line with the frequency and expected standards of practice set out in statutory regulations and staff guidance. This was routinely considered and reported on within supervision. Team leaders provided regular updates to principal social workers on the area's performance, trends and emerging risks. Records of statutory visits indicated that children were seen and spoken to on their own. Observations were made of their attachment to their foster carers and their relationships with other children within the household. Social workers also on occasion, met with children in settings outside the home where they felt relaxed and could speak openly.

However, review of children's case records indicated some access and statutory visits, as well as supervision notes outlining management direction were missing or had not been uploaded in a timely manner on to Tulsa's new case management system (TCM).

Such gaps in records had not been effectively monitored, with limited auditing of the quality of case records undertaken at the time of this inspection. When inspectors followed up the issue of missing records with individual practitioners, relevant missing records were mostly found. Front-line practitioners advised that workload priorities had impacted on their consistent achievement of the required standards of record-keeping.

The area's self-assessment indicated priority had been given to training for staff in writing in plain English and adopting a new approach to the promotion of child-centred practice. The impact of this work was not yet seen on the case records sampled. Managers acknowledged further work was required to embed the use of child-centred approaches within children's case records.

At the time of this inspection, the service area had 65 children (14%) who did not have a social worker assigned to co-ordinate their care. This had steadily increased since the previous inspection, and managers advised further increases were likely in the coming months given staff turnover and the time taken to fill vacant posts. The case records inspectors sampled of children who did not have an allocated social worker indicated their placements were stable. In the meanwhile, social care workers had met with the children under the service area's welfare visit arrangements. Foster carers and relevant other agencies were routinely informed about who to contact in the event of an unallocated child requiring additional support. This area of work remained a high priority for managers to ensure sufficient capacity to continue to meet statutory regulations.

Since the last inspection, the service area had strengthened its relationship with an advocacy organisation and sought to ensure the voice of children with a disability was clearly reflected in their care plans and reviews. Although the value of independent advocacy was evident in the fostering to adoption arrangements for one child, inspectors did not yet see a clear impact of wider work to enhance the participation of children with a disability in their reviews.

Inspectors considered that children could be supported to play a stronger role in the decisions about their care. This included participation in their child-in-care review meetings. For example, three case records of children between the ages of 10 and 12 years noted that children were too young to attend their meetings. There was no clear rationale or evidence of consideration being given to any additional support they might need to encourage their attendance. Managers advised that they expected that each child-in-care review record should clearly state why the child had not participated in the process. The area's service improvement plan had aimed to assist children to fully participate in their reviews by the end of 2022, however, the impact of this action was not adequately reflected in the sample of case records reviewed.

Case records did not provide a clear picture of the information children were provided with about their rights, including the support they could have if they wished to see their records. Managers advised all children and foster carers were provided with a copy of Tusla’s complaints procedure, but this was not consistently evidenced on their case records. The service area reported that it had not received any formal complaints from children in the previous year or in the current year to date. Overall, inspectors found that the visibility and learning from children’s feedback, including complaints that were resolved at a local level, required strengthening. This included regular monitoring and review of trends and of the impact of organisational responses in driving continual improvement in service quality.

Overall, the rights of children were recognised and safeguarded, with an appropriate range of services provided to ensure their needs were met, with additional help provided where required. Efforts were made to ensure children’s views and wishes were at the centre of their care arrangements, that children were safe, and that they were treated with dignity and respect. However, further work was required to strengthen their inclusion and voice in decision-making and to regularly inform children of their rights, including their right to complain.

Judgment: Substantially compliant

#### **Standard 4: Valuing diversity**

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

The service area rated its performance against this standard as substantially compliant. Inspectors agreed with this judgment.

Overall, inspectors found variable practice in the levels of recording of children’s diverse backgrounds and promotion of their identity. Where children were recorded as having other faith or ethnic backgrounds, this was not always adequately explored or evidenced in the support provided. There were some examples of detailed analysis of children’s individual needs and their care experience, but the quality of oversight was largely dependent on the stability of the caseworker and their relationship they had built with the child. Gaps remained in the area’s capacity to place children with foster carers with a shared ethnic or faith heritage, or who had experience of caring for children from diverse backgrounds. At the time of this inspection, 248 children (52%) were placed with foster carers who shared children’s cultural, ethnic or

religious backgrounds. Children's wishes not to be placed with a foster family who shared a similar faith or ethnicity was respected and sensitively managed.

Front-line practitioners were open and supportive in helping children explore any questions they had about their sexual identity or sexuality. Translators and interpreters were used to help strengthen communication with family members whose first language was not English. However, not all case records provided a clear picture of children's faith needs or their ethnic backgrounds including their wishes and any support they required in the practice or non-practice of their faith. This included children from an Irish Traveller heritage as well as children from Ireland's new communities or other religions. In some cases sampled, there was just a brief reference to a child's white Irish traveller heritage and their care plan did not provide any further information in relation to family traditions.

Inspectors found examples of good practice where foster carers had worked closely with children's birth families to promote their faith, foods, dance and music. These records demonstrated the quality of relationships and respect shown by foster carers in promoting the things that mattered to children and their families in relation to their upbringing. Inspectors also found some gaps in the promotion of children's cultural backgrounds, with a reliance on foster carers taking the lead role in helping children understand and explore their identity. In one case record, while the child's care plan acknowledged the need for them to understand their background and history, this had not been adequately planned for. This was raised with managers who provided a detailed plan of future shared actions to address this.

The service area reported it had 41 children who had been diagnosed with a disability. Case records of children with complex needs, including children with disabilities or emotional and behavioural needs, demonstrated recent improvements in the identification of their specialist needs and of the range of services best placed to support them. The establishment of the new therapeutic team brought significant additional capacity to provide a joined up, holistic assessment and review of children's needs. A range of multi-disciplinary professionals were working together to provide a co-ordinated response to children's needs. They also provided additional support to foster carers and consultation to front-line staff and their managers. The new team promoted the development of integrated plans to ensure children received the levels of intervention they needed. The provision of information about the team's work to children, their families and foster carers would assist in raising awareness of additional help available.

There was generally good attendance by other professionals and agencies at the reviews of children with a disability or complex needs. Records also clearly noted when children were still waiting for a specific service, and the length of delays.

Senior managers approved funding for children with additional needs where there was evidence of limited local capacity, including in relation to the expected levels of HSE provision.

Further improvement was required in the joint planning and delivery of specialist services for younger children through the Tusla/HSE joint protocol. Inspectors' review of the joint meeting minutes indicated for example, a five month delay in chief officers meeting to progress decisions on individual cases. Meetings at other levels, such as area manager and head of disability services occurred regularly, and were responsive to crisis situations, however sign off from chief officers was required for decisions about escalated cases including where foster carers said they were unable to continue to provide care.

The service area had conducted a manual check in advance of the inspection of the numbers of children in its care that had been experienced bullying or racial harassment. Feedback from front-line practitioners indicated there had been 13 bullying incidents and one incident of racial abuse. An inspector reviewed four of these records for the quality of practice. Risks to children were clearly recorded in two of them, with appropriate follow-up with the children and their foster carers to see what, if anything, had changed for them. This also included further discussions with other professionals in settings where discrimination had been reported. Service managers recognised the risk of under-reporting, and were committed to strengthening their understanding of and processes for safeguarding children exposed to poor treatment. They would welcome further training, direction and guidance from Tusla's national office about best practice in the management of such incidents and how best to support children so affected to speak out and to feel safe.

Overall, inspectors found a mixed picture in the extent to which children's diverse needs were explored and supported. While there were examples of effective practice in helping children understand their individual backgrounds and preferences, with growing recognition of their racial and cultural heritage, there was further work required to ensure front-line staff and foster carers had sufficient knowledge, confidence and skills in responding to the diversity of children in their care.

Judgment: Substantially compliant

## Standard 6: Assessment of children and young people

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

The service area rated its performance against this standard as substantially compliant. Inspectors did not agree with this judgment and rated it as compliant.

Overall, individual assessments of children's needs were of good quality, undertaken in a timely manner and provided a clear picture of children's needs at the point of or soon after they were placed in foster care. The service area reported 61 children had been placed in care in the last 24 months, and all had an assessment of their needs completed prior to their placement. A total of 11 children had been placed in an emergency in the last 12 months, and in these cases, an assessment of their needs had been completed within six weeks in line with placement regulations. The assessments of 47 children were identified as ongoing, given that additional needs or risks to children's development had been identified.

The assessment of children's needs on their admission to care was timely and reflected Tusla's role and accountabilities for protecting children at ongoing significant harm of abuse or neglect. This included the assessments of new-born babies who were discharged from hospital into the care of foster carers. The establishment of the regional therapeutic team provided important capacity to ensure the welfare needs of all children placed in care were recognised and supported through the development of individual therapeutic intervention plans. In most cases, admissions to care were planned in advance, although the quality of early planning was increasingly impacted by the availability of foster carers. Service staff aimed to ensure children were introduced to foster carers prior to coming for an overnight stay, but this was not always possible in emergency situations.

The service area had appropriate systems in place to ensure children admitted to care were medically assessed for any health inequalities and received relevant health checks and immunisations. Public health nurses were advised of the placement of children under five years in foster care, and case records indicated their ongoing role in supporting foster carers to help children achieve their developmental milestones or address issues such as sleep and diet. Attachment assessments were increasingly undertaken for children who had experienced trauma, including parental neglect. This was helping to build shared understanding of risks to their safety and inform individual behaviour and support strategies. The assessments of children with complex needs contained relevant risk assessments and safety plans, and set out clear boundaries and routines to help foster carers manage their care.

Social work practice recognised the changing needs of children over time as they adapted to their new care placement, with recognition of progress made and ongoing challenges, including any escalation of risk to their emotional wellbeing, behaviours or safety. Assessment of children's needs was evidenced in different ways through initial assessments, social work reports for child-in-care reviews or court and specialist assessments undertaken by other professionals. Such assessments were shared with relevant others including children's foster carers and their birth parents (as appropriate). Foster carers were strong advocates in ensuring children received the additional support they needed to thrive and feel safe in their care.

Overall, inspectors found assessments of children were timely, of good quality and provided a clear and comprehensive picture of children's needs. Social work practice reflected the changing needs and risks to children's safety over time with additional specialist assessments undertaken for children with high or complex needs.

Judgment: Compliant

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

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

The service area rated its performance against this standard as not compliant. Inspectors agreed with this judgment.

The service area continued to experience difficulties in matching children to foster carers who were best placed to meet their individual needs. Matching records were held on the area's electronic shared drive and were not consistently available on children's or foster carers' individual records. Inspectors found that decisions about matching and the use of Tusla's approved matching tool were not embedded or easy to locate on some children's or foster carers' records. Practice overall was variable, and, in some cases, placement decisions did not sufficiently consider the likely longer-term impact on other children living in the household. The rationale for why a foster carer was not considered suitable was also not consistently recorded. Children told inspectors they knew little about their foster carers before they were placed, with few children being able to meet or have introductory visits before they moved.

Staff were responsive when they identified placements under stress, and the service area had commissioned a range of additional support for children. Additional support was also provided to foster carers in recognition of the high and complex needs of some of the children they were caring for. Overall 109 out of the 401 foster carer

households (27%) were in receipt of additional supports or enhanced payments. Exploration of the need for special foster care arrangements was still at an early stage regionally and nationally in relation to Tusla's implementation of its Strategic Plan for Foster Care Services for Children and Young People (2022-2025).

Pre-disruption and post-placement breakdown meetings were not always held or reviewed in a timely manner. There remained some delays in the relevant foster care committees being informed. Managers had recognised the need to promote shared learning from placement disruptions and following the last inspection, had introduced a new standard operating procedure (SoP). This highlighted work in progress to embed a multi-disciplinary approach to learning from such events. Improvements had been identified and included the need to routinely convene 'placement at risk breakdown' meetings and ensure the involvement of foster carers, parents, children, social workers and relevant others in jointly exploring the reasons for the placement breakdown. This new approach aimed to inform future planning for children and any additional support required by foster carers.

Concerns about the range and availability of placements to meet children's diverse needs were clearly outlined within the area's self-assessment, placement meeting minutes and management records. The impact for children from multiple placement moves including risks to their increased vulnerability was detailed in some children's records. Inspectors found that direct work was sensitively undertaken with one young person to help them understand why they had to move placements, but this approach was not always evident. Managers sought to reduce risk of placement breakdown through more frequent and joint visits to children and foster carers, with additional training and support provided to foster carers and time out/respice for children at points of crises. Managers were also seeking to build local capacity so that more children could be placed with foster carers that reflected their cultural, ethnic and religious heritage. Fostering request forms had been revised to promote increased awareness of cultural matching requirements.

Service managers had identified an increase in placement breakdowns for children across the age range, with a total of 21 children experiencing a placement disruption over the past 12 months. This included a growing trend in placement disruptions in relation to older children who no longer wished to remain in foster care. Alternative options such as supported lodgings were being developed for some of these young people. Appropriate safety planning was in place for children who wanted to return home to their birth families. Managers acknowledged further analysis of the number and nature of placement breakdowns children had experienced would help strengthen their oversight of matching arrangements.

Front-line practitioners and managers told inspectors about their increased concerns due to delays and lack of capacity to find the best match for children, recognising the temporary 'holding' nature of some placements. Case records evidenced visits were being promptly made to prospective relative foster carers to assess their suitability and the viability of a potential placement prior to the initial assessment being progressed. On occasion, this had appropriately led to a child not being placed with relatives.

It was of concern to inspectors that breaches of foster carer's approval status had increased since the last inspection. In August 2022 the service area had 14 foster carer households caring for children above the numbers they were approved for. This has increased to 22 at the time of this inspection. Of these, five households were each caring for four children. This was largely due to not having sufficient emergency placements or lack of options for children whose previous placement had broken down. While the service area positively encouraged a wide range of foster carer applicants, it needed to further strengthen its assessment and matching processes for single carers to ensure they had sufficient back-up support when caring for children with intensive support needs or complex behaviours.

At the time of the last inspection, concerns were raised about the number of children who were assessed as suitable for foster care, but given the severe shortage of placements, had ended up in residential care. Managers advised fewer children were having to be admitted to residential care this year to date, and that the numbers of children placed in residential care were relatively stable. However, a few children continued to live in a residential care setting where foster care had been assessed as the more appropriate option. These children continued to be discussed within placement meetings but other family-based options were not available.

An inspector observed a placement planning meeting which took place on a weekly basis. The meeting was well-managed, discussion about individual children was detailed and accountabilities for follow-up actions were clear. The process also ensured relevant changes were made to the foster carer panel at the time new placements were confirmed. Meeting members explored the capacity of foster carers, and sought to find the best fit in relation to children's needs and continuity of family contact. The process also included weekly review of children awaiting a suitable match and where there were growing concerns about a potential placement breakdown.

The service area had prioritised long-term planning for children in stable placements. In the last 24 months, a total of 56 foster carers had obtained enhanced rights which enabled them to be more responsive in caring for children who had been placed with them for over five years. In addition, six children had been adopted. At the time of

this inspection, 48 children were awaiting approval of a long-term placement. A total of 66 long-term placements had been approved in the previous 12 months. The service area had convened two additional foster care committees in June to reduce its backlog of long-term matches.

The sample of records seen by inspectors indicated decisions were appropriate and had been informed by consultation with all members of the foster carer's household and relevant others. Documentation submitted for approval of long-term matches to foster care committees provided a clear picture of the children's life and the additional help they received or still required. At the time of this inspection, nine children were awaiting a suitable long-term placement match. Three of whom had been waiting for longer than three months.

The service area's matching processes required further development to ensure children were consistently placed with foster carers who had sufficient capacity and expertise to care for them. The continued increase in foster carers who were caring for higher numbers of children than they were approved for and tackling the increase in placement breakdowns remained priority areas for improvement. Progress against this standard relied on the effectiveness of the area's recruitment and retention of foster carers which is detailed in the next section of this report.

Judgment: Not compliant

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

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

The service area rated its performance against this standard as not compliant. Inspectors agreed with this judgment.

Shortfalls in the availability of foster carers had reached crisis point despite the area organising two recruitment campaigns in the past 12 months, with relatively high numbers of foster carers continuing to exit the service. There were ongoing gaps in the range, diversity and responsiveness of the area's existing foster care panel. Despite significant efforts made by the fostering team including national searches, bespoke campaigns and approaches to private foster care agencies, delays in finding suitable permanent homes for children were increasing.

A total of 16 foster carer households had been approved over the previous 12 months. Ten of these were relative foster carers, two were general foster carers, one was approved for respite/supported lodgings and three were non-statutory foster carers. The area also had a total of 13 foster carers undergoing assessment following its recent campaigns. A total of 38 foster carers were from other ethnic backgrounds and this had been identified as an area to strengthen to reflect the changing profile of children in care.

The service area's local campaigns included a specific campaign to inform and seek expressions of interest from its local Traveller/Roma population. This had not led to any new foster carers coming forward for assessment. The service area was linked into the national campaign (in progress at the time of this inspection), and had relevant arrangements in place to ensure a timely response to any potential applicants from its Traveller or Roma communities.

A direct consequence of the area's shortfall in foster carer placements was that children were having to stay longer in what had been designated as emergency or short-term placements. Front-line staff expressed their concerns to inspectors about the impact the area's lack of sufficiency of foster carers was starting to have on children's capacity to form secure emotional attachments and relationships. Review of case records indicated that one young child had refused to return home to their primary foster carers after a period of respite. Front-line staff positively responded to the wishes of the child and ensured their placement was changed to where they felt more comfortable. However, current levels of resource overall could not consistently offer this level of flexibility.

Since the last HIQA inspection, the Mid West been working to strengthen its support for foster carers. The area's recruitment and retention plan (2023) outlined some good initiatives to enhance the knowledge and skills of its foster carer resource. The foundation training and induction of foster carers was being strengthened. A new peer mentoring post for foster carers had been recently advertised. The service area expected foster carers to do two training courses each year. However, not all foster carers had yet completed their mandatory Children First training, which needed to be urgently addressed.

Foster carers were being supported to be more actively involved and had contributed to identifying service development priorities including giving feedback on what was required to support their retention. The service area was making good use of social media and community organisations to profile local need. Front-line practitioners ensured prompt follow up of all enquiries, with all prospective foster carers contacted within three working days. Seven information meetings had been held to assist 80 prospective foster carers understand the role and their accountabilities. From this,

thirteen enquiries had progressed to the stage of assessment. The outcome and levels of interest generated by each campaign was carefully considered to promote learning from past activity. Trends were monitored in relation to the suitability and engagement of prospective foster carers at all stages from enquiry, through assessment to the process of approval. Since the last HIQA inspection the Mid West had continued to use external agencies for the assessment of prospective foster carers. However, having recently achieved full staffing of its fostering teams, plans were progressing to deliver all such activity internally at a locality level.

The Mid West had strengthened its informal arrangements for meeting foster carers, including the promotion of coffee mornings. It had commissioned an advocacy organisation to help strengthen the voice of foster carers and promote wider learning from their feedback on the issues that mattered most to them. The level of foster care payments in Ireland has not been increased for a significant period of time coupled with their lack of entitlement to pension rights were also noted as barriers to attracting and retaining foster carers. These issues have been escalated to Tusla's national office and in turn to the Department for Children, Equality, Disability, Integration and Youth, but have not yet led to change.

Since the last inspection, the service area had strengthened the levels of support for foster carers, including newly approved foster carers. Positively for the first time, since 2019, all foster carers had an allocated fostering link social worker. This was leading to a higher quality of support for foster carers, as practitioners were able to move from phone contact to strengthening their relationships and visiting foster carers and seeing children in their care. This additional capacity was helping to ensure foster carers had up-to-date Garda vetting, health checks and mandatory training.

Such data was now being regularly reviewed within fostering governance meetings. In June 2023, one locality had identified it had 56 general foster carers and 31 relative foster carers who still needed to complete Children First training. Going forward, managers expected relevant checks and mandatory training would be a core part of foster carers' approval and review processes.

The capacity of foster carers to provide a safe and caring environment for children, to work in partnership with Tusla, and to attend training were carefully considered within foster carer assessments, support and supervision visits and reviews. Foster carers were encouraged to outline the additional support they or the children they were caring for, needed. The reasons for their acceptance or refusal of additional support were duly noted. Foster carers also reported feeling supported through the increasing involvement of the therapeutic team and additional training provided to

help them understand children's past experience of trauma and their difficulties in forming attachments.

A total of 34 foster carers had exited the foster carer panel in the last twelve months and seven foster carers were removed. All were offered an exist interview, but of these, only 18 chose to have an exit interview. This was recognised as an area of practice to strengthen to inform future service development activity. One exit interview record indicated the need to strengthen processes for the transfer of foster carers assessed by another service area. Overall the majority of these placements had come to a natural end as the child aged out of the service or foster carers reached the age of retirement.

Foster carers reported the fostering experience had been a positive one for them and their families. They valued training in areas such as trauma in helping them better understand the needs of the children they cared for. They also said they thought there was a need to strengthen mental health services for children in care.

Overall, the service area continued to face significant shortfalls in the capacity and expertise of its foster carer resources to meet ongoing levels of demand and the diverse needs of children being placed in foster care. Having fully staffed local fostering social work teams should help strengthen the assessment, review and support of its foster carers. However the impact of improvement work had yet to be fully realised.

Judgment: Not compliant

**Appendix 1:  
National Standards for Foster Care (2003)  
and  
Child Care (Placement of Children in Foster Care)  
Regulations,<sup>3</sup> 1995**

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

<sup>3</sup> Child Care (Placement of Children in Foster Care) Regulations, 1995

<sup>4</sup> Child Care (Placement of Children with Relatives) Regulations, 1995

# Compliance Plan for Mid West Service Area Foster Care Service OSV – 0004403

Inspection ID: MON\_0040765

Date of inspection: 10-12 July 2023

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

**Compliance plan provider’s response:**

Standard Heading	Judgment
<b>Standard 1: Positive sense of identity</b>	Substantially compliant
<p>Outline how you are going to come into compliance with Standard 1: Children and young people are provided with foster care services that promote a positive sense of identity.</p> <p>The following outlines the actions to achieve compliance in Standard 1.</p> <ol style="list-style-type: none"> <li>1. A pre-review checklist form has been developed to include the details of all parties invited to child in care reviews and documenting their participation pre review and/or at the child in care review. A section will also include a written explanation if a child was not invited. This form will be uploaded on the child’s records on TCM by the child in care review chair (Child in Care Review Chairs Q4 2023)</li> <li>2. Training will be delivered on participation using the pre review checklist form at the next scheduled large alternative care meeting for children in care staff.( Principal Social Workers Children in Care 14.09.23)</li> <li>3. Training will be delivered on informing children how to make a complaint and how to resolve complaints informally and upload these to the complaints log at the next scheduled large alternative care meeting (Principal Social Workers Children in Care 14.09.23)</li> <li>4. Face to face area training to be delivered to train Children in Care Social Work and Social Care staff in the words and pictures framework to improve direct work with children and young people. (Practice Lead Signs of Safety Q3 2023)</li> <li>5. Two additional Social Care Worker posts to increase the pool of Social Care staff to provide direct work with children are currently being processed for filling.(Business Support Manager Q3 2023)</li> <li>6. The monthly HRM meetings continue to progress the filling of every social care and social work vacancy. (Regional Business Support Manager 2023)</li> </ol>	
<b>Standard 2: Family and friends</b>	Substantially compliant

Outline how you are going to come into compliance with Standard 2: Children and young people in foster care are encouraged and facilitated to maintain and develop family relationships and friendships.

The following outlines the actions to achieve compliance in Standard 2

1. Training will be delivered on sibling access discussion at every Child in Care Review. (General Manager Alternative Care 14.09.23)
2. Training will be delivered on access decisions changing from supervised to unsupervised access, only to be made at a Child in Care review. Decisions will be communicated to each child, parent and carer on any changes to their access plan. (General Manager Alternative Care 14.09.23)
3. Training will be delivered on children’s friendships to be explored at all statutory visits and where practical and in the child’s best interests to be facilitated through the following, gaming online, hobbies, arranged meetings, social media and birthday parties. (General Manager Alternative Care 14.09.23)
4. There is an ongoing programme of accommodation to continue to provide tailored access venues in the Area, this includes the opening of the Tusla facility in the Newcastlewest primary care centre. (Business Support Manager Q3 2023)

**Standard 3: Children’s rights**

Substantially compliant

Outline how you are going to come into compliance with Standard 3: Children and young people are treated with dignity, their privacy is respected, they make choices based on information provided to them in an age-appropriate manner, and have their views, including complaints, heard when decisions are made which affect them or the care they receive.

The following outlines the actions to achieve compliance in Standard 3  
Standard 3

1. A compliance plan on the use of CCTV cameras as restrictive practice was developed by the Area Manager and General Manager for Alternative Care on the 12.07.23. All actions as accepted by HIQA have now been completed. (General Manager for Alternative Care 11.08.23)
2. The Area Manager escalated the risk of the use of CCTV cameras as restrictive practice nationally and a working group has been identified to develop national guidance on the use of CCTV cameras as restrictive practice in foster homes. The General Manager for Alternative Care has been nominated as a member of this national working group. (General Manager Alternative care 12.07.23)

3. A pre-review checklist form has been developed to include the details of all parties invited to child in care reviews and documenting their participation pre review and/or at the child in care review. A section will also include a written explanation if a child was not invited. This form will be uploaded on the child's records on TCM by the Child in Care Review Chair (Child in Care Review Chairs Q4 2023)
4. Training will be delivered on informing children how to make a complaint and how to resolve complaints informally and upload these to the complaints log at the next scheduled large alternative care meeting (Principal Social Workers Children in Care 14.09.23)
5. All complaints and trends are reviewed in quarterly QRSI meetings and service improvements are identified to address identified needs. (General Manager Performance Support and General Manager Alternative Care Q3 2023)
6. Training will be delivered on participation using the pre review checklist form at the next scheduled large alternative care meeting for children in care staff.( Principal Social workers Children in Care 14.09.23)
7. All young people with a moderate to severe disability to be referred to EPIC by their allocated social workers for an advocacy service. (Children in Care Social Workers Q3 2023)
8. A Fora for Children in Care with a focus on participation and service improvement will be developed in the Area. (General Manager Alternative Care Q2 2024)
9. Training will be provided in how to utilise staff mobile phones post access or statutory visits for case recording and uploading on TCM thereafter.( User liaison Officer Q3 2023)

**Standard 4: Valuing diversity**

Substantially compliant

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

The following outlines the actions to achieve compliance in Standard 4

1. A tracker will be developed to track all incidents of bullying and racism in the Area. (General Manager Alternative Care Q4 2023)
2. This tracker will be reviewed at the first Alternative Care meeting in each quarter and service improvements will be developed to address any identified needs in the Area. (General Manager Alternative Care Q2 2024)
3. Front-line staff PDP's are reviewed every six months and where there is an identified need for diversity training staff will complete the online training modules on diversity on HSELand. The staff member will forward certificates of completion to

their supervisor for the supervisor file once identified modules are complete. (Social Work Team Leader Q1 2024)

4. All young people with a moderate to severe disability to be referred to EPIC by their allocated Social Workers for an advocacy service. (Allocated Social Workers Q3 2023)
5. Diversity training will be delivered to foster carers in the Area. (Social Care Leader/Fostering Team Leader Q4 2023).
6. An information leaflet about the Areas therapeutic services to be developed for dissemination to all foster carers in the Area. (General Manager Therapeutic Services Q4 2023)

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

Not compliant

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.

The following outlines the actions to achieve compliance in Standard 8

**Standard 8**

1. Training will be delivered to fostering and children in care staff on the matching process to ensure full compliance with the matching procedures. (Principal Social Worker Fostering 14.09.23)
2. Matchings of children and carers will be reviewed as a standing item in individual staff supervision for fostering and children in care staff to ensure compliance with the matching process. (Social Work Team Leaders Q3 2023)
3. Long term matchings will be reviewed at monthly alternative care meetings by the General Manager to manage and oversee the consistent implementation of the matching process. (General Manager Alternative Care Q3 2023)
4. Long term matchings will be reviewed by the General Manager at bi-monthly FCC Governance meetings to manage and oversee the consistent implementation of the matching process (General Manager Alternative Care Q3 2023).
5. Local guidance will be developed and implemented in practice to provide additional supports where children are placed in foster homes exceeding the foster carers approval. (Principal Social Worker Children in Care Q3 2023)
6. Training will be delivered to fostering and children in care staff on the disruption SOP to ensure full compliance with the disruption procedures. (General Manager Alternative Care 14.09.23)

7. Review of the supported lodgings providers register and review of each provider to progress the capacity in supported lodgings and development of supporting lodgings scheme in the Area to meet the needs of older young people in the Area is in progress. (Supported Lodgings Coordinator/ Fostering Team Leader Q4 2023)
8. A draft SOP for the provision of an emergency panel of carers has been developed for implementation. A business case will be developed to submit a proposal for funding for a pilot of six months, if successful an implementation plan will be devised. (General Manager Alternative Care Q4 2023)
9. Continued implementation of the 2023 recruitment and retention plan to retain and support carers and to recruit additional carers including carers from specific ethnic/cultural background. (Principal Social Worker/Social Care Leader Q4 2023)
10. The Mid-West is currently progressing the appointment of a 0.5 WTE Grade VI Recruitment and Retention officer in the Area to progress the ongoing retention and recruitment of a wide pool of foster carers to meet children's individual needs. (Business Support Manager Q4 2023)
11. The Mid-West Fostering Principal Social Worker is a member of a national working group to progress the fostering strategy and to plan for further recruitment. The Mid-West will implement all initiatives that promote retention and recruitment of foster carers. (Principal Social Worker Fostering Q2 2023)

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

Not Compliant

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.

The following outlines the actions to achieve compliance in Standard 21

Standard 21.

1. All foster carers in the Area with children in placement are now allocated a link worker (Fostering Link Workers Q2 2023)
2. The Mid West is currently progressing the recruitment of a 0.5 WTE Grade VI Recruitment and Retention officer in the Area to progress the ongoing retention and recruitment of a wide pool of foster carers to meet children's individual needs. (Business Support Manager Q4 2023)
3. The Mid West is currently progressing the recruitment of a Fostering peer mentor to support foster carers (Business Support Manager Q3 2023)

4. The Mid West will continue to implement the 2023 recruitment and retention plan to retain and support carers and to recruit additional carers including carers from specific ethnic/cultural background. (Principal Social Worker/Social Care Leader Q4 2023)
5. The Mid West will specifically target localised recruitment of foster carers in North Tipperary and if successful this will be replicated in Clare and Limerick. (Fostering Team Leaders Q3 2023)
6. The Mid-West Area will coordinate and deliver an online national recruitment session (Fostering Team leader Q4 2023)
7. A draft SOP for the provision of an emergency panel of carers has been developed for implementation. A business case will be developed to submit a proposal for funding for a pilot of six months, if successful an implementation plan will be devised (General Manager Alternative Care Q4 2023)
8. The Mid-West Fostering Principal Social Worker is a member of a national working group to progress the fostering strategy and to plan for further recruitment. The Mid-West will implement all initiatives that promote retention and recruitment of foster carers. (Principal Social Worker Fostering Q2 2023)
9. Children's first training for all fostering carers is now included in performance data and reviewed at monthly fostering governance meetings to work towards full compliance. (General Manager for Alternative Care Q3 2023)
10. The area will continue to offer an exit interview to all carers who are exiting or being removed from the panel of carers. These interviews are analysed, and recommendations made in the annual foster care committee report. Implementation of these recommendations are overseen in the bi-monthly FCC governance meeting (General Manager Alternative Care Q4 2023)
11. The area will continue to advocate and escalate the need of a review of the fostering allowance in-line with cost-of-living increases to the DCEDIY to recruit and retain foster carers. (General Manager Alternative Care Q3 2023)

## Section 2:

### Standards to be complied with

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

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

Standard	Regulatory requirement	Judgment	Risk Rating	Date to be complied with
Standard 1	Children and young people are provided with foster care services that promote a positive sense of identity.	Substantially compliant	Yellow	30.12.23
Standard 2	Children and young people in foster care are encouraged and facilitated to maintain and develop family relationships and friendships.	Substantially compliant	Yellow	30.09.23
Standard 3	Children and young people are treated	Substantially compliant	Yellow	30.06.24

	with dignity, their privacy is respected, they make choices based on information provided to them in an age-appropriate manner, and have their views, including complaints, heard when decisions are made which affect them or the care they receive.			
Standard 4	Children and young people are provided with foster care services that take account of their age, stage of development, individual assessed needs, illness or disability, gender, family background, culture and ethnicity (including membership of the	Substantially compliant	Yellow	31.01.24

	Traveller community), religion and sexual identity.			
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.	Not compliant	Orange	30.12.23
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.	Not compliant	Orange	30.12.23