



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

Name of service:	Separated Children Seeking International Protection (SCSIP)
Type of inspection:	Focused
Date of inspection:	21 – 23 November 2023
Fieldwork ID:	MON_0041649
Lead Inspector:	Grace Lynam
Support Inspector(s):	Mary Wallace Lorraine O Reilly Sheila Hynes

About this inspection

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

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

This focused inspection of the Separated Children Seeking International Protection (SCSIP) foster care service was undertaken due to on-going risks found within the SCSIP Child Protection and Welfare service and the lack of available statistics and information about the foster care service. This was the first inspection of the service to assess their compliance with a number of the National Standards for Foster Care 2003. This inspection was a focused inspection of the SCSIP foster care service. The scope of the inspection included Standards 5, 7, 10, 14a, 15, 16, 19 and 23 of the National Standards for Foster Care (2003).

How we inspect

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

The key activities of this inspection involved:

- the analysis of data submitted by the area
- interviews with:
 - the area manager
 - the principal social worker for alternative care
 - the chairperson of the foster care committee

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

- focus groups with:
 - three social work team leaders
 - three social workers (one duty and intake team social worker, two children in care social workers) and one social care worker for children in care
 - three link workers
 - four foster carers

- observation of:
 - foster carer review meeting

- the review of:
 - local policies and procedures, minutes of various meetings, staff supervision files, audits and service plans
 - staff supervision files
 - a sample of 13 children's files
 - a sample of nine foster carer's files

- conversations or visits with:
 - six children
 - four foster carers.

Acknowledgements

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

Profile of the foster care service

The Child and Family Agency

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

Tusla has responsibility for a range of services, including:

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

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

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. This was the first inspection of the SCSIP foster care service, as the service had only commenced operating its own foster care service in August 2022.

The SCSIP Service

The primary function of Tusla under the Child Care Act 1991 is to promote the welfare of children who are not receiving adequate care and protection. When children arrive in Ireland who are separated from their parents and are in need of international protection they come under the remit of Tusla, The Child and Family Agency. Some of these children have experienced significant trauma. Separated children are assessed by a child protection and welfare social worker to ascertain if they are eligible for services from Tusla under the Child Care Act 1991 and in line with European definitions of a separated child and unaccompanied minors. If they are deemed eligible, they may receive services under various sections of the Act.

Under section 4 of the Child Care Act 1991, children may be taken into voluntary care with the consent of their parents. If it is not possible to obtain parental consent then it is necessary for Tusla to apply to the courts for an order to maintain the child in the care of the state, whereby Tusla becomes 'in loco parentis' (in the place of a parent). Tusla is then required to comply with the provisions of the Child Care Regulations 1995 for all children in residential care and foster care.

Under section 5 if a child is homeless, they can be accommodated in various arrangements provided by Tusla - or a provider commissioned by them - to provide accommodation. These arrangements include Tusla supported lodgings carers, Tusla residential centres, private residential centres and special emergency accommodation (SEA)² arrangements. It is best practice to accommodate children under 12 years of age in foster homes. Children aged 16 years and over may be housed with supported lodgings families who undergo an assessment - similar to a fostering assessment – of

² A Special Emergency Arrangement (SEA) refers to emergency settings where a child/young person is accommodated in a non-statutory and/or unregulated placement e.g. Hotel, B&B, Holiday or activity centre, Tusla property or privately leased property.

their capacity to provide accommodation and support to a young person who cannot live with their families but cannot yet live independently.

Separated children need a comprehensive assessment of their individual needs and their wellbeing. They require assistance with their application for international protection and in obtaining personal public service number, and medical cards. They also need to have medical assessments. Many of these children may also need psychological and therapeutic services.

Immigration authorities, in accordance with the International Protection Act 2015, refer children to Tusla. The social work team conduct an assessment and, based on the outcome, children may be taken into care, if, in accordance with the relevant sections of the 1991 Child Care Act (e.g. primarily Sections 3, 4, 5, 17, 18, 19) they are eligible for Tusla services.

The SCSIP service comprises a child protection and welfare service (duty and intake) and an alternative care service which includes fostering, children in care and aftercare.

Background and context

The SCSIP service was in crisis due to the high numbers of referrals being received by the duty and intake team and the number of vacancies on the team. The SCSIP child protection and welfare (CPW) inspection report of November 2023 provides further detail on this aspect of the SCSIP service. The follow-up inspection of the CPW service took place a week before the inspection of the SCSIP foster care service. Both the reports of the Inspections of the CPW and foster care services can be found on HIQA's website at www.hiqa.ie.

It is worth noting that the alternative care team were responsible for a small number of children in foster care - 25 by the end of the inspection. However, there were approximately 300 other children accommodated by the service in other arrangements. These arrangements include Tusla supported lodgings providers, Tusla residential centres, private residential centres and special emergency accommodation (SEA) arrangements.

At the time of the inspection of the foster care service there were five social workers responsible for fulfilling all the statutory responsibilities and providing services to these 300 children.

From early in 2022 the Tusla SCSIP service was under significant pressure due to the number of unaccompanied minors being referred from Ukraine and other countries. Prior to this the SCSIP fostering service had presented the assessments of fostering

applicants to the local Foster Care Committees (FCC) in which the applicants lived and when approved they were placed on that area's foster care panel.

In November 2022 HIQA became aware that the SCSIP service had developed their own Foster Care Committee (FCC) to receive assessments of fostering applicants and to make recommendations about their approval. This was part of the initial service improvement plan for the SCSIP service. The FCC had commenced in June 2022. The SCSIP service was beginning to form its own panel of foster carers - under the Child Care (Placement of Children in Foster Care) Regulations, 1995 (the Regulations) - to provide foster care placements for separated children. As these foster carers were not included on the foster care panels of the service area in which they reside, they were not included in service area foster care inspections completed by HIQA in previous inspection programmes. HIQA monitors foster care services against the 2003 National Standards for Foster Care (the Standards).

In November 2022 a Provider Assurance Report (PAR) was issued to the manager of the SCSIP foster carer service seeking assurances of their compliance with the Standards and the Regulations. In particular, assurances were sought that this foster care service was in compliance with standards, regulations, relevant legislation, Tusla's Foster Care Committees - Policy, Procedures and Best Practice Guidance, and any other relevant policies relating to:

Standard 14a: Assessment and approval for Non-Relative Foster Carers

Standard 15: Supervision and Support

Standard 16: Training

Standard 19: Management and Monitoring of foster care services

Standard 23: The Foster Care Committee

The assurances provided outlined that the SCSIP FCC was established and operated in accordance with Regulations and Standards. The assurances set out the reason for the establishment of a separate foster care committee for the SCSIP service: In response to the increasing numbers of carers required to respond to Ukraine displacement of persons, a decision was made with the National Alternative Care Lead in Spring 2022 that there was a need for a dedicated SCSIP FCC. The purpose of this SCSIP FCC was to increase accountability and capacity and to ensure the standardisation of the quality of the fostering assessment reports. The plan was for the FCC to develop an expertise in relation to the particular needs of separated children in the asylum process, such as integration, status, reunification and particular trauma which separated children arriving in Ireland can exhibit. Additional posts - for a chairperson for the FCC and a co-ordinator - were approved and filled in the summer of 2022 and the dedicated FCC became operational in August 2022. Since the establishment of this dedicated SCSIP FCC a dedicated panel of SCSIP

foster carers has been established, with no carers on the panel that had been approved by another FCC.

At the time that the assurances were provided (January 2023, and further assurances provided in March 2023) the SCSIP had just 18 foster carers, the majority of whom were providing supported lodgings to older children. There were four foster carers on the SCSIP foster care panel. As part of its restructuring plan, SCSIP had recruited a principal social worker for alternative care, to commence in post in March 2023. The assurances provided included actions under each of the standards – all of which were to be implemented by the end of quarter three of 2023.

This inspection of the SCSIP foster care service in November 2023 partially sought to verify that these actions outlined in the PAR had been fully implemented. In addition, the inspection sought to assess the level to which the SCSIP foster care service was compliant with standards 5: The Child and Family Social Worker, standard 7: Care Planning and Review and standard 10: Safeguarding and Child Protection.

In preparation for the first inspection of the SCSIP foster care service an updated PAR was requested from the area manager of the SCSIP service. The updated Provider Assurance Report indicated that all the previously identified actions were either completed, in progress or ongoing. There is further detail on the updated assurances provided under each standard within this report. Inspectors found that many of the actions were either completed or in progress and yet to be fully implemented.

THE SCSIP Foster Care Service

This first inspection of the SCSIP foster care service represents the start of the service's regulatory journey. At the time of the inspection the entire SCSIP service comprised an area manager, three principal social workers and a team of social workers and social care workers at various grades. A service director - who also held other responsibilities - supported the service. There were a number of vacancies on the SCSIP team and Tusla had a rolling recruitment campaign in place to fill these positions.

The SCSIP service was continuing to develop its service so that there were distinct teams with responsibility for the different services being provided to children. However, this development was hampered by the fact that some staff members were on periods of extended leave at various times in 2023 and the staff recruited to develop the service had to temporarily cover the responsibilities of these staff. Development was further impacted by the continuing large volume of referrals being received by the service which necessitated the teams for fostering and children in care teams being diverted to assist the duty and intake teams on a rota basis, from March 2023 to October 2023. While this demonstrated how well the teams supported

each other it meant that the children in care teams were not able to fulfil all their responsibilities under the Standards and the Regulations during that period.

The alternative care service for the SCSIP team included services for fostering, children in care and aftercare. They were managed by a principal social worker who had commenced in post in March 2023. Children in foster care formed a small subset of the total number of separated children being accommodated by the SCSIP service as a whole. An organogram (organisation chart) was provided prior to the inspection which illustrated the structure of the alternative care service. There were three children in care teams and one foster care team, each managed by a team leader. Two of these team leaders were on extended leave and one had just commenced in post at the start of the inspection. Of 18 posts (16 social work and two social care worker posts) allocated to these four teams, seven social work positions were vacant, and an additional staff member was on extended leave. In effect this meant there was one experienced team leader in place and one new team leader for the two children in care teams, five social workers (two of whom were senior social work practitioners) and two social care workers for children in care. There were three link workers (social workers) for foster carers with no direct line manager in place. The aftercare team comprised a manager and 15 posts: ten aftercare workers and five family support practitioners. Four of these posts were vacant at the time of the inspection; one aftercare and three family support workers.

This inspection focused on the service provided to children in foster care only. Information provided for the inspection reflected that there were 22 separated children in foster care. On the last day of the inspection there were 25 children in foster care.

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 5	The child and family social worker	Not Compliant
Standard 7	Care planning and review	Not Compliant
Standard 10	Safeguarding and child protection	Not Compliant
Standard 14	(a) Assessment and approval of non-relative foster carers	Substantially Compliant
Standard 15	Supervision and support	Substantially Compliant
Standard 16	Training	Substantially Compliant
Standard 19	Management and monitoring of foster care services	Not Compliant
Standard 23	The foster care committee	Not compliant

This inspection was carried out during the following times:

Date	Times of inspection	Inspector	Role
21 November 2023	09:00hrs to 17:00hrs	Grace Lynam	Inspector
	11:00hrs to 17:00hrs	Lorraine O Reilly	Inspector
	09:00hrs to 17:00hrs	Mary Wallace	Regional Manager
	09:00hrs to 17:30hrs	Sheila Hynes	Inspector
22 November 2023	09:00hrs to 17:30hrs	Grace Lynam	Inspector
	09:00hrs to 17:30hrs	Lorraine O Reilly	Inspector
	08:30hrs to 17:30hrs	Mary Wallace	Regional Manager
	09:00hrs to 17:30hrs	Sheila Hynes	Inspector
23 November 2023	08:00hrs to 17:00hrs	Grace Lynam	Inspector
	08:30hrs to 17:00hrs	Lorraine O Reilly	Inspector
	08:30hrs to 17:30hrs	Mary Wallace	Regional Manager
	09:00hrs to 17:00hrs	Sheila Hynes	Inspector

Children's experience of the foster care service

Children's experiences were established through speaking with children, foster carers and professionals. The review of children's case files also provided evidence on the experiences of separated children in foster care. Inspectors visited two foster homes and met or spoke with six children altogether and spoke with eight foster carers in total. Inspectors spoke with one child by video call. The child was supported to speak to inspectors by their foster carer. Inspectors also observed children in the SCSIP office awaiting services.

Separated children who were visited in foster care homes presented as relaxed and comfortable in their placement. The inspector observed warm interactions between the foster carers and the children. The inspector met with two children on their own and they conveyed that they were very happy in their placement. They were not aware of the plans in place for their future care. Additionally, the foster carers were not up to date on the situation in relation to the plan for the children's care. These children were not attending school as they had been placed in the foster home on an emergency basis but they both wanted to go to school. They told the inspector they spent their day going for walks, playing computer games and watching television.

Children told inspectors they felt safe. Some children who had settled into their placements were attending school and doing well, others were finding it difficult to adapt to life in Ireland especially in regard to practicing their religion. Children told the inspector they had been told about their rights and one child said that if they had a worry they would speak with their foster carer.

There was evidence from file reviews that children were being supported to develop and maintain relationships with their parents where possible – some children had met with their parent since being placed with their foster carer. Others were facilitated to travel from their placement to meet family members in another county. Reunification with family members was also an option for some children seeking international protection.

File reviews contained limited evidence on the participation of children in decisions about their care and support.

In their conversations with inspectors children said:

My 'social worker was lovely' but now I do not have one now so am 'looking for one'.

"We do not know our plan for the future, but where we are is really good"

"Everything is really good, I want to live in Ireland"

"No complaints about anything"

“Everything is going well”

“Everything is really good, everyone is so friendly and nice”

“No social worker has come to the house” and their foster carer “does the work, not the social worker”.

One child provided examples of what their foster carer had done for them which included arranging their school placement, helping with their medical card application, helping them to get a bank card and arranging for them to have a general practitioner (GP). Some children told inspectors they were supported to practice their religion, attend school and that they were involved in leisure activities of their choice. They described some of the social outings they enjoyed such as going to restaurants with their foster carers.

Foster carers spoke about children with care and compassion, and demonstrated a child-centred approach in their care and support of children. More experienced foster carers gave examples of how they supported children to express their views about their care when the child’s care plan was being reviewed and demonstrated their sensitivity to the individual needs of the child.

Children were treated with dignity and respect by staff but the physical environment of the office where the service was based did not facilitate privacy or confidentiality. Inspectors found that all staff they spoke with were child-centred in their approach and were focused on meeting the needs of separated children. During the course of the three days of the inspection when inspectors were based in the offices of the SCSIP service, inspectors observed up to seven children in the SCSIP office waiting to be seen. Inspectors observed them coming to the offices on each of the three mornings with their belongings and waiting there for the day. Inspectors were struck by this observation which reflected the harsh reality of the day-to-day experience of separated children seeking international protection while they waited for services, essentially in a public reception area, with nothing to do, no facilities, and no privacy. Inspectors also observed the compassion, commitment and care shown to these children by all the staff they came into contact with.

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 the degree to which separated children seeking international protection in Ireland received services that were safe and compliant with the standards relating to having an allocated social worker and having up-to-date care plans for their care and support. The inspection also looked at assessments of foster carers, their training, support and supervision. Standards relating to the governance of the fostering service and the Foster Care Committee were included in this inspection.

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

- no standards were compliant
- three standards were substantially compliant
- five standards were not compliant.

Inspectors found that staff at all levels of the organisation presented as child-centred and while committed to providing a quality service to separated children that protected and promoted their right to a safe and effective service, they were unable to do so.

This inspection found serious concerns about the capacity and sustainability of the fostering arrangements in the SCSIP foster care service and the impact this was having on children in terms of the provision of statutory services to them. Inspectors found some of the same risks were impacting on the fostering service as had been found in the first inspection of the child protection and welfare service in February 2023. The SCSIP foster care service was in the development stages, and despite being staffed by committed, hard-working and child-centred teams they were struggling to provide basic services to children in foster care. The SCSIP foster care service requires an urgent and sustained response at a national level to bring it into compliance with the standards and to meet its statutory obligations under the Child Care (Placement of Children in Foster Care) Regulations, 1995.

Children in foster care were not all allocated to a social worker and were not being visited in line with the Regulations. Basic statutory documentation was missing from some children's files and staff were not supported to maintain files by Tusla's electronic recording system which is in place in all other Tusla service areas. Overall the quality of care plans when appropriately completed was good but there was room for improvement in the quality of some. Reviews of care plans were not conducted in line with the timeframes set out in the regulations and the process for the review of children's care plans required greater oversight by managers.

Correct reporting procedures had not been followed in a timely manner in relation to an allegation by a child in care. Some foster carers had been approved on an emergency basis without having completed the necessary mandatory training in fostering. Practice in relation to safeguarding and child protection required improvement. Staff understanding of their roles and responsibilities in relation to management of child protection and welfare concerns also required improvement. Actions had been taken to address this but it would take time to be fully embedded into practice.

Fostering assessments were comprehensive, but some files had not contained all the documentation required by the standard at the time of the assessment. Approval of applicants for fostering had not always been in line with the regulations or Tusla's Foster Care Committees - Policy, Procedure and Best Practice Guidance.

All foster carers had an allocated link worker and they felt supported. Overall, visiting and supervision of foster carers was good but the standardised recording of these visits needed to be embedded into practice to ensure consistency of practice. There was room for improvement in the foster care review process and reviews of foster carers had been delayed, although all were up-to-date at the time of the inspection.

There was good training available to foster carers to provide them with the skills and training to provide high quality foster care to separated children. Not all carers had completed the required training at the time of the inspection. The service did not yet have a training strategy in place.

The SCSIP foster care service was continuing to develop as a separate service to the other functions of the service as a whole, while at the same time supporting the other functions with the crisis created by the volume of referrals to the service. Some effective management structures were in place and were being strengthened, others were developing. New policies and procedures were in the early stages of implementation. The service was being re-structured and clear pathways being developed between teams to ensure clear lines of accountability. Management and reporting of risk was developing. The service was experiencing severe resourcing

challenges. Information systems did not support the provision of a safe, effective foster care service. Governance systems required development and strengthening to ensure the delivery of a safe, timely and effective foster care service for children seeking international protection.

Management acknowledged that governance systems required development and strengthening to ensure the delivery of a safe, timely and effective foster care service for children seeking international protection. It would take time and additional resources to ensure that governance systems and structures were fully embedded into practice and sustained over a period of time in order to have a positive impact on children's experiences of the SCSIP service.

Communication in the service was improving through a series of management meetings. The management of risk needed to be embedded into the national framework so that the controls identified to reduce the impact of the risks were timely and effective. Vacant posts, unallocated cases, insufficient numbers of foster care placements, manual collection of data and delays in reunification of children with their families were the highest risks recorded for the service. Staff supervision had recently improved. New monitoring and quality assurance systems had been developed and were in the early stages of implementation.

However, the systems of governance that required significant improvement included:

- the oversight and management of voluntary care
- the oversight of the regulatory requirements for children's case files such as care plans and reviews of care plans
- information management systems to support planning for the service
- information governance systems that did not support a safe and effective service.

Following the inspection a number of cases were escalated to the area manager. These included:

- two children who had not received a statutory visit in their foster care placement,
- two siblings whose placement was coming to an end as there was a plan in place for their reunification with a parent. However, this plan had been delayed and, at the time of the inspection no onward placement had yet been identified for the children,
- three cases where the voluntary consent for the child's admission to care was not available and was reconstructed and signed by the principal social worker for duty and intake,

- one case file which was incomplete and was in disarray,
- a case involving a child protection and welfare concern that did not evidence that the concern had been appropriately followed up and
- two foster carers files: one which was missing a number of key documents and in which the management oversight of the child's placement was not clear and one for which a full file review was requested.

Following the escalation a satisfactory response was received from the area manager that appropriate actions would be taken to address the issues raised. However, the response did not identify the organisational cultural and practice issues raised by the escalated cases. For example, the continued and unacceptable practice of signing voluntary consents for children to come into care.

In addition to the case escalations, systems risks were also identified which were escalated to Tusla following completion of the inspection. The inspection of the SCSIP Child Protection and Welfare (CPW) service in February 2023 had identified a number of risks that re-emerged in the foster care inspection. These risks included:

- voluntary consents being signed by a principal social worker
- statutory visits to children not being completed
- care plans and care plan reviews not being completed in line with the Regulations
- the information systems in place did not support a safe and effective service in line with the Regulations.

In addition to the risks found on both the CPW and foster care inspections, the foster care inspection found that some safeguarding issues were not being adequately managed. These included a placement being made with a foster carer prior to their vetting by An Garda Síochána being received and a placement being made with a carer who was the subject of an ongoing investigation of an allegation. These systems risks indicated significant non-compliances with Standards 5, 7, 10 and 19.

A warning meeting was held between HIQA and Tusla senior managers where these systems risks were outlined and a plan of action to address them was requested. Tusla responded in writing setting out its commitment to continuous improvement and to meeting the required standards of service delivery. The response outlined the planned actions to address the deficits relating to standards 5, 7, 10 and 19 which included restructuring of the service, ongoing recruitment of staff, improvements to the experience of children using the service and improvements in use of the digital recording system TCM. There were actions to ensure that cases were transferred to the service areas in which separated children were living, and for ensuring that appropriate ongoing training was provided to foster carers. An organogram of the

proposed new team structure for the whole SCSIP service was included. In addition, a project to build the capacity of the SCSIP service had been approved, the aim of which was to improve governance and oversight of foster care placements for the service.

Tusla's response provided some assurances that the systems risks outlined in the warning meeting would be addressed.

However, there were some areas that were not adequately addressed and additional information and some clarifications on aspects of the plans were sought from Tusla in January 2024. Tusla provided a response in writing which clearly stated the ongoing pressure the SCSIP foster care service was experiencing. Tusla outlined some positive improvements in governance such as the appointment of a principal social worker for quality, risk and service improvement. It also provided contingencies to deal with some of the service risks, but there was no clear plan for how the service would come into compliance with the standards. Tusla noted their ongoing engagement with the Department of Children, Equality, Disability, Integration and Youth (DCEDIY) in relation to the Child Care Act 1991.

Standard 5: The child and family social worker

There is a designated social worker for each child and young person in foster care.

Separated children seeking international protection, who were placed in foster care by Tusla, did not have appropriately allocated social workers, in line with the standard, who had the capacity to ensure they received the services they were legally entitled to, including visits to ensure their safety. The register of children in care was not a reliable source of information. Many children's files were incomplete and did not contain all the required documentation. There were delays in transferring children's cases to other teams within the SCSIP service and cases were not transferred at all to service areas where the children were placed, when they should have been.

Information provided on the first day of the inspection indicated that nine (36%) of the 25 children in foster care did not have an allocated social worker from the child in care team. Some contingencies had been put in place to mitigate the fact that not all children in foster care had an allocated social worker but these were not effective. Information provided for the inspection indicated that nine children were allocated to social workers on the duty and intake team while they awaited transfer to the child in care team but these social workers did not have the capacity to provide the required statutory services to these children. For example, a social worker on the duty and intake team told the inspector that although they had been consistently working with

a child since May 2023, when they came into care, they did not have the capacity to see the child in person and were not conducting statutory visits (the child was placed with a foster family 300 kilometres away from the Dublin office). This case was brought to the attention of managers and a visit to the child was scheduled for the week following the inspection.

The principal social worker for alternative care indicated that, of these nine children, the plan until the previous day, had been to reunify two children with family hence it was appropriate for them to remain allocated to the duty and intake team. Five children were receiving services from the fostering team, meaning that the fostering link social worker was responsible for conducting statutory visits to these children. Social workers for children in care said in their focus group that, in some cases where a child was unallocated, the link worker completed the statutory visit to the child. There were mixed findings in relation to this which is expanded on below.

Social workers for children in care carried mixed caseloads so they were responsible for providing services to children in foster care, private residential care and supported lodgings.

Separated children in foster care placements were not being visited in line with the standards and the regulations. Practice in relation to recording of these visits was inconsistent. Inspectors reviewed the files of 12 children for evidence of statutory visits. Five of these children had an allocated social worker from the child in care team and their files contained some records of visits to the child having taken place. Some records were a good quality record of the visit to the child, recorded as a statutory visits on a standard template. Other visits were recorded in case notes. None of the visits were completed within the timeframes set out in the regulations.

Seven of the 12 children whose files were reviewed did not have an allocated social worker. Of these seven cases five did not contain any evidence of statutory visits to the child taking place. Two had evidence that one statutory visit had been completed to the child. One of the records of the statutory visit was of good quality, the other was poor. A further two of these seven unallocated children were placed with foster carers whose link worker was tasked with providing statutory services to the child. Inspectors reviewed these files and found that, in one case, although the link worker was visiting and had seen the child they were not recording the visit as a statutory visit. In the other the link worker was not completing the statutory visits to the child.

Social workers offered explanations for their lack of regular visits to children in foster care. They told inspectors they had to prioritise visits to children who were accommodated in other types of care arrangements. In addition to this, their capacity to complete visits was impacted during the period March – October 2023 when staff from all teams went on a duty rota to assist the duty and intake team with the increasing volume of new referrals they were receiving.

Under the Child Care (Placement of Children in Foster Care) Regulations, 1995, Part IV, monitoring of placements, Tusla is required to maintain a register of children placed in foster care. The regulations set out the particulars to be maintained in the register. These include the child's name, sex and date of birth, the names and addresses of their parents, the names and addresses of their foster parents, the date of the placement and the date on which a placement ceases. The SCSIP service maintained a register of children in care, but it was an unreliable source of information as its reliability was dependent on the correct information being recorded in a regular and timely manner. Managers told the inspector they had oversight of statutory visits through supervision and also through the child in care register. The PSW for alternative care told the inspector there was also tracker for statutory visits in place which was updated weekly by staff. The inspector sampled the register regarding the information recorded on statutory visits to one child whose case file had been reviewed as part of the inspection. The date recorded in relation to when a child's next statutory visit was due was incorrect. The PSW for alternative care amended the incorrect date to reflect that the next statutory visit was due six months after the previous visit. The use therefore of the register as a system for tracking statutory visits was not reliable.

Information provided for the inspection indicated that there were 22 separated children in foster care placements. All except three of the children in foster care were placed outside the Dublin area where the SCSIP service was based. There was an additional 15 children awaiting a foster care placement. The principal social worker for alternative care confirmed that five of these children were in short-medium term residential placements and 10 were accommodated in Special Emergency Arrangements (SEAs). On the first day of the inspection five weeks later there were 25 children in foster care and 20 children awaiting a foster care placement.

When children were placed with foster carers outside the Dublin area where the SCSIP team is based their case should be transferred to the local service area in line with Tusla's transfer policy. This was not happening. This meant that the SCSIP team carried responsibility for the management and oversight of placements all across the country. Social workers responsible for providing statutory services to children in foster care such as visits, care plans and reviews of care plans had to travel to wherever the child was living to fulfil these responsibilities. The SCSIP had children placed as far away as Cork and Kerry. This was not a sustainable practice, nor an effective use of already stretched resources, and was not supportive to the SCSIP team in maintaining a service both to children in care and to the high numbers of children being referred for services. The principal social worker for alternative care told the inspector that, historically, service areas have not accepted transfers of such children when the child is placed with a foster carer providing services through a private fostering agency. Tusla's policy on the appropriate transfer of cases between service areas was being reviewed as it was not being adhered to. A national working

group set up to address the fact that Tusla's national case transfer policy was not being implemented met for the first time in September 2023 and had identified that transfers of children in care and fostering cases were at a standstill, including SCSIP case transfers.

In addition, cases that should have transferred between teams within the SCSIP service were not being transferred in a timely manner. Staff told inspectors that the teams were supportive of one another and worked well together but inspectors found evidence that cases did not always transfer efficiently from the duty and intake team to the children in care teams. This had been identified in a management meeting in November 2023. Inspectors reviewed the minutes of this meeting and found they detailed that two workers had capacity to take three cases each but they were having difficulty getting the files from the duty and intake team. The principal social worker for alternative care was taking action to progress the transfers.

The principal social worker for alternative care gave inspectors a copy of a management note on the transfer of cases from the duty and intake team to the children in care team. This note outlined suggested improvements to the transfer procedure and referenced the Tusla standard operating procedure for management of cases awaiting allocation. This management note outlined that case transfers should take place in as short a timeframe as possible and prioritised the criteria for consideration when cases were being transferred. These included children who were subject to ongoing court review, children in supported lodgings or foster care, children who had had multiple moves of placement and children experiencing a breakdown or where there were ongoing concerns for their safety and welfare within their current placement.

However, despite this, there was evidence that the transfer of these cases to the children in care teams was delayed even when they had the capacity to take them. This meant that children did not have the services of a child in care social worker who actually had the capacity to provide them with a service. When a child is taken into care their case should be transferred from the duty and intake team so that they can focus on processing new referrals and providing an efficient and comprehensive assessment of the needs of separated children arriving into the country. The service needed to ensure that the transfer of children from the duty and intake team to the children in care teams was efficient so that each team could provide the appropriate service to the child.

Children's records were not up-to-date or complete in line with the standards or the regulations. Many of the case files reviewed by inspectors had gaps and some did not contain even the basic documentation required such as evidence of consent for voluntary care, copies of their care plans and care plan reviews and records of visits, which are a statutory requirement under the Regulations. This reflected the reactionary nature of the service and the pressure on staff who had either completed

the tasks but did not have the time to record their interventions, or, had completed the record but it was not maintained on the child's file. For children this meant that a record of their experience of being cared for at a time when they were separated from their families was not maintained. These experiences are part of a child's life story and they have a right to have access to such records. These case records should be both comprehensive and contemporaneous and, in line with legislation, be maintained in perpetuity so that they are available at any time should the child ever wish to gain access to them to make sense of their life experiences, or should Tusla require them for any reason, such as a freedom of information request or inquiry.

Records of consent for voluntary care were not routinely maintained on children's files. There was evidence in some cases that parents had given appropriate consent for their child to be in voluntary care. In other cases the validity of the consent for the child to be in care was queried by inspectors. In four cases reviewed by inspectors the file did not contain any documentary evidence of the legal status of the child. When these documents were requested by the inspector a principal social worker signed voluntary consent forms for the children in question on that day. This therefore called into question the legality of Tusla placing these children in care. In another case, where a child was maintained in care on foot of a court order, the certified order had been tampered with and the date changed thereby rendering it no longer certifiable and thus compromised its integrity. These cases were escalated during the inspection and also in writing to the area manager following the inspection and satisfactory assurances were received that appropriate actions would be taken to address the identified deficits.

For allocated children, inspectors found their care orders were maintained on their files as were absence management plans.

Many of the files of separated children that inspectors reviewed did not comply with the requirements of the regulations or the standards. The regulations require that a case record should be compiled and the standards reflect this requirement as one of the main responsibilities of a social worker. In addition, all social workers are required to be registered with their professional health regulator in order to practice as a social worker, and, as a regulated profession they are required to adhere to a code of ethics. The code of ethics for social workers states that social workers should maintain clear accurate and up-to-date records. Some files reviewed by inspectors however were poorly managed and maintained. Some files contained loose pages, did not have copies of the child's care plan or other important documents, or provide a full account of the child's journey through the service thus far. In some cases documents were not on the case file but when inspectors requested them they were made available. Therefore they appeared to have been stored elsewhere and not on the child's file.

The children's case files sampled by inspectors did not reflect that social workers were fulfilling their duties in line with the standards to co-ordinate the care and support of the child including the input of other professionals. In many cases when inspectors spoke with social workers they were told the work had been completed but had not been recorded on the file.

It is worth noting that in every Tusla service area there is an electronic recording system - Tusla's case management system (TCM) - in place to support social workers in their statutory responsibility to maintain comprehensive and contemporaneous case files. The SCSIP team did not have access to the TCM system and were operating a paper-based system.

The fact that children's details were not recorded in TCM had been highlighted as a risk after the first child protection and welfare (CPW) inspection in February 2023 and an urgent compliance plan was issued in respect of this. The fact that information on unaccompanied children was not in the TCM system meant their key details were not known to the Tusla service areas in which they were placed, nor the Out of Hours Service (OOHS). This is important in situations where a child might go missing from any alternative care placement and An Garda Síochána may need to be notified. The urgent compliance plan submitted for the follow-up CPW inspection in November 2023 outlined that all children's details would be input into the system. Inspectors sampled ten children and found they had been set up in the TCM system in preparation for files to be created on them.

In conclusion, some children did not have an allocated social worker. Children were not being visited in line with the standards and regulations. Case files were not comprehensive and up-to-date and many lacked basic statutory documentation. For these reasons this standard is judged as not compliant.

Judgment: Not Compliant

Standard 7: Care planning and review

Each child and young person in foster care has a written care plan. The child or young person and his or her family participate in the preparation of the care plan.

The regulations state that, before placing a child in foster care, a plan for their care and upbringing should be prepared. The plan deals with the aims and objectives of the placement and the support to be provided to the child, the foster carers and the child's parents. The standards state that it is the role of the child and family social worker to ensure that decisions of the care plan are implemented.

Overall, the quality of care plans when completed appropriately was good and many included a comprehensive assessment of the child's individual needs. Practice in relation to reviews of care plans for children was inconsistent and not in line with the requirements of the regulations. There were gaps in children's files in relation to care plans and records of care plan reviews. The process for the review of children's care plans required greater oversight by managers.

Prior to the inspection the SCSIP service was not able to provide accurate information on the numbers of up-to-date care plans in place for children in foster care and the dates that reviews of these care plans were due. The information that was provided for the inspection indicated that there were 22 children in foster care when the information was compiled. The information indicated that of these 22 children in foster care, 17 had an up-to-date care plan in place and five did not. Three of these were children who had been recently placed in foster care. In providing this information the PSW for alternative care explained that it was very difficult to get a reliable and accurate picture of the figures for all children going back 12 months as many children moved on to residential centres or aged out of the service and reliable statistics were not available. It is noteworthy that Tusla does not publish metrics (statistics) for the SCSIP service as it does for the 17 service areas within the service.

In discussing care planning staff told the inspector that their work was like "firefighting" and that they filled in forms "when we can" as there was "no time sometimes". Foster carers who spoke with inspectors said, in relation to the placement they had, that they "have no details on the plan for the children" and that "this is often the case" and that "it can be slow to get updates on what is the next steps for the child."

Generally the quality of care plans when appropriately completed was good. When children had an allocated social worker, inspectors found that their care plans were comprehensive and of good quality. Inspectors reviewed four care plans and found they were based on a good assessment of the child's needs including their cultural, educational and medical needs. Two of the records were of particularly good quality

and included evidence of the child's views being heard in relation to their needs and preferences. There was evidence on files that social workers were co-ordinating services for the children such as applying for international protection status, legal aid, medical cards, additional education (grinds) and contact with family members.

Care planning for unallocated children required improvement. The regulations require that a copy of the child's care plan is maintained on their case record and inspectors found that this was not always the case. Inspectors reviewed the files of seven unallocated children and found that four contained care plans, three of which were comprehensive and of good quality, one was poor and three files did not contain the child's care plan.

There was some good evidence that children were consulted in preparation for their care plan reviews as were their foster carers. Some care plans clearly reflected that children had been consulted and had attended the meeting where their care plan was being reviewed. In others children's views had been presented by the social worker. However, in others the record did not clearly reflect the child's views or whether their views had been obtained.

The regulations require that care plans for children in foster care should be reviewed as often as may be necessary depending on the particular circumstances of the child. The regulations state that care plans should be reviewed at specific intervals: the first care plan review should be completed within two months of the child's placement in foster care. Then at intervals not exceeding six months for the first two years of care and, thereafter, not less than once in each calendar year. Care plans set out the details for the care and upbringing of the child. Inspectors found that children's care plans were not reviewed with the regularity required by the regulations. Inspectors reviewed 10 children's files for care plan reviews and found that in only three cases the care plan review had been completed within the timelines set out in the regulations. Information in one file suggested that the care plan review had occurred within the timeframe but it was not in the file. Delays in holding care plan reviews were noted in four files ranging between one, two, three and six months. For one child their care plan was dated 11 months after their admission to care date but the first care plan review was dated one month later. The initial care plan should have been prepared either before the child was placed or as soon as practicable after the placement. Another child had been in care for six weeks and there was no care plan on their file. Staff told the inspector that the dates for care plans and reviews were tracked through their supervision sessions with their manager. They were not sure if all child care plan reviews were up to date, and therefore, as the evidence reflected, tracking of reviews of care plans was not effective.

Inspectors found that placement plans were maintained on foster carers' files in line with the standard and absence management plans were on children's files as required.

Information provided prior to the inspection indicated that there were no reviews of foster carers following an unplanned ending in the 12 months prior to the inspection. However inspectors found that there was one placement that ended in an unplanned manner. These are known as disruptions. The disruption took place in February 2023 and involved a child making a number of complaints about their placement. The child then moved to another care arrangement. The disruption report was not on the foster carers file but was provided when the inspector requested it. It was not signed or dated so did not reflect when the report had been presented to the FCC.

Overall the quality of care plans when appropriately completed was good but there was room for improvement in the quality of some. Some files did not contain the child's care plan. Reviews of care plans were not conducted in line with the timeframes set out in the regulations. Recording of disruptions of children's placements required improvement. For these reasons the standard is judged to be not compliant.

Judgment: Not Compliant

Standard 10: Safeguarding and child protection

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

Practice in relation to safeguarding and child protection required improvement. Staff understanding of their roles and responsibilities in relation to management of child protection and welfare concerns also required improvement.

Information provided for the inspection indicated that there had been one allegation in the 12 months prior to the inspection. Inspectors reviewed the management of the allegation and found that, at the time the allegation was made, staff practice did not demonstrate an understanding of their responsibilities under *Children First: National Guidance for the Protection and Welfare of Children 2017*. The correct reporting procedures had not been followed in a timely manner in relation to the concern expressed.

In addition, although the child who made the allegation had been moved from the placement, another child had been placed there during the ongoing investigation of the allegation. This occurred despite a strategy meeting between SCSIP and the Fostering PSW in the service area taking place in June 2023. This reflected poor

oversight of the placement which was a shared resource between the service area and the SCSIP and indicated potentially unsafe placement processes. The allegation had been reported to the local area in which the placement was made under the Tusla Child Abuse Substantiation Procedure (CASP) but was eventually deemed not to meet the criteria for this procedure. The second child should not have been placed until that outcome of the CASP had been determined. The PSW for alternative care had identified this in an audit of the foster carers file in November 2023 and had taken immediate steps to inform the staff team of their reporting responsibilities and that this could not happen again. The PSW also communicated with the service area in which the placement was sourced.

In addition, in another case where there had been child protection concerns about a child in foster care, a decision was made that the concern did not meet the threshold for reporting to duty and intake. The inspector did not agree that this decision was in line with Children First and asked the PSW to review the decision not to report the concern to the duty and intake team for investigation. A recommendation was made that safety planning should take place but this did not happen due to a change in social worker. This case was escalated to managers and satisfactory assurances were received that steps would be taken to ensure all appropriate actions had been taken. The child had been reunified with a family member by the time of the inspection.

In another case reviewed, the inspector was concerned about the management oversight of a foster carer's continuing capacity to provide safe care to separated children. There had been unfounded allegations made about the foster carer in the past, yet there was no record of any assessment of their need for additional support or training. There were also other issues in the file that the inspector found required further consideration by management. This file was escalated to the service following the inspection for a full review.

Management had taken steps to ensure that staff were aware of their responsibilities relating to safeguarding and child protection, staff had completed training in Tusla CASP, had attended a presentation by the PSW alternative care on safety planning in August of 2023, and there had been a briefing on Children First (2017) in September 2023. Link workers told inspectors they had completed their training in Children First and they were able to describe the process for reporting child protection concerns to the duty social worker. Children in care social workers were aware that any allegation about a foster carer would be reported to Tusla's CASP teams.

Overall, foster carers understood their responsibilities in relation to keeping children safe. Inspectors reviewed a sample of foster carers' files and found that they contained evidence of their attendance at Children First training. Foster carers in the focus group told inspectors about their responsibilities and experiences of dealing with children that went missing from care. Not all foster carers were able to explain to the inspector what their role was as a mandated person under Children First.

Further work was required to ensure that all staff and foster carers were fulfilling their responsibilities and implementing the training they had received in relation to safeguarding of children and reporting child protection and welfare concerns.

Foster carers are required to complete fostering training prior to taking the placement of a child into their home. In some cases children had been placed with foster carers who had not fully completed this training. Emergency approval for such placements was provided by management and a list was maintained of these emergency approvals. This practice of emergency approval was contrary to the Tusla Foster Care Committees - Policy, Procedure and Best Practice Guidance which states that "emergency approval is **only** permissible for relatives under the Child Care (Placement of Children with Relatives) regulations 1995" and "the regulations do not provide for placing young people with strangers who are not on a panel of approved carers".

Staff told the inspector that - where a foster carer had not completed the two days of the fostering training - safeguarding visits were conducted to their home every six weeks. Inspectors reviewed a file of a foster carer who had only completed the first day of the two day training and found that good safeguarding visits had been conducted. There was evidence that good safeguarding visits to the foster carer in the intervening period of time had been undertaken as a safeguarding measure. Inspectors reviewed the records of these visits and found that they were well recorded. The PSW for alternative care was clear that the practice of approving foster carers prior to completion of their training would come to an end.

There were other occasions when foster carers were approved on an emergency basis. In one case the approval was for a second child to be placed with carers who were approved for one child. In this case the placement was deemed to be in the best interests of the child as they were known to the child in the foster home. The child was placed and a foster carer review was conducted which recommended the foster carer's approval should be amended to two children. This had yet to be brought to the Foster Care Committee.

Correct reporting procedures had not been followed in a timely manner in relation to an allegation by a child in care. Carers were being approved on an emergency basis without having completed the necessary mandatory training in fostering, and in one case Garda vetting had not been completed. In one case a recommendation for safety planning was not implemented. For these and the other findings outlined above, this standard is judged to be not compliant.

Judgment: Not Compliant

Standard 14:

14a Assessment and approval for Non-relative foster carers

14a Foster care applicants participate in a comprehensive assessment of their ability to carry out the fostering task and are formally approved by the health board prior to any child or young person being placed with them.

The regulations require that before fostering applicants can be placed on a panel of approved foster carers they must have provided certain documents to Tusla including a medical, the names of two referees and documents to support Garda vetting. In addition an assessment of their suitability should be carried out and an assessment report completed and presented to the FCC. They must have received appropriate advice, guidance and training in relation to the foster care of children.

This inspection found that applicants for fostering separated children seeking international protection had participated in a comprehensive assessment of their ability to carry out the fostering task but all the required documentation was not in their assessment file at the time of their approval. Assessments completed by a private healthcare agency which were reviewed by inspectors were found to be of good quality. Comprehensive assessment reports were presented to the Foster Care Committee for approval. However, some of the assessment files did not contain all the required documentation at the time of the assessment but were in the file at the time of the inspection. Approval of applicants for fostering had not always been in line with the regulations or Tusla's Foster Care Committees - Policy, Procedure and Best Practice Guidance.

The SCSIP foster care service was subject to Tusla's policies and procedures governing foster care. However, in the 12 months prior to the inspection an external private healthcare recruitment agency had completed the fostering assessments for the SCSIP foster care service. SCSIP staff did not complete any fostering assessments.

The updated provider assurance report (PAR) submitted prior to the commencement of the inspection indicated that management used a tracker to facilitate their oversight of fostering assessments completed by the private agency. This tracker was reviewed at governance meetings. The PAR set out how feedback on the quality of the fostering assessments was provided to this agency on a quarterly basis, by the chair of the FCC and the PSW for alternative care. A standard SCSIP template had been developed for applications for fostering.

Information provided for the inspection indicated that there were seven fostering assessments commenced in the 12 months prior to the inspection. Three assessments

were ongoing and had not yet been completed at the time of the inspection and four foster families had been approved by the FCC. All of these assessments had been completed by the private healthcare recruitment agency. Inspectors sampled these and found they were of good quality and comprehensively covered all relevant aspects required for a fostering assessment. Supporting documentation was included with the fostering assessment including references to support the fostering application, medicals and health and safety checks. Foster carers told inspectors that their fostering assessments had been thorough. Management had oversight of the quality of these assessments through six-weekly governance meetings with the private healthcare agency. These meetings served as a forum to review, track and monitor progress with the assessment of the fostering applicants. They also provided an opportunity to discuss emerging practice or quality issues. Inspectors sampled minutes of these meetings and found they reflected good oversight of the assessment process.

Inspectors noted that - in line with the standard - foster care contracts for each child placed were on the foster carers files sampled.

Practice in relation to the approval of two foster carers sampled was not consistently in line with the regulations or Tusla Foster Care Committees - Policy, Procedure and Best Practice Guidance. Two foster carers had been approved pending receipt of vetting by An Garda Síochána. The regulations state that " a health board shall not place persons on a panel.....unless – (a) those persons have furnished to the board - (iii) all necessary authorisations to enable the board to obtain a statement from An Garda Síochána as to whether any convictions have been recorded against them...". The Tusla guidance document states that "applicants will not be placed on a panel of approved carers without receipt of Garda vetting." Such approvals were prompted by the urgency of demand for placements. Actions were taken to mitigate against potential risks in the placement - these included requesting emergency approval of the foster carer from the area manager and requesting the applicant to complete a declaration of nil convictions. The foster carer had also submitted Garda vetting required for their employment. Safeguarding visits were also conducted as previously outlined under standard 10. However, the practice of placing already vulnerable children in care with unvetted foster carers is unacceptable and not safe.

The PSW for alternative care told the inspector that all foster carers who currently had children placed with them had up-to-date Garda vetting in place. They gave the inspector a copy of a document which noted the dates of Garda vetting for all current foster carers which reflected that all foster carers had up-to-date Garda vetting in place at the time of the inspection. Garda vetting is updated on a three-yearly basis in line with the provisions of standard 17: Reviews of foster carers. The dates of when the updated Garda vetting would be required were recorded on the tracker. Inspectors found that vetting by An Garda Síochána was maintained on foster carers' files both for the foster carers and for adult members of their households. This was

recorded on the tracker as outlined above which reflected that adult members of fostering households had up-to-date Garda vetting on file.

Some foster carers had not completed the second of two training sessions for fostering at the time of their assessments and approval. Therefore there was no record of completed training on their file when they were approved by the FCC.

Fostering assessments were comprehensive, but some files had not contained all the documentation required by the standard at the time of the assessment. Approval of applicants for fostering had not always been in line with the regulations or Tusla's Foster Care Committees - Policy, Procedure and Best Practice Guidance, however the service had put safeguarding measures in place to reduce the risk, and assured inspectors that this practice would cease. For this reason the standard is judged substantially compliant.

Judgment: Substantially Compliant

Standard 15: Supervision and support

Approved foster carers are supervised by a professionally qualified social worker. This person, known as the link worker, ensures that foster carers have access to the information, advice and professional support necessary to enable them to provide high quality care.

This inspection found that foster carers were supervised and supported by a professionally qualified social worker who provided information and advice to them. Foster carers felt supported. Overall, visiting and supervision of foster carers was good. The recording of these visits had recently improved and needed to be embedded into practice to ensure consistency.

At the time of the inspection the SCSIP foster care service had 15 foster care households - these comprised 12 foster care families specifically recruited by the SCSIP team for their service and three 'shared resource' families. Shared resource families were a resource specific to the SCSIP foster care service. These were foster families living in other Tusla service areas who were also available to provide fostering to separated children seeking international protection. Link workers said that these shared resource carers received support from the link worker in the service area in which they lived, but that the SCSIP link workers provided support in relation to issues particular to separated children such as their applications for international protection. This was in line with the information provided by the PSW on how the shared resource foster families were supported and supervised.

The service had 12 SCSIP foster carers and all had an allocated link worker. There were three such link workers on the SCSIP fostering team. Link workers were also responsible for supporting carers providing supported lodgings.

The updated provider assurance report (PAR) submitted prior to the inspection indicated that all the following actions had been either completed by quarter two of 2023 or were in progress in quarter three of 2023:

- foster carers were visited within a week of a new placement of a child with them
- training on supervision visits to foster carers had been provided to link workers in May 2023 and these were being completed every three months for the first two years of the foster carers approval and six-monthly thereafter
- supervisory visits to foster carers were recorded on a standardised template
- safeguarding visits were conducted every eight weeks to emergency approved placements
- a tracker had been developed to record and track all supervision, support and safeguarding visits
- reviews of foster carers were in progress (further detail below)
- disruption meetings would take place in relation to all placement breakdowns and decisions would be forwarded to the FCC and any identified learning disseminated to the teams.

Foster carers felt well-supported by their link workers. All foster carers who spoke with inspectors were very complimentary of the support they received from their fostering link social worker. They said they had regular telephone contact with their link workers and felt they were available to them at any time. Link workers told the inspector about quarterly online support meetings for foster carers. These sessions covered such topics as self-care, allegations and complaints and fostering in general. The PSW for alternative care maintained a log of attendance at the online support group. The inspector reviewed this and found that the groups were well attended by foster carers. Foster carers also had access to the Tusla out-of-hours service for support when required. Link workers said they also provided one-to-one support to foster carers and foster carers confirmed this to inspectors. They said that their link workers shared information and knowledge with them and provided guidance and advice.

Foster carers felt supported. Inspectors found that the practice of recording supervision and support visits to foster carers was inconsistent but was improving. Inspectors sampled four files for evidence of support and supervision visits to foster carers by link workers and all had evidence of visits on them. There was inconsistencies found in relation to the level of support and supervision being provided. One file reflected visits almost on a monthly basis to the foster carer. Another file had two visits in 2023 and records of lots of telephone contact, one file

had a record of a visit in September 2022, one in March 2023, 6 months later, and no other visits recorded, therefore there was no record of a visit since March 2023. The foster carer told the inspector that they got two visits per year from the social worker but the file did not reflect this. The fourth foster carer had been visited twice in 2023 which was in line with the requirement.

Inspectors found good recent evidence of support and supervision visits by link workers. Improvements were noted in the month prior to the inspection, since October 2023, in terms of recording of visits and capturing more information. Case notes prior to this were found to be very brief in some cases but practice was improving in this regard. Link workers told inspectors that between August and October 2023 they had been rostered on to the duty team to assist with processing the increasing volume of new referrals being received by the service. This had impacted on their capacity to conduct visits to foster carers to whom they were allocated. Inspectors noted the use of a standardised template to comprehensively record the most recent visit by the link worker to the foster carer and the record was signed by both the foster carer and the link worker. Foster carers told inspectors that link workers were 'exceptional' and the level of support provided was 'significantly high'. They said they were treated with respect by link workers and that the link workers 'really do care'.

There was evidence that link workers fulfilled their other duties in line with the standard. Inspectors found that link workers provided foster carers with information on what to do if a child went missing from their care and on the complaints process. Foster carers were aware of the out-of-hours social work service. Inspectors found that link workers conducted joint home visits to foster carers with children in care social workers when placements were being made.

At the time of the inspection, reviews of foster carers were up to date. The PAR submitted in October 2023 indicated that a schedule of all foster care reviews had been finalised and that these were in progress. The completion date had been set for the end of quarter one of 2024. This target was met early as at the time of the inspection all the reviews of foster carers that were due had been completed. Previously, reviews of foster carers' continuing capacity to provide high quality care were conducted by the private healthcare recruitment agency. The PSW for alternative care maintained a log of foster carers reviews which reflected that all foster care reviews were up to date at the time of the inspection.

The SCSIP management team were taking on this responsibility and had commenced the process of reviewing foster carers who were due for a review. Two foster care reviews took place during the month of the inspection. The remaining nine reviews were scheduled for dates between January 2024 and October 2026 on the basis that reviews of foster carers take place one year after their first placement and at three-

yearly intervals thereafter. Current reviews of foster carers' were prepared by fostering social workers (link workers) and chaired by the PSW for alternative care.

Inspectors also observed a foster care review meeting. A comprehensive report had been prepared in advance of the foster care review, and this report was referenced in the meeting as having been reviewed by all attendees. However, the discussions during the review meeting did not focus on key matters in line with the purpose of a foster care review, such as the capacity of the carer to continue to provide good quality care and the views of the child. The inspector observed that the appropriate checks had been completed on the carer's adult children and the foster carers training needs were discussed. However, no actions were identified to address the training needs, or timeframes set out by which they should be completed. This was an area of practice that could be improved upon.

Reviews of foster carers sampled by inspectors had not taken place within the timeframe required by the regulations and the standard. As outlined, inspectors sampled one review and observed another. One occurred four months later than it should have been, the other was two months late. This review of the foster carer was held 14 months after the first placement being made and not within a year of the first placement as required by the relevant standard.

The SCSIP was aware of the risk of separated children going missing from the various alternative care arrangements. The Tusla 'Children Missing From Care, A Joint Protocol between An Garda Síochána and the Health Service Executive Children and Family Services' is a protocol between the two agencies to guide good co-operative working when children are missing from care. Information provided for the inspection indicated that there had been one incident where a child went missing from foster care in the 12 months prior to the inspection. Inspectors reviewed the case file for the child and the foster carer and found that the incident had been appropriately managed and reported by the foster carer. Foster carers told inspectors about their role when children go missing from care and some had experience of this happening.

Foster carers reported that they were well supported and supervised. The role of the link worker was broader than outlined in the standards. Link workers fulfilled their role in line with the standards and there was a support group available for foster carers. The practice of comprehensive recording of support and supervision visits on a standardised template was relatively recent and required embedding into practice to ensure it was sustained. There was room for improvement in the foster care review process and reviews of foster carers were delayed. For these reasons this standard is deemed to be substantially compliant.

Judgment: Substantially Compliant

Standard 16: Training

Foster carers participate in the training necessary to equip them with the skills and knowledge required to provide high quality care.

This inspection found that foster carers had participated in some relevant training to equip them with some of the skills and knowledge required to provide quality foster care to separated children seeking international protection. Records of Children First training was maintained on foster carers files. However, management oversight of foster carers' attendance at all training required improvement. Further training was required to ensure foster carers had specific knowledge and skills in relation to the specific vulnerabilities and needs of separated children seeking international protection. A training needs analysis was in progress to address this.

The updated provider assurance report provided prior to the inspection indicated that bespoke training sessions for foster carers were midway through delivery and would be completed by 25 November 2023. The healthcare recruitment agency commissioned by Tusla to complete fostering assessments and foster care reviews had developed a two-day training course for foster carers which was an enhanced version of the foundation fostering training provided to general fostering applicants prior to their approval as foster carers. This training had been rolled out from November 2022 and was jointly facilitated by the private agency and SCSIP staff. The training included additional cultural considerations and issues relevant to separated children seeking international protection. Unfortunately, due to unforeseen circumstances the training had not been available for a period of time and therefore there were a number of foster carers who had not completed the second day of the training. The SCSIP management were taking on the role of facilitator for the training and the second day of the two-day training was scheduled to take place two days following the completion of the inspection. All foster carers who had not completed the second day of training were scheduled to attend, thus completing their training. Inspectors reviewed the training modules and found it covered many issues relevant and specific to this group of children and young people. The PAR indicated that going forward foster carers would complete the training for fostering programme in advance of being approved.

In addition, the PAR indicated that all foster carers were required to attend training in *Children First Guidance for the Protection and Welfare of Children 2017* in advance of being approved as foster carers. This is crucial training for foster carers who are listed as mandated persons for the reporting of child protection and welfare reports about children and as such must understand their responsibility in this regard. The PAR stated that records of foster carers' attendance at training would be recorded in

their file. Inspectors sampled five foster carers' files and found their attendance at Children First training was recorded.

Foster carers told inspectors that they had received good training which had prepared them well for fostering separated children. Others identified that they had requested specific training they felt would be appropriate and beneficial to them. Some had sourced information for themselves to assist them in their role as foster carers to separated children. One foster carer told the inspector that "training was really good, a lot of what to expect from different cultures and experienced SCSIP foster carer also spoke." One foster carer said they felt ill-prepared for the task. Foster carers told the inspector that social workers shared their own knowledge and experience with them to assist them in the fostering task. There were also quarterly training sessions available online for foster carers which they found helpful and supportive.

Inspectors sampled files of foster carers and found that the recording of their attendance at training was inconsistent. Some files had good evidence of the training completed by the foster carers such as mandatory training in Children First: National Guidance for the Protection and Welfare of Children, and foundations in fostering training. Some foster carers had attended other relevant training sessions on topics including 'Supporting the development of self-esteem and resilience in traumatised children' and 'Caring for separated children seeking international protection.' While there was a record maintained of individual attendance at training there was no tracker maintained to provide management oversight of all foster carers' training.

The SCSIP foster care service did not have a training strategy for 2024 for foster carers but they had begun to identify the training needs of foster carers. The updated provider assurance report also indicated that a training needs analysis was in progress. Staff told inspectors they had completed a training needs analysis with foster carers and had identified their training needs with them – these included a need for cultural awareness training, training around awareness of the indicators of trafficking of children and young people into Ireland and training in trauma-informed care. Foster carers were also asked during their foster carer reviews about their training needs. Inspectors sampled foster carers files and found evidence of this. The foster carers' requests for training were brought to the fostering pillar meetings. The PSW for alternative care told the inspector they were collating the list of training topics identified by foster carers for inclusion in their training programme being developed for 2024. The area manager told the inspector that a training strategy for foster carers would be developed for 2024 and provided information following the inspection about additional information that had been sourced for foster carers on caring for separated children.

There was good training provided for foster carers to provide them with the skills and training to provide high quality foster care to separated children. Not all carers had completed the required training at the time of the inspection. The service did not yet

have a training strategy in place. Management oversight of training required improvement. For these reasons the standard is judged to be substantially compliant.

Judgment: Substantially compliant

Standard 19 : Management and monitoring of foster care services

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

The SCSIP service was beginning to develop effective structures of governance for the management and monitoring of foster care services. The service was strengthening existing structures and building on them. Some management systems were effective, others required strengthening and improving. Management acknowledged that governance systems required development and strengthening to ensure the delivery of a safe, timely and effective foster care service for children seeking international protection.

Prior to the first child protection and welfare (CPW) inspection in February 2023 of the SCSIP team there was one principal social worker who was responsible for the entire SCSIP service. At that time plans were in the early stages of development to separate out the teams according to their function: duty and intake, children in care, fostering and aftercare. At the time of the follow-up CPW inspection in November 2023 a new team: the 'active on duty' team, had been developed under another principal social worker who had been recruited in 2022 to chair the foster care committee. Further re-structuring was planned for the SCSIP service as a whole as outlined in the summary of inspection findings section of this report. The plan included the addition of new staff coming on board as well as a plan to strengthen the separation of the teams into distinct duty, child-in-care, fostering and aftercare teams. The purpose of the re-structuring was to improve the delivery of the SCSIP services but this would take time to implement as it was reliant on new staff coming on board to fill vacancies within the teams. At the time of this inspection there were seven vacancies across the 18 posts for the foster care service.

The manager of the SCSIP service was an experienced manager and had commenced in post in March 2020 with a large portfolio of responsibilities for various services across Tusla. They reported to a service director in Tusla's National Service and Integration office. Following the crisis in Ukraine (February 2023) and the resulting increase in the volume of referrals to the service, the area manager's responsibilities had been reduced, but they still retained a number of other responsibilities in addition

to managing the SCSIP service. Three principal social workers (PSW) reported to the area manager of the SCSIP service: the PSW for duty and intake, the PSW for alternative care and the PSW who chaired the FCC and who was also responsible for the newly-formed 'active on duty' team. The composition of the alternative care team has been described earlier in this report.

Roles and responsibilities and, therefore, lines of accountability were not as clear as they should be. This was due in part to the fact that the teams worked together and covered each other's responsibilities at times when the service was at breaking point due to the consistently high number of new referrals to the service. An example of this was children in care social workers and link workers were rostered onto the duty and intake team during September 2023 and October 2023 to support the duty and intake team. There was also a necessity for some staff to cover for others in management roles who were on extended periods of leave and this added to the lack of clarity relating to roles and responsibilities. For example, the staff member recruited to manage alternative care had to cover the responsibilities of another manager who was on an extended period of leave. This meant the new manager could not focus on the roles and responsibilities for which they had been recruited and this delayed the planned development of the service to some extent. In addition, the chairperson of the FCC had taken on responsibility for the active on duty team and also met with the private healthcare agency who completed fostering assessments so they were not independent as required by Tusla's own policy. The management team were working to develop clear distinctions between the teams so that all staff were clear about their responsibilities and confident in their roles.

There were some management systems in place and additional systems had been developed to support management oversight of the service. Development of additional management systems and processes was required along with the continuing and consistent implementation of existing and recently introduced systems.

Staff told the inspector that senior management were "really good". They explained that the demand for services was very high and that this impacted on planning and service delivery. They acknowledged that funding for the service was not an issue and the challenge was to build a comprehensive service for the children. They acknowledged the development of the service with the two new principal social work posts and the positive impact it had begun to have on the service. Prior to this development the staff team were "stretched" and "doing everything". They felt the service was becoming more streamlined with more of a focus on fostering. Staff felt supported by their managers and reported a culture of working together and supportive teams.

Governance and management was being strengthened through existing and additional management meetings. A recent positive development in governance of

the alternative care service was the commencement of placement prioritisation meetings. These were introduced in April 2023 as an action in the compliance plan for the service, following the first inspection of the CPW service. This meeting provided a forum for the SCSIP team to review care placements of all young people within the service and to plan and allocate future placements with a focus on matching children and young people with a care placement, as much as is practicable, and in line with best practice. Attendees included a professional support manager, team leaders and the PSW intake and assessment and PSW alternative care. Inspectors reviewed a sample of minutes of this meeting and found that managers discussed all the children requiring any alternative care placement and their particular needs and preferences. The availability of all alternative care arrangements was outlined including foster care placements, special accommodation arrangements, private residential centres and special emergency accommodation (SEA) options. The needs of each child were presented and an effort was made to match them with the most appropriate placements to meet their particular needs. Inspectors found that the conversations in these meetings were child-centred and focused on the needs of each individual child and matching them with the most appropriate placement. Staff told inspectors they found that these meetings operated in the best interests of the child and inspectors found this to be the case.

There were a number of governance meetings in place to support communication and decision making within the service. These included team meetings, senior management meetings, meetings of management with team leaders and oversight meetings such as meetings between the PSW alternative care and the chairperson of the FCC. The updated provider assurance report (PAR) submitted prior to the inspection indicated that bi-monthly governance meetings had been in place since January 2023. There was also meetings to monitor and review allegations and concerns against foster carers and to identify when concerns required referral to the Tusla CASP for assessment. Inspectors sampled a number of minutes of these meetings and found evidence of good communication and sharing of information. Team leaders and staff told inspectors they appreciated these meetings and that communication from managers was good and supported them in their work.

Fostering and FCC governance meetings were also held and these meetings served as an oversight mechanism for the fostering service. Agenda items included recruitment of foster carers, foster carer reviews, training, breaches of standards and disruptions in placements.

Meetings of senior managers and team leaders took place on a fortnightly basis. Inspectors sampled minutes of the fortnightly management meetings and found they were well attended. Discussions included sharing of information about staffing and updates on various aspects of the service to ensure managers were up to date on all developments including fostering applications. Inspectors found that the area manager provided good leadership and direction at governance meetings,

communication was clear and actions to progress issues discussed were assigned to named individuals. These meeting minutes also reflected the progress made with actions assigned. This served to improve staff accountability for responsibilities assigned to them. An example of this was the standard operating procedure for the reunification process where children were reunified with their families or other relatives. This policy had been in development and had been finalised and approved prior to this inspection. Other actions took longer to implement such as the need for the weekly updated information being submitted to be updated on the register of children in care. This had been discussed at several management meetings but had yet to be fully embedded into practice.

The SCSIP service was beginning to align its risk management process with Tusla's national risk management framework. The management of risk needed to be embedded into the national framework so that the controls identified to reduce the impact of the risks were timely and effective. A risk register was maintained for the service and risks were discussed at governance meetings. The risk register reflected that managers had already identified some of the risks found on this inspection and the consequences they were having on the children receiving the service. The inspectors reviewed the risks on the register which impacted on the foster care service. These were:

- the number of vacant posts for the whole service (17) which impacted throughout the service and on its capacity to provide a service that was compliant with regulations and standards
- the number of unallocated cases – due to a 300% increase in the number of referrals
- insufficient placements available to children seeking international protection leading to the placement of children in unregulated settings
- the need for manual collection of data, which, when human error is factored in may result in the inaccurate reporting of figures. This risk included the fact that there was no secure computerised case management system in place for children's records
- delays in reunification of children with their parents in circumstances where their parents are accommodated in International Protection Accommodation Services (IPAS). The result of this was that children were remaining in Tusla care for longer than was necessary.

These risks were rated very high or high and the consequences of the risks were set out. These included the impact of the risk on the experience of the service user and the delivery of the service such as not being able to provide regular visits to children, delay in transfer of cases from duty, increased workloads and delays in development of the service. Controls to address these risks were outlined but the mitigation of many of the risks depended on having additional staffing in place. Other controls had

not yet been put in place such as the computerised systems which had been noted for completion in quarter two of 2024.

The Tusla National Incident Management Policy describes the process for recording and managing any incident or adverse event and identifying any learning that might prevent a similar incident from happening again. This process included the use of an electronic record of the management of the incident. This process was used as part of Tusla's risk management process, and to fulfil its legal requirement to report such incidents to agencies including HIQA. Information provided for the inspection indicated that there were no incidents about children in foster care reported under this policy in the 12 months prior to the inspection and no incidents about children in foster care had been reported to HIQA.

Formal supervision of staff by managers is another system of management which supports accountability and ensures staff understand their roles and responsibilities. Effective supervision ensures oversight of practice and quality of service delivery and thereby good outcomes for children receiving a service. Tusla had updated their 2013 national policy on supervision and the SCSIP service was selected to pilot the revised policy. This had been scheduled for implementation in quarter three of 2023 but this had been pushed out to quarter one of 2024.

Overall, recent practice in relation to supervision was good. Link workers told the inspector that they were receiving formal supervision from the principal social worker for alternative care since October 2023 and prior to this from their team leader. Team leaders told inspectors they felt supported by their managers and identified that morale was improving with the enhanced governance structures that were being put in place. Inspectors sampled staff supervision records for the period from March to November 2023 and found that supervision was scheduled regularly in accordance with the policy. When scheduled sessions could not take place for various reasons, these were recorded and the session re-scheduled in accordance with good practice. Supervision sessions sampled by inspectors were of good quality and were well recorded on a template which reflected discussions about cases, the staff member's wellbeing, aspects of service development, staff training needs and professional development. Inspectors found that new staff members received comprehensive and regular supervision and had protected caseloads. Clear direction and guidance was provided to staff in relation to practice and staff were supported to fulfil their responsibilities. However, there were gaps in supervision in the records provided for two staff members and this required improvement to ensure that all staff received appropriate and effective supervision. Inspectors also found good evidence on some foster carers files of case supervision.

The SCSIP team were providing a range of services including residential care, foster care and supported lodgings in line with the standard. The standard requires that resources are matched to the needs of children requiring out-of-home care. The

SCSIP service was stretched beyond capacity to provide the appropriate services to match the individual needs of each separated child referred to the service. The provision of foster care formed a small part of the overall alternative care service – as already outlined in the introduction of this report.

There were some monitoring and quality assurance systems in place in the SCSIP foster care service but they were not separate from the line management structures for foster carer services. As outlined in the report of the follow-up inspection of the child protection and welfare (CPW) service in November 2023, the SCSIP service was at the initial stages of embedding internal audits as part of establishing strong governance to address risks. The SCSIP foster care service was operating outside of Tusla's quality assurance mechanisms and had not yet been inspected by the national practice assurance and service monitoring (PASM).

The updated PAR provided for the inspection of the foster care service indicated that governance of the service was being strengthened through development of quality assurance mechanisms. One of these was the development of an audit sub-group. This group had been established to audit SCSIP files and a decision was made to audit fostering, children in care and aftercare and duty files and departmental trackers. Audit templates had been developed for each audit and the learnings from the audits were to be shared with the teams. The PAR indicated that this had been completed in relation to the fostering and children in care files. The audit of duty (CPW) files was due to be completed in November 2023 with the findings being fed back to the teams in December 2023. The departmental trackers were to be audited in quarter four of 2023 with the findings to be fed back to the entire department in quarter one of 2024.

Inspectors found that the management team had conducted a series of audits. These audits included an audit of voluntary consents, an audit of staff supervision and an audit of the case files of children in care. These audits had already identified some of the areas of practice and recording which required improvement in line with the findings of this inspection: there was limited information on the files of children who did not have an allocated social worker, statutory visits required improvement and up-to date care plans were required on some files. The PSW for alternative care had also audited a number of foster carers' files in April 2023 and found that the documentary evidence of supervision of foster carers was of mixed quality. The audit found the records were not clear whether contact with the foster carer was by email or whether visits took place. The audit also found that there was no evidence of case supervision by a manager on file. In one file evidence of good quality communication and engagement with the foster carer was found and the inspector agreed with this assessment.

The audits referred to above signalled the commencement of a quality assurance process by which management oversight of files would improve and inspectors found

evidence in both children's and foster carers files of recent improvements in recording. Staff told inspectors that management had good oversight of foster carers files and inspectors found evidence of case management records in foster carers files sampled. This was vital in the absence of a social work team leader for the fostering team. This was a recent development which would have to be sustained to support the service coming into compliance with the standards and to ensure improved quality of the service. Overall, children's case files were poor and did not contain all the required documentation as outlined earlier in this report. Staff told inspectors things were better now with dedicated principal social workers: prior to this development they were "covering everything". Staff told the inspector that management were doing their best and that "the intensity of the work is draining".

The SCSIP was governed by Tusla's suite of policies in relation to the provision of foster care services. These included their national policies on complaints, allegations and other disciplinary issues in relation to staff and with staff grievances. The SCSIP service had developed additional policies on issues that were directly relevant to separated children seeking international protection. These included a policy on the reunification of separated children seeking international protection and a policy on safely managing the personal belongings of separated children. These recently developed policies were in the very early stages of implementation in the service.

Inspectors found that children's personal belongings such as cash and passports were still being held in the social work offices, and, at the time of the inspection, there was no system of accountability in place. This issue had been identified by the CPW inspection of the service in February 2023. This practice had been discussed at a management meeting and a decision made that a consent form, receipt note and a safe and secure location be used if personal belongings were to be stored for children. Inspectors reviewed the policy and found it did not include the need for the child to consent to the storing of their belongings. It was crucial that the practice of storing children's personal belongings be only used on rare occasions but that when it was used it was appropriately recorded to ensure accountability and facilitation of the child's right to have access to their own possessions.

The SCSIP foster care service maintained information on children in foster care. The regulations require that a register of children in care is maintained and sets out the specific information that should be recorded in the register of children in care. The register of children in care was largely compliant with the regulations in terms of the information collected. The SCSIP maintained a register of children in foster care which formed part of a larger register of all the children in alternative care arrangements provided by the SCSIP service to separated children. The register also served as a management monitoring and oversight tool for statutory visits, care plans and care plan reviews. There were 319 children listed in total on the day the register was reviewed by the inspector. Relevant information on each child was recorded under a number of headings including the child's country of origin, the type of care

they were in, the name of their allocated worker, the dates of their care plans and placement plans, the date their care plan review was due and the date of the last statutory visit by a social worker to the child.

The section of the register relating to children in foster care reflected that 23 children were in foster care placements, however, there were 25 at the time of the inspection. The inspector reviewed the register and found that the headings facilitated the recording of most of the information required by the Regulations - with the exception of the gender of the child and (as appropriate) the date the child left a foster care placement. There were no headings for these items of information to be recorded. The inspector sampled the information in the register and found that while information on some children was fully completed and up-to-date, information in regard to one child's placement was blank and had yet to be recorded. The PSW for alternative care explained that the register was updated on a weekly basis and that its reliability was dependent on the correct information being provided by each worker. The register of children in care was therefore not a reliable source of information and was dependent on the correct information being recorded in a regular and timely manner.

A further issue inspectors found on this inspection was that there was confusion amongst some staff about the type of care placement a child was in. A list of the 22 children in care was provided to inspectors, but, on two occasions, when they requested the child's file they were told the child was in supported lodgings and not in foster care. The principal social worker for alternative care confirmed that all the children on the list were in foster care and explained that the confusion may have been due to the fact that some foster carers also provided supported lodgings for older children. In addition, there were a small number of children accommodated under section 5 but placed in foster care placements.

This lack of clarity should not have been the case and it is an important distinction as it is the legal basis for the child's being accommodated by Tusla (in this case by the SCSIP) that determines their care status and not the placement type. For example, if a child is accommodated under Part 11, Section 5 of the Child Care Act 1991, they are accommodated under the provisions for homeless children. They are not in the care of the state. If a child is received into care under Part 11 or Part 1V of the Act they are in the care of the state and, if they are placed in foster care, are subject to the provisions of the Child Care (Placement of Children in Foster Care) Regulations, 1995.

Oversight of allegations and concerns against foster carers required strengthening. The updated provider assurance report submitted for the inspection indicated that a briefing on the Tusla Child Abuse Substantiation Procedure (CASP) had been completed with staff in January 2023 and that bi-monthly governance meetings were held to track, monitor and review all allegations and concerns within the service.

These meetings were taking place. Inspectors sampled the minutes of these meetings and found that a meeting held in January 2023 identified the need to track allegations and concerns against foster carers and to notify them appropriately in line with Tusla's CASP. At this meeting the area manager clearly stated that placements should not be made until all issues with foster carers were resolved. Yet, as already outlined under Standard 10, a child was placed while there was an ongoing investigation into an allegation. Managers needed to have systems in place to ensure that decisions made at governance meetings were consistently implemented by staff and that they maintained oversight of the implementation of such decisions.

Under the standards, foster care services are required to maintain information systems that provide relevant information on the population of children requiring their services in order to facilitate planning and evaluation of the foster care service. The SCSIP maintained some information on the children it provided services to but the increasing volume and diversity of separated children seeking international protection and the range of responsibilities in relation to these children made this very difficult. The SCSIP team not only provided alternative care but was also responsible for the international protection applications for these children. There were electronic records maintained such as the register described above but they were not an effective method of collating the required information to facilitate good oversight of the service being provided.

The service was also required to gather and analyse information about their foster care services to enable them to monitor the number and type of available foster care placements and the level of unmet need. These systems should include information on foster care reviews, placement breakdowns (unplanned endings), children awaiting foster care placements in other care arrangements, complaints and allegations. While the SCSIP service did gather some of this information there was no one system that facilitated management oversight of all the data required to effectively plan the service. For example, manual counts were required to produce the statistics required for the Department of Children, Equality, Disability, Integration and Youth (DCEDIY) on a regular basis. Information was required for the inspection which the service was not in a position to provide. For example, it was not possible to provide reliable statistics on the number of care plan reviews completed in the 12 months prior to the inspection, despite the best efforts of the PSW for alternative care to collate the information. They explained that part of the reason for this was that children aged out, moved between alternative care arrangements or were only accommodated for short periods of time. The area manager explained that the turnover of children created a challenge to the maintenance of reliable statistics. They explained that there had been no register of children in care three years ago, but that records were kept in a hard back book. The current register was a register of all referrals to the SCSIP service.

In summary, the systems of governance that required significant improvement included:

- the oversight and management of voluntary care
- the oversight of the regulatory requirements for children's case files such as care plans and reviews of care plans
- information management systems to support planning for the service
- information governance systems that did not support a safe and effective service.

The area manager told the inspector that extensive service improvement had commenced in the SCSIP service at a time when the service was at its most busy time. They acknowledged there was a need to separate out the various functions of the service and that such change would take time. The SCSIP service was only beginning to be integrated into Tusla as a whole and aligning itself with Tusla's management structures, policies and procedures, and had not availed of the opportunity to learn from and model its service on the other Tusla service areas that have provided foster care and been regulated for many years.

The area manager had a clear vision for the service where there would be a service for all children based on their needs and expressed wishes. She was very clear on the challenges for the service and outlined them as:

- the capacity at the front door (for processing new referrals to the service)
- appropriate accommodation for children regarding compliance with legislation
- having an effective system that produced the required data
- the need for a dedicated SCSIP out of hours service.

The area manager told the inspector the service was in discussion with the Department (DCEDIY) to assist in the future planning of the SCSIP service as a whole.

The SCSIP service did not have sufficient resources to provide a safe effective foster care service to all separated children who needed it. Although additional resources had been allocated to the SCSIP service, it still did not have sufficient staff in place to have the capacity to provide a safe effective service. Staff at various grades told inspectors that getting funding for services was never an issue but that more resources were needed. The service did not have a sufficient panel of foster carers to be able to provide appropriate placements to all children requiring foster care.

As outlined earlier, the SCSIP service had a legal agreement with a healthcare recruitment agency to undertake fostering assessments for general foster care and for supported lodgings for separated children seeking international protection on behalf of Tusla. The agency was also contracted to undertake reviews of foster carers continuing capacity to provide high quality care to children. The SCSIP PSW (chair of

the FCC) held regular governance meetings with the healthcare recruitment agency. The terms of reference for these governance meetings were set out in a document dated August 2023. The purpose of these meetings was to provide a regular forum for management to review, track and monitor progress in relation to the work completed by the agency for Tusla. The meeting would also provide an opportunity to discuss emerging issues relating to quality and practice. The meetings were attended by management from both agencies. Inspectors reviewed the minutes of these meetings and found they provided good oversight of fostering assessments, training and recruitment campaigns. The healthcare agency was also given feedback by the chairperson of the FCC on the quality of their assessments and on the foster carer reviews they had completed. However, this compromised the independence of the chairperson of the FCC as required by Tusla's policy.

Following the inspection and the subsequent warning meeting with the provider – Tusla - the response from Tusla's National Director of Services and Integration (Interim) provided assurances of Tusla's commitment to continuous improvement and working towards meeting the required standards of service delivery for separated children seeking international protection in Ireland. The response outlined the actions to be taken to address the systems risks escalated at the warning meeting:

- a plan to restructure the service
- to recruit additional staff
- to improve the experience of people using the service
- identified that the implementation of the Tusla electronic TCM system would improve service delivery across all the standards
- outlined actions from the SCSIP service improvement plan to address the issue of consent for taking children into the care of the state
- referred to Tusla's engagement with external stakeholders regarding a tiered model of care for separated children
- identified that a service capacity building project had been approved in order to improve governance and oversight of foster care placements and that all staff would be trained in Children First 2017
- outlined the process for notifying An Garda Síochána of suspected cases of abuse and Tusla's own internal process - the Need To Know - procedure for notifying incidents to senior management
- stated that a case transfer process would be in place by the end of January 2024
- management of allegations would be improved through the implementation of Children First processes
- a plan for the delivery of training for foster carers would be developed throughout 2024
- Garda vetting of foster carers would be reviewed.

In addition to this response Tusla submitted a 'capacity building project plan' with an accompanying revised organisation structure. This plan outlined in brief eight sub-projects (deliverables) on governance, workforce, financial management, a model of care proposal, a service procedure manual, data management, ICT system deployment and new accommodation for the service. The plan set out what needed to be provided and was a high level document from which a detailed project plan would be developed. The project was expected to take place throughout 2024 for a twelve month period. For example, under governance, the deliverable was described as "an updated service scope statement, team structures, management and reporting mechanisms, including oversight and management of placements, (shared) risk management and escalation, and risk management through a robust audit schedule."

This response to the systems risks escalated at the warning meeting provided limited assurances as to how the service would come into compliance with the standards. Some of the assurances provided were not satisfactory and some of the service deficits outlined in the warning meeting had not been addressed.

Therefore HIQA requested further assurances and clarifications from Tusla. Further assurances were requested in relation to:

- how the service proposed to address the requirements in relation to standard 5 under the National Standards for Foster Care for children in foster care
- clarification in relation to the efficient use of resources for children in foster care
- that the process for obtaining appropriate consent for reception of children into care will no longer include staff signing voluntary consent forms
- the finding of the inspection that children in care do not have up-to-date care plans in place
- the reference to the tiered model of care, and that any model of care would be cognisant of the legal foundation of Tusla's responsibilities under Section 3 of the Child Care Act 1991, Children First National Guidance for the Protection and Welfare of Children 2015, and the National Standards for the Protection and Welfare of Children, 2012
- that all case transfers would be expedited and accepted by the local service areas in which a child resides and provide a timeframe by which this will be achieved
- and that the appropriate reporting procedures would be followed in relation to child protection and welfare concerns, namely, that children will be referred to the local area Duty and intake team and foster carers to CASP teams.

In response to the request for further assurances Tusla provided a response in writing which clearly stated the ongoing pressure the SCSIP foster care service was experiencing. Tusla outlined some positive improvements in governance such as the appointment of a principal social worker for quality, risk and service improvement. It

also provided contingencies to deal with some of the service risks, but there was no clear plan for how the service would come into compliance with the standards.

The SCSIP foster care service was continuing to develop as a separate service to the other functions of the service as a whole, while at the same time supporting the other functions with the crisis created by the volume of referrals to the service. Some effective management structures were in place and were being strengthened, others were developing. New policies and procedures were in the early stages of implementation. The service was being re-structured and clear pathways being developed between teams to ensure clear lines of accountability. Management and reporting of risk was developing. The service was experiencing severe resourcing challenges. Information systems did not support the provision of a safe, effective foster care service. Governance systems required development and strengthening to ensure the delivery of a safe, timely and effective foster care service for children seeking international protection. For these reasons the standard is judged not compliant.

Judgment: Not 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 SCSIP service had developed its own Foster Care Committee (FCC) in August 2022 as outlined earlier in this report. The FCC's terms of reference were set out in Tusla's Foster Care Committees - Policy, Procedure and Best Practice Guidance document 2018. The first provider assurance report (PAR) submitted to HIQA in March 2023 reflected that the FCC had been sitting on a fortnightly basis hearing applications for foster care and supported lodgings. They made recommendations regarding approval and provided feedback on the quality of fostering assessments to the private healthcare agency that had been commissioned to complete the fostering assessments.

The updated PAR in October 2023 outlined that due to the lower volume of assessments being submitted the FCC was meeting on a monthly basis. Training for committee members was ongoing with a training schedule to be finalised by the end of 2023, and folders for each committee member with all the necessary documentation would be finalised by the end of quarter one of 2024. It also outlined that – in relation to the action requiring foster carers to have completed their training

for fostering in advance of their approval as foster carers – that where the dates for training did not align with the completion of the assessment then the FCC could provisionally approve foster carers on the condition that the fostering applicants attend the next available training. This approval would be tracked by the FCC and the PSW for alternative care to prevent drift and ensure compliance with the training requirement. Safeguarding visits to the foster carer would be completed until the training had been attended by the foster carer.

Tusla's Foster Care Committees - Policy, Procedure and Best Practice Guidance document 2018 was included in the induction pack for members of the FCC. The FCC was reviewing fostering assessment reports for foster care applicants and being notified of reviews of foster carers in line with the standard. Link workers confirmed that they presented reviews of foster carers to the FCC. The FCC should be notified of allegations against foster carers but had had no reports of such in the 12 months prior to the inspection. The FCC chairperson told the inspector that under the Tusla Child Abuse Substantiation Procedure (CASP) the FCC would now only be notified of the outcome of any investigation into an allegation against a foster carer.

The FCC was not yet approving long-term placements in line with the standard. The chairperson told the inspector that there were very few long term placements made since the creation of the SCSIP FCC. They explained that many children aged out of the service or moved into residential care settings or were reunified with family. Yet, the information provided for the inspection reflected that there were at least four children that had been in foster care for more than six months, at which time a decision should be made for their long term care and their placement should reflect this.

The SCSIP foster care committee comprised 13 appropriate persons who could be called upon to attend meetings of the FCC to ensure a quorum. The qualifications of the FCC members was noted on their record. Members of the foster care committee had received induction into the role in June 2022 and a record was maintained of the dates of their induction. There was also a programme of in-service training which covered four topics in the last 12 months including a presentation on the SCSIP service, investigation of complaints, working cross-culturally and a learning review of case files. These had been well attended by the FCC members. There were plans in place for further training to be provided to the FCC including training on trafficking in quarter one of 2024.

It was not possible for all members of the FCC to obtain updated vetting from An Garda Síochána. At the time of the inspection one member of the FCC and the FCC co-ordinator required updated Garda vetting. There was an issue in relation to obtaining updated vetting for members of the FCC from the National Vetting Bureau of An Garda Síochána. The FCC chairperson had escalated this issue to the area manager who advised that the National Vetting Bureau was not processing vetting

applications for people to sit on foster care committees. In order to address the issue the chair of the FCC had asked at least one member of the FCC to provide Garda vetting through their employment and the current members of the FCC all required vetting for their employment.

The FCC had approved at least one foster carer on an interim basis pending Garda vetting and training in fostering. Notwithstanding the pressure to provide placements for children this practice is not acceptable. Senior managers acknowledged this to inspectors.

Inspectors reviewed foster carers files and found evidence of the FCC decision to recommend approval of applicants on files, in line with the standard.

The chairperson of the FCC told the inspector that they were developing their contribution to Tusla's Adequacy of the Child Care and Family Support Services report (Section 8, Child Care Act, 1991) as required by the standard. An FCC governance report, dated 05 April 2023, had been prepared on the work of the FCC for quarter four of 2022 and quarter one of 2023. This report set out the number of assessments, disruption and termination reports presented to the FCC during the period.

The FCC governance report also identified that breaches of the fostering standards were not routinely reported to the FCC. The FCC chair confirmed to the inspector that this included emergency approvals of placements and when placements were made with carers outside of their approval status. The action identified to address the deficit was for the chairperson to communicate with the PSW for Alternative Care to ensure there was an effective system in place to ensure these notifications were made.

The provider assurance report of March 2023 indicated that in order to respond to the unprecedented increase in arrivals of separated children a decision was made to emergency approve carers when required, where placements were made outside of approval status of the carers. A tracker was being maintained of these emergency approvals. The updated PAR submitted in October 2023 indicated that this tracker was maintained between the principal social workers for alternative care and the FCC and that it was reviewed at governance meetings. Inspectors reviewed a record of a governance meeting held on 25 August 2023 between the FCC chair and the PSW for alternative care at which several breaches in the standards were noted particularly in respect of placing more children than recommended with foster carers. Approvals had been sought from the area manager and approved due to unprecedented demands on the service for placements. These had not been reported to the FCC and the placements could last longer than the original approval was for. It was agreed that staff would be instructed to inform the FCC of all breaches of the standards and that a register of breaches was to be maintained. The principal social worker for

alternative care provided a table of the dates of emergency approvals for the inspection but it was not clear from the document whether these had been notified to the FCC. The emergency approvals recorded related to three fostering families who between them had taken 12 emergency placements. These placements ranged from one day (five placements) to three months (two placements).

This register of breaches was provided for the inspection but there were no records of any breaches of the standards contained within it and it was not clear when it had been developed or the date on which it had commenced. This evidence did not support the assurances provided in the PAR. Inspectors noted from file reviews that the standards had been breached in September 2023 on two occasions when a second child was placed with foster carers that were approved for only one child. In one case there was evidence on the file that emergency approval had been granted by both the PSW for alternative care and the area manager and the rationale for the decision was outlined in the foster carers file. In this instance the decision to place the child was deemed to be in their best interests due to their particular circumstances.

The FCC had approved, and placed a child with two foster carers, pending Garda vetting which is not acceptable, despite any mitigating actions. There was an issue (albeit a national issue) in relation to members of the FCC not being able to obtain updated vetting from An Garda Síochána. The FCC was not routinely notified of placements made which breached the standards. The chairperson of the FCC was not independent of the management of the fostering service as required by Tusla's policy and procedure. For these reasons this standard is judged to be not compliant.

Judgment: Not compliant

Appendix 1:

National Standards for Foster Care (2003)
and

Child Care (Placement of Children in Foster Care) Regulations,³ 1995

Standard 5	The child and family social worker
Regulation Part IV, Article 17(1)	Supervision and visiting of children
Standard 7	Care planning and review
Regulations Part III, Article 11 Part IV, Article 18 Part IV, Article 19	Care plans Review of cases Special review
Standard 10	Safeguarding and child protection
Standard 14(a)	Assessment and approval of Non-relative foster carers
Regulations Part III, Article 5 Part III, Article 9	Assessment of foster parents Contract
Standard 15	Supervision and support
Standard 16	Training
Standard 19	Management and monitoring of foster care services
Regulations Part IV, Article 12 Part IV, Article 17	Maintenance of register Supervision and visiting of children
Standard 23	The Foster Care Committee
Regulations Part III, Article 5 (3) Part III, Article 5 (2)	Assessment of foster carers Assessment of relatives

³ Child Care (Placement of Children in Foster Care) Regulations, 1995

Compliance Plan for Separated Children Seeking International Protection (SCSIP) Foster Care OSV – 0008513

Inspection ID: MON_0041649

Date of inspection: 21/11 /2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

does not pose a risk to the safety, health and welfare of children using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

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

Compliance plan provider's response:

Standard Heading	Judgment
Standard 5: The child and family social worker	Not compliant
<p>Outline how you are going to come into compliance with Standard 5: There is a designated social worker for each child and young person in foster care.</p> <p>1. Business cases will be submitted to increase capacity of the children in care team to allocate social workers.</p> <p>Person responsible: PSW Alternative Care Timeframe: Completed January 2024</p> <p>1.1 Since December 2024, two social workers have been recruited to the children in care teams. Two further social workers are in process of transferring into the SCSIP service.</p> <p>Person responsible: PSW Alternative Care Timeframe: March 2024</p> <p>1.2 Three further social work posts have been approved for the Children in Care Team. These were approved in August 2023. It is envisaged they will be filled by the end of the summer, subject to interest/availability of.</p>	

Person Responsible: PSW Alternative Care

Timeframe: August 2024

1.3A replacement social work team leader post has been approved for the Alternative Care Pillar to assist in the management of children in care. This was approved in March 2024 for intended commencement by May 2024, subject to interest in the position/availability of team leaders, and length of Tusla Recruit's Onboarding procedure.

Person responsible: PSW Alternative Care

Timeframe: May 2024

2. All children in SCSIP foster care will have an assigned social worker.

Person responsible: PSW Alternative Care

Timeframe: April 2024

2.1 In the interim, any child who does not have an assigned social worker on a short-term basis will receive a statutory service through a duty system that will be operated on a rotational staff basis.

Person responsible: PSW Alternative Care

Timeframe: March 2024

3. Monthly transfer meetings (between PSWs) will occur to review team caseloads, identify most appropriate referral pathways within the service and agree the transfer of young people.

Person responsible: PSW Alternative Care

Timeframe: February 2024

4. PSW meetings will occur monthly to review the overall functioning and governance of the service, including the internal case transfer process.

Person responsible: PSW Alternative Care

Timeframe: January 2024

5. The SCSIP service is in process of moving case records to the Tusla Case Management (TCM) system. This will ensure that referrals and care records are well maintained in an electronic format.

Person Responsible: Area Manager

Timeframe: March 2024

5.1 All referrals will be on the TCM system.

Person Responsible: Area Manager

Timeframe: Completed January 2024

5.2 Care providers will be uploaded to the TCM system.

Person Responsible: Area Manager

Timeframe: February 2024

5.3 SCSIP staff will receive training on the Tusla Case Management System

Person Responsible: Area Manager

Timeframe: March 2024

5.4 An audit on the quality of child files will be included in the SCSIP Internal Audit Schedule 2024/2025.

Person Responsible: QRSI/SCSIP PSWs

Timeframe: May 2024

6. A register capturing the statutory requirements for children in foster care will be maintained by the Principal Social Worker for Alternative Care.

Person Responsible: PSW Alternative Care

Timeframe: March 2024

7. The SCSIP service will make transfer requests for eligible children in foster care to local areas nationally. Restructuring of the national transfer policy is ongoing, to include new geographic transfer agreements and the authority to transfer young people in private foster care placements. If the transfer of a young person is not accepted by a local team, this will be escalated to be negotiated at area manager level.

Person Responsible: PSW Alternative Care

Timeframe: March 2024

The compliance plan response from the provider does not adequately assure HIQA that the action will result in compliance with standard 5.

7.1 The PSW for Alternative Care will represent SCSIP on a national working group established to review and revise the implementation of the National Case Transfer Policy and Procedure.

Person Responsible: PSW Alternative Care

Timeframe: February 2024

8. The service continues to refer children to specialist services as required and has commissioned Youth Advocate Programmes (YAP) to provide intensive wrap around support to the 50 deemed to be the most vulnerable children.

Person Responsible: SCSIP Team Leaders

Timeframe: February 2024

9. Young people are actively encouraged to submit complaints. They are provided with information regarding Tusla's Tell Us complaint's procedure, and complaints are considered as part of statutory visits to young people.

Person Responsible: All SCSIP Staff

Timeframe: Completed October 2023

5.1 Tusla complaints procedure for the Tell US policy is now available in 11 languages.

Person Responsible: Area Manager

Timeframe: Completed October 2023

Standard 7: Care planning and review

Not compliant

Outline how you are going to come into compliance with Standard 7: Each child and young person in foster care has a written care plan. The child or young person and his or her family participate in the preparation of the care plan.

10. All children in SCSIP foster care will have an assigned social worker.

Person responsible: PSW Alternative Care

Timeframe: April 2024

10.1 In the interim, any child who does not have an assigned SCSIP social worker on a short-term basis will receive a statutory service

through a duty system that will be operated on a rotational staff basis.

Person responsible: PSW Alternative Care

Timeframe: April 2024

11. To ensure that staff have timely access to relevant information that can guide their care for children and young people, the completed intake assessment form will be provided to placement providers as soon as practicable upon placement of the child.

Person responsible: PSW Intake and Assessment

Timeframe: March 2024

The compliance plan response from the provider does not adequately assure HIQA that the action will result in compliance with standard 7.

12. Young people in foster placements will be met with by a social worker upon point of transfer to alternative care. If the young person has not yet transferred, they will be met with by an SCSIP worker, with one of the following grades: senior social worker, social worker, social care worker, within four weeks of placement.

Person responsible: PSW Intake and Assessment.

Timeframe: March 2024

13. A care plan will be developed for children placed in foster care as soon as practicable, but no longer than 14 days from the date of placement commencing.

**Person responsible: PSW Intake and Assessment,
PSW Alternative Care**

Timeframe: March 2024

- 13.1 The care plan will be reviewed within 8 weeks of placement.

Person Responsible: Team Leaders

Time Frame: April 2024

14. Children will be met with in preparation for care planning meetings. They will be encouraged to attend their care planning meetings, and their voices will be represented in preparation of care plans.

Person Responsible: Team Leaders – Children in Care
Timeframe: March 2024

15. Care Plans will be shared with care providers.

Person Responsible: Team Leaders – Children in Care
Timeframe: March 2024

16. Care Plans will be uploaded to the child file on TCM

Person Responsible: PSW Alternative Care, Team Leaders – Children in Care
Timeframe: March 2024

17. A register capturing the statutory requirements for children in care will be maintained by the Principal Social Worker for Alternative Care.

Person Responsible: PSW Alternative Care
Timeframe: March 2024

18. Data and metrics gathered from TCM will be provided in monthly returns for the national Tusla office for the purpose of reporting.

Person Responsible: Area Manager
Timeframe: May 2024 (full reporting will not be possible til then)

19. An audit on the quality of child files will be included in the SCSIP Internal Audit Schedule 2024/2025.

Person Responsible: QRSI/SCSIP PSWs
Timeframe: May 2024

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.

20. All CPW referrals received through the Tusla portal will be screened by one dedicated worker who will create the referral page on the child file (TCM) for the attention of the team leader.

Person responsible: PSW Intake and Assessment

Timeframe: February 2024

21. A briefing on the *Screening, analysis and processes for responding to and managing CPW referrals* will be provided at a staff professional development day.

Person responsible: PSW Intake and Assessment

Timeframe: March 2024

22. Responsibilities relating to management of child protection and welfare concerns and allegations and serious concerns will be a standing agenda item at all team meetings.

Person responsible: PSW Alternative Care

Timeframe: May 2024

23. An audit of the management of child protection and welfare concerns will be carried out as part of the SCSIP internal audit schedule. This will include a sample of children in foster care files.

Person responsible: Practice Improvement PSW (new post) and QRSI lead

Timeframe: May 2024

24. A register of all staff mandatory training (including children first) will be maintained. PSW will be notified when children first training is due to expire for existing staff.

Person responsible: SCSIP QRSI Manager

Timeframe: February 2024

25. All foster carers have completed Children First training. A briefing will be delivered to foster carers relating to their responsibilities under Children First.

Person Responsible: PSW Alternative Care

Timeframe: April 2024

26. Placements will not be made with foster carers without full approval from Foster Care Committee, with fostering training and all Garda and medical checks completed.

Person Responsible: PSW Alternative Care, Foster Care Committee Chair

Timeframe: February 2024

27. Thematic learnings from any case specific foster care file review(s) will be shared with the team to support service improvement.

Person Responsible: PSW International Social Services

Timeframe: May 2024

28. An audit of the management of serious concerns and allegations against foster carers will be carried out as part of the SCSIP internal audit schedule.

Person responsible: QRSI lead

Timeframe: June 2024

Standard 14(a): Assessment and approval of non-relative foster carers

Substantially compliant

Outline how you are going to come into compliance with Standard 14(a): Foster care applicants participate in a comprehensive assessment of their ability to carry out the fostering task and are formally approved by the health board prior to any child or young person being placed with them.

29. Placements will not be made with foster carers without full approval from Foster Care Committee, with fostering training and all Garda and medical checks completed.

Person Responsible: PSW Alternative Care, Foster Care Committee Chair

Timeframe: February 2024

30. A copy of the fostering assessment and most recent garda and medical checks will be maintained on the current working file in use, until TCM is fully operable within fostering services.

Person Responsible: PSW Alternative Care

Timeframe: February 2024

31. A follow-up audit of foster carer files will be carried out as part of the SCSIP internal audit schedule, to evidence practice improvements since the audits of April and October 2023.

Person responsible: Practice Improvement PSW (new post)
Timeframe: September 2024

Standard 15: Supervision and support

Substantially Compliant

Outline how you are going to come into compliance with Standard 15: Approved foster carers are supervised by a professionally qualified social worker. This person, known as the link worker ensures that foster carers have access to the information, advice and professional support necessary to enable them to provide high quality care.

32. All foster carers will have an allocated link social worker to provide supervision and support in line with standards.

Person Responsible: PSW Alternative Care
Timeframe: April 2024

33. A replacement fostering social worker post has been approved for the fostering team to substitute the departure of a worker in December 2023. This was advertised in March 2024 for intended commencement in May 2024, subject to interest in the position/availability of social work staff, and length of Tusla Recruit's Onboarding procedure.

Person responsible: PSW Alternative Care
Timeframe: May 2024

34. A business case will be submitted for a social care worker post for the fostering team, to assist with supplementary tasks required of the team, such as fostering duty and foster care retention strategy.

Person Responsible: PSW Alternative Care,
Timeframe: March 2024

35. Supervision visits, and templates used for same will continually be discussed at fostering team meetings, with good practice examples shared and demonstrated.

Person Responsible: PSW Alternative Care
Timeframe: March 2024

36. Where a foster carer may not have an allocated link worker assigned due to leave and/or capacity issues, they will be provided with the contact details of a

fostering social worker.

Person Responsible: PSW Alternative Care

Timeframe: February 2024

37. A request will be made in April 2024 for Tusla's Practice Assurance and Service Monitoring team to carry out a review of the quality of link worker support and supervision to foster carers in Q2 or Q3 of 2024. The timeframe for the review will be determined by PASM capacity to fulfil the request.

Person responsible: Area Manager

Timeframe: April 2024

Standard 16: Training

Substantially Compliant

Outline how you are going to come into compliance with Standard 16: Foster carers participate in the training necessary to equip them with the skills and knowledge required to provide high quality care.

38. A training needs analysis (in progress at time of inspection) will be finalised.

Person Responsible: PSW Alternative Care

Timeframe: February 2024

39. A foster care training strategy will be developed for 2024 and 2025.

Person Responsible: PSW Alternative Care

Timeframe: March 2024

40. A formal database of training attended by foster carers will be implemented and regularly reviewed (following provision of training). This will include mandatory and optional training. Database of training attended & recording of same.

Person Responsible: PSW Alternative Care

Timeframe: February 2024

41. A schedule of Foundations for Fostering training will continue to be rolled out as required.

Person Responsible: PSW Alternative Care

Timeframe: February 2024

42. A request will be made in April 2024 for Tusla's Practice Assurance and Service Monitoring team to carry out a review of the quality of link worker support and supervision to foster carers in Q2 or Q3 of 2024. The timeframe for the review will be determined by PASM capacity to fulfil the request. This audit would include a review of training records on file.

Person responsible: Area Manager

Timeframe: April 2024

Standard 19: Management and monitoring of foster care services

Not 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.

43. All line managers in the alternative care teams will complete supervisor training.

Person responsible: PSW Alternative Care/Team leaders

Timeframe: May 2024

44. A Regional Quality, Risk and Service Improvement Manager has been appointed; this role provides additional capacity for internal assurance separate from that of the direct service manager.

Person Responsible: QRSI Manager

Timeframe: February 2024

45. SCSIP Area Manager will request a meeting with Tusla's Practice Assurance and Service Monitoring to agree where PASM may be able to carry out reviews of the SCSIP fostering service in 2024-2025.

Person responsible: Area Manager

Timeframe: March 2024

46. There is Agency recognition that the use of Section 4 is, in the main, not appropriate for SCSIP, due to the challenges in securing consent and

maintaining contact with birth parents. Use of S4 can only be used for a period of 28 days to allow for meaningful consent to be secured, where possible, or for applications to be made to court.

Person Responsible: Area Manager

Timeframe: February 2024

46.1 The care status of each young person in foster care will be reviewed.

Person Responsible: PSW Alternative Care

Timeframe: March 2024

46.2 Any young person that remains under section 4 care after 28 days, wherein the Separated Children's team has failed to establish consent will be prioritized for their care status to be regularized through Court.

Person Responsible: PSW Alternative Care

Timeframe: March 2024

46.3 This prioritisation schedule will be reviewed monthly and prioritised based on age of young person and any presenting vulnerabilities.

Person Responsible: PSW Alternative Care

Timeframe: March 2024

46.4 An audit of voluntary consent to occur six monthly in line with audit schedule.

Person responsible: QRSI Manager

Timeframe: April 2024

The compliance plan response from the provider does not adequately assure HIQA that the action will result in compliance with standard 19.

47. To support alignment and integration with Tusla structures and national strategies, the SCSIP Alternative Care PSW will attend quarterly meetings of the Tusla National Foster Care and National Alternative Care Strategy Forums.

Person Responsible: PSW Alternative Care
Timeframe: February 2024

48. A recruitment strategy for foster and supported lodgings care for 2024 and 2025 will be finalised.

Person Responsible: PSW Alternative Care
Timeframe: April 2024

49. Revised project plan to be forwarded to HIQA

Person Responsible: Area Manager
Timeframe: February 2024

Standard 23: The foster care committee

Not Compliant

1. Foster Care Committee's member folders will be completed.

Person Responsible: FCC Chair
Timeframe: March 2024

2. Placements will not be made with foster carers without full approval from Foster Care Committee, with fostering training and all Garda and medical checks completed.

Person Responsible: PSW Alternative Care, Foster Care Committee Chair
Timeframe: February 2024

3. As per CASP procedure, the FCC will be notified of the outcome of any allegation against foster carers.

Person Responsible: PSW Alternative Care
Timeframe: February 2024

4. The process of long-term matching of children in foster placements after 6 months of placement will be introduced within the SCSIP fostering service.

Person Responsible: PSW Alternative Care

Timeframe: March 2024

5. The above practice amendment will be communicated to the fostering team and children in care teams, and the foster care committee.

Person Responsible: PSW Alternative Care, FCC Chairperson

Timeframe: February 2024

6. Breaches of fostering standards and emergency approvals will be reported to the FCC chairperson as standard practice.

Person Responsible: PSW Alternative Care

Timeframe: February 2024

The compliance plan response from the provider does not adequately assure HIQA that the action will result in compliance with standard 23.

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 5	There is a designated social worker for each child and young person in foster care.	Not Compliant	Red	31/05/2024
Standard 7	Each child and young person in foster care has a	Not Compliant	Red	31/05/2024

	written care plan. The child or young person and his or her family participate in the preparation of the care plan.			
Standard 10	Children and young people in foster care are protected from abuse and neglect.	Not Compliant	Red	31/05/2024
Standard 14(a)	Foster care applicants participate in a comprehensive assessment of their ability to carry out the fostering task and are formally approved by the health board prior to any child or young person being placed with them.	Substantially Compliant	Yellow	31/07/2024
Standard 15	Approved foster carers are supervised by a professionally qualified social worker. This person, known as the link worker ensures that foster carers have access to the information, advice and professional support necessary to enable them to provide high quality care.	Substantially Compliant	Yellow	31/07/2024

Standard 16	Foster carers participate in the training necessary to equip them with the skills and knowledge required to provide high quality care.	Substantially Compliant	Yellow	31/07/2024
Standard 19	Health boards have effective structures in place for the management and monitoring of foster care services.	Not Compliant	Red	31/05/2024
Standard 23	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.	Not Compliant	Red	31/05/2024