



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

Name of service area:	Cavan/Monaghan
Name of provider:	Tusla
Type of inspection:	Thematic
Date of inspection:	29-30 November and 1-2 December 2021
Fieldwork ID:	Mon-0032976

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

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

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

The previous two inspection programmes were as follows:

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

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

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

The key activities of this inspection involved:

- the analysis of data submitted by the area
- interviews with:
 - the service director
 - the area manager
 - the principal social worker for children in care
 - the principal social worker for the foster care service
 - the manager for aftercare
 - the chair of the foster care committee
 - The Tusla Practice Assurance and Service Monitor
- focus groups with:
 - social work team leaders
 - frontline staff
 - four children
 - four foster carers
 - foster care committee members
 - external stakeholder representatives (one advocacy agency, a Guardian-ad-litem, a representative from a private foster care agency and an external psychologist)
- observations of:
 - one child-in-care review meeting
- the review of:
 - local policies and procedures, minutes of various meetings, staff supervision files, audits and service plans
 - staff personnel files
 - a sample of 33 children's and foster carer files
- separate phone conversations with:
 - a sample of one parent, four children and ten foster carers.

Acknowledgements

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

The Child and Family Agency

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

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

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

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

Cavan/Monaghan is one of the 17 service areas in the Child and Family Agency (Tusla). The area is comprised of a large rural configuration of Cavan and Monaghan bounded by the border with Northern Ireland. The geographical area covers 1245 square miles. The total population of the area based on the 2016 Census is 137,562. There are 37,587 children (27.3%) of the total population which is slightly above the national average of 26%.

Cavan/Monaghan is ranked as a deprived area relative to the national average (Pobal H.P deprivation index) with an unemployment rate of 12.4% in Monaghan and 15% in Cavan compared to the national average of 12.2%.

There are currently 141 children in foster care in the area. There are 106 foster care households in the area, 86 of those are general foster carers plus one supported

lodgings provider and 19 are relative carers. The area manager reports to the service director for Tusla Dublin North East.

At the time of inspection there was one principal social worker who held responsibility for children in care and one principal social worker who held responsibility for the fostering team.

The fostering team consisted of one principal social worker, one social work team leader, seven social workers and one social care worker. The child in care team comprised one principal social worker, two social work team leaders, eight social workers and two social care workers. In addition, the area had a family access manager and an after care manager who managed between them a team of six social care leaders and three social care workers.

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

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

This inspection was carried out during the following times:

Date	Times of inspection	Inspector	Role
29 November 2021	09:30 – 17:00	Sabine Buschmann	Inspector
	11:00 – 17:00	Jane McCarroll	Inspector
	09:30 – 17:00	Una Coloe	Inspector
	09:30 – 17:00	Niamh Greevy	Inspector
	09:00 – 17:00 (Remote)	Sharron Austin	Inspector
30 November 2021	09:00 – 17:00	Sabine Buschmann	Inspector
	11:00 – 17:00	Jane McCarroll	Inspector
	09:30 – 17:00	Una Coloe	Inspector
	09:30 – 17:00	Niamh Greevy	Inspector
	09:00 – 17:00 (Remote)	Sharron Austin	Inspector
1 December 2021	09:00 – 17:00	Sabine Buschmann	Inspector
	11:00 – 17:00	Jane McCarroll	Inspector
	09:30 – 17:00	Una Coloe	Inspector
	09:30 – 17:00	Niamh Greevy	Inspector
	09:00 – 17:00 (Remote)	Sharron Austin	Inspector
2 December 2021	09:00 – 15:30	Sabine Buschmann	Inspector
	09:00 – 15:30	Jane McCarroll	Inspector
	09:00 – 15:00	Una Coloe	Inspector
	09:00 – 17:00	Niamh Greevy	Inspector

Background to this inspection

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

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

Summary of the Findings from Phase 1 and 2

Of the eight standards assessed in phase one:

- one standards was substantially compliant
- five standards were non-compliant moderate
- two standards were non-compliant major.

The phase 1 inspection found that not all allegations were managed in line with the Children First: National Guidance for the Protection and Welfare of Children (2011) (Children First, 2011) and children were not always appropriately safeguarded when an allegation had been made. Appropriate safeguarding arrangements, such as An Garda Síochána (police) vetting and adequate home visits by link workers, were not in place for all foster carers. Inspectors found there was no records of Garda vetting for a number of household members aged 16 years and over. In addition, comprehensive reviews of foster carers were not carried out in line with regulations and standards whereby 42% of foster carers had not had a review in the last three years.

There was not a sufficient number of foster care placements available in the area to meet the demands of the service which impacted on the quality of services provided to children. In addition, there was no overall retention strategy in place for foster carers. Good practice was identified in the quality of assessments and the quality of supervision, when it occurred, were generally good.

Of the six standards assessed in Phase 2:

- one standard was compliant
- one standard was substantially compliant
- three standards were non-compliant moderate
- one standard was non-compliant major.

The phase 2 inspection found that allegations made by children in care were not always assessed in a timely manner or in line with Children First: National Guidance on the Protection and Welfare of Children (Children First: 2017). As a result, formal protective measures were not implemented in a timely manner and the social work team could not be assured that timely actions were taken to protect these children from abuse. There was no effective system in place to monitor and review children who had been unallocated for a period of time, as a result several children had not been visited, some for as long as a year. The management of children's records was poor and children's care files were not always up to date. The management of care plans and care plan reviews required improvement, to ensure they were in line with statutory requirements for children who were unallocated. Placement plans were not used in the area. Good practice was identified in the provision of aftercare services and the majority of records of visits to children and foster carers were of good quality.

Self- Assessment information and what Tusla said about the service

Prior to the announcement of the inspection, the service area submitted a self-assessment questionnaire (SAQ) to HIQA which provided an overview of areas for further improvement against each of the standards relating to governance. The SAQ is part of the methodology of this inspection. The service area rated its performance as substantially compliant against three standards and moderate non-compliant against five standards. The area had an existing service improvement plan in place, which included some aspects of service provision requiring further development to bring the area into full compliance. The SAQ indicated that the service area was aware of some gaps in service provision and appropriate actions had been implemented to address these gaps.

Inspectors agreed with the area's judgments in six of the eight standards. Inspectors increased the level of compliance with standards 23 and 25 from moderate non-compliant to substantially compliant, as representations and complaints were managed appropriately and in line with Tusla policy and the foster care committee was well governed. Findings against the standards are outlined in the body of this report.

This inspection took place in what has been a challenging time nationally for social work teams and children and families engaging in the services, due to the risks and public health restrictions associated with the COVID-19 pandemic. Furthermore, Tusla had recently been the target of a major cyber-attack which had compromised their national child care information system (NCCIS) for several months prior to the inspection. In addition, the Cavan/Monaghan service area was the first Tusla service area to move to the new Tusla email system which came with its own sets of challenges and continues to cause interruption to emails. In this context, HIQA acknowledges that the Cavan/Monaghan service area had to adapt their service delivery in order ensure continuity of essential services to children and families. These issues, and how they have been managed, were reviewed within the overall assessment of local governance.

Children's experience of the foster care service

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

Inspectors spoke with four children in a focus group and four children individually. Seven of the eight children who spoke to inspectors had an allocated social worker. They all reported positive experiences of foster care and the social work department. All the children reported that they had regular contact with their social workers and felt listened to. They said their social workers had supported them and they were happy in their foster homes.

Children's comments about their social workers were positive and included:

- "Always listens and hears me out"
- "Great bond, always there"
- "Whatever I want, she gets it done"
- "My social worker is really good"
- "Does everything I want her to do"
- "She is a nice person and she is a good listener"
- "The social worker does a good job".

Children also said:

- "I just like the place here and I have my own trampoline"
- "I'm safe and supported"
- "I love it (foster care), it's very good"
- "I'm very happy and safe"
- "She (my social worker) could bring me hot chocolate more often".

Although none of the children had heard about an independent advocacy service they said they had someone to speak to if they needed to talk. While the majority of children told inspectors that they chose not to attend their child in care reviews, they said their social worker shared the information they had prepared at the review meeting on their behalf. The Cavan/Monaghan service area was committed to the participation of children in decisions about their care to ensure that children and young people have a voice. For example, the after care service had recently undergone a review which included a survey of young people who had left care to discuss their experience of aftercare, which in turn informed the ongoing planning and development of the aftercare service.

A parent who spoke with inspectors had positive views on the service. They said that the child-in-care social worker kept them informed and that they attended all child-in-care reviews. They said that they felt listened to, had regular contact with their child and that they were satisfied that the foster carers were taking very good care of their child.

Foster carers overall were positive about the social work department and the support they received from their link social workers. Some of the comments made by foster carers included:

- "fantastic, brilliant, excellent"
- "support stands out completely for me"
- "could not fault them in any way"
- "really good experience"
- "support has been amazing".

Foster carers said they were well supported. Foster carers described good formal and informal support by their link workers. There were support groups available which were provided by a national organisation and there were both formal and informal support groups and training for foster carers provided by link workers. There was a variety of good additional support services available to foster carers as a support to placements where children had complex needs. These supports included the work of

the social care workers and leaders, the services of an external therapist, assessments and access to respite care.

One of the areas foster carers identified for improvement was the frequent changes of children's social workers and the impact this had. In addition, inspectors found that none of the carers had been asked for their views in relation to service planning and development. However, foster carers said that they were able to provide constructive feedback in relation to the care and needs of children through the support and supervision process, the foster care review process, and through informal conversations with link social workers, and that this in part informed the areas service planning and development.

The majority of case records reviewed demonstrated that good quality and child-centred support was provided to children. Social workers ensured that children's needs were met and appropriate supports were sourced for children if they were required. Social workers expressed concerns about the lack of appropriate placements for children, and that permanency planning for a number of children was impacted when children were subject to ongoing short-term court orders.

External professionals reported that they experienced the service as child-centred and responsive to the children's needs. These professionals highlighted the good communication and organisation of services involved with children in foster care, and noted that the service was open to hearing the views of all those involved with individual children. External professionals told inspectors they had observed social workers "going above and beyond" to support children and foster carers, to ensure they received good quality services and good support.

Overall, children in foster care received a child-centred and safe service, where their views were listened to and considered. Children had positive relationships with their foster carers and social workers. Foster carers were overall very satisfied with the service and the support they received.

Governance and Management

There were management systems in place to assure the area manager that the service provided, for the most part, was safe, consistent and appropriate to children's needs. However, improvements were still required in the management and oversight of allegations made by children in care, and the area continued to be challenged by the lack of adequate foster care placements to meet the demands of the area.

The area manager had mechanisms in place in order to be assured of the quality and safety of the service. The service area held monthly management meetings and these were scheduled following monthly regional management team meetings, to ensure information was disseminated efficiently and effectively. The area held regular quality, risk, safety and improvement meetings (QRSI) to review and implement the service improvement plan as well as joint governance meeting with the child protection and child in care management team, foster care managers, after care and the manager of prevention, partnership and family support (PPFS).

Regional governance meetings were held every six weeks for all four of the Dublin North East (DNE) service areas. A DNE regional children in care/fostering group and a regional child protection group also held quarterly meetings which were attended by the principal social workers. These meetings assisted the DNE region in standardising practice and sharing learning throughout the region. The Cavan/ Monaghan service area also participated in the DNE regional quality, risk, safety and improvement (QRSI) meetings. The area manager told inspectors that operational issues, service delivery, policy implementation and risk management were standing items on all meeting agendas, and that the service was committed to continued development and improvement.

The area had implemented an area specific service plan that set out actions that were required nationally and locally to enhance service provision and to ensure the service was working towards full compliance with national standards. All actions were tracked by the governance and senior management team and a full review of the action plan was scheduled for January 2022. Actions identified in the service plan had timeframes for completion, and named specific people to follow through on the actions.

Action plans developed following previous HIQA inspections were incorporated into the service improvement plans for each team. Inspectors reviewed meeting minutes and found that a culture of learning was embedded within the service. Review and learning from complaints, compliments, exit interviews with foster carers, disruption reports, Foster Care Committee (FCC) annual reports, audits, feedback from children, previous inspections and internal reviews (such as one completed by the aftercare services),

were shared across the teams. This information was used to inform service improvements in the area.

Staff and external professionals reported that there was strong leadership and a continuous drive for improvement and innovation in the area, which underpinned the work of frontline managers and their teams. They spoke of good joint working relationship between services and the social work teams in promoting the best interests of children. The professionals highlighted the good communication and organisation of services involved with children in foster care and commented that social workers go 'above and beyond' to meet children's needs.

Records demonstrated that foster carers were provided with information in relation to policies and procedures. Copies of policies and procedures were sent as part of the foster carer's induction pack, and were also reissued if up-dated. This was confirmed by some of the foster carers who spoke with inspectors. Children's records and case notes of conversations with children demonstrated that information on the service was provided to children in an age-appropriate format.

Formal case supervision was implemented by the area as a method of providing assurance on the quality of service provided to children in foster care. Inspectors found from a review of case supervision records, that the quality of case supervision varied. The areas of improvement for supervision identified by inspectors included the frequency of supervision in cases generally, and the need to ensure that all aspects of supervision were completed. Supervision was not always recorded on the standardised supervision template, which meant that actions arising from supervision were not always recorded. As a result, subsequent supervision sessions could not effectively review their progress. However, where the supervision template was used, inspectors saw evidence of good practice, including detailed discussions of cases and clearly recorded direction from managers. Inspectors also found evidence of continued professional development on all records reviewed, and that supports were provided to social workers as required.

Staff reported receiving effective leadership through the supervision process with appropriate challenge, feedback and guidance. However, supervision records did not always reflect the efficacy of this mechanism of support, monitoring and oversight of social work practice. There were gaps in the recording of individual managerial direction and or guidance required on certain files that may have needed greater levels of oversight and social work input.

While the area was almost fully staffed, staffing levels were not optimal. While staff turnover rates were low, one position remained unfilled due to extended leave of a staff member. Although approval had been given to fill this post on a temporary basis, the area was unable to find a suitable candidate. The area had recently filled two other vacant positions and was almost at full capacity. However, inspectors found that the

team's capacity had also been significantly impacted as a result of the high level of COVID-19 leave taken by staff over the previous 12 months. In addition, the area manager had reviewed staffing resources and found that due to the increase of children coming into care, there was an insufficient number of social workers to manage the increased case load. Furthermore, the foster care PSW was undertaking social work team leader duties (such as supervision of social workers, chairing foster care reviews, and attending meetings that were not usually attended by the position of PSW), due to staffing resource issues. Staffing shortages ultimately impacted on the organisation's capacity to deliver a service which was fully in line with national standards.

Significant staffing deficits in 2020 and 2021 impacted on the recruitment of foster carers. This deficit was further compounded by an increase in the number of children coming into care. This led to significant pressure on the team with regards to placement availability for children coming into alternative care. The service worked in partnership with the regional assessment fostering team (RAFT), who completed the recruitment and assessment of general foster carers for the Dublin North East region, including the Cavan/Monaghan service area. The low number of assessments completed for the area had been identified as an issue, as only two assessments were completed by RAFT in the previous 12 months, with a further two assessments nearing completion by the local area at the time of the inspection. The management team were actively working to resolve the staffing challenges in the area. The area manager's review of the number of professionally qualified social worker (PQSW) posts as part of their local strategic plan in 2021 evidenced that further resources were required to meet the needs of the service, and business cases were completed and forwarded to the service director for increased staffing. The service director told inspectors that the requested resources had been approved.

The area routinely collected and used information to enhance the quality and performance of the service. Key data was compiled into a quarterly safety, risk and quality improvement report. This included data in relation to allegations, complaints, compliments, incidents entered on the National Incident Management System (NIMS) and 'need to know' reports. Data related to governance and management was also recorded, such as implementation of actions required from quality improvement plans.

The area had a number of trackers, including one for the management of allegations and serious concerns, Garda vetting of foster carers, children in care and foster carer reviews, unapproved section 36 placements and action plans from audits and quality improvement plans. The area manager told inspectors that the trackers were reviewed regularly at governance meetings and in individual supervision sessions.

Despite the high level of scrutiny of trackers, inspectors found that the tracking and management of allegations and serious concerns was not always effective. While no

children were found to be at risk during this inspection, there were non-compliances related to the service area's ability to manage allegations in line with relevant legislation, national policy such as Children First (2017) and Tusla's interim protocol for managing allegations against foster carers.

Inspectors also found this to be the case with regards to the tracking of emergency checks for unapproved section 36 placements. Inspectors found from a sample of four cases reviewed, that two unapproved section 36 relative carers did not have written evidence of emergency Garda and welfare checks on either the child's file or the foster carers files.

A provider assurance report was issued to the area following the inspection, in order to provide HIQA with written assurances in relation to how the service area would address these issues. Satisfactory written assurance was received from the service area that all allegations made by children in care would be managed in line with Children First: 2017. Furthermore, the service area provided assurance that a stronger process had been put in place to ensure all unapproved relative foster carers had emergency checks completed, before children were placed with them, and that this would be evidenced on the foster carer's file, and monitored by the management team.

Improvements were required in the management of children's records and the consistent use of information management systems in the area. Tusla's National Child Care Information System (NCCIS) was used by managers to provide oversight of cases, and support the delivery and development of services. Improvements were required to ensure that relevant documents were uploaded and saved on case files in a consistent and timely way. Inspectors found that case management records were not always uploaded onto the NCCIS system, and in some files, they were saved in different locations. This created challenges in locating information in a timely and efficient way. Records of audits and minutes from child-in-care reviews were not always available on NCCIS.

The area manager told inspectors that the position of NCCIS liaison team leader would be filled in January 2022, which would enable the area to improve practice and ensure that the NCCIS was used in a consistent manner by staff. The area also had additional training planned to improve data management practice. In addition, the cyber-attack and the move to the Tusla email server had resulted in the loss of documents and emails and were no longer retrievable. As a result there was a gap in case notes and information relating to children in care. Managers told inspectors that attempts were made to recover some of the lost data, but that was not always possible. However, inspectors found no evidence that the loss of data had an impact on children's continuous care.

Children in care and their families and foster carers were supported by an experienced and qualified team. Staff were aware of their roles and responsibilities and had a good understanding of the policies and procedures in place which were relevant to their roles. Inspectors found good evidence of child-centred practice and found that the area valued the participation of children and families, and were continuously striving to further improve participation. Social workers and managers were held to account for their practice which involved the tracking of outcomes for children through the supervision process.

With the exception of managing all allegations in line with legislation, the service managed risk appropriately, and took action to mitigate against risks where possible. There was a risk register in place which was reviewed and updated regularly by the area manager and the quality, risk, and service improvement officer. Inspectors found that risks were monitored, reviewed and actioned appropriately. Risks were escalated to the service director when further actions were required to address them, which included for example, staff shortages, the lack of alternative care placements, and risks that were associated with the cyber-attack and COVID-19.

Complaints and representations made to the service were managed in line with Tusla's national complaints policy. The service had good oversight systems in place which ensured that formal complaints were dealt with in a timely manner. The area identified that they may not have captured all complaints, particularly the informal complaints that were resolved locally by social workers. Training was provided to all social workers to improve the recording of all complaints.

Good governance and oversight systems were in place with external service providers which ensured that children with complex needs received appropriate therapeutic supports. Staff had access to a complex case forum which helped them to identify specific actions to be taken in relation to children with this level of need. Inspectors found that resources and plans were developed at this forum to meet the needs of these children.

The frequency of meetings held with the HSE and disability services were in line with the joint protocol requirements. Managers and social workers who spoke to inspectors said that these meetings were a strong mechanism for assurance and accountability in relation to practice and service delivery. Where necessary, the service had funded private assessments and therapies to ensure that children's needs were met.

External professionals highlighted the innovative commissioning practice by the service, for example, the provision of equine therapy camp for children, a mentoring programme for children in aftercare and accommodation and education initiatives for children in aftercare as well as a variety of intensive therapeutic supports for children with additional needs.

The foster care committee (FCC) carried out its functions in accordance with Tusla's Foster Care Committee's Policy, Procedures and Best Practice Guidance (2017), including with regards to its membership. The independent chairperson of the committee had been in post for two years, had extensive experience and knowledge across all the functions of the service area, and was a member of the senior management team. The membership of the committee was made up of a broad range of members with appropriate experience and qualifications: including the area medical officer, a psychologist, and an experienced child protection and foster care social worker. The committee had access to other relevant external specialist advice if required. Committee meetings took place monthly. Minutes of meetings were well recorded and clearly set out the rationale for decisions and recommendations. The area manager signed off on all decisions to ensure good governance and oversight of the work of the committee. The FCC produced an annual report on its work, progress, strengths and challenges, which helped inform the service development plan, and to strive towards continuous improvements in the service area.

Standard 18 : Effective Policies

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

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

There were policies in place to guide practice, but the implementation of some policies required better monitoring and greater oversight. In general, policies, procedures and guidance were in place to ensure the effective and safe delivery of foster care services. These were informed by the relevant legislation, regulations and standards. Staff and external stakeholders spoke of a well-led service and that practices were in line with policies and procedures. The area developed an area service plan on a yearly basis which set out key priorities in order to ensure service improvement. This was aligned to the national corporate plan.

The service had systems in place to monitor practice and ensure that it was in line with their policies and procedures. The area had implemented a good local procedure to monitor children in care that did not have an allocated social worker. The area had also implemented a tracker for child-in-care reviews and inspectors found that all children in care had an up-to-date care plan.

Managers who spoke to inspectors were satisfied that staff had a good understanding of policies and practice requirements. Staff were fully briefed on national policies and had good knowledge about policies and procedures that guided their work. Local guidance documents were developed to support the team in their work in relation to safety and risk management plans, the matching process and disruptions, among others. It was evident that policies were discussed at team meetings with staff and in individual staff supervision.

However, not all the system to monitor practice were effective. Some key policies were not fully embedded in practice and this had not been appropriately addressed through effective management and oversight. For example, the correct process for reporting child protection concerns and allegations and subsequent processes for the investigation of allegations were not in line with national policy and delays and drift were found in two cases. While no children were found to be at risk at the time of the inspection, assurances were sought and provided by both the area manager and the service director following the inspection that agreed processes in relation to the management of allegations made by children in care would be followed.

Inspectors reviewed five allegations and found that three of them were managed appropriately, in a timely manner and prioritised children's safety. However, inspectors found that two allegations were not managed in line with Children First: 2017. The management of the first allegation reviewed contained several allegations and serious welfare concerns and inspectors found that the screening and threshold consideration of this allegation was delayed and of poor quality. A second allegation was not subject to immediate screening due to a five week delay in the processing of this referral through Tusla's national information system. The Garda notification was also delayed and was not inclusive of all pertinent information regarding the allegation. In addition there was a gap of 18 months before an intake record was launched.

A third allegation was not identified as a child protection and welfare concern that required screening and assessment in line with Children First or Tusla's standard business processes. In this case the social worker did not carry out their responsibility as a mandated reporter as required in line with Children First: 2017. This meant also that there was no notification to An Garda Síochána (police). Inspectors brought this allegation to the attention of the principal social worker and assurances were provided to inspectors during the inspection that immediate action would be taken to investigate this allegation.

There was also a lack of clarity on how to implement Children First: 2017 and the interim protocol for managing allegations against foster carers. In the absence of a robust national policy in managing allegations against foster carers, the area had implemented a new "local practice matter guidelines" which was not in line with Children First: 2017 and not in line with Tusla's standard business process for managing allegations against foster carers. Inspectors reviewed this guideline and found that it

was not child-centred, was outside existing policies and procedures and had not been approved or signed off by the Tusla national office. The service director subsequently provided written confirmation that this new guideline would not be implemented in the area and that all allegations by children in care would be managed in line with Children First (2017).

In addition, inspectors reviewed documents of four unapproved section 36 relative foster carers and found that "emergency checks", the procedures in place to ensure that placements with relative foster carers were safe and appropriate, were not always completed; and their completion was not always evident on files. When emergency placements were made with relative foster carers, a number of checks were required to be completed. These included An Garda Síochána (police) vetting, child protection checks and references. Inspectors reviewed a sample of files and found that out of four relative foster carers' files, two did not have evidence of the completion of emergency checks. The principal social worker told inspectors that the emergency checks were carried out by the placing social worker in the area and reassured inspectors that these checks had been completed. While the area was able to provide information of an emergency check through a section 8 assessment of "a private family arrangement", this was not evident in the documents provided by the area. A second file did not have evidence of emergency checks completed at the time of placement, as the link social work team leader had requested the checks to be completed during a supervision session, because they were unsure if these checks had been completed or not. The provider assurance report requested following this inspection provided assurance that a stronger process would be implemented to ensure emergency checks were completed, were documented and monitored.

Complaints and representations made to the service were managed in line with Tusla's national complaints policy. From a review of files, inspectors found that during statutory visits, social workers spoke with children about how to make a complaint, or who they could talk to if they were unhappy about something. While there was evidence of foster carers and children being provided with information about the complaints policy, details of foster carers or children receiving information about other policies was not always recorded on their file. Foster carers said that they had received information packs from their social worker which had details of relevant policies. Children's records and case notes of conversations with children demonstrated that information was provided in an age appropriate format.

The service followed Tusla's national transfer policy in relation to children placed outside the Cavan Monaghan service area. There had been no transfers outside the area in the 12 months prior to the inspection. However, there was a small number of children placed outside the area and this was to facilitate relative placements. However, the area did not have staff capacity to implement the transfer and management of children from other service areas.

The area maintained a panel of approved persons who were willing to act as foster carers in order to comply with the Child Care (Placement of Children in Foster Care) Regulations 1995. The principal social worker for fostering maintained oversight of the panel, and had a system in place to ensure it was updated on a monthly basis. The panel contained all necessary information in relation to the foster carer. It was also used as a mechanism to track the last contact with the foster carer, dates of foster carer reviews and Garda vetting.

There was good evidence of child-centred practice across the area. The area emphasised participation by children, birth parents and foster carers. The aftercare service completed a survey of the experiences of young people accessing aftercare services, and their responses informed planning and development of these services. The area had developed and implemented procedures to ensure that foster carers had access to enhanced supports to allow them to meet children's needs when required. The service area had been pro-active in providing enhanced supports for children and young people in foster care and aftercare. An equine therapy programme had been funded and had had a positive impact on children's health and well-being. The service area had implemented a youth resilience support pilot project that had made a significant positive impact on the lives of the service users involved.

There were effective arrangements in place to support partnership working with other agencies to facilitate the management of specific cases as needed. The area held quarterly complex case forum meetings to review complex cases where actions to be taken were identified. The area also held meetings with the HSE and disability services which were in line with the joint protocol requirements.

In addition, the service area had demonstrated innovative inclusion of culturally diverse communities, who required social work supports but were faced with language and cultural barriers to access those supports, by developing the "The Cultural Champion programme". This programme was a translation and advocacy service provided by Tusla in partnership with Monaghan Integrated Development to support vulnerable families from new communities in Cavan and Monaghan, who required support and intervention from Tusla. This service provided was free to families who were provided with a cultural champion support/advocate from their own culture and background, and who could communicate in their own language. The cultural champion was available to attend meetings and other support functions as required. Cultural champions were provided with training by Tusla in child protection, advocacy, human rights and parenting programmes. Cultural champions in Cavan and Monaghan had formally supported over 50 families through the Tusla referral process with social workers and family support practitioners, and had informally provided support and advice through their own cultural networks and the Monaghan Integrated Development (MID).

While the area had some effective policies and plans in place to promote the provision of a high-quality foster care service, there were a number of identified areas that required improvement. These included implementing the correct policy for reporting child

protection concerns, ensuring there were no delays in reporting allegations, and adherence to mandated reporting legislation. In addition, improvements were required in the process to ensure that unapproved Section 36 relative foster carers that had children placed with them in an emergency, had the required emergency checks completed and that there was written evidence of this. For these reasons the area was deemed to be non-compliant moderate.

Judgment: Non-Compliant Moderate

Standard 19 : Management and monitoring of foster care services

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

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

There were governance systems in place in the area to support the management and oversight of the service provided to children in foster care, but not all of them were strong enough. Managers and staff had a clear understanding about their individual and collective roles and responsibilities. There were clear lines of accountability and there were oversight systems in place by the management team to ensure that children's needs were being met in a timely manner. The management team comprised one principal social worker for children in care, and one principal social worker for the fostering team. There was evidence of good working relationships between the teams, and the managers had a strong focus on service improvement. Managers and staff reported a positive culture across the service with strong joint working relationships. Staff said they were supported and confident in the delivery of safe, consistent good quality care to children and their families.

The area manager was committed to continued service development and improvement. An area service improvement plan had been developed for each team, and these plans were used to develop the overall service improvement plan for the area. These plans were discussed at team meetings, and at senior management meetings to ensure implementation of the actions. The area manager reported that service improvement plans were updated annually. Actions identified included the continued oversight and management of unallocated cases, developing a strategy to address domestic violence, promoting permanency planning and improving the use of quality data, and the full utilisation of NCCIS for auditing and data purposes. The service plan for the area was appropriately aligned to Tusla's national service development plan.

The service area had mechanisms in place to ensure that children and their families received safe and supportive service delivery. Staff were held to account through a formal supervision process. However, supervision arrangements did not consistently meet the standards of practice and frequency set out in Tusla's guidance, and the quality of supervision was mixed.

The area manager held regular senior management meetings and governance meetings which ensured that she had appropriate oversight of service delivery. These meetings addressed operational issues, policy implementation and risk management. The service held regular oversight meetings to monitor progress on actions plans following HIQA inspections. The regional quality assurance officer attended both of these meetings. The area participated in regional quality, risk and service improvement forums. The area held regular health and safety meetings in relation to COVID-19, and staff were aware and compliant with a suite of policies relating to COVID-19 and how this directly impacted on their work with carers, children and families.

Several trackers were maintained, reviewed and audited to allow senior managers, including the area manager to monitor the progress of complaints, unallocated cases, enhanced support placements, allegations and serious concerns and safety and risk management plans and foster care reviews among others. Garda vetting of foster carers and significant others was also tracked to ensure applications were submitted in a timely manner.

The area had used audits as an effective means of identifying areas for improvement. This included audits of foster care files which identified the need for children's case records to fully evidence the quality of work that was already happening, and records to reflect the levels of social work activity and joint discussions with other professionals. However, due to the extra demands on services from COVID-19, the area manager told inspectors that audits had not been a priority in the area, as resources had to be diverted to maintain day-to-day services to children and foster carers. The service had a plan in place to recommence audits in 2022.

Similarly, due to COVID-19 the Tusla Practice Assurance and Service Monitoring Team (PASM) had not completed an audit of the fostering service in this area since 2020. Past audits included the management of complaints and timely follow-up on voluntary care agreements. An audit to assess the quality of the supervision of foster carers was planned to take place in 2022. The PASM monitor told inspectors that the Cavan/Monaghan area was proactive in requesting audits and that the area was open to feedback when issues or gaps arose.

The Cavan/Monaghan interim strategic plan for children in care and fostering (2021) provided clear actions to improve the quality of the service and address gaps in local service provision. This included the need for additional staffing resources, the lack of a national information communication technology system (ICT) and the lack of

appropriate placements for children, particularly for children with additional needs and teenagers. The service area's strategic direction and service plans were appropriately aligned with Tusla's national service development and improvement plans.

Despite the high level of monitoring and oversight in place, inspectors found that the monitoring and oversight of managing allegations and serious concerns required improvement, as processes in place to investigate allegations were not in line with Children First: 2017 or Tusla policies. In the absence of an adequate national policy on managing allegations against foster carers, the area had developed a local practice matter guideline for managing allegations against foster carers, which was not in line with Children First: 2017 or national policy, or Tusla standard business processes.

Staff reported that the sharing of learning was embedded within team meetings and supervision sessions. The area manager reported that the action plans developed following inspections were incorporated into the service improvement plans for each team. Staff were supported to learn from complaints, compliments, exit interviews by staff and foster carers, disruption reports, FCC annual reports, feedback from children, previous inspections and reviews. The review and analysis of this information was used to drive service improvements in the area. Managers felt that they were supported by senior management to implement new ideas in working together to strengthen local service provision. The service was child centred and took the lived experience and the voice of children into account.

The area managed risks effectively by taking action locally to mitigate against them and escalating risks when required. Risks for the service included, lack of appropriate foster care placements, children in care who did not have an allocated social worker, NCCIS implementation, impact of the cyber-attack on the service, and staffing resources. The service managed risks locally and escalated them to the service director as required. The area reported that there were 18 'need to know' reports within the scope of this inspection in the previous 12 months which were mainly associated with COVID-19 infections.

The service maintained a register of all children in care on the NCCIS in line with statutory requirements. Managers reported that the NCCIS provided them with oversight of cases. Inspectors found that relevant documents were not consistently uploaded onto NCCIS in a timely way, and documents were saved in different locations on the system. NCCIS was an item on meeting agendas to ensure that the system was used in a consistent manner by staff. In addition, a NCCIS liaison team leader had been appointed to drive quality improvement and training in the use of NCCIS.

There were governance systems in place in the area to support the management and oversight of the service provided to children in foster care, but not all of them were effective. While in most of the case reviewed the systems in place to ensure the services provided to children and foster carers were of good quality and met the children's needs, improvements were required to ensure there was better monitoring and oversight of allegations made by children in care and to ensure they were assessed in a

timely manner and in line with Children First: National Guidance on the Protection and Welfare of Children (Children First: 2017). In addition, the system for oversight of the placement of children with relative foster carers was inadequate, as it did not ensure that documented evidence of emergency checks were on their files and therefore provide assurances in relation to the safety and appropriateness of the placement. For these reasons the area is deemed non-compliant moderate.

Judgment: Non-Compliant Moderate

Standard 20 : Training and qualification

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

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

Staff were experienced and competent and had the required qualifications, skills and knowledge to efficiently perform their duties. The area manager outlined that staff retention was good and a stable workforce was in place and that turnover of staff was low. However, due to ongoing staff absences for various reasons, there were insufficient staff at the time of this inspection.

The area manager told inspectors that the area required increased staffing resources to meet the demands of the service. As a result she had submitted a business case in 2021 to recruit an additional social work team leader and additional staff to meet the increased needs of the area. The service director confirmed the approval of the additional staff. This included a position of a foster care team leader as the principal social worker was fulfilling some of the duties of this role, and was unable to focus primarily on their senior management role. The area had one vacancy at the time of the inspection, and the area manager said that the recruitment of staff was ongoing. Staff delivered a child-centred service, and had attended training on children's participation to support them to include the voice of children in their work.

All staff were recruited in accordance with legislation, standards and policies. Inspectors reviewed 10 staff files which were held centrally and all files sampled held up-to-date Garda vetting, held appropriate references and qualifications, and had copies of professional registration, where appropriate. Seven files contained job descriptions. However, three files did not have updated job descriptions of staff promoted, and files did not indicate the staff member's professional title.

The service area had a system in place where new and less experienced staff were provided with appropriate supports to develop their skills. An induction programme was in place for new staff and this was supported by a range of e-learning models on a variety of topics related to their role. Professional development plans were devised with staff, and training needs were identified during the supervision process.

Retention and wellbeing initiatives were in place to support staff. Staff wellbeing was addressed at team days and within individual supervision. Formal wellbeing initiatives included the employee assistance programme and access to occupational health. Staff were supported and encouraged to engage with Tusla's 'Empowering Practitioners in Practice' (EPPI), and for managers to attend 'Everyday Inspirational Leadership' training. Staff within the service said they were supported by the management team and that a culture of learning was promoted in the service area.

The area had a care and placement support team to support foster carers and complete interventions with children in care through the social care team. They had a fully staffed leaving and aftercare team and access to multi-disciplinary supports and advice, including accommodation and educational initiatives for care leavers, intensive support for care leavers at risk, a youth participation group, all of which supported the delivery of a safe service.

The service area had clear systems and processes in place to ensure safe recruitment of qualified and experienced staff. Staff wellbeing was addressed at team days and within individual supervision. Staff within the service area felt supported by the management team. However, the area was down one social worker and even if this post was filled, the area required additional resources to meet their demands. In addition, three staff files did not hold current job descriptions or evidence the promotion and the new job title.

Judgment: Substantially compliant

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

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

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

The service area had supports in place to enable the retention of existing foster carers, and reduce the risk of placement breakdown. These supports included a foster carers group that was delivered online due to COVID-19, the provision of additional supports

and enhanced payments for specific placements, and training for foster carers on a range of topics. The area manager told inspectors that the area had developed a comprehensive retention strategy, to ensure that foster carers who were approved and fostering had a positive experience of support and that they were able to access supports in accordance to their needs.

Foster carers were required to complete the foundations for fostering training. A comprehensive training needs analysis had been completed with foster carers to develop a training schedule. The foster carers who talked to inspectors spoke positively about the level and range of training and support that they have received, and some foster carers felt that the online delivery of training made courses more available and accessible to them. Social workers and managers told inspectors that regular support and supervision of foster carers contributed to the retention of carers. From a review of files, inspectors found the majority of carers received regular and good quality supervision and support. The area had a template for the supervision of foster carers and managers told inspectors that link workers were expected to do formal supervision visits with foster carers at least four times a year. This template was evident on some, but not all files sampled. Where the template was in use, inspectors found supervision was of good quality. In the majority of files without the formal supervision record, inspectors found evidence in case notes that link workers were in regular contact with foster carers to support and supervise them, as appropriate.

The area manager told inspectors that the area did not have sufficient appropriate placements to meet children's need and that this was escalated to the national office and was on the areas risk register. Staff identified a need for more general carers, culturally appropriate placements for teenagers and placements for children with additional needs. As a result the area had six foster care households where the number of unrelated children were placed in the same foster care household, five children were placed outside the service area and three children were placed with a private provider. In addition, the area manager told inspectors that the practice of the child in care team managing children who were placed in the Cavan/Monaghan area but where from other service areas through the regional placement committee had been put on hold as the service did not have the capacity to support children from outside the service area.

While the area did not have a sufficient range of carers, they had identified what types of placements were needed and had plans in place to manage this while further recruitment was ongoing. The service worked in partnership with the Regional Assessment Fostering Team (RAFT) who completed the recruitment and assessment of general foster carers for the Dublin North East region, including the Cavan/Monaghan service area. The RAFT team contracted assessments out to a private fostering agency when they did not have capacity within their own team. Once the carers were approved by the local foster care committee, they became the responsibility of the local fostering team leader and files were transferred to the local area in which the carer lived. The number of assessments completed for the area had been identified as an issue as only

two assessments were completed by RAFT in the previous 12 months with a further two assessments nearing completion by the local area.

Managers and social workers told inspectors that permanency planning was a challenge in the area as the approval of long-term placements was impacted by children remaining on four week court orders for prolonged periods of time. From a review of files inspectors found seven children on short-term placements that were extended indefinitely without the foster carers knowing whether they would actually provide care on a more long-term basis.

The area ran two local recruitment campaigns and four information sessions in the 12 months prior to this inspection. Foster carers supported the area in recruitment campaigns. However, due to COVID-19 there were a lot less inquiries than in previous campaigns and resulted in only two prospective foster carers currently undergoing an assessment.

The area had a clear matching policy and process in place. There was evidence on file of a good matching process, which demonstrated good communication between RAFT, the local link social worker, the child-in-care social worker and the foster carers in line with the local policy. The service prioritised placing children with relatives wherever possible. Of the 141 children in care in the service area, 23 of these children were placed with relatives.

However, social workers told inspectors that the shortage of appropriate placements made it very difficult to match and place children, especially when there was a disruption, which led them to place children in whatever placement was available. This meant that children were placed with carers on the basis of who was available, rather than the capacity of carers to meet the assessed needs of children. The area manager added that efforts and resources dedicated to sustaining local placements and supporting children and their carers during the COVID-19 pandemic had meant that aspects of strategic planning regarding the recruitment of foster carers locally could not be prioritised.

Feedback was sought from foster carers through their foster care reviews, child-in-care reviews and through the fostering support group. External professionals told inspectors that the area was open to receiving feedback from all parties involved with a child and have requested external audits for service improvements. Exit interviews were completed with foster carers who had left the service and the records were presented to the FCC to inform practice and training requirements. Managers told inspectors that exit interviews were discussed in team meetings for learning as part of their commitment to quality improvement.

Staffing challenges and a rise in the number of children coming into care had challenged the service to ensure appropriate placements were available for children. The resources dedicated to sustaining local placements and supporting children and their carers has meant that aspects of strategic planning regarding recruitment and retention locally was

not prioritised. In addition, the impact of COVID-19 and the cyber-attack diverted resources to other areas of the service. For these reasons the area is deemed to be non-compliant moderate.

Judgment: Non- Compliant moderate

Standard 22: Special Foster Care

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

The area judged themselves to be substantially compliant with this standard and inspectors agreed with this judgment. Tusla did not have a policy or procedure for the provision of special foster care for children with complex needs, as required by national standards.

While the area indicated that they did not have any 'special foster carers' on their panel, the area did have children with complex needs that were placed with foster carers who received additional supports or enhanced payments. The principal social worker also maintained a log of all foster carers who were receiving additional supports or enhanced payments to ensure oversight of these cases.

A sample of children and foster carer files where enhanced supports were in place were reviewed by inspectors. The frequency of child-in-care reviews, the development of care plans and the completion of statutory visits were compliant with the regulations. The voice of the child was evident in the care planning process. There was good coordination of services by the social work team on the files reviewed.

The enhanced supports provided to children and foster carers included: additional financial payments, specialist assessments and therapies, respite placements, and additional specialist support services to meet the child's needs. The area manager said that all requests for additional supports required her approval. A review of five files of children who had varying levels of additional needs showed good evidence of a range of professionals being consulted with in relation to the child's care. Inspectors found that statutory visits were undertaken in a timely manner and fostering social workers provided a significant level of support to the foster carers. Children had up-to-date care plans and child-in-care reviews occurred in line with requirements, and respite arrangements were in place for some children as required. Referrals were made to specialist services where needed, and there was good coordination of services to meet children's needs. Some support services were privately funded by Tusla when public services could not meet the needs of children.

There was no national policy in relation to providing a special foster care service for children with complex needs, as required by the standards. The area therefore had no national guidance to support them in providing a special foster care service for the cohort of children that required this service. This needs to be addressed at a national level. The area did however state that they had children with complex needs that were placed with foster carers who received additional supports or enhanced payments, or both.

Judgment: Substantially Compliant

Standard 23: The Foster Care Committee

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

The area judged themselves to be Non- Compliant moderate with this standard and inspectors did not agreed with this judgment.

The foster care committee (FCC) was guided by the standards and the national policy, procedure and best practice guidance on foster care committees. From a review of committee member's personnel files, inspectors found that each committee member had been issued with a copy of the policy as part of their induction. The FCC was well governed and led by an experienced, independent and suitably qualified chairperson who reported directly to the area manager.

The membership of the foster care committee was in accordance with Tusla's Foster Care Committees, Policy, Procedures and Best Practice Guidance (2017). The committee was made up of a chairperson, a secretary, and 12 other members, including a foster carer, a medical advisor, a psychologist, a private foster care representative, a care leaver and Tusla employees. Inspectors found that the foster care committee members had appropriate experience and qualifications in the area of child protection, child welfare, and foster care. The range of experience of committee members allowed for sharing of expertise to enhance discussions about the needs of children, and the suitability and experience of foster carers. In addition, the committee chairperson attended a regional foster care committee chairpersons group that facilitated discussions and sharing of ideas on particular issues affecting committees.

Appropriate arrangements were in place to track An Garda Síochána (police) vetting and renewal of committee members. A review of 10 FCC member's files showed that they contained all the relevant documentation regarding their qualifications, Garda

vetting and professional registration where required. However, not all files had evidence of induction records and training records.

New committee members received briefings on FCC policies and procedures as part of their induction. Members received a letter of appointment and an information pack which included relevant legislation and policies. Appropriate in-service training was provided and a record of training undertaken was kept on most files as well as a copy of the committee's annual report. In addition, foster care committee members files had been audited by the committee chairperson in February 2021, to ensure that all required documents were on file. The audit identified a number of deficits that required follow-up and the chair of the foster care committee had oversight and ensured that the actions required were implemented in a timely manner.

Inspectors found that the foster care committee was effective and made clear decisions that were in line with the standards. The committee prioritised assessments of prospective foster carers, reviewed reports of allegations and complaints, considered requests for changes to approval status, and reviews of foster carers. The foster care committee also considered disruption reports and long-term matching of children. Inspectors found that the records of foster care committee meetings were detailed, of good quality and decisions made were clearly recorded.

The national policy, procedures and best practice guidelines require the foster care committee to produce an annual report of its activities. The chairperson provided inspectors with a copy of a comprehensive annual report for 2020. The report contained information about the work of the committee during the year, and the chairperson told inspectors that this information was used to contribute to the strategic planning of the foster care service.

The foster care committee coordinator maintained a panel of foster carers in line with national policy, procedure and best practice guidelines, which was reviewed and updated as required.

The committee was well governed and its membership was in accordance with Tusla's Foster Care Committees, Policy, Procedures and Best practice Guidance (2017). All committee members had up-to-date Garda vetting. However, not all foster care committee member's files had evidence of induction and training. For this reason the area is deemed to be substantially compliant.

Judgment: Substantially compliant

Standard 24: Placement of children through non-statutory agencies

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

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

There was no service level agreement in place with the non-statutory agencies used by the service area. Tusla's national office was in the process of agreeing contracts with all private foster care agencies and this will include service level agreements. This was not in place at the time of the inspection and had been delayed due to the cyber-attack earlier in 2021. There was a national contract in place for the provision of emergency out-of-hours foster care services with a non-statutory agency.

The self-assessment questionnaire returned as part of this inspection outlined that Tusla's national office had appointed a dedicated national manager to oversee the national operational governance framework for non-statutory foster care providers. However, the area manager and service director confirmed that this process was still in progress at the time of the inspection.

There was good monitoring and oversight of the placements provided by non-statutory agencies. Private foster carers in Cavan/Monaghan were reviewed through the FCC process, and this ensured that assessment and review processes for non-statutory foster care agencies complied with policy, procedure and guidance. All children placed within private foster care agencies in Cavan/Monaghan were allocated to a social worker and had up-to-date care plans.

The area had not placed any children with foster carers from non-statutory agencies, however, it had assumed responsibility for three children from other service areas, who had been placed in two households in the service area under Tusla's national transfer policy. Documentation provided by the area showed that the children were regularly visited by a social worker and their child-in-care reviews took place in accordance with standards and regulations. Inspectors observed a child-in-care review of a child placed with a non-statutory foster carer and found the discussions to be child centred, comprehensive, and detailed and they addressed key issues, health, education, support needs and the overall wellbeing of the child at the centre of discussions.

In the absence of a national service level agreement with private providers and no guidance for managers to monitor the performance of these providers, the service area had implemented good local measures to ensure oversight and governance of these private foster care placements. The child-in-care social worker met with the child as required including a joint visit with the link worker. There was evidence that the link

worker attended meetings in respect of the child and that the child-in-care social worker was in regular contact with the agency when required.

The national office had not yet developed a service level agreement with the private providers and therefore there was no guidance for managers to monitor their performance. The service had implemented good measures to ensure oversight and governance of private foster care placements.

Judgment: Substantially compliant

Standard 25: Representation and complaints

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

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

Representations and complaints were managed in line with Tusla's national complaints policy. Effective oversight was in place which demonstrated an efficient and prompt response and resolution to all complaints. The area manager maintained good oversight of complaints and they were regularly discussed at team meetings, management meetings and quality, risk and safety improvement meetings. The area was committed to learning from complaints and endeavoured to resolve them at local level in the first instance, where possible. From a review of a variety of documents, inspectors found that informal and formal complaints were documented and collated and reviewed at team meetings for shared learning. The area manager told inspectors that all staff had completed mandatory on-line training on dealing with complaints by service users.

Complaints were well-managed and monitored by the team, with complainants routinely advised of the outcome of their complaint. There was an appeals process for complainants if they were not satisfied with the outcome. The service had received 12 complaints since November 2020.

Children who spoke with inspectors said they were aware of how to make a complaint. Children over 12 years of age were sent out a booklet on the complaints procedures and their rights every few years, and younger children's social workers discussed these

issues in an age-appropriate manner during home visits. While it was not always recorded on the child's file if they had been provided with information on how to make a complaint, inspectors did find documented evidence that children were supported to voice their wishes, concerns and worries during visits by their social worker. Statutory visits were mostly of good quality and children had opportunities to meet with their social worker alone.

Inspectors found good evidence of social workers talking to children in age-appropriate language, and children who spoke to inspectors said that they had a good and trusting relationship with their social workers which allowed them to share their concerns and worries.

Foster carers who spoke with inspectors were aware of how to make a complaint and those who had, were happy with the outcome of the process. Support and supervision sessions with foster carers addressed informal complaints but it was not consistently recorded on the file or if they were provided with the guidance on how to make a complaint.

Children's birth parents were also provided with information on the complaints procedure at the initial stages of their contact with the social work department. A parent who spoke to the inspectors knew how to make a complaint, but had not done so. They felt that the social worker kept them informed of all aspects related to the care of their children.

External professionals reported that the service was child-centred, promoted children's rights and that social workers went "above and beyond" to support children and their foster carers. Children had access to an independent advocacy service and guardians-ad-litem were appointed when required.

The area had received four complaints in the 12 months prior to the inspection and a sample of three complaints were reviewed. Inspectors found the responses from the social work department were proportionate and timely. A satisfactory resolution was achieved in the sample of complaints that were reviewed. The complainant was advised of the outcome of the complaints. The area had a tracker to monitor the progress of complaints. The service also had an appeals process in place if complainants were not happy with the outcome of a complaint.

The area completed a review of complaints in November 2021 and identified several issues, including that not all complaints, particularly the informal complaints were recorded, and that there was a potential under-reporting of complaints by children in the area. The area also identified that not having a dedicated complaints officer meant that staff and managers who worked in the area were being asked to respond to complaints about the services they delivered, and that this could be viewed by complainants as a conflict of interest. As an outcome of this review, the area had implemented an action plan which included that the child friendly complaint leaflet was to be distributed to all children in care in December 2021, and for the area to re-

establish a youth participation group in 2021, to provide feedback on children's experiences of making a complaint.

The compliments register showed that the area had received 26 compliments from a variety of sources in the previous 12 months, which were shared with staff. These included compliments from children, foster carers, external professionals and young people accessing aftercare services.

The service area ensured children and foster carers were aware of how to make a complaint, with good systems in place for the management and monitoring of complaints. There was a commitment to learning and quality improvement arising from complaints and feedback about the service. It was not always evident on files if children and foster carers were provided with information on how to make a complaint, and not all complaints were recorded on children's files.

For these reasons the area is deemed to be substantially compliant with this standard.

Judgment: Substantially compliant

Appendix 1: National Standards for Foster Care (2003)

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

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