



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

Name of service area:	Galway/Roscommon
Type of inspection:	Focused Inspection
Date of inspection:	6 – 9 August 2024
Fieldwork ID:	MON-0044032
Lead Inspector:	Adekunle Oladejo
Support Inspector(s):	Grace Lynam Sheila Hynes Bernadette Neville Mary Wallace

## About this inspection

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

HIQA is authorised by the Minister for Children, 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 Galway Roscommon service area. The scope of the inspection include Standards 3, 6, 8, 10, 19 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 the relevant managers, child care professionals and with foster carers. Inspectors observed practices and reviewed documentation such as children's files, policies and procedures and administrative records.

The key activities of this inspection involved:

- the analysis of data submitted by the area
- interview with:
  - the area manager
- focus groups with:
  - three principal social workers. Two from children in care teams and one principal social worker for fostering
  - four social work team leaders
  - eleven front-line staff across the children in care and fostering teams
  - four children
  - six foster carers
- observations of:
  - matching panel meetings
  - foster care committee meeting
- the review of:
  - local policies and procedures, minutes of various meetings, staff supervision files, audits and service plans
  - a sample of 42 children's and 12 foster carer's files
- telephone conversations with:
  - a sample of three parents, two children and five foster carers.

### **Acknowledgements**

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

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

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

Tusla has responsibility for a range of services, including:

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

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

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

### **Service area**

County Galway is the second largest county in Ireland, while Roscommon is the eleventh largest county by area. Galway and Roscommon saw a population increase of 25,494 during the period 2016 to 2022. County Galway recorded an increase of 7.8% and Galway City recorded a growth rate of 7.3%. Roscommon experienced an 8.9% increase in population over this time which is significantly above the national average of 8%. Data published by Tusla in 2023 showed that the Galway Roscommon service area had a population of children aged between 0-17 years of 79,912.<sup>2</sup>

The Galway Roscommon service area is one of four Tusla areas within the West North West region. The service area is managed by the Area Manager under the

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<sup>2</sup> Annual Review on the Adequacy of Child Care and Family Support Services Available – 2022 (Tusla website, July 2023).

direction of the Regional Chief Officer for Tusla's West/North West region. The alternative care service in Galway Roscommon consists of four children in care social work teams, three foster care teams and two aftercare teams. There is a dedicated placement support team based in Galway. Children in Care, fostering and aftercare teams are based across the counties in co-located offices in Galway City, Oughterard, Tuam, Loughrea and Ballinasloe Co. Galway and in Roscommon town, Boyle and Castlerea in Co. Roscommon.

The management structure of the alternative care service comprises of one fostering principal social worker (PSW) who manages the foster care service in both counties. One PSW manages the children in care service in Galway and another PSW manages the children in care service in Roscommon and the aftercare service in both counties. PSWs reported directly to the area manager and oversee the work of the social work team leaders. Each fostering and children in care team was led by a social worker team leader. A team leader's post within children in care team in Roscommon was vacant at the time of the inspection. Team members for both fostering and children in care teams included senior social work practitioners, social workers, social care leaders, social care workers and a project worker. Aftercare services and placement support team members consisted of social care managers and social care leaders.

From the data provided by the Galway Roscommon service area prior to the inspection, the area had a total of 338 children in foster care. All children except eight were living within the service area boundaries. The vast majority of children - 270 were placed in general foster care, 63 children were placed in relative foster care and five children were placed in private foster care. There were 28 children awaiting a foster care placement. Of these, eight had been waiting for more than three months. Forty three children were awaiting approval of a long-term foster care placement. A total of 28 children had been placed in foster care in an emergency since 1 August 2023. In addition, there were 87 children admitted into foster care in the past 24 months and 39 children had experienced a change of placement during the same period.

The Galway Roscommon service area foster care panel consisted of 221 foster care households which included 182 general foster care and 39 relative foster care households. There were 33 special foster care households<sup>3</sup> in the area and 45 foster carers were from diverse cultural background. There were 15 available respite placements and 24 available foster care placements. 25 foster carers had left the panel voluntarily since 1 August 2023. In the 12 months previous to the inspection, 84 new enquires were received about becoming a foster carer, 15 of these had progressed to the application stage.

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<sup>3</sup> Foster care households where additional resources such as additional training, respite support, and enhanced payments were allocated in order to support the placement.

## Compliance classifications

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

The compliance descriptors are defined as follows:

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

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

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

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

National Standards for Foster Care		Judgment
Standard 3	Children's Rights	Compliant
Standard 6	Assessment of children and young people	Compliant
Standard 8	Matching carers with children and young people	Substantially Compliant
Standard 10	Safeguarding and child protection	Not Compliant
Standard 19	Management and monitoring of foster care services	Substantially Compliant
Standard 21	Recruitment and retention of an appropriate range of foster carers	Substantially Compliant

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

Date	Times of inspection	Inspector	Role
6 August 2024	09:00hrs to 17:30hrs	Adekunle Oladejo	Lead Inspector
	10:00hrs to 17:30hrs	Sheila Hynes	Support Inspector
	09:30hrs to 17:30hrs	Grace Lynam	Support Inspector
	09:30hrs to 17:30hrs	Bernadette Neville	Support Inspector
	09:00hrs to 16:00hrs	Mary Wallace	Support Inspector
7 August 2024	09:00hrs to 17:30hrs	Adekunle Oladejo	Lead Inspector
	09:00hrs to 17:30hrs	Sheila Hynes	Support Inspector
	09:00hrs to 17:30hrs	Grace Lynam	Support Inspector
	09:30hrs to 17:30hrs	Bernadette Neville	Support Inspector
8 August 2024	09:00hrs to 17:30hrs	Adekunle Oladejo	Lead Inspector
	09:00hrs to 17:30hrs	Sheila Hynes	Support Inspector
	09:00hrs to 17:30hrs	Grace Lynam	Support Inspector
	09:00hrs to 17:30hrs	Bernadette Neville	Support Inspector
9 August 2024	09:00hrs to 17:00hrs	Adekunle Oladejo	Lead Inspector
	09:00hrs to 16:00hrs	Sheila Hynes	Support Inspector
	09:00hrs to 16:30hrs	Grace Lynam	Support Inspector
	09:00hrs to 16:30hrs	Bernadette Neville	Support Inspector

## Children's experience of the foster care service

Children's experiences were established through speaking with a sample of six children, three parents, 11 foster carers and 19 professionals. The review of children and foster carers case files, complaints and records also provided additional information on the experience of children in foster care.

All children who spoke with inspectors expressed positive views about their experience of the foster care service. They all spoke highly of their social workers and other professionals working with them and said that they felt listened to. They said that they were aware of who to talk to, if they have any issues or concerns. One child said that "social workers are doing a good job, helping me understand what is happening". All children were happy with their social workers and other professionals working with them and said that they were visited regularly.

All children who spoke with inspectors reported that they were getting along very well in their foster care placements. They said that they were involved in decisions about their care and that their views were regularly sought. One child told inspectors that they chose not to attend their recent child-in-care review, however they were supported to fill in a 'me and my care plan' form so that their voice was heard at the meeting. All children expressed a good understanding of the child-in-care review process. The majority of children stated that they were happy with the level of contact they had with their social workers and other key workers.

All children told inspectors that they were supported to make choices in their day-to-day living. They spoke about what they liked, such as activities that they enjoyed. For example, one child said that participation in the youth fora had supported them in building new links and developing friendship. Another child involved in the youth fora told an inspector that "Tusla have been a great help...new friends, we have fun instead of staying at home". Inspectors spoke with a child without a social worker allocated to oversee their care. The child said that the social care worker working with them was very supportive and noted that "it does not feel like I don't have a social worker".

Some children gave feedback about areas for further improvement. One child spoke about the need for social workers to revisit the information about children in care with them because this 'information was given prior to their coming into care', and they were "too young to remember". Another child spoke about providing children with information on external advocacy services. Further examples of areas for improvements noted by the children included "more overnight trips with the fora".

All foster carers who spoke with inspectors said that children placed with them were getting a good service. They said that the foster care service promoted the rights of children and that the service was "child-centred" and "always about the child". They told inspectors that the needs of the children were being met and social workers were responsive to the children's changing needs. They were very positive of their working



relationship with the social workers and were complimentary of the support provided to them. They spoke highly of both their fostering link social worker and the child-in-care social worker. One foster carer said that they "could not praise them [social worker] enough". They stated that social workers were approachable and another foster carer said that their social worker was "absolutely brilliant". A foster carer told an inspector that they have had the same social worker for a long period of time and they found them "very understanding" and that they could "talk things out" with their social worker. Inspector also spoke with a foster carer who had no allocated link worker and they said that the child placed with them was being supported and their needs were being met. This foster carer said that there was support available to them and they know who to contact when required.

Some foster carers spoken with told inspectors that children placed with them had complex needs and they had a high level of support. They said that this had supported them to maintain their capacity to meet the needs of the children. One foster carer told inspectors that the child placed with them "is getting all the assessments they needed" and another foster carer added that "social worker keeps a good eye on everything" and that they "have access to counselling whenever its needed".

The majority of foster carers' views on the matching process were positive. They reported that they were given necessary information about the needs of children placed with them and their capacity to meet the children's assessed needs was taken into account. All foster carers spoken with told inspectors that they had access to training to further improve their knowledge and awareness of the safety of children in their care. In addition, all foster carers told inspectors that they were appreciated for the care that they provided for the children. One foster carer said that the support in place "made it easy" for them to care for the child, while another added that they "wouldnt be fostering if it wasn't for the support provided by their link worker".

Some foster carers also spoke about the importance of good relationship with the birth parents. Many said that they had positive relationships with birth parents and facilitated family contact as appropriate. They said that this had enabled a good experience for the children and supported a collaborative approach to meeting their needs.

Parents that spoke with inspectors expressed a mixed views about their experience of foster care service. All parents told inspectors that their views were sought about the care of their children. They said that they were involved in the child in care review process and that record of this was shared with them. However, one parent told inspectors that they were not provided with regular update about their child's care.

Overall, records reviewed by inspectors demonstrated that children were provided with good quality and a child-centred service. The majority of children whose case files were reviewed had up-to-date child in care reviews and statutory visits. There was evidence that actions where identified, were followed up within the agreed time frames. However, in some of the cases sampled, statutory visits and child in care

reviews did not consistently take place in line with the regulations. The child in care PSW assured inspectors that all overdue child in care reviews and statutory visits had been scheduled.

## Summary of inspection findings

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

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

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

- two standards were compliant
- three standards were substantially compliant
- one standards was not compliant.

From the sample of children who spoke with inspectors and those whose case files were reviewed, all children were supported to understand and exercise their rights. Inspectors found that all children were treated with dignity and respect. Their privacy was valued and respected and they were able to make choices, based on the information provided to them in an age-appropriate manner. All children were aware of the complaints process. They were supported to participate in decision-making and their views were actively sought, with feedback used to inform service delivery. Children's contact with family members where appropriate, was thoughtfully planned and it reflected the children's wishes, preferences and best interest.

Assessment of children's needs was carried out prior to their placement in foster care. Children placed in emergency foster placements had a timely and comprehensive assessment of their needs carried out. There was an area-based multidisciplinary therapeutic team in place in the Galway Roscommon area. The team works directly with children with complex or additional need as required. It also provided guidance and support in understanding children's needs, and served as a resource for staff and

foster carers on how best to meet children's assessed needs. Families were facilitated to participate in the assessment process and the outcome of assessments were shared with families, foster carers and children in an age-appropriate manner. Inspectors found good practice in respect of evaluating the appropriateness of placement when the circumstances of foster carers had changed.

Joint working arrangements with the Health Services Executive (HSE) were well established. Inspectors found that senior managers had good systems in place to address any challenges and they were proactive in ensuring effective interagency collaboration between the two agencies.

There were systems in place to support matching of foster carers with a child whose needs they would be able to meet. Most children benefited from being matched with foster carers who were capable and experienced in meeting their needs. However, an inadequate pool of foster carers meant that challenges remained to ensure that all children were in the most suitable placement based on their assessed needs. There was a formal matching process in place with a strong focus on placing children within their local community. A comprehensive placement request and matching tool was in use to evidence matching decisions. However, a number of records reviewed by inspectors did not have the matching records on file, in line with the area's policy. Therefore, decision-making was not clearly recorded on the children's files.

Safeguarding practice in the Galway Roscommon service area required improvement to ensure that foster carers and adult members of their households were appropriately vetted. Inspectors had concerns about the delay and drift in obtaining initial and vetting renewals for foster carers and adult members of their households in a timely manner. Inspectors escalated a case in respect of a child placed in foster care on an emergency basis where after six months there was still no initial An Garda Síochána vetting of the foster carer and adult members of their household completed. In addition, assurances were sought in respect to standard 10 and 19 from the area manager, in particular to the oversight and monitoring of foster carers vetting. Following the inspection, satisfactory assurances were received in respect to foster carers vetting and re-vetting.

There were clearly defined governance arrangements and structures in place that set out lines of authority and accountability. There were a number of quality assurance processes and management oversight systems in place. However, there were areas of monitoring and quality assurance systems that required strengthening. Improvement was required to ensure learnings from audits and action plans were consistently implemented. In addition, there were 12 children in the Roscommon area without an allocated social worker and one dual unallocated household.<sup>4</sup> This information was not accurately reported in the performance data published prior to the inspection.

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<sup>4</sup> Foster care households whereby neither the foster carer nor the child in placement with them had an allocated social worker.

Improvement was required in respect of reporting of children without an allocated social worker in line with Tusla's policy.

The Galway Roscommon foster care service did not have a sufficient number of foster carers to meet the diverse needs of children in the area. Despite the area's good performance in the region in terms of attracting enquiries from potential foster carers, there was a decrease in the number of foster carer household in the area when compared with the previous year. The area had lost more foster carers from their panel than they had recruited, despite a slight increase in the overall number of children in foster care placements.

### Standard 3: Children's rights

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

Children's rights were respected and promoted by the staff and foster carers. The service provided to children was child-centred and recognised rights of the child to be listened to, to participate in decisions about their lives and rights to make a complaint about any aspect of their care that they might be unhappy about. Children told inspectors that they knew their rights. Records reviewed demonstrated that children were informed of their rights and they were provided with child-friendly and accessible information, including complaint procedures. Children were provided with information about how they could access their records in accordance with their age, ability and stage of development.

Contact with family and siblings was promoted and supported by social workers and foster carers with most children having regular contact with their families as appropriate. Children's views about contact with family members were taken into consideration. Family contact took place in the foster carer's home where appropriate. This respected children's need for support and safety in a familiar environment.

Data provided by the service area prior to the inspection showed that all but eight of the 338 children in foster care placement in Galway Roscommon lived within the service area boundaries. This meant that children remained in their community and continued to maintain existing friendship and family relationship. Sibling groups were placed together where this was in line with their assessed needs to maintained family connections and give children the experience of growing up together.

Inspectors found that children's dignity was protected in respect to their personal care, appropriate to their age and individual needs. Foster carers and social workers were strong advocates for the children. They ensured that children's rights and

dignity were respected and promoted in line with their age and stage of development. Inspectors reviewed samples of child-in-care review and statutory visit records. All records reviewed demonstrated the promotion of and respect for children's rights and showed that children's views about all aspects of their care were sought and acted upon.

Staff and manager that spoke with inspectors demonstrated a good understanding of children's rights and how this was protected and promoted in practice. For example, during statutory visits, children were consulted in relation to their experiences in foster care and in understanding their rights, including rights to access their records and how to make a complaint. Staff told inspectors that they had received further training in respect of children's rights and how to promote this practice. Inspectors also found good examples of direct work on children's files, this was child-centred and focused on the individual child. For example, staff undertook story work to support children understand a diagnosis and when placements changed.

Children were encouraged and enabled to develop their abilities, aptitudes, skills and interests. Inspectors found that children were supported in their educational pursuit and where necessary, were provided with additional support to maximise their potentials. Children had access to a wide range of social and leisure activities in their local community and it was evident that children were facilitated to participate in their chosen activities.

Children were consulted and their views were taken into account in all decisions about their care. There was a system in place for seeking the collective views of children aged 13 to 18 years in the Galway area that were involved in the youth fora. This provided further opportunities for children to get their voices heard and contribute to service development and delivery. The objective of the fora was to provide children in care aged 13 to 18 the opportunity to meet other children with shared experience of being in care and come together as a group for fun activities. Feedback was sought from children in respect of how they wanted to use the fora and the response from this consultation was implemented. An example of this included children wanting to engage in activities rather than a formal meeting and more social events were organised as a result.

One of the service's key priorities for 2024 was to further strengthen children's participation by continuing to promote and develop a child participatory projects and activities for children in care, including the fora group and other local themed events across the area. While the fora was well established and benefiting children in care in Co. Galway, the arrangement in place for children in care in Roscommon was less formalised and required further development. Managers told inspectors that the children's interest in youth fora in Co. Roscommon was limited due to the profile of children in care in the county. They said that activities had been held twice a year, however children's attendance at these events had been poor. Children in care in Roscommon would benefit from a better structured youth fora, similar to the one in place for their counterparts in Galway.

Children were supported to make choices about their day-to-day living. Inspectors found that social workers and other workers engaged children in conversations about their preferences, from daily routines to long-term plans. Children's interests were explored and this promoted creativity and sense of control for the children. Children who chose not to attend their child in care review were provided with the option of completing a 'me and my care plan' form about what they would like to see happen. The service recognised the emerging trend in respect of communicating and getting feedback from children. Managers told inspectors that they were developing other innovative approaches to further strengthen the choices available to children regarding how to give feedback about their care and how the service is designed and delivered.

The rights of children to make a complaint and give feedback about their experience of the service was respected. The service area had a user feedback system in place to capture complaints and compliments received about the service. The quality risk and service integration (QRSI) governance group that consisted of the senior managers across different Tusla's services in the area met every four month and carried out the review of complaint and compliment trackers. It was evident that managers had a good oversight of the quality of the service and monitored complaints for emerging trends and issues.

Data provided by the area prior to the inspection showed that there were four complaints made by children in the 12 months prior to the inspection which were all closed at the time of the inspections. All four complaint were reviewed by inspectors and were found to be appropriately closed. One additional complaint was recently made and this was at the early stages of resolution. Inspectors found that complaints were well managed and in line with the provider's policy. Children's views were heard and taken seriously and appropriate actions were taken to resolve the complaint in a timely manner. Information was provided about the appeal process, as well as directions to other support service as required.

Managers from the Galway Roscommon service area had regular liaison meetings with external independent advocacy service. These meetings facilitated the strengthening of partnership and sharing of relevant information in order to enhance the lived experience of children in care and ensured an integrated approach in the promotion of their rights and wellbeing.

In summary, children's rights were recognised and promoted. Children were consulted about matters that affected them and their views and wishes were at the centre of their care arrangements. Children were treated with dignity and respect and they were informed of the complaint process. It is for these reason this standard is deemed to be compliant.

Judgment: Compliant

## Standard 6: Assessment of children and young people

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

For the majority of children in care in Galway Roscommon foster care service, the assessment of children's needs was carried out prior to their placement in foster care. In the case of emergency placements, an initial assessment and comprehensive assessment were carried out in a timely manner in line with timeline set out in the *National Standards for foster Care (2003)*. Assessments of children's needs were recorded in various reports such as initial assessment records, court reports, children's care plan and child in care reviews and placement request forms.

Data provided by the area indicated that in the 24 months prior to this inspection, 87 children were placed in foster care. Of these, 81 children had their assessments of need carried out prior to their placement, the remaining six had their assessment completed in a timely manner. Twenty eight children were placed on an emergency basis in the last 12 months. Children placed in an emergency were promptly visited by the social workers and their care plan took place without delays. Inspectors found that care planning process and statutory visits had a strong focus on the needs of children and represented an ongoing comprehensive assessment of children's needs in all areas including their physical, educational, identity, family and relationship, social needs, emotional and behavioural needs.

Inspectors reviewed 21 children's records for the quality and timeliness of their assessments of need and found that assessments of children's need were comprehensive and there was a multidisciplinary input as required. Records reviewed reflected a clear rationale for children's admission into care and it was evident that children's needs were assessed in a comprehensive manner, with different domains of needs explored. Children, their families and foster carers were encouraged and facilitated to participate in the assessment process. Needs of children were regularly reviewed with appropriate measures put in place to ensure that they were being met. For example, records of safety and risk management meetings reviewed by the inspectors showed that there was good information sharing with relevant person to support the placement.

Children with complex needs and disabilities were supported to reach their full potential. There were 48 children with disabilities in foster care placements in the area at the time of the inspection. There were 33 special foster care households where additional resources were allocated. Foster carers were supported to manage

children's complex needs by providing additional supports such as respite, enhanced payments, additional training and provision of adapted vehicles to support the mobility of children with disabilities. Children were supported to access additional supports services in order to meet their assessed needs. These included medical, educational, mental health, drug and addiction services, psychological services, occupational therapy and speech and language therapy. Outcomes of assessments were shared with the foster carers, children and their parents as appropriate.

The Galway Roscommon area management team demonstrated a commitment to ensuring that children in care with additional or complex needs were prioritised and had access to specialist assessments or interventions they required to promote their wellbeing and maximise their potentials. There was an area-based multidisciplinary therapeutic (MDT) team in place in the area. This team consisted of a senior psychologist and a speech and language therapist. The occupational therapist post within the team was vacant at the time of the inspection. The therapeutic team was well integrated into service delivery and staff said this team had a positive impact on children. The team worked directly with some children with complex or additional needs. It also provided guidance and support in understanding children's needs, and served as a resource for staff and foster carers on how best to meet children's assessed needs.

Oversight of the work of the MDT team was provided by a senior manager. A monitoring system was in place in respect of the children referred to this team. This reflected the primary concern about the child, current diagnosis, any other service already involved with the child, waiting period and prioritisation level. The status of the referral was regularly reviewed and updated.

Joint working arrangements with the HSE were well established and embedded into the process of children's assessments of needs in the area. *Joint Protocol for Interagency Collaboration between the Health Services Executive and Tusla* was being followed. Staff told inspectors that there were delays in accessing community children disability network services. Despite these challenges, inspectors found that senior managers were proactive in ensuring an effective interagency collaboration existed to address the needs of children where partnership working was required. For example, joint working with the HSE was a standing agenda in the area's management team meeting. Regular meetings were held at local and regional level between managers from Tusla and HSE whereby children's cases whose care required a joint working approach were discussed. Actions were identified and funding arrangements agreed.

In addition, learning events between the HSE and senior managers in the service area were held at a regular interval. The purpose of these events was to share information and reflect on the common challenges faced by each agency. These learning events



were also used to track cases where there was a need for joint service delivery. The meeting looked at what was working well and identify areas for improvements.

Records sampled by inspectors showed that children's assessments of need were comprehensive and completed in a timely manner. Children and families were involved in the assessment process and outcomes were shared with children in an age appropriate manner. Decisions regarding assessment were clearly recorded including a clear rationale. There was good interagency cooperation and collaboration. Referrals were made for additional services to meet children needs. The area had a local therapeutic team in place which responded to requests for additional supports for children in care in the area. This team provided direct intervention for children in care and also provided guidance and support for staff and foster carers, it is for these reasons this standard is deemed compliant.

Judgment: Compliant

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

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

Overall, the majority of children were appropriately matched with foster carers who were capable and experienced in meeting their assessed needs. However, an inadequate pool of foster carers meant that challenges remained in ensuring that all children were in the most suitable foster care placement based on their assessed needs. Managers acknowledged that successful matching relied on having a sufficient pool of foster carers to meet the diverse needs of children. The area's 2024 projected service needs analysis reflected gaps in the range of available carers and outlined the recruitment of foster carers who could provide full time care for children, those who are available for sibling groups and older teenagers as priority areas. In addition, improvement was required to ensure that records of matching decision were available in children's and foster carers' files, in line with the area's local policy.

Social workers tried to meet as many of the matching criteria as possible, with efforts made to achieve best possible match within the area's fostering resources. These included criteria such as culture, language, racial identity, leisure activities and religious needs, proximity to school and the foster carer's capacity to facilitate the child's contact time with their family. At the time of the inspection, there were 338 children in foster care placement in the area. Twenty eight children were awaiting foster care placement with 19 awaiting full-time foster care. Eight children awaiting full-time foster care placement had been waiting for more than three months. Forty three children were awaiting approval of long-term placements and 26 children had been approved for long-

term placements in the past 12 months. There were 21 foster care households where the number of unrelated children exceeded what is outlined in the standards.<sup>5</sup> Managers told inspectors that their biggest challenge was the tight capacity to find foster care placement for children with complex needs. This was mitigated by other measures such as placing unrelated children with foster carers who had capacity to meet the child's identified needs.

The area had a formal matching process in place which was guided by a local policy. There were two matching panels in operation in the area, one panel for each county, each panel meets every month. The role of these matching panels was to receive and consider requests for foster care placements and make recommendations on matching. Consideration was given to the identified needs of children requiring placements with available foster carers who had the the skill and capacity to meet those needs. Matching in these panels considered the list of available foster carers and explored their ability to meet the needs of the child. Matching was achieved through discussion and information sharing among relevant professionals including the child, their family where appropriate, the proposed foster carers, and other children already in the placement.

Inspectors observed and reviewed minutes of matching panel meetings and found the matching process to be child-centred. Matching meeting considered the child's assessed needs such as education, health, culture, racial identity, leisure activities, child's contact time with family and other risk factors such as any identified behavioural issues. Details regarding the carers capacity to meet the child's needs were clearly set out. Once a match was identified, potential matched carers were then contacted and provided with the information about the child and given the opportunity to consider the request for placement. Children's views were sought and considered in accordance with their age, stage of development and individual needs. Transition plans were put in place to ensure that children had the opportunity to meet with prospective foster carers in advance of the placement move. Social workers established links between the children's family and the foster carers as appropriate, to enable children to settle in their new placement.

There was a system in place for the recording of matching decisions. However, improvement was required to ensure that matching records were on files. The matching panel minutes reflected decisions in respect to new placement requests and long-term matches. However, records of matching were not present in all foster carers' and children's files in line with the local policy. Inspectors reviewed 11 files for matching and found that records of placement request and matching tools were not available in three files where children were placed with general foster carers.

There was an oversight system in place to monitor the quality of the matching process. An audit of the outstanding placement request and matching tools was carried out in

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<sup>5</sup> *National Standards for Foster Care (2003)* Standard 10.6. Generally, no more than two children are placed in the same foster home at any time, except the case of sibling groups and these are not placed with other foster children. The foster care committee must approve any departure from this practice in advance of placement.

September 2023 and this found that 82 matching records were incomplete at the time of the audit. A quality improvement plan was put in place to ensure that the matching document was added to the children's and foster carers' files. However, the improvement plan had not been consistently implemented at the time of this inspection as found by the missing matching records on files reviewed by inspectors.

Social workers were routinely considering the suitability of foster carers meeting children's needs. Inspectors found good practice, in respect of evaluating and monitoring the appropriateness of a placement when the circumstances of the foster carers changed. The child's placement was consistently discussed at child-in care review meetings. When placements were at risk of breakdown, strategy meetings were held to explore the sustainability of placements. Risk and safety management plans<sup>6</sup> were developed to manage identified risk in order to support the placement.

There was a formal matching process in place in the area and social workers tried to ensure that children were matched with foster carers who had the capacity to meet their needs. However, it was challenging to consistently ensure that the best match was achieved due to lack of sufficient pool of foster carers that were available. In addition, further work was needed to ensure that records of matching decision were available in children's and foster carers' files, in line with the local policy. It is for this reason this standard is deemed substantially compliant.

Judgment: Substantially Compliant

## Standard 10: Safeguarding and child protection

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

The Galway and Roscommon service area ensured that child protection and welfare concerns in respect of children in foster care and allegations against foster carers received appropriate response and were managed in line with *Children First: National Guidance on the Protection and Welfare of Children (2017)*<sup>7</sup>. Inspectors found that there were effective systems in place to ensure that complaints, concerns and allegations were recorded, managed and tracked until a final outcome was reached. However, safeguarding practice in respect of obtaining An Garda Síochána (Garda) vetting of foster carers and adult members of their households, including vetting renewals required significant improvement. The service area was not consistently implementing Tulsa's own policy and national guidance.

<sup>6</sup> The objective of risk assessment and management is to identify the presenting risk(s) and to successfully minimise and/or eliminate it to reduce the likelihood of harm being caused.

<sup>7</sup> National policy document which assists people in identifying and reporting child abuse.

Inspectors found that there was significant delays in the re vetting of foster carers and adult members of their households. For example, 10 foster carers and two adult members of foster carers' households were overdue their Garda vetting renewals for more than one year. Further to this, there was significant delays in the initial vetting of one foster carer and adult members within this household. Although the area was aware of outstanding Garda vetting and re vettings for foster carers and adult members of their households, the actions taken had not been effective in ensuring that all foster carers and adult members of their households were vetted and re vetted in line with Tulsa own policy, which is aligned to the national guidance.

From the sample of cases reviewed, inspectors had serious concerns about the delay and drift in obtaining initial vetting for one household consisting of five individuals and vetting renewals for 43 households consisting of 73 individuals of foster carers and adult members of their households in a timely manner. There was a tracker in place to monitor foster carers vetting status and regular audits were carried out. However, these had not been effective in ensuring that Garda vetting and renewals were obtained in a timely manner as required by legislation and national guidance. At the time of the inspection, inspectors found that 43 households representing almost 20% of the foster care households in the area required renewal of their Garda vetting, with a number significantly overdue. Inspectors found that one foster carer's vetting renewal was overdue by 17 months and an additional two re vettings were overdue by 16 months. Further to this, inspectors found that there was an adult member of a foster care household whose vetting was overdue by three years. In total, the households with overdue vettings and renewal had 79 children in placement with them. This represented 23% of total number of children in foster care in the area.

Garda vetting renewal is a crucial safeguarding mechanism for children in foster care. It provides ongoing protection against potential risks ensuring that the children are consistently cared for by carers who remain trustworthy and safe. The circumstances of carers could change after the initial checks and new offences may emerge that were not previously detected. Regular renewal of vetting allows for continuous monitoring that promotes child's safety and acts as a vital protective barrier in reducing the risk of abuse, exploitation and harm.

Due to the risks identified, inspectors escalated a case to the area manager in respect of a child placed in foster care on emergency basis and six months later there was no initial Garda vetting of the foster carer and adult members of their household. In addition, further assurances were sought about the oversight of foster carers' vetting. The response received from the area manager was satisfactory and demonstrated that the identified risks were being effectively managed. The area manager provided assurance that they had obtained the initial vetting for the foster carer and outlined a plan to ensure that initial vetting and renewals were in place for all foster care households affected.

The Galway Roscommon service area had a suite of local, regional and national procedures and guidance in place to support implementation of Children First (2017) and relevant

legislation. These provided guidance in the delivery of a safe service to children in foster care, and included procedures on safe care, dealing with complaints against foster carers, dealing with allegations of abuse against foster carers, guidance on how to respond to child protection and welfare concerns of children in care and procedure on Garda vetting. However, as noted, consistent implementation of the national guidance in respect to Garda vetting required significant improvement.

Data provided by the area showed that, in the previous 12 months, there were 13 child protection and welfare concerns pertaining to children in foster care. Eight of these were opened at the time of the inspection. In addition, there was one allegation made against foster carer and this remained opened at the time of the inspection. A total of 11 child protection and welfare concerns were reviewed. Inspectors also reviewed one allegation made against a foster carer to establish how it was managed. Inspectors found that Children First (2017) and Tusla's standard business process was followed in respect to the management of these concerns. Concerns were referred to the appropriate team for screening and where required, notifications were sent to Gardaí in a timely manner. Children's immediate safety was considered and given priority and actions were taken to keep children safe. The allegation of abuse made against the foster carer was referred for assessment in line with child abuse substantiation procedure (CASP). Planning meetings were held to review information received and decide the next step.

A system was in place to protect children and foster carers from misunderstanding or false allegations and ensured that the foster care home is a safe environment for children. Safe care guide for fostering was in use to enabled safe care practices within the foster care home. Individualised safe care plans were present on all children files reviewed. This reflected children's specific vulnerabilities and how to safely manage these. Children were seen individually in their foster care placements by social workers during statutory visit. This provided children with further opportunity to express any concerns in private.

There was a system in place to ensure the effective management of placements with a focus on stability, safety and wellbeing. Safety and risk management plans were implemented to manage the presenting risk. At the time of the inspection, there were 22 children in foster care in the area with safety and risk management plan. Inspectors sampled seven of these plans and found that it was used primarily to manage behavioural risk factors that were not covered in children's safe care plans or where there were additional pressures on the placement. These plans were written on formal templates and they identified the risks for the children or within the placement. The plan outlined control measures that had been put in place to manage these risks. It was signed by the child's social worker and fostering link social worker and the foster carers. Records indicated that these plans were discussed with children and foster carers and regularly reviewed. This ensured that risks in respect of children in foster care placements were identified and managed in a collaborative manner.

Foster carers that spoke with inspectors said that they had received the appropriate training and were knowledgeable about how to recognise and respond to the possibility of bullying, abuse or neglect of children. Inspectors found that foster carers were provided

information on the assessed needs of children and given guidance on safe care practices, management of behaviour that challenged and appropriate use of sanctions. Joint training workshops were held for both foster carers, social workers and social care staff to promote collaborative learning and consistent approach to the care of the children.

There were 21 foster care households where the number of unrelated children exceeded standards. Inspectors spoke with two foster carers who had unrelated children placed with them. They were positive about their experience of fostering. They said that they could turn down placement requests but they had accepted additional children because they had the capacity to meet the children's needs. Inspectors found that there were good oversight systems in place to mitigate the impact of this on the children being placed, existing children in placement and on the capacity of the foster carers. Matching panels in both Galway and Roscommon had some governance responsibilities including oversight of foster care households where more than two unrelated children were placed. Records of the panels meetings reviewed by inspectors demonstrated that the majority of the children in such placement were in long-term matches and these were approved by the foster care committee.

Social workers and managers that spoke with inspectors demonstrated appropriate knowledge and skills and were committed to safeguarding and protecting the children. Social workers responded appropriately to significant events regarding children and ensured that families were kept informed. For example, there were three occasions in the 12 months prior to the inspection when a child had gone missing from care. Social workers responded in a timely manner and it was evident that incidents had been reported and managed in line with the agreed protocol.

Overall, there were systems in place to keep children safe and protect them from risk of abuse and neglect. However, Tulsa's policy in respect to safeguarding children was not consistently implemented with regards to the vetting and re vetting of foster carers and adult members of their households. As detailed earlier, a number of foster carers were overdue their Garda vetting and this required significant improvement. As a result of this the area's foster care service was not consistent in the implementation of Tulsa's own policy and national guidance and it is for this reason this standard is deemed not compliant.

Judgment: Not Compliant

## **Standard 19 : Management and monitoring of foster care services**

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

The Galway Roscommon service area was committed to providing a quality foster care service that protected and promoted children's rights and achieved the best outcomes

for them. The service had a stable and experienced senior management team. There were clearly defined governance arrangements and structures in place that set out lines of authority and accountability. There were a number of effective quality assurance processes and management oversight systems in place. However, there were areas of monitoring and quality assurance systems that required strengthening, in particular the monitoring and oversight of Garda vetting of foster carers and adult members of their household. In addition, it would benefit the area to promote a more consistent approach to the sub-committee functions of the separate panels that existed in both Galway and Roscommon. Furthermore, due to staff vacancies in the Roscommon area, there was a number of children that did not have a professionally qualified social worker allocated to work with them in line with national standards. Also, improvement was required regarding information governance to ensure accurate reporting of performance data.

The area was managed by an experienced area manager who had the overall responsibility and authority for the delivery of the service, under the direction of the Regional Chief Officer for Tusla's West/North West region. There were three principal social workers who were responsible for the alternative care service in the area. They were supported in their roles by eight social worker team leaders across both children in care and fostering teams. There was a vacant team leader and a social worker post within children in care team in Roscommon. At the time of the inspection, a plan was progressing to fill these posts. However, inspectors found that these vacancies had impacted the capacity of the children in care team in Roscommon. As a result, a total of 18 children in foster care were unallocated. In addition, the principal social worker in Roscommon told inspectors that they had to take on additional responsibilities such as supervision of front-line staff and carrying out statutory duties for children in care to support the service delivery.

The service was organised effectively. Teams were mostly co-located and there was a strong focus on joined up working, sharing of information and cross service activity between children in care and the fostering team. Staff that spoke with inspectors were clear about their roles and responsibilities. There were structures and systems in place to support staff to do their jobs well and staff were knowledgeable about such structures and systems. Inspectors found that staff at all levels had consistent and competent line managers from whom they could seek advice and support, communicate risks or concerns and develop their skills.

Staff were held to account by their manager. Supervision records reviewed by inspectors showed that majority of supervision happened on a regular basis and in line with the provider's 2013 policy. Overall, supervision was of good quality and provided oversight of cases to managers, including agreed actions and any required follow up. However, there was room for improvement in the frequency and recording of supervision. Of 12 staff supervision records reviewed, three were not in line with the frequency set out in the provider's policy and two were not recorded on the supervision template.

There were governance systems in place and managers demonstrated a clear vision and direction for the service. An integrated business plan was in place for 2024. This outlined

the service plan for the year and it was in line with the priorities set out in Tusla's national business plan. The Galway Roscommon area put a strong emphasis on staff participation in a range of local governance and service improvement processes. There was a governance group chaired by the area manager. It consisted of principal social workers, managers and nominated Tusla staff across the service area such as social workers, team leaders, social care staff and business support staff. The governance group meeting took place every month. Inspectors reviewed a sample of meeting minutes and found that it had served as a forum through which key issues and developments could be discussed, monitored and priorities agreed. The governance group was effective and had for the most part, supported the service in ensuring that the priority actions identified in the integrated business plan were achieved. For example, the plan to develop additional systems to identify available emergency foster placements was on track at the time of this inspection.

The Galway Roscommon governance group was supported by the operation of four governance sub-groups. One of these was the alternative care sub-group which consisted of principal social workers for fostering and children in care. This group met formally three times a year. Samples of meeting records reviewed by inspectors showed that issues pertaining to foster care services such as challenges regarding finding placement for certain cohort of children were regularly discussed and actions were identified. Records of meetings reviewed showed a good level of joined-up working between the fostering and children in care team.

The matching panels in the area had some levels of governance and oversight functions. Each county had its own matching panel and their responsibilities, included areas such as placements exceeding standards, monitoring of short-term placement for duration and monitoring of time frames for long term matches and oversight of on-going foster carers assessments. However, the matching panel in Roscommon did not have sub-committee responsibilities for the Roscommon Foster Care Committee for the purpose of considering long term match reports. The service would benefit from a review of the sub committee responsibilities in Galway, to ensure clear and consistent administrative practices.

The area was committed to continuous improvement. The quality and safety of the service was monitored through a range of trackers and audits. Inspectors found that the effectiveness of the monitoring systems was mixed and some areas required improvement. Work was required to ensure learnings from audits and action plans were consistently implemented and embedded into practice.

A yearly audit plan was in place which set out key practice areas to be audited. These included audit of general file, foster carers' supervision, audit of long-term match of children with foster carers, children in care statutory visits and audit of foster carers' Garda vetting. Inspectors found that implementation of the improvement plans arising from some of the audits needed to be strengthened. For example, a number of foster carers were identified to be overdue their vetting renewal from the audit completed in



April 2024. At the time of this inspection, it was not clear that identified quality improvement plans had been sufficiently pursued and implemented.

Similarly, an audit of 'placement request and matching tools' that was completed in August 2023 showed that 82 matching records were incomplete. The procedure guiding the matching process indicated that once the placement had been confirmed, the completed matching record should be placed in the foster carers and the child's file. However, inspectors found that matching records were not available in a number of files reviewed.

A review of the management and oversight of the support and supervision provided by fostering link social workers to general and relative foster carers was carried out by Tusla's Practice Assurance and Services Monitoring Team (PASM) in May 2024 on request of the area manager. The overall findings of this audit was positive. One of the areas for improvement was the large size of foster carers' files which made it difficult to navigate. Managers told inspectors that they were in the process of progressing action plans arising from the PASM audit. One of these was to ensure that foster carers files are compliant with Tusla's record management best practice guidance.

Systems for tracking local performance, patterns and trends were well established. There were systems in place to track key statutory requirements such as child-in-care reviews, statutory visits and foster care reviews. Other trackers maintained included complaints, compliments, risk and safety management plan, Need To Know, foster carer training, and serious or adverse incidents.

There were information management systems in place that supported good oversight of the service. Information about the number and types of foster care placements were kept. From the needs analysis completed, gaps in the the service were known. The Galway Roscommon foster care service completed a comprehensive projected needs analysis for the fostering service for 2024. This outlined gaps within the service and identified the lack of enquiries and subsequent applications in Roscommon as the biggest challenges in terms of foster care capacity in the area. The analysis reflected gaps such as inadequate number of different range of foster carers, lack of capacity to place sibling groups that were newly received into care together and challenges in finding placement for children with challenging behaviour and for those who had previous placement breakdown.

Managers were aware of gaps in service provision and unmet needs of children in care in the area. Inspectors found that where a child or foster carer was unallocated, a contingency plan was put in place to ensure the impact on the child and foster carer was minimal. At the time of the inspection, 12 children were not allocated to a social worker and eight foster carers had no allocated fostering link workers. However, all the children had a secondary worker in place to coordinate their care. The secondary workers were supported and supervised by managers to ensure that a consistent care and support was provided to the children. Inspectors spoke with two children without an allocated social worker. They said that they were receiving the necessary support from their secondary

worker. In some cases, statutory duties were carried out by the managers to ensure compliance with regulations and standards.

Tusla's national policy emphasised that where a child in foster care does not have an allocated worker, every effort should be made to ensure that there is a link worker assigned to the foster carer. However, inspectors found there was one dual-unallocated foster care household in the area at the time of the inspection. Inspectors reviewed records pertaining to this household and found that while there was an effective contingency plan in place in respect to the allocation of a consistent social care worker to coordinate the child's care and undertake direct work with the child, this practice was not in line with Tusla's own policy. Managers told inspectors that there was a plan in place to allocate a fostering link worker and a risk and safety management plan was implemented to mitigate the risk regarding both the child and foster carer being unallocated.

The service area reported on all aspects of their foster care service as part of their annual Adequacy of the Child Care and Family Support Services report which was published nationally. The area maintained a child in care register in compliance with statutory requirements on the electronic Tusla's Case Management system (TCM). Managers told inspectors that this was audited by the TCM user liaison person and that the information was used to monitor service provision and inform the planning and needs analysis for the area as part of their service plan.

However, improvement was required in respect to information governance and the reporting of performance data. As mentioned above, there were 12 children who were allocated to grades other than a social worker. This information was not reflected in the performance data published. This data showed that the Galway Roscommon service area had no unallocated children in care during this period. Even though there were children without social workers.

Overall, children in care received an appropriate service that met their needs. However, there was a lack of service capacity to ensure all children and foster carers had an allocated social worker. In addition, some areas of quality assurance systems required improvement. Reports in respect of performance data needed further work to ensure they accurately reflected the allocation status of children in foster care. It is for this reason this standard is deemed substantially compliant.

**Judgment: Substantially Compliant**

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

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

The Galway Roscommon service area did not have sufficient number of foster carers to meet the diverse needs of children. While the service area continued to manage available fostering resources to achieve best possible outcomes, the lack of sufficient number of foster carers had challenged the service area's capacity to meet the diverse and often complex needs of children in need of foster care placements.

There were 221 foster carer households in the area which consisted of 182 general foster care and 39 relative foster care households. This represented a decrease in the overall number of foster carer households in the area when compared to the previous year. This was in the backdrop of a slight increase in the overall number of children in foster care placements.

Twenty eight children were awaiting a foster care placement, with 19 awaiting a suitable full time foster care placement. Eight children had been waiting for longer than three months. Twenty one households had higher numbers of non-relative children placed together.

The general foster care households represented more than 82%, while the relative foster carer accounted for 17% of the overall number of foster care households in the area. Of 338 children in foster care, 270 children (approximately 80%) were placed with general foster carers, while 63 children (18%) were in relative foster care. While efforts were made to achieve the best possible placement for children within the area's general fostering resources, the area's performance was below the national average in respect to children placed with relative foster carers. The area management team was aware of this and the need to strengthen recruitment. In respect to concern about insufficient foster carers to meet the demand in the area, this was placed on the risk register. Relative care options was recorded as a control measure to mitigate against this risk.

There was a recruitment and retention strategy in place. This strategy was informed by the priority given to placing children in their local community whenever this was consistent with their assessed needs. It was guided by the national strategic plan for foster care services and aligned with Tusla's national foster care campaign. The overall aim of the strategy was to improve local placement choice and stability for children, including recruitment of carers from all ethnic backgrounds to try and ensure that children can maintain their cultural identity. The strategy also focused on measures to promote retention by ensuring that foster carers feel valued and supported in their role.

The Galway Roscommon service area had a dedicated local recruitment champion in place who had responsibility for creating links and networks in the community to raise awareness, including responding to foster care enquiries. Data provided by the area indicated that there were five recruitment campaigns and 12 information meetings held for prospective foster carers in the last 12 months. There were 84 new enquiries and 15 of these had progressed to the application stage. All enquiries were acknowledged and responded to within three days.

The service area had a range of recruitment methods in place to attract potential foster carers from a diverse range of backgrounds. The area was actively organising recruitment events at local level and facilitating national events. The area facilitated a national online information sessions in January 2024. A national fostering enquiry line was in place for the transfer of enquiries from the national office to the local areas. Galway Roscommon attracted highest number of enquiries in the region following the most recent national recruitment campaign in June 2024. The principal social worker for fostering told inspectors that word of mouth and positive experiences of existing carers were the most successful recruitment and retention tool. They said that newsletters sent to existing carers requested that they consider talking to people about their experience and directing interested parties to the local area fostering team.

The area placed emphasis on the promotion of fostering awareness in the local area in order to attract potential new foster carers within various communities. Managers told inspectors that, in addition to social media advertisements, foster carers and young people with care experience were interviewed on a local and national radio to drive awareness of fostering service in the area. Existing approved foster carers supported staff in recruitment campaigns, while experienced foster carers acted as mentors to newly approved foster carers. The Galway Roscommon service area tried to build the capacity of new foster carers through induction, support and supervision and training on trauma and attachment among other areas. In addition, there was a system in place to deliver bespoke training for foster carers to ensure that they had the knowledge and skills to meet the assessed needs of children placed with them.

The service area had some success regarding the recruitment of foster carers from diverse ethnic backgrounds. At the time of the inspection, there were 45 foster carers from a diverse cultural background. However, managers recognised that more work was needed to ensure that there was an adequate pool to facilitate appropriate cultural matches for children.

Galway Roscommon had a range of initiatives in place to support foster carers and promote retention. These included training, appreciation brunches and family events for the foster carers. Foster carers told inspectors that Christmas appreciation cards were sent to them to acknowledge their role. Additional supports were made available to foster carers where necessary to ensure that children continued to be supported. The area placed strong focus on promoting the link between foster carers and the national organisation that provides supports, learning and advocacy for foster carers.

All foster carers who spoke with inspectors were aware of the counselling service that they could avail of if required.

Foster carers' were consulted with and this informed the area's recruitment and retention approaches. The area had engaged some foster carers to identify the best way of getting feedback to inform service planning. This initiative was in early stage at the time of the inspection.

Twenty five foster carers had left the foster care panel voluntarily in the 12 months prior to the inspection. Exit interviews were offered to all foster carers who had left and seven were completed. A comprehensive analysis of the exit interviews was conducted to identify learning. This analysis assessed the foster carers' experience of initial and ongoing training and the quality of support provided to the foster carers. It also examined the reason for the decision to leave fostering which included family circumstances and age profile of foster carers. Learning from these exit interviews was used to inform practice regarding training, support, supervision, recruitment and retention of foster carers.

Overall, the service area had retention and recruitment strategies in place. However, there were children waiting for foster care placements in the area. The numbers of foster carers in the area was not sufficient to meet the needs of children in foster care. It is for this reason this standard is deemed substantially compliant.

Judgment: Substantially Compliant

Appendix 1:  
National Standards for Foster Care (2003)  
and  
Child Care (Placement of Children in Foster Care) Regulations,<sup>8</sup> 1995

Standard 3	Children's rights
Standard 6	Assessment of children and young people
Regulation Part III, Article 6	Assessment of circumstances of child
Standard 8	Matching carers with children and young people
Regulations Part III, Article 7	Capacity of foster parents to meet the needs of child
Part III, Article 7 <sup>9</sup>	Assessment of circumstances of the child
Standard 10	Safeguarding and child protection
Standard 19	Management and monitoring of foster care services
Regulations Part IV, Article 12	Maintenance of register
Part IV, Article 17	Supervision and visiting of children
Standard 21	Recruitment and retention of an appropriate range of foster carers

<sup>8</sup> Child Care (Placement of Children in Foster Care) Regulations, 1995

<sup>9</sup> Child Care (Placement of Children with Relatives) Regulations, 1995

# Compliance Plan for Galway Roscommon Foster Care Service OSV – 0004399

Inspection ID: MON-0044032

Date of inspection: 6 - 9 August 2024

## 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:

1. **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.
1. **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
<p><b>Standard 8: Matching carers with children and young people</b></p>	<p><b>Substantially Compliant</b></p>
<p><b>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.</b></p> <p><b><u>The Area will Ensure Placement Requests and Matching records are placed on all relevant files.</u></b></p> <ol style="list-style-type: none"> <li data-bbox="220 1193 1388 1317"> <p>The Principal Social Worker has completed a review of all Fostering Files inspected. All placement requests and matching records are now on the relevant files.</p> <p><b>Person Responsible: Principal Social Worker - Fostering</b>  <b>Timescale: Completed on 30-09-2024</b></p> </li> <li data-bbox="220 1514 1331 1682"> <p>The Area is completing a Targeted Review of the action plans arising from the Foster Carer’s Long-Term Matching Audit conducted in July 2024. Any outstanding matters identified will be prioritised for immediate action by both the Fostering and Children in Care teams.</p> <p><b>Persons Responsible: Principal Social Worker- Fostering</b>  <b>Principal Social Workers- Children in Care</b>  <b>Timescale: For Completion by 30-10-2024</b></p> </li> <li data-bbox="220 1935 1331 1977"> <p>The Area is amending the Standard Operating Procedure for Long Term</p> </li> </ol>	



Matches with the following: it is the delegated responsibility of the allocated Social Worker to ensure that the LTM record is placed on the child's and foster carers files.

**Persons Responsible: Principal Social Worker- Fostering**

**Principal Social Workers - Children in Care**

**Timescale: For Completion by 30-10-2024**

4. The Area Manager will issue an email to all staff regarding the updated SOP and the requirement to ensure that all relevant staff place Placement Request and matching records on children's and foster carer files.

**Person Responsible: Area Manager**

**Timescale: For Completion by 30-10-2024**

The Area will require all Social Worker Team Leaders to confirm with social workers at supervision that Matching Records are on file for all their allocated cases. This conversation will be recorded on the supervision record.

**Persons Responsible: Principal Social Worker - Fostering**

**Principal Social Workers - Children in Care**

**Timescale: For Completion by 29-11-2024**

5. The Area will ensure compliance with the action set out in point 5 by conducting a focused audit of 20 randomly selected Children in Care and their foster Carer's case files.

**Persons Responsible: Principal Social Worker- Fostering**

**Principal Social Workers- Children in Care**

**Timescale: For Completion by 06-12-2024**

6. The Area will require the Chair of the Matching Panel to maintain a tracker of all placement requests made and the receipt of associated matching records. This tracker will be reviewed on a quarterly basis.

**Person Responsible: Principal Social Worker- Fostering**

**Timescale: For Completion by 26-11- 2024 and ongoing**

7. The Area will prioritise an audit of Placement Request and Matching Records in the 2025 Alternative Care Audit Schedule.

**Person Responsible: Area Manager**

**Timescale: For completion by the 31-01-2025**

- The Area will strengthen governance of action plans arising from audits; by ensuring follow up reviews occur of identified action plans in the subsequent quarter. These reviews will be tracked and monitored at the Alternative Care Governance Group meetings beginning on the 28.11.2024.

**Person Responsible: Area Manager**

**Timescale: Immediate Implementation from the 28.11.2024**

**The Area will ensure there is a continued focus on local & national work plans on improving Foster Care Recruitment and retention as per Recruitment & Retention Strategy (See also Standard 21 below).**

- The Area will continue to work with National and Regional colleagues to review the Recruitment and Retention activity for 2024 and outcomes of same. This will inform the 2025 Recruitment & Retention Strategy and will contribute to developing the Local Area Action Plan for 2025.

**Person Responsible: Area Manager**

**Timescale: For completion by 31-01-2025**

- The Area is continuing to target diverse placements\opportunities for children requiring foster carers. In this respect, the area is working collaboratively with the NTRIS Project (National Traveller and Roma Inclusion Strategy) and local Traveller and Roma Community groups. On the 20.9.2024, a joint fostering information session was conducted with a Traveller Project in Ballinasloe, Galway. On the 19.11.2024, a joint fostering information session will be conducted with the Roscommon CYPSC Roma sub-group.

**Person Responsible: Principal Social Worker - Fostering**

**Timescale: Ongoing**

**Standard 10: Safeguarding and child protection**

**Not Compliant**

**Outline how you are going to come into compliance with Standard 10: Children and young people in foster care are protected from abuse and neglect.**

**The Area will take all necessary actions to ensure all adult members and young people aged 16+ of Foster Care households have in date valid Garda Vetting.**

1. The Area is conducting a weekly review of overdue Garda Vetting progress reports. This review considers any roadblocks arising, relating to the completion of up-to-date Garda Vetting and identifies specific actions for follow up. This information is collated on a dedicated tracker and will be reviewed by the Area Manager monthly with the PSW for Fostering. A record of this dedicated review will be kept.

**As of the 4.10.2024, all relevant outstanding Garda Vetting applications have been received by the Local Area and are with the Garda Vetting Bureau for processing.**

**Person Responsible: Area Manager**

**Timescale: Ongoing until Compliant by the 29.11.2024**

2. The Area has assigned two Grade IV administrative support persons to link directly with the Garda Vetting Bureau on a weekly basis to check the status of overdue Vetting Applications that have been previously submitted.

**Person Responsible: Business Support Manager (Grade VII)**

**Timescale: Ongoing until Compliant by the 29.11.2024**

3. The Area has directed all Allocated Social Workers to telephone Applicants to advise them that the Garda Vetting link has been emailed to them by the Vetting Bureau (once this has been established). This contact will be recorded on the case file.

**Person Responsible: Allocated Social Worker**

**Timescale: Ongoing until Compliant by the 29.11.2024**

4. The dedicated administrative support personnel will text the applicant and email the allocated social worker if the Area has received a notification from the Vetting Bureau that there are 9 days remaining for the applicant until the link expires.

**Person Responsible: Dedicated Administrative Support Staff**

**Timescale: Ongoing until Compliant by the 29.11.2024**

5. The Area requires the allocated social worker to speak directly to the applicant if the Area has received a notification by the Vetting Bureau that there are 9 days remaining for the applicant until the link expires. This contact will be recorded on the case file.

**Person Responsible: Allocated Social Worker**

**Timescale: Ongoing until Compliant by the 29.11.2024**

6. When the Area confirms that a foster carer has previously allowed the Garda Vetting link to lapse , it will require the allocated fostering social worker to conduct an **immediate home visit** to ensure the link has been activated and completed.

**Person Responsible: Principal Social Worker- Fostering**

**Timescale: Ongoing until Compliant by the 29.11.2024**

7. The Area will strengthen the governance of action plans arising from Garda Vetting Audits by ensuring follow up reviews occur of identified action plans in the subsequent quarter . These reviews will be tracked and monitored at the Alternative Care Governance Group meetings beginning on the 28.11.2024.

**Person Responsible: Principal Social Worker- Fostering**

**Timescale: Immediate Implementation**

8. The Area will continue to conduct quarterly Audits of all Garda Vetting Renewals due in the next 6 months.

**Person Responsible: Principal Social Worker- Fostering**

**Timescale: Immediate Implementation & Ongoing**

9. If instances arise where there is an ongoing lack of compliance by a foster carer or an adult member of the foster carer household, the matter will be brought to the Foster Care Committee for notification and consideration.

**Person Responsible: Principal Social Worker- Fostering**

**Timescale: Scheduled for an agenda item at FCC on the 7.11.2024 (Galway) & 12.11.2024 (Roscommon)**

**The Area will Ensure all S.36 Emergency Approved Relative Foster Carers sign Garda Vetting Application Forms at the point of Signing Foster Carer Contract or before to avoid drift.**

1. The Area has sent a detailed email communication to all Alternative Care\Child Protection team members that Garda Vetting application forms have to be completed and signed prior to, or at the time of signing relative foster care contracts.

**Person Responsible: Principal Social Worker- Fostering**

**Timescale: Immediate Implementation. Completed by the 30-09-2024**

- The Area has nominated a Fostering Team Leader with designated responsibility to update the Local S.36 Initial Assessment Standard Operating Procedure for completion by the 31.10.2024. The updated S.36 SOP will be circulated to all staff for implementation on its completion.

**Person Responsible: Designated Fostering Team Leader**

**Timescale: For Completion by the 30-10-2024**

**Standard 19: Management and monitoring of foster care services**

**Substantially Compliant**

**Outline how you are going to come into compliance with Standard 19: Health boards have effective structures in place for the management and monitoring of foster care services.**

**The Area will ensure that Identified Improvement Plans from Audits will be sufficiently implemented.**

- The Area will notify all relevant staff of the identified improvement plans from all completed audits via internal communication processes and team meetings.

**Person Responsible: Area Manager**

**Timescale: Immediate Implementation**

The Area will ensure that identified Improvement Plans from Audits are tracked and actioned following review at QRSI and relevant Governance Group Meetings.

**Person Responsible: Area Manager**

**Timescale: Immediate Implementation**

- The Area will require Team Leaders to ensure any issues arising from gaps in case file records are discussed and monitored during staff supervision to meet compliance standards.

**Persons Responsible: Social Work Team Leaders - Fostering**

**Social Work Team Leaders - Children in Care**

**Timescale: Immediate Implementation**

**The Area will conduct a review of the Galway Matching Panels role as a sub-committee of the Galway FCC for the purpose of considering Long Term Matches, in conjunction with the Chairperson and members of the FCC.**

1. The Area conducted a review on the 17.09.2024 and the 3.10.2024 of the Galway Matching Panel's function as a sub-committee of the Galway Foster Care Committee for the purpose of considering Long Term matches.

**Person Responsible: Principal Social Worker - Fostering**

**Timescale: Immediate Implementation-Completed**

2. The agreed outcome is that the Galway Matching Panel will no longer act as a sub-committee of the Galway FCC for the purpose of hearing Long Term Match Reports. All Long-Term Match Reports will now be heard in full by the Galway FCC. The area will update the existing Terms of Reference of the Galway Matching Panel to reflect this change and will communicate accordingly with all staff.

**Person Responsible: Principal Social Worker - Fostering**

**Timescale: For Completion by 31-10-2024**

**The Area will ensure that performance data accurately reflects the social work allocation status of Children in Care.**

1. The Area will clearly identify all children in care who do not have an allocated social worker in the data metric returns as "unallocated".

**Person Responsible: Area Manager**

**Timescale: Immediate Implementation**

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

**Substantially 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 Local Area will implement the National, Regional & Local**

### **Strategies for targeted recruitment activities.**

1. The Area will ensure that the Local Recruitment & Retention Committee meets quarterly to work alongside and put into action the National, Regional and Local Recruitment initiatives.

### **The following recruitment activities have been scheduled for Q4 2024:**

1. 25<sup>th</sup> September 2024 - Local Foster Carer Facilitated online information sessions.
2. October 2024 - advertisements in local Print Media scheduled.
3. October 2024 - National & Local social media advertising focusing on Respite Care.
4. October 2024 – Targeted Localised Social Media General Fostering Campaigns for Galway & Roscommon.
5. 15<sup>th</sup> October 2024 – on-line Information session.
6. 24<sup>th</sup> October 2024 – on-line Information session.
7. November and December 2024 – Engagement with Local Family Resource Centres.

### **The following retention activities have been scheduled for Q4 2024:**

1. 19<sup>th</sup> September 2024 - Coffee Support Mornings occurred in Oughterard Co. Galway & Loughrea, Co. Galway.
2. 10<sup>th</sup> October 2024 – Local Fostering Social Workers, Team Leaders and Foster Carers Joint Training & Support Morning with IFCA focusing on caring for teenagers Loughrea, Co. Galway.
3. 11<sup>TH</sup> October 2024– Coffee Support Morning in Claregalway, Co. Galway.
4. December 2024 Mayoral Reception for Roscommon Long standing Foster Carers, Roscommon Town. (Date to be confirmed with Mayoral Office).
5. 29<sup>th</sup> November 2024 - Christmas Appreciation Brunch for Foster Carers in Roscommon town.
6. 1<sup>st</sup> December 2024 – Christmas Foster family Lunch and Santa in collaboration with IFCA, Galway city.
7. 12<sup>th</sup> December 2024 – Christmas Appreciation Brunch for Foster Carers in Claregalway, Co. Galway.

**Person Responsible: Principal Social Worker -Fostering**

**Timescale: For Completion by the 31-12-2024**

8. The Area will prioritise the inclusion of active foster carers in all our recruitment activity e.g. radio interviews; information sessions; etc.

**Person Responsible: Principal Social Worker - Fostering**

**Timescale: Immediate Implementation and Ongoing**

9. The Area Fostering Management Team will attend quarterly review meetings with National & Regional Recruitment teams.

**Person Responsible: Principal Social Worker -Fostering**

**Timescale: Completed on the 03-10-2024 and ongoing at each quarter.**

10. The Area participates in National Recruitment Champions meetings on a quarterly basis.

**Person Responsible: Principal Social Worker - Fostering**

**Timescale: Completed on the 04.09.2024 and ongoing at each quarter.**

11. The Area is committed to ensuring that all fostering enquiries are responded to within the recommended timeline of 3 days.

**Person Responsible: Principal Social Worker - Fostering**

**Timescale: Immediate Implementation and Ongoing**

12. The Area will support and listen to Foster Carers regarding their learning journey by facilitating local and National Training Needs Analysis Initiatives. A local in person Foster Care Focus Group and online survey has been established.

**Person Responsible: Principal Social Worker - Fostering**

**Timescale: Completed on the 03-10-2024 & Ongoing**

13. The Area will support Foster Carers to enrol on HSeLanD, the Health Services e-learning and development portal.

**Person Responsible: Principal Social Worker - Fostering**

**Timescale: Completed on the 03-10-2024 & Ongoing**

14. The Area will offer and deliver the following targeted Training Programmes for our Foster Carers in Q4 2024.

1. 03-10-2024 - Cyber Safety Webinar.
2. 10-10-2024 Newly Approved Foster Carers Induction Workshop in Galway City.
3. 10-10-2024-safeTALK – Suicide Alertness for Everyone, in Loughrea, Co. Galway.
4. 15-10-2024-First Aid Training in Roscommon Town.



5. 16-10-2024-LGBTQIA+ Awareness training in Loughrea, Co. Galway.
6. 4th, 5th & 11th Nov 2024 – Foundations for Fostering for new Applicants, Galway City.
7. 12-11-2024- Understanding Self Harm in Loughrea, Co. Galway.

**Person Responsible: Principal Social Worker - Fostering**

**Timescale: Ongoing & for Completion by 31-12-2024**

15. The Area will review the Recruitment and Retention activity of 2024 and outcomes of same to inform the 2025 Recruitment and Retention Strategy action Plan.

**Person Responsible: Principal Social Worker - Fostering**

**Timescale: For Completion by the 31-01-2025**

**The Area will target the Recruitment of Potential Relative Foster Carers for all children in care.**

The Area will ensure that the Children’s social workers contact Placement Coordinators regarding all potential new receptions into care, where discussions must occur regarding the consideration of potential carers within the family, community, or Safety network of the child.

**Persons Responsible: Principal Social Worker - Fostering**

**Principal Social Workers - Children in Care**

**Principal Social Workers - Child Protection**

**Timescale: Ongoing & Continued Implementation.**

1. The Placement Co-ordinator will work closely with the child’s Social Worker to ensure joint screening visits of any potentially suitable relative carers occur. This contact will be recorded on the child’s file.

**Persons Responsible: Principal Social Worker - Fostering**

**Principal Social Workers - Children in Care**

**Principal Social Workers - Child Protection**

**Timescale: Ongoing & Continued Implementation.**

2. The Area will require Team Leaders to prioritise Joint screening visits for immediate allocation.

**Person Responsible: Designated Team Leader**

**Timescale: Ongoing & Continued Implementation.**

3. Placement request forms held by the Area will specify details of any relative enquiries that have been considered.

**Persons Responsible: Principal Social Worker - Fostering  
Principal Social Workers - Children in Care  
Principal Social Workers - Child Protection**  
**Timescale: Ongoing & Continued Implementation.**

4. Care Planning meetings for all children in general foster care will continue to consider any potential relative options. This will be evidenced in the child in care planning record.

**Persons Responsible: Principal Social Workers - Children in Care  
Principal Social Workers - Child Protection**  
**Timescale: Ongoing & Continued Implementation.**

5. Matching Panel Minutes; Placement request Forms; Enquiries on Fostering TCM and Care Plan Records to continue to reflect all Relative Care considerations.

**Persons Responsible: Principal Social Workers - Children in Care  
Principal Social Workers - Child Protection**  
**Timescale: Ongoing & Continued Implementation.**

## Section 2:

### Standards to be complied with

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

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

Standard	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Standard 8	Children and young people are placed with carers who are chosen for their capacity to meet the assessed needs of the children and young people.	Substantially compliant	Yellow	31-12-2024
Standard 10	Children and young people in foster care are protected from abuse and neglect.	Not Compliant	Orange	29-11-2024
Standard 19	Health boards have effective structures in place for the management and monitoring of foster care services.	Substantially compliant	Yellow	31-12-2024
Standard 21	Health boards are actively involved in recruiting and retaining an appropriate range of foster carers to meet	Substantially compliant	Yellow	31-01-2025

	the diverse needs of the children and young people in their care.			
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