



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

Name of service area:	Separated Children Seeking International Protection
Type of inspection:	Follow-up Inspection
Date of inspection:	26 – 28 November 2024
Fieldwork ID:	MON_0045237
Lead Inspector:	Sheila Hynes
Support Inspector(s):	Grace Lynam Hazel Hanrahan Adekunle Oladejo Mary Wallace

## 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 for Foster Care (2003)*. This process also seeks to ensure that the wellbeing, welfare and safety of children is promoted and protected. Monitoring also has an important role in driving continual improvement so that children have access to better, safer services.

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

HIQA conducted an announced inspection of Tusla's Separated Children Seeking International Protection (SCSIP) service in November 2023. This was a follow-up announced inspection of the SCSIP service. The scope of the inspection included Standards 5, 7, 10, 14, 15, 16, 19 and 23 of the national standards.

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

## How we inspect

As part of this inspection, inspectors met with the relevant managers, child care professionals and with foster carers. Inspectors observed practices and reviewed documentation such as children's and foster carer 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 practice improvement manager
  - the quality risk service improvement lead
  - the chairperson of the foster care committee
- focus groups with:
  - three social work team leaders for children in care
  - four social workers for children in care
  - one fostering link team leader
  - one fostering link worker
- the review of:
  - local policies and procedures, minutes of various meetings, staff supervision files, audits and service plans
  - a sample of 14 children's files
  - a sample of six foster carer's files
- conversations or visits with:
  - two children and three foster carers.

### **Acknowledgements**

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

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

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

Tusla has responsibility for a range of services, including:

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

Child and family services are organised into 17 service areas and are managed by area managers. The areas are grouped into six regions, each with a regional manager known as a regional chief officer. The regional chief officers report to the national director of services and integration, who is a member of the national management team. The Separated Children Seeking International Protection (SCSIP) service is a national standalone service, which operates separately from the other 17 Tusla Service areas. This inspection focused on the SCSIP foster care service.

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

### **Service area**

The 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. Some of these children have experienced significant trauma. The 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 unregulated services referred to as special emergency accommodation (SEA)<sup>2</sup> 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 their capacity to provide accommodation and support to a young person who cannot live with their families but cannot yet live independently. The 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 (for example, primarily Sections 3, 4, 5, 17, 18, 19) they are eligible for Tusla services. The SCSIP service comprises of a child protection and welfare service (duty and intake) and an alternative care service which includes fostering, children in care and aftercare.

Following the previous HIQA inspection in 2023, the SCSIP service had undertaken a reform and a restructuring. The SCSIP service had undertaken a reform and a restructuring of the service since the previous HIQA inspection. At the time of the inspection the SCSIP foster care service comprised of a service director, an area manager, three principal social workers (PSW) (alternative care, practice improvement manager and strategic training lead), quality risk service improvement (QRSI) manager, three team leaders for children in care, one acting fostering team leader, 14 social workers for children in care and one fostering link worker. There were two positions that were vacant, one child in care social worker and one fostering link worker. Since the previous inspection three new leadership roles were added to the team; a practice improvement manager, a strategic training lead and a QRSI manager. Tusla case management lead is another new role which is due to commence in January 2025. The children in care team is responsible for all children in care, not just children in foster care. The PSW for alternative care has responsibility for all children in care, aftercare, and for all foster and supported lodging carers. The service director and area manager is responsible for the full SCSIP service.

Information provided by SCSIP service prior to the inspection reflected that there were 18 separated children in foster care and the service had 10 approved foster carers. At the time of the inspection, seven children had placements with the service's approved foster carers and 11 children were placed with private foster care providers.

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<sup>2</sup> 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.

## 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	Compliant
Standard 15	Supervision and support	Substantially compliant

National Standards for Foster Care		Judgment
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
26 November 2024	09:00hrs to 17:00hrs	Sheila Hynes	Lead inspector
26 November 2024	09:15hrs to 17:15hrs	Grace Lynam	Support inspector
26 November 2024	09:00hrs to 17:00hrs	Adekunle Oladejo	Support inspector
26 November 2024	09:00hrs to 17:00hrs	Hazel Hanrahan	Support inspector
27 November 2024	09:00hrs to 17:00hrs	Sheila Hynes	Lead inspector
27 November 2024	09:00hrs to 17:00hrs	Grace Lynam	Support inspector
27 November 2024	09:00hrs to 16:00hrs	Adekunle Oladejo	Support inspector
27 November 2024	09:00hrs to 16:00hrs	Hazel Hanrahan	Support inspector
28 November 2024	09:00hrs to 17:00hrs	Sheila Hynes	Lead inspector
28 November 2024	09:00hrs to 16:00hrs	Grace Lynam	Support inspector
28 November 2024	09:00hrs to 17:30hrs	Adekunle Oladejo	Support inspector
28 November 2024	09:00hrs to 16:00hrs	Mary Wallace	Support inspector

## Children's experience of the foster care service

Children's experiences were established through speaking with a sample of children, and foster carers. The review of case files and feedback also provided evidence on the experience of children in foster care. Inspectors visited two foster carer homes and spoke with two children. One foster carer was spoken with by telephone. Children were also observed by inspectors in the SCSIP service as they waited for social workers. On the second day of the inspection, there were four children in the reception area and one child resting in the children's space located in the basement.

There were two children visited by inspectors in their foster care home. They spoke positively about their new home and community. They said:

- "I like it here "
- "I love living here"
- "Everything is fantastic".

All children in foster care were allocated to a social worker. The children visited had developed a trusting relationship with their social workers and were happy with the service that they were receiving. They said:

- "Social worker has visited me few times"
- "Every time I feel safe"
- "Very happy with what my social worker was doing about my education"
- "If I am unhappy about something, I'll pick up the phone to my social worker".

Separated children are a particularly vulnerable group of children as they are separated from their families and their community of origin. It is important that these children are given information on how to make a complaint or raise concern and feel safe that doing so would not result in negative consequences for them. While they were not all sure about the complaint process, they felt that they could raise any issue with their social worker or foster carer. They said:

- "I'll talk to my foster carer if there is any issue"
- "I don't know how to make a complaint"
- "I'll go my foster mum or social worker for any concerns".

All foster carers were allocated a fostering link worker and they were very positive about the support, advice and guidance that they receive to care effectively for the children. They said:

- "Everything is working well. If I have any issue, I'll call my link worker or the child's social worker"
- "I always have good support from social worker...I think we are a good team together"
- "Social worker listens to my view and that of the child"



- “We are very lucky, good experience of fostering”
- “Very positive experience with SCSIP team”

## 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 that is safe and well-supported by social workers. Foster carers must be able to provide children with warm and nurturing relationships 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 follow-up inspection of the SCSIP foster care service, which looked at eight national standards. The standards related to the child having an allocated social worker and having up-to-date care plans for their care and support. The inspection also looked at safeguarding and child protection and at the assessments of foster carers, their training, support and supervision. Standards relating to the management and monitoring 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:

- one standard was compliant
- two standards were substantially compliant
- five standards were not compliant

The inspection in November 2023, found serious concerns about the capacity and capability of the foster care service and the impact this was having on children receiving a statutory service. The oversight and governance structures of the service required strengthening and in some aspects of the service required significant improvement. The children who did not have an allocated social worker were not being visited in line with the national standards or *Child Care (Placement of Children in Foster Care) Regulations (1995)*. They did not have up-to-date care plans and their care plans were not reviewed in line with the regulations. The children’s records were not up to date and did not contain basic documentation. The oversight and management of voluntary care required improvement. The information systems in place did not support information gathering that would facilitate the development and planning for the service. Some safeguarding measures were not being adequately managed and *Children First: National guidance for the protection and welfare of children (2017)* reporting process had not been adhered to.

Since the inspection in November 2023, the SCSIP service had made positive changes and had reviewed and developed structures of governance for the management and

monitoring of the foster care services. Notwithstanding the improvements made, there were essential aspects of a good-quality foster care service that required further development and action. These included care planning, children's records, information governance, fulfilment of social worker's statutory responsibilities for children, ensuring the service operated in line with Children First (2017), staffing of the foster care team and children in care team and quality assurance systems. The foster care team and the child in care team told inspectors that the improved structures provided clarity in their roles and allowed them to focus on their own area of responsibility, resulting in a better quality service for the children as the lines of accountability were clear. Inspectors found that some of the improvements in services provided to children and foster carers were too recent to establish if the service could sustain these improvements. All of these factors impacted on the service's ability to deliver a safe and effective foster care service for children and foster carers.

Importantly, all children in foster care had an allocated social worker who coordinated their care, this was a significant improvement since the 2023 HIQA inspection. Other improvements included that of the files reviewed most children were recently visited by their social worker and all had up-to-date care plans. However, further improvements were needed. The quality of care plans was mixed, there were gaps in statutory visits to children, and in documenting children's care history, in particular care order for children were not saved on their files. Additionally, minutes of child in care review meetings were missing from files, and the complaints process was not consistently explained to children. One child experienced undue delay receiving specialist services and there were delays in documentation being uploaded onto files. If a child was not allocated to a social worker; the child would receive a statutory service through a duty social worker. Inspectors found that the provision of a statutory service through a duty social worker had not been effective for children who were not allocated to a social worker in the previous 12 months. Management oversight of children's file was required in respect to the gaps and delays found.

The transfer of cases within the service had improved and a clear process had been developed by the service. However, the case transfer records from one social worker to another social worker required improvement.

The service had made improvements to care planning and reviews. All children had an up-to-date care plan on file, however, care plan reviews did not always take place in line with regulations. There were inconsistencies in the quality of care plans and inspectors found that some children's care plans did not reflect their assessed needs or the assessment of the child's needs was not adequate. Additionally, child in care review meeting minutes were not recorded as a standard practice and placement plans were not always on children's files. There were inconsistencies in practice around care planning and the assessment and management of unplanned ending of foster care placements.

The service had put safeguarding measures in place including An Garda Síochána (police) vetting and Children First training for all foster carers and all foster carers had an allocated link worker. However, a placement had been made with a foster carer outside of their approval status and without the knowledge of the PSW for alternative care and the Foster Care Committee (FCC). This placement was not in line with the national standards or in adherence with Children First (2017). This was raised with the PSW who assured inspectors that measures have been put in place to ensure that such a placement would not be made again and oversight of placements has been strengthened. There was an absence of a coordinated approach to the management of child protection and welfare concerns and two children's cases were escalated following the inspection. While some assurances were provided to HIQA, there remained concerns regarding the adherence to Children First (2017) and the service's ability to recognise and respond appropriately to child protection and welfare concerns. Additionally, court orders were not on each child's file, this issue was escalated to the service director and satisfactory assurances were not received and further assurances were sought. The response received from the service director did not fully satisfy HIQA and a provider cautionary meeting was scheduled to seek further assurances. The actions agreed at the provider cautionary meeting provided satisfactory assurances to HIQA.

As fostering assessments were outsourced to an external agency, the governance and oversight of fostering assessments by this agency were reviewed under the national standards. There was one application and approval of foster carers in the previous 12 months and due to this there was limited information on approvals and assessments. The inspection found that there were improvements with regards to the effective auditing of foster carer's files, foster carer files contained relevant documentation and all children except for one were placed with foster carers outside of their approval status.

The SCSIP service had completed a training needs analysis for foster carers and developed a training schedule for the last quarter of 2024 and first two quarters of 2025. However, only one training session had been delivered to foster carers in 2024. Management oversight of training required development to incorporate all training provided to foster carers. The data provided to HIQA indicated that there were five joint training sessions with foster carers and link workers, however, there was no evidence of this on the foster carer files.

All foster carers reported that they were well supported and supervised by their link worker and were aware of how to access out of hours services if required. They felt that link workers were available to them, listened to them and provided them with information, guidance and advice as was required. There was evidence that practice had improved with regard to statutory support visits and the quality of the records. This improvement was most evident in recent months and required more time to ensure that regular statutory visits and the quality of the records could be sustained. All foster carers had a statutory visit since September 2024; however, there were gaps

in visits ranging from six months to 13 months prior to this visit. The practice of meeting with the children of foster carers had not been established. There was no evidence of foster carers been advised on their rights to access their records.

The FCC has a role in SCSIP service over both foster care service and supported lodgings service. The process for approving a foster carer was followed appropriately. All members of the committee were suitably qualified and or had experience of foster care services and had up-to-date Garda vetting. However, the requirement to give due consideration of long term placements for children in foster care was not adhered to by the service. The FCC chairperson was not independent of the management structure of the service as required by Tusla's policy and procedure. A new FCC chairperson is due to take up the role in January 2025. A child was placed with foster carers outside of their approval status and the FCC were not notified of this placement in a timely manner.

## **Standard 5: The child and family social worker**

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

The SCSIP service is required by the national standards to provide a designated social worker for each child in foster care and by the regulations for a social worker to visit children in their foster home within the first month of placement, at least every three months for the first two years of placement and at intervals not exceeding six months thereafter. The service was found to be not compliant with this standard in the November 2023 inspection. The service outlined nine actions that it would take to come into compliance with this standard and the service's updated compliance plan in October 2024 indicated that one action was outstanding. This follow-up inspection found that all children in foster care were allocated to a social worker, there were improvements with regard to social workers fulfilling their statutory duties. However, frequency of visits were not always in line with regulations and the quality of records was not consistent.

Social workers for children in care had mixed caseloads and they had responsibility for children in foster care, statutory and non-statutory residential care, supported lodgings and unregulated accommodation.

At the time of the inspection all children in foster care were allocated to a social worker. If a child was not allocated to a social worker; the child would receive a statutory service through a duty social worker. Inspectors found that this system had not been effective. Of the eight children's files sampled for this standard, five children had been allocated throughout the previous 12 months. Of the three children receiving a statutory service from a duty social worker, two children had no records of statutory visits during that time and there was a delay in a care plan being put in place for one of these children. There were mixed findings for the five children allocated to a social

worker throughout the previous 12 months. Four of the five children's statutory visits were in line with the standards and regulations in the previous six months and statutory visits were outside of standards and regulations for the previous 12 months. They all had an up-to-date care plan, however, the quality of the care plans were mixed and only two children's care was reviewed in line with regulations.

The inspection in November 2023 found the capacity of the child in care team to fulfil a statutory service for the children seeking international protection was a significant challenge for the service. The child in care team had responsibility for children seeking international protection placed in foster care, supported lodgings and residential care. The service submitted a business case to increase the capacity of the service. In 2024, the child in care team had increased by seven social worker positions, with one social worker transfer due to be completed in December 2024. The impact of this has been very positive, as at the time of the inspection all children in foster care were allocated to a social worker, whereas the data provided in November 2023 inspection indicated that 64% of children in foster care were allocated to a social worker.

Inspectors found that in the 12 months prior to the inspection, children were not visited in line with standards and regulations. However, in recent months of the eight children's files sampled, all but one had a recent statutory visit. Social workers who spoke with inspectors were clear on the statutory visit requirements. The PSW for alternative care has a register to track statutory requirements of children in care. There was a colour alert when the children in care register was required to be amended. Inspectors were told by the PSW that this tracker was reviewed on a monthly basis. Each child in care social work team leader updated the PSW on a monthly basis of the statutory requirements that have been completed or were due to be completed. Inspectors were told an alternative plan would be put in place if a child's social worker was not available to fulfil their statutory duties. However, it was evident that children were not being visited in line with standards and regulations. As such, inspectors were not assured of the effectiveness of the tracker and management oversight of statutory visits.

Inspectors found that the quality of records of statutory visits were mixed. It was uncertain from some records of statutory visits whether or not the children received good-quality and safe care. There were examples of the statutory visit template been used on some children's files, this covered each care domain such as health, education, emotional needs, family and culture. However, the template was not always completed fully on the child's file. There were examples of good practice where the views of some children were recorded and reflected the needs identified in the child's care plan. There were examples of children been met with alone within the foster care home. However, other statutory visit records provided limited information, it was unclear if the child was seen on their own and in one case a statutory visit was recorded when a child was not present.

A social worker needs to ensure a child is informed of the complaints process and is supported to make a complaint if they so wish. These conversations are often part of a statutory visit as all aspects of the child's care would be discussed. Inspectors found there was inconsistent practice across the child in care team. There were examples of good practice where social workers checked if a child had any complaints and explained the complaints process. Inspectors viewed the complaints register which contained information such as a description of the complaint, staff assigned, date of investigation and closing letter sent. There were no complaints made by children or foster carers in the previous 12 months.

The SCSIP service is a national service and distance to travel to visit children was a barrier to receiving a statutory service identified in the previous inspection. Inspectors found that this barrier has not been fully addressed, however, efforts have been made by the service. The service has made case transfer requests of children's cases to the social work office in the location of their foster care home. However, most requests have not been accepted due to capacity issues within their service areas. The area manager advised inspectors that one case transfer request had been recently accepted and work had begun to transfer this child's case. The area manager told inspectors that they are working on expanding the team and locating social work posts in towns or cities across the country to improve service delivery to children.

The service had made improvements to the transfer of children's cases between the team in a timely manner. A SCSIP service case transfer process had been developed by the service in the previous 12 months. This process was developed to ensure effective and coordinated transfer of a child's care within the service. The process outlined the responsibilities and information governance of the intake and assessment team prior to transfer completion. When a child seeks international protection, the intake and duty team of the service manage the child's case. Once a child has been placed in a foster care placement, supported lodging, residential care or an unregulated service their case should be transferred within the shortest timeframe possible and prioritisation criteria should be applied. Children's cases are transferred to one of three teams; Ukrainian team, active on duty team or child in care team. From the data received by the service and from a review of children's files, all children in foster care placements had been transferred to the children in care team.

The transfer of cases within the service had improved and a clear process had been developed by the service. All children placed in foster care had been transferred to the children in care team. All case transfers were discussed at a monthly transfer meeting. Terms of reference for this meeting had been agreed upon and signed off by the area manager with a review scheduled in April 2025. These meetings were attended by the PSW for each function of the service. Inspectors viewed a sample of the minutes of these meetings and found minutes ranged in detail from very comprehensive to a basic list of cases with no outcome recorded. In the most recent case transfer meetings, high numbers of children's cases were reviewed and it was evident that transfers were taking place and any additional vulnerabilities for children were been considered.

However, the case transfer records from one social worker to another social worker required improvement. For the most part, there were very few records of case transfer summaries on file, the purpose of which is to ensure social workers have all relevant details to ensure the coordinated care of children.

Inspectors found that management of children's files was inconsistent across the child in care team. Some of the children's files did not comply with the requirements of the regulations and standards and were not up to date. Inspectors found that some of the children's files did not demonstrate effective coordination of their care with large gaps in information relating to their time in foster care. Some files did not contain important documents such as care orders and absent management plans. However, some of these were uploaded after they were requested. The service had transferred to Tusla case management (TCM) system in 2024, which is an electronic system for maintaining and managing children's records. Prior to the inspection, inspectors were advised that all new referrals were on the system and historical files were not going up on TCM. Staff had received two days of training in the use of the system. Social workers told inspectors that it was a 'huge cultural shift' and was difficult to keep files up to date and they were 'trying to manage.' They agreed that it was a big improvement from using paper files.

Inspectors found that the service's management did not have effective oversight of the children's files. An audit of the quality of children's files was scheduled to be completed in the last quarter of 2024. This had not been completed at the time of the inspection. Inspectors did not find evidence of any audits on the children's files sampled.

Following the inspection HIQA escalated two cases to the area manager due to concerns regarding lack of adherence to regulations, standards and Children First (2017). Assurances were also sought with regard to court orders not been placed on each child's file and with regard to case management records. The response received did not fully assure HIQA and a provider cautionary meeting with the service director was scheduled to seek further assurances. The actions agreed at the provider cautionary meeting provided satisfactory assurances to HIQA.

Some of the children in foster care were assessed as requiring the support of specialist services. Inspectors found evidence on children's files of referrals and commencement of these services. However, inspectors found in one case that there was undue delay in a child receiving a specialist service and following the inspection this was escalated to the area manager and service director. A satisfactory response was received and the child received the service they needed.

Under the regulations, Tusla is required to maintain a register of children placed in foster care. This register must include the following particulars; the name, sex and date of birth of the child, the names and addresses of the parents of the child, the names and addresses of the foster parents, the date of the placement and the date the

placement ends. Inspectors viewed the register and found that it was maintained in line with regulations.

All children had been allocated to a social worker. However, children were not being visited in line with standards and regulations. If a child was not allocated to a social worker; the child would receive a statutory service through a duty social worker. Inspectors found that this system had not been effective. There were gaps in children's care history, there were no minutes of child in care review meetings on some children's files, the complaints process was not consistently explained to children, undue delays in one child receiving a specialist service and important documentation was not on TCM and was stored elsewhere. Management oversight of children's files was required. Following the inspection HIQA escalated issues identified on inspection concerning court orders being placed on each child's files and with regard to case management, where it is recorded and managerial oversight. The response received did not adequately assure HIQA and further assurances were sought. The actions agreed at the provider cautionary meeting provided satisfactory assurances to HIQA. 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 SCSIP service is required by both the national standards and regulations to have a written care plan for each child in foster care and consult with the child, foster carers and the child's family in preparation of the care plan. The service was found to be not compliant with this standard in the November 2023 inspection. The service outlined 11 actions that it would take to come into compliance with this standard and the service's updated compliance plan in October 2024 indicated that two actions were outstanding. This follow-up inspection found that the service had made improvements in care planning and reviews. However, there are features of the standards and regulations that have not been complied with such as recording of child in care review minutes, placement plans not always on children's files, consistency in practice around care planning and the assessment and management of unplanned endings of foster care placements.

Inspectors found that improvements had been made in care planning and frequency of reviews for children in foster care. From the data submitted by the service to HIQA prior to the inspection, 17 children had an up-to-date care plan and one was overdue by less than three months. At the time of the inspection, each child in foster care had an up-to-date care plan. Although inspectors found improvements to the frequency of



care plan reviews, they were not all reviewed with the frequency required by regulations. Inspectors reviewed 11 children's files for care plan reviews and found that six were completed within the timelines set out in regulations. The delays in holding care plan reviews ranged from one month to 11 months. Management oversight of all statutory requirements had improved and a tracker had been developed to ensure children's care planning needs were reviewed and this tracker was effective.

Child in care reviews were found to have taken place at a time and place that facilitated the child's attendance and their parent's participation. Inspectors were told by foster carers, children and social workers that most reviews took place as a face-to-face meetings. There were options for parents to participate whether that was in person, by phone or video link. The use of interpreters was put in place as was required. Inspectors found that records of minutes of child in care reviews were not on children's files. The national standards and regulations require that a child, the parents and where appropriate the foster carers are given a written account of the decisions of the review and a note of every review will be held on the child's file. Inspectors were informed by social workers and the PSW for alternative care that the practice of using the care plan as a record of minutes was put in place to manage the workload of social workers. A child in care review meeting minutes would only be recorded if there were disagreements in decisions or something out of the ordinary had occurred. Inspectors did find one child in care review meeting minutes as something out of the ordinary had occurred. However, the service was operating outside of regulations with regard the recording of child in care review meetings in the child's file and there was no transparency with regard to the discussion and actions agreed upon at such meetings. Following the inspection, the service attended a provider cautionary meeting. At this meeting the service committed to recording care in care review meeting minutes for all children's meetings.

Overall, the quality of the care plans was inconsistent and while some included a comprehensive assessment of the child's needs, others did not include an adequate assessment of needs. For the most part, care plans reflected children's views and when possible, the parents' views. Most parents who participated in child in care reviews did so remotely via telephone and some parents were consulted prior to the meeting. There was evidence on one child's file that the child was met with prior to a child in care review to help them prepare for their review. There was one care plan that did not adequately reflect the needs of a child which resulted in this need not being addressed in a timely manner. There was limited evidence of care plans been shared with children, their parents and their foster carers. There was no evidence of care plans been shared with non-statutory providers of foster care placements.

Inspectors found that placement plan records were not consistently on children's files as is required by the national standards. Placement plans are agreements that are made with the child and family social worker and the link worker with the foster carer. These agreements are consistent with the care plan. There is a requirement that

placement plans are to be made known to the child, their parents and the foster carers and link worker.

The process of assessing and managing an unplanned ending of foster care placements required improvement. There was a placement that ended in an unplanned way September 2024. This is known as a disruption. It was evident that this placement was at risk of ending in March 2024; however, a review to assess the situation had not taken place. Outside of the provision of a respite placement for a few days, there appeared to be no other intervention to support the placement. It was evident that the case was discussed as part of case supervision and there were no records of meetings with professionals, the foster carer and the children to assess the sustainability of the placement. The children were placed in an alternative placement. A disruption meeting was scheduled to take place in the weeks following the inspection. The purpose of these meetings is to establish why the placement was disrupted, what lessons can be learned to ensure the child's care needs are met into the future.

The service was addressing the deficits in children receiving medical screening on admission into care. Medical screening is part of the assessment process for identifying the health needs of children. There had been a breakdown in service provision resulting in many children not having their medical screening. Inspectors were informed that all new referrals are been reviewed first and that they are working through the list of older referrals. Inspectors found medical reports on some children's files, others were uploaded once requested, there were referrals for a medical on some children's files and older referrals had no documentation in relation to medicals.

Overall, the service has made improvements in care planning and reviews. However, greater improvements were required as the quality of the care plans was inconsistent and while some included a comprehensive assessment of the child's needs, others did not include assessed needs or the assessment of needs was inadequate, the recording of child in care review meeting minutes was not standard practice, placement plans were not always on children's files, consistency in practice around care planning and the assessment and management of unplanned endings of foster care placements. It is for these reasons this standard is judged not to be compliant.

Judgment: Not compliant

## Standard 10: Safeguarding and child protection

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

The SCSIP service is required by the national standards, the regulations and Children First (2017) to ensure the welfare and protection of children in foster care from abuse and neglect. The service was found to be not compliant with this standard in the November 2023 inspection. The service outlined nine actions that it would take to come into compliance and the service's updated compliance plan in October 2024 indicated that three actions were outstanding. This follow-up inspection found that the service had put safeguarding measures in place; however, further improvements were required. For example, a placement was made that was not in line with the standards, there was an absence of a coordinated approach to the management of child protection and welfare concerns and inspectors sought assurances with regards to the implementation and adherence to Children First (2017). In some children's cases, their care plans did not adequately reflect the children's needs or their particular vulnerabilities and there was poor interagency cooperation to ensure the safety of children. It was evident that a safety plan was not put in place when one was required.

Inspectors found that the service's staff and foster carers understood their role and responsibility in the welfare and protection of children in foster care. From the data provided to HIQA from the SCSIP service there had been one allegation against foster carers in the previous 12 months. Social workers, link workers and social work team leaders who spoke with inspectors were clear on the process to follow if an allegation was made by a child. Link workers were confident that foster carers understood their role and responsibilities in child protection and mandated reporting. Guidance and training were provided to foster carers on their role and responsibilities to safeguard children. Inspectors reviewed a sample of foster carer files and found that they all contained up-to-date Children First training. The foster carers who spoke with inspectors described how they would report a concern and were clear on the process to follow.

From the data provided to HIQA from the SCSIP service, there had been no child in foster care reported as a missing child in care in the previous 12 months. The foster carers who spoke with inspectors outlined the steps to take if a child went missing from their care.

In the 12 months prior to the inspection, inspectors found that a placement had been made with a foster carer outside of their approval status and without the knowledge of the PSW for alternative care and the FCC. This placement had been arranged by the intake and assessment team and the foster care team to avoid a child being placed in an unregulated service. A placement in a residential care service had been identified; however, this placement was not yet available. The PSW was unaware of this placement for two weeks and once the PSW learned of the placement it ended as soon

as it was practical. Inspectors found that the PSW once aware of the matter communicated with the fostering team about the importance of not making placements without their knowledge, ensuring the team was aware that this was not in line with the national standards or Tusla policy. It was evident that the fostering team had analysed the decision-making that led to the placement. The PSW acknowledged that there were gaps in the oversight of this case and they were confident that such a placement would not happen again and that oversight would be maintained through regular team meetings and discussions in supervision.

Inspectors found other safeguarding measures were in place as required by the national standards. There was a register of staff training which included Children First training. There was evidence on children and foster carer files of respite care being offered and foster carers choosing to take breaks from fostering. There were records on file of foster carers appropriately supporting children to learn and develop self-care and self-protection skills. An out-of-hours service was provided to foster carers through the Tusla's National Out of hours Service. Of the foster carers spoken with, none had used this service in the previous 12 months.

A full foster care file review was conducted following concerns raised during the inspection in November 2023. Inspectors found that the review conducted was thorough and a number of recommendations were made to the foster care team. The learning from this review were communicated to the fostering team through the team meeting structure and there was evidence of clear discussion over the course of two meetings.

Inspectors found that there was an absence of a coordinated approach to the management of child protection and welfare concerns in line with Children First (2017). The SCSIP service had not adopted or trained its staff team in Tusla's national approach to practice in child protection and welfare. A key aspect of this approach is safety planning and ensuring children receive the right service at the right time to keep them safe. Central to this approach is the assessment of risk with key questions for social workers when assessing a situation before developing a safety plan. In the absence of this approach, inspectors found it was unclear how risk was assessed and reviewed. Additionally, inspectors found that without a clear approach and framework there was a lack of a coordinated approach internally and with external agencies to ensure the safety of children. Inspectors viewed the file of a child who should have had a safety plan put in place, and found that the monitoring and review of the safety concern was insufficient.

Following the inspection HIQA escalated two children's cases and requested assurances that these child protection concerns were managed in line with Children First (2017). The first responses received did not assure HIQA and these children's cases were escalated to the service director. The response received from the service director did not fully assure HIQA and a provider cautionary meeting was scheduled to seek further

assurances. The actions agreed at the provider cautionary meeting provided satisfactory assurances to HIQA.

The service had scheduled a number of audits in relation to safeguarding and child protection in the last quarter of 2024. These included an audit of management of child protection and welfare concerns, management of serious concerns and allegations against foster carers and the quality of safety planning where there is trafficking indicators. However, these audits had not taken place at the time of the inspection and where scheduled to be completed by the end of 2024.

The service had put safeguarding measures in place. However, a placement had been made with a foster carer outside of their approval status and without the knowledge of the PSW for alternative care and the FCC. This was not in line with the national standards. Additionally, there was an absence of a coordinated approach to the management of child protection and welfare concerns and two children's cases were escalated following the inspection. While some assurances were provided to HIQA, there remained concerns regarding the implementation of Children First (2017) and the service's ability to recognise and respond appropriately to child protection and welfare concerns. The actions agreed at the provider cautionary meeting provided satisfactory assurances to HIQA. There was evidence of poor interagency cooperation to ensure the safety of children in two children's cases reviewed. It is for these reasons 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 SCSIP service is required by both the national standards and the regulations to complete a comprehensive assessment of the suitability of foster care applicants and their homes before they can be placed on a panel of foster carers. The assessment process includes Garda vetting and medical checks. A child should only have a placement with an approved foster carer whose approval matches the age and needs of the child. The service was found to be substantially compliant with this standard in the November 2023 inspection. The service outlined three actions that it would take to come into compliance with the national standards and the service's updated compliance plan submitted in October 2024 indicated that one action was

outstanding. This follow-up inspection found that the service had made improvements with regards to auditing of foster carer files. Foster carer files contained relevant documentation and all children with the exception of one were placed with foster carers within their approval status.

The SCSIP fostering team do not complete their own fostering assessments due to capacity issues within the team. The inspectors were informed by the service's management that the outsourcing of foster care assessments will continue until the capacity within the foster care team has increased. At the time of the inspection, there were no assessments being carried out. The fostering assessments are contracted to be completed by an external agency. A service-level agreement between the agencies was in place.

At the time of the inspection, information was limited due to the fact that there was only one assessment conducted by an external agency in the 12 months prior to the inspection. As Tusla did not complete the assessment, the judgment related to this standard is confined to Tusla's oversight of the assessment and inspectors reviewed this during the inspection.

In respect to the assessment, the FCC appropriately reviewed the assessment and when required requested additional information. The FCC chairperson, the area manager and the PSW told inspectors that they were satisfied with the quality of the one foster care assessment completed in the previous 12 months. Inspectors reviewed minutes of a meeting between the external agency and the SCSIP management where matters such as quality of assessments were discussed.

As part of the fostering application process, the applicants are given the opportunity to meet with or speak with the FCC chairperson. The FCC chairperson told inspectors that they speak with all the applicants for fostering and this has had a positive impact on the application process. Applicants are informed in writing of the decision regarding their application and inspectors found this record was held on their files. Inspectors found that the approval of the application for fostering was in line with regulations and standards.

One of the actions from the compliance plan submitted to HIQA in 2023 was an audit of foster carer's files. This was scheduled to be completed in September 2024 and this was not completed within that time frame. A follow-up audit of foster carer files had not been assigned a date on the service's audit schedule. However, inspectors found from the sample of six foster carer files that all had an audit completed by a social work team leader, with four of these taking place in November 2024. Any gaps that had been identified as part of the audit were addressed. Inspectors found that all foster carer files reviewed had relevant documents such as Garda vetting, training and medical checks.

Fostering assessments were carried out by an external agency and future assessment were planned to be outsourced and this will continue until the capacity of the

fostering team increases. Due to this, the assessment of foster carers will not be judged under this standard. The application and approval of the one foster carer reviewed by inspectors was in line with regulations and standards. Appropriate checks were completed and Garda vetting was on file. For this reason, the standard is judged to be compliant.

Judgment: 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.

The SCSIP service is required by both the national standards and by regulations to provide supervision, support and advice to foster carers. The service was found to be substantially compliant with this standard in the November 2023 inspection. The service outlined six actions that it would take to come into compliance with the national standards and the service's updated compliance plan in October 2024 indicated that one action was outstanding. This follow-up inspection found that improvements had been made, most of which happened in the three months prior to the inspection.

The outstanding action in the compliance plan related to the recruitment of a social work team leader. The recruitment campaign had been unsuccessful. At the time of the inspection, the service was operating with one acting social work team leader and one link worker, this represents half of what is required to run the service. The inspectors were advised by the area manager and PSW for alternative care that a social worker had been successfully recruited for the position of social work team leader and this would increase the capacity of the team. The SCSIP fostering team also holds responsibility for the support and supervision of supported lodging carers. The link workers told inspectors that they gave all carers the same level of support and supervision. The foster care service was understaffed and the team leader held a small caseload and the link worker had a large caseload. Inspectors were told by the service management that the increase in staffing would reduce the caseload of each worker allowing more time for support and supervision of foster carers and the completion of records. From the data received by the service prior to the inspection and the sample of foster carer files reviewed, all foster carers were allocated a professionally qualified social worker, known as a link worker. At the time of the inspection, the SCSIP foster care service was comprised of 10 foster care households, of which, seven had children placed with them. Other children were placed in private

foster care placements and those foster carers received support and supervision from link workers from those services.

Foster carers felt well-supported by their link worker. As noted earlier in the report, the foster carers described to the inspectors many positive and complimentary experiences of support from their link workers. They said that link workers were available to them and had regular contact with them by phone, text message, email and home visits. They said that they were listened to and provided with advice, information and guidance. The service facilitated online support group meetings for foster carers. In the 12 months prior to the inspection, there were three support group meetings held. All of these meetings were well attended and covered topics such as supports available for young people, organisational updates, experience sharing and foster carer training needs.

Inspectors found that the records of support and supervision visits to foster carers had improved in recent months and all foster carers were allocated a link worker. The use of a support and supervision template had been used consistently and the record of recent visits was comprehensive. Of the five foster carer files sampled, all had a visit since September 2024; however, there were gaps in visits ranging from six months to 13 months prior to this visit. Of the files reviewed, three had the required twice-yearly visit by a link worker.

Recent improvements to records demonstrated good practice in respect of the support of foster carers. However, some of the records from earlier in the year were brief, captured points of discussion and gave little context and details of follow-up actions. This impacts thorough case management and ensuring the support needs of foster carers are met. For example, a request by a foster carer for cultural competence training had been requested on more than one occasion in the previous 12 months and the action agreed upon was that they would be informed when the training came up. However, there were no records of how this foster carer would be supported to address this identified need while waiting for training to be scheduled.

There was evidence of auditing on all foster carer files sampled. Most audits had been completed by a team leader in recent months. The audits were effective and the actions required had been completed. Case notes were not always up to date and improvements were needed in this area also.

The SCSIP service requested Tusla's Practice Assurance and Service Monitoring team carry out a review of the quality of the link worker support and supervision of foster carers in the first six months of 2024. The review took place in June 2024 and the report was issued to the service in August 2024. There were six recommendations made. These included; increase frequency of visits to foster carer home, effective quality and oversight of foster carer files, risk register to include risks identified in report, full completion of supervision visit template and records follow-up actions, file audits completed by team leader and case management of unallocated foster carers is recorded on file. All of these actions were part of the service's overall compliance



plans and was reviewed and updated at the monthly compliance and governance meeting.

Inspectors found that link workers carried out other duties in line with the standards. There was evidence of a joint visit of the child and family social worker and the link worker with foster carer. This is important as it allows time to make arrangements in a new placement and draw up a placement plan. There was evidence of additional visits to foster carers outside of the formal support and supervision visit and information provided on the complaints policy. However, from the files sampled there was no evidence of foster carer's children been met by the link worker. There was evidence of one phone call with a child of a foster carer. Additionally, there was no evidence of the right to access records being discussed with foster carers.

Foster care reviews were up to date and there was evidence of good practice in these reviews. There was one foster care review that was in the process of being prepared for, and the inspectors found that the link worker had demonstrated good practice with regards to preparing the foster carers, the child and others in the household. The PSW for alternative care maintained an effective tracker of foster carer reviews.

Foster carers reported that they were well supported and supervised. They felt that link workers were available to them, listened to them and provided them with information, guidance and advice as required. There was evidence that practice had improved with regard to statutory support visits and the quality of the records. This improvement was most evident in recent months and required more time to ensure that regular statutory visits and the quality of the records could be sustained. The practice of meeting with the children of foster carers had not been established. There was no evidence of foster carers being advised on their rights to access their records. For these reasons this standard is judged 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.

The SCSIP service is required by the national standards to support foster carers to participate in the training necessary to equip them with the skills and knowledge required to provide high-quality care. The service was found to be substantially compliant with this standard in the November 2023 inspection. The service outlined five actions that it would take to come into compliance with the national standards

and the service's updated compliance plan submitted in October 2024 indicated all actions had been completed. This follow-up inspection found that while improvements were made, limited training was offered to foster carers in 2024.

The service had conducted a training needs analysis in May 2024. Foster carers and carers providing supported lodgings were consulted on what training they believed would support them in caring for separated children seeking international protection. These views were sought during the foster care review process and support group meetings. When the training needs were identified, a training plan was put in place and a person was assigned responsibility for the training. Some of the training needs identified included cultural competence, trauma informed care and preparing for aftercare. A training schedule was developed that ran from September 2024 to the second quarter of 2025.

It was evident that planned training had not taken place. There was no record as to why training had not taken place or a plan to reschedule. From a review of foster carer files, inspectors found that there was one training session offered to foster carers in 2024. This training took place during the inspection of the service. The data provided to HIQA prior to the inspection indicated that there were five joint training sessions with link workers and foster carers in the previous 12 months. However, inspectors did not find any record of such training on the foster carer files and foster carers who spoke with inspectors confirmed this training did not take place.

All foster carers are required to attend training regarding Children First and their role as a mandated person under Children First (2017). Inspectors found that from the files sampled all foster carers had attended Children First training and this was recorded on the foster carer files.

The tracking of attendance was not consistent across the foster carer files sampled. Some, but not all, foster carer files had a training log which detailed training completed including mandatory training. Training certificates were held on the foster carer files. In the previous inspection in November 2023, it was reported that there were a number of foster carers who had not completed the second day of foundations in fostering course. All the foster carers were scheduled to attend the second day. However, of these foster carers, there remained one foster carer that had to complete the second day and there was a plan in place for a link worker to complete this with them as a one-to-one training. For the most part, attendance at training was tracked on the foster carer file and an inspector viewed an attendance tracker that focused solely on foundations in fostering course. The updated compliance plan had indicated a formal database had been developed to allow for greater management oversight of foster carer training. However, following the inspection a training tracker was provided to the inspectors for review and this contained information on the foundations in fostering course only and no other training courses. Inspectors found that this tracker provided limited managerial oversight with regards to training.

Foster carers said that they either attended no training in the previous 12 months or had just attended the training that took place during the inspection. It was evident that a foster carer had requested specific training on cultural awareness over a year ago and this had yet to be facilitated. However, the PSW for alternative care spoke about training that had been given to the SCSIP service regarding culture awareness and funding had been approved for this training to be tailored and delivered to foster carers. This training was scheduled to take place in November 2024 and inspectors were informed that it is hoped that this training will take place in early 2025. Inspectors reviewed the training modules given to SCSIP staff and it covered key aspects of the experience and considerations in providing care and support for children seeking international protection.

Inspectors found some evidence of evaluation of training programmes by foster carers. However, due to the limited training offered to foster carers in the past 12 months, this evidence related only to training that took place over 12 months ago. Inspectors were informed that evaluation of training by foster carers was completed at the end of all training sessions.

A strategic training lead role has been developed for this service and this role has been taken up by a person working in the service. It is planned that the QRSI manager, the professional improvement manager and the strategic training lead will work closely to enhance the quality of the service through the provision of training for SCSIP staff, foster carers and supported lodging carers. Inspectors were advised that monthly meetings of these three roles have been scheduled to commence in the weeks following the inspection.

The SCSIP service had completed a training needs analysis for foster carers and developed a training schedule for the last quarter of 2024 and first two quarters of 2025. All foster carers were trained in Children First (2017). However, only one training session had been delivered to foster carers in 2024 and there was no record as to why training had not taken place or was rescheduled. Management oversight of training required development to incorporate all training. The outstanding training in foundation in fostering courses was completed by all but one foster carer. The data provided to HIQA indicated that there were five joint training sessions with foster carers and link workers, however, there was no evidence of these trainings on the foster carer files or from what foster carers told inspectors. For that reason this 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 is required by the national standards to have effective structures in place for the management and monitoring of foster care services. The service was found to be not compliant with this standard in the November 2023 inspection. The service outlined seven actions that it would take to come into compliance with this standard and the service's updated compliance plan in October 2024 indicated that two actions were outstanding. This follow-up inspection found that the service had made many positive changes and had developed structures of governance for the management and monitoring of the foster care service. Some of the governance and management structures in place were in their early days of development and their effectiveness and impact had yet to be fully realised on all aspects of the foster care service. Essential aspects of a good quality foster care service such as care planning, children's records, fulfilment of social workers statutory responsibilities for children and ensuring the service operated in line with Children First (2017) required managerial oversight, the foster carer training tracker required development and quality assurance.

Since the inspection in 2023, the structure of the service had become more defined with clearer roles and responsibilities and lines of accountability. There were four additional roles created; professional improvement manager, strategic training lead, TCM lead and QRSI manager. The QRSI manager took up their role in January 2024. The practice improvement manager and strategic training lead took up their roles in September 2024. In January 2025, a TCM lead is due to join the service. The positive impact of the QRSI role could be seen in the service's improved tracking of risk and creating systems of managerial oversight. The foster care team and the child in care team told inspectors that the improved structures provided clarity in their roles and allowed them to focus on their own area of responsibility, resulting in a better quality service for the children as the lines of accountability were clear. However, the impact on these improvements were evident in both children and foster carer files only in recent months.

Since the previous inspections in 2023, the service had developed a project improvement plan. The service's management team spoke to inspectors about the vision for the service and the incremental building of new roles in the service to support this vision. Most of the improved resources for the SCSIP service had not been directed towards the foster care service as other aspects of the service required immediate resourcing. The area manager told inspectors that they want to grow the foster care service, however, staff resources needed to increase in order to achieve this. At the time of the inspection, the service was understaffed and did not have the capacity to expand.

Inspectors found that the governance structure of the service had been reviewed and developed. The governance structure outlined a system of roles, responsibilities and decision making. The governance had been strengthened through reviewing existing meetings, evaluating the purpose of meetings and developing terms of reference. Additional meetings were developed to further strengthen governance and terms of reference for these meetings were developed. These meetings included HIQA compliance oversight and review meeting and area manager quality risk and service improvement meetings. The terms of reference for these meetings had been agreed by the area manager and a review date was included.

Inspectors found that the oversight and management of risk had improved since the previous inspection. The SCSIP service had aligned with Tusla's national risk management framework and provided systems to oversee the quality and safety of the service. The management of risk had been strengthened and a risk escalation pathway was being embedded into practice. Inspectors reviewed the risk register and appropriate control measures were identified. Any risk that could not be managed at a service level were escalated appropriately. At the time of the inspection there was one risk relating to the foster care service and this was staff vacancies. Appropriate escalation and control measures had been put in place to address this risk. Inspectors were informed that a new social work team leader would be taking up their post in the coming weeks and this risk would be reviewed again. However, it remained the case that the limited size of the fostering team and number of foster carers in the service put the service at risk of not being able to meet demand for foster care placements. All risks in the service were reviewed on a monthly basis by the QRSI manager, the PSW and the area manager. Inspectors reviewed a sample of the minutes of these meetings and found they were of good quality with discussion and follow-up actions recorded.

The service adhered to Tusla's National Incident Management policy. The service holds an electronic record of the management of incidents and has a legal requirement to inform agencies including HIQA. From the data provided by the service to HIQA prior to the inspection, there were no incidents about children in foster care reported under this policy.

Another recent development was the complex case forum This gives social workers an opportunity to present a complex case and get support on decision making and advice. The social work team leader told inspectors that this complex case review was in place for all children in care. At the time of the inspection, no children in foster care cases had been presented to the complex case forum.

The service had developed a compliance register which focused on the national standards the service had been inspected against in the last 12 months. It sets out actions that need to be taken to come into compliance, the action status and evidence of its implementation. Inspectors found that this compliance tracker was reviewed at least monthly by the area manager, the PSWs and the QRSI manager.

Additionally, inspectors reviewed a sample of minutes from the QRSI meetings and found that policies and processes to assist with compliance, governance and management of the service were discussed and actions reviewed. Senior management team meetings were frequent and from a review of a sample of meeting minutes, inspectors found there was a drive for service improvement and addressing deficits in the service.

Part of the governance structure of the service is staff supervision. All but one staff member with a supervisory role had received training in Tusla national supervision policy. This staff member was unable to attend previous training and a clear rationale was provided. They were awaiting a new date to attend training.

Inspectors sampled staff supervision records of eight staff and found the quality and the frequency of staff supervision was mixed. The service had implemented the providers revised supervision policy in 2024. Supervision was recorded on a standard template with focus on key areas of practice such as case management, case discussion, governance, service development, support, staff development, wellbeing and engagement. There were some examples of good oversight of the staff members work with discussion and action planning reflected in the records. Staff told inspectors that case management was discussed in supervision and they could discuss any challenges that they encounter. However, other records did not demonstrate the same depth of discussion and oversight. For example, a challenge for staff members was noted in a number of their supervision records, however, there was no record of discussion or a support plan for the staff member.

Inspectors found that an audit of foster carer files had been completed recently and was effective. It was evident that children's files required the same management oversight and quality assurance. Inspectors were told by staff that the move from paper files to electronic files was challenging for the service. Inspectors found that there were both paper and electronic files for children in foster care. Maintaining up-to-date records on children files is part of good social worker practice and it was evident that this was an area that required managerial oversight to support improvement.

Inspectors found that tracking and gathering of data in relation to the foster care service had improved. Since the previous inspection in 2023 the service had begun to gather and analyse information about their foster care service to enable them to monitor the number and type of available foster care placements and assess the needs of the service. Data analysis supports service improvement and development. The service was sending monthly data returns to the Tusla national office and this data was included in Tusla's monthly and quarterly performance reports. This data included the monthly children in care statistics and SCSIP service referrals, admissions and discharges. The service's data was included in Tusla's *Annual Review on the Adequacy of Child Care and Family Support Services, 2023*.

Inspectors found that the service had ensured that there was a process in place to ensure children seeking international protection care status allows them to be placed in the care of the State whether that is by voluntary consent of a parent or guardian or through a court order. The previous inspection in November 2023, found that there was a lack of clarity regarding the legal basis that some children were being cared for by Tusla. Inspectors found from a sample of children's files that their care status were clearly recorded and where appropriate voluntary consent from parents and or guardians was on children's files. However, from the sample of files, some children's care orders were not on their file, and some were uploaded once requested. Following the inspection, HIQA sought assurances that all children's care orders were on their files. An unsatisfactory response was received and the request for assurance was escalated to the service director. The response received did not provide assurance and further assurance was sought. The actions agreed at the provider meeting provided satisfactory assurances to HIQA.

The provider has developed a draft model of care for the SCSIP service that puts a structure on the referral pathways for children seeking international protection. In September 2024 key stakeholders were consulted with regard to the model of care and inspectors were advised by the area manager that feedback was being considered and the model of care would be reviewed.

The SCSIP service is governed by Tusla's suite of policies in relation to the provision of foster care services. These national policies included protected disclosures, staff supervision and complaints. The service had a number of policies in draft that were directly related to the SCSIP service such as family reunification and young people's personal belongings. Additionally, there are joint protocols for interagency collaboration between the Health Service Executive (HSE) and Tusla and between An Garda Síochána and Tusla that need to be adhered to.

Inspectors found that improvements to information governance was required. There was differences in the data provided to HIQA prior to the inspection and what inspectors found when they were onsite. For example, joint training programmes with foster carers and link workers was recorded as five training sessions and inspectors did not find evidence of this on the foster carer files. Inaccurate information governance of the service impacts on the service's ability to effectively monitor the service.

Appropriate service level agreements were in place for commissioned services and at the time of the inspection they were all under review by the service's management.

The SCSIP service has made positive changes and has reviewed and developed structures of governance for the management and monitoring of foster care services. However, as detailed earlier in the report essential aspects of a good-quality foster care service such as care planning, children's records, information governance, fulfilment of social workers statutory responsibilities for children and ensuring the service operated in line with Children First (2017) required improvement. The staff

vacancies within the foster care team impacted the capacity of the service to meet statutory and regulatory requirements and the capacity to build the service. The change over from children in care paper files to electronic files required management oversight and quality improvement. All of these factors impact on the services ability to deliver a safe and effective foster care service for children and foster carers. For these reasons this 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. The service was found to be not compliant with this standard in the November 2023 inspection. The compliance plan that the service had committed to, outlined six actions they were going to undertake to come into compliance with the national standards. The response received did not adequately assure HIQA that the action taken would result in compliance with this standard. This follow-up inspection found that the service had made improvements, however, due consideration of long term placements for children in foster care was not adhered to by the service and the FCC chairperson was not independent of the management structure of the service as required by Tusla's policy and procedure.

The FCC was meeting on a monthly basis in 2022 and 2023, however, the requirement to meet frequently was reduced in 2024 as there were limited approvals of foster carers and foster carer reviews. The committee had met three times in 2024 and were scheduled to meet again in December 2024. The FCC has a role both with supported lodging and foster care aspect of this service. The FCC considers the assessment reports, make recommendations regarding foster carer applications, receive notification of the outcome of foster carer reviews, recommend, endorse or review foster carer status and approve long term placements for children in foster care with a duration of at least 6 months.

Inspectors found the process with regard to foster carer approval was followed by the service. In the 12 months prior to the inspection, there was one approval of a foster carer who was previously approved as supported lodging carer and one review of a foster carer. Inspectors reviewed this file and found evidence of the FCC decision to recommend the applicant on file, in line with standard. They reviewed the foster



carer's file who had a review and found that all records with regard to the foster care review were on file.

The requirement to give due consideration of long-term placements for children in foster care was not adhered to by the service. With regard to approval for long-term placements, the updated compliance plan submitted by the service to HIQA in October 2024 outlined that the implementation of this feature of the standard was on hold due to resourcing and the reduced capacity of the FCC chairperson. A plan is in place to improve capacity and a new chairperson of the FCC has been appointed and will take up their position in January 2025. While the requirement for long-term placements with a foster carer may not be a common feature of the service, due to the age profile of the children, reunification with family, children moving into residential care or supporting lodging, due consideration and decision making regarding long-term placements is required both under the national standards and regulations. From the sample of 14 files reviewed by the inspectors, six children were in their foster care placements over six months; a decision should be made regarding their care in the long term.

The FCC should be notified of allegations against foster carers, of which there was one in the 12 months prior to the inspection.

In the previous inspection in November 2023, it was reported that the FCC had approved foster carers on an interim basis pending Garda vetting and training in fostering. In this inspection, all approved foster carers had Garda vetting and there was one approved foster carer who had yet to complete the second day in foundations in fostering course since the previous inspection. Inspectors were informed by the foster carer's link worker that this training would be taking place with the foster carer on a one-to-one basis. The child that was placed with this foster carer in 2023 remained in their care and the link worker was assured that the child was receiving good-quality care.

The FCC chairperson should be informed of any placements made not in line with the fostering standards and emergency approvals. Inspectors found that there had been one placement not in line with the national standards in July 2024. A child was placed with foster carers outside of their approval status. However, the PSW for alternative care failed to inform the FCC chairperson promptly of this resulting in a delay in this placement being heard before the FCC. This matter will go before the FCC in December 2024.

The FCC chairperson was not independent of the management structure of the service as required by Tusla's policy and procedure, as found in the 2023 HIQA inspection. An independent chairperson has been appointed and they will take up the post in January 2025. The FCC chairperson spoke about the importance of retaining a SCSIP FCC as they have developed great expertise in the experience and specific needs of separated children seeking international protection. They also spoke about

the guidance and support they have received from other chairpersons from other FCC, such as ensuring the foster carer application process is person-centred.

The FCC members should comprise of people with expertise in child welfare and have significant training or experience in foster care services. Additionally, committee members are subject to Garda vetting and other checks. At time of the inspection all committee members had up-to-date Garda vetting and all relevant documentation was held electronically. In service training was scheduled to enable committee members to discharge their responsibilities. Some of the training included working with separated children and key considerations such as migration experience and working cross culturally and human trafficking. There was limited training provided in the previous 12 months and attendance was recorded in their file.

The FCC has a role in SCSIP service over both foster carer and carers providing supported lodgings. The process for approving a foster carer was followed appropriately. However, there remained one approved foster carer without the second day of foundations in fostering course completed. All members of the committee were suitably qualified and or had experience of foster care services and had up-to-date Garda vetting. However, the requirement to give due consideration of long term placements for children in foster care was not adhered to by the service. The FCC chairperson was not independent of the management structure of the service as required by Tusla's policy and procedure. A new FCC chairperson is due to take up the role in January 2025. A child was placed with foster carers outside of their approval status and the FCC was not notified of this placement in a timely manner. 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,<sup>3</sup> 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 17	Reviews of Foster carers
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

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

# Compliance Plan for Separated Children Seeking International Protection OSV – 0008513

Inspection ID: MON-0045237

Date of inspection: 26-28 November 2024

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

- **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:**

<b>Standard Heading</b>	<b>Judgment</b>
<b>Standard 5: The child and family social worker</b>	<b>Not compliant</b>
<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>Each child in foster care will be allocated a social worker within the children in care team following transfer from Intake Team. Each Child on the Duty/ Intake team is allocated and will then be reallocated to a SW on the Children in Care team at point of transfer.</p> <p><b>Responsibility:</b> Principal Social Worker – Alternative Care  <b>Timeframe:</b> Completed (Ongoing)</p> <p>A presentation reiterating the importance and legal requirement of statutory visits to children in foster care will be delivered to the SCSIP service. This presentation will include the frequency of visits and the quality of recording visits.</p> <p><b>Responsibility:</b> Principal Social Worker – Alternative Care  <b>Timeframe:</b> 28/02/2025 (Ongoing)</p> <p>A review of the frequency and quality of statutory visits will be completed following the presentation, and will thereafter become part of team leader audits of children's files during staff supervision.</p> <p><b>Responsibility:</b> Principal Social Worker – Alternative Care  <b>Timeframe:</b> 30/04/2025 (Ongoing)</p> <p>All young people will be reminded of Tusla's Tell Us policy as part of statutory visits. All young people in Foster Care have now been provided with the Tell Us information Leaflet in their language. The allocated Social Worker will meet with them to discuss the meaning of the complaints procedure and establish that they understand it. Any questions will be addressed. A note of this interaction will be completed on TCM in Statutory Visit forms. The team leaders will confirm this with each worker in supervision.</p>	

**Responsibility:** CIC Team Leaders  
**Timeframe:** Commencing 03/03/2025

All young people are provided with an information leaflet and the Tell us policy at the intake stage and this is recorded on TCM, the allocated SW will confirm this at point of case transfer.

**Responsibility:** CIC Social Workers  
**Timeframe:** 03/03/2025

The QRSI manager tracks complaints to make sure they are responded to in a timely manner and escalates to PSW and Area Manager as required.

**Responsibility:** QRSI Manager  
**Timeframe:** Completed

New case transfer guidelines were completed in November 2024, which include the necessity to comprehensively minute all transfer meetings. These guidelines will be reviewed and any changes recorded by end of February 2025, as agreed within the guidelines themselves.

**Responsibility:** Principal Social Worker – Practice Improvement  
**Timeframe:** 28/02/2025

Care Orders will be on file for all children in foster care by 10 February 2025.

**Responsibility:** Principal Social Worker – Alternative Care  
**Timeframe:** Completed

A review of Care Orders on children's files was completed and subsequently submitted to HIQA.

**Responsibility:** QRSI Manager  
**Timeframe:** Completed

All children in foster care currently have an absence management plan (AMP) on file, as of 31<sup>st</sup> January 2025.

To ensure future full compliance with absence management planning, the following will be actioned:

- Children's files will be reviewed upon transfer to children in care teams and the AMP revised to reflect the new case responsibility.
- AMPs will be reviewed at every care planning meeting or earlier if the risk for the child changes
- PSW will oversee AMPs are completed in TL supervision
- An email will issue to all CIC staff advising them of the above practice in relation to AMPs

**Responsibility:** Children in Care Team Leaders

**Timeframe:** 28/02/2025 (Ongoing)

A practice note on recording on case files issued to the SCSIP service by the Service Director, making reference to staff obligation to maintain contemporaneous records if their work with young people and their families, and the policy and regulation from which this expectation arises.

The practice note clearly outlined that records should be up to date, authentic, reliable, complete and usable, and that all records should be maintained on the Tusla Case Management (TCM) system.

A further practice note was issued in respect of child in care reviews, and the necessity to keep a note of every review of the child's case. The practice note advised:

The Statutory Review form includes reason for review, attendees, minutes and decisions of the Review. The chair of the Review will determine in advance if a minute taker is required to assist with the recording of the note of Review, or if a summary note of the actions agreed (per Care Plan) will be sufficient".

**Responsibility:** Service Director

**Timeframe:** Completed January 2025

An audit of files of children in foster care was completed in November 2024. All recommendations to improve the standard of these files have been implemented. File audits will be included in the 2025 schedule of file audits for the service so as to ensure any issues are identified early and remedied and to maintain high standards thereafter.

An initial updated review will be completed in Q1 2025.

**Responsibility:** PSW – Alternative Care

**Timeframe:** 31/03/2025

Team leaders will review one file per worker, per supervision to ensure that recommendations of file audits continue to be adhered to.

**Responsibility:** Team Leaders

**Timeframe:** 31/03/2025

Supervision decisions in respect to children will be placed on the child’s file. A practice note regarding same has been shared with the SCSIP team.

**Responsibility:** Service Director

**Timeframe:** 24/01/2025

**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.

Placement Plans will be completed in respect of a child in foster care. If there is a need to capture other actions in addition to the care plan, or to capture family access arrangements, these will be captured within the placement plan. If there are no family access arrangements, or no additional decisions, the placement plan will contain a brief line to explain same. This instruction has been issued as a practice note to SCSIP staff.

**Responsibility:** PSW Alternative Care

**Timeframe:** 17/02/2025

A presentation on quality care planning will delivered to the SCSIP service, including examples of good quality care plans, as part of service development day.

**Responsibility:** Strategic Training Lead

**Timeframe:** 31/03/2025



A qualitative audit of care plans of children in foster care will be included as part of the children in foster care file review in March 2025.

**Responsibility:** PSW – Alternative Care

**Timeframe:** 31/03/2025

**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.

A presentation on the Joint Working Protocol for An Garda Siochana/Tusla – Child and Family Agency Liaison will be included in the rolling staff training calendar, and will be delivered to all new staff as part of SCSIP induction process.

**Responsibility:** Strategic Training Lead

**Timeframe:** 30/06/2025 (Ongoing)

A further practice note was issued in respect of child in care reviews, and the necessity to keep a note of every review of the child's case. The practice note advised:

The Statutory Review form includes reason for review, attendees, minutes and decisions of the Review. The chair of the Review will determine in advance if a minute taker is required to assist with the recording of the note of Review, or if a summary note of the actions agreed (per Care Plan) will be sufficient".

**Responsibility:** Service Director

**Timeframe:** Completed January 2025

The Practice Guidance for Responding to Child Protection and Welfare Concerns, Children In Care/Section 5. Additional Guidance for Separated Children Seeking International Protection Service is nearing completion and will be submitted to HIQA when available.

**Responsibility:** Service Director

**Timeframe:** 30/03/2025

This guidance will be issued to all staff within the SCSIP service, and presented at a staff development day.

**Responsibility:** Strategic Training Lead

**Timeframe:** 30/03/2025

Screening training on the Child Protection and Welfare Report Form will be delivered to all staff. HIQA will be advised when all staff have completed same. The practice guidance, when completed, will inform the specific content of the training delivered, including when to make a Garda Notification.

**Responsibility:** Strategic Training Lead

**Timeframe:** 30/03/2025

Any placements made outside of the approval status of a foster carer will be immediately escalated to the PSW for Alternative Care, and to the Foster Care Committee. Fostering Team Leader has been informed of this requirement.

**Responsibility:** Fostering Team Leader

**Timeframe:** Completed February 2025 (Ongoing)

In circumstances wherein a child's placement is at risk of breaking down, a disruption meeting will be convened by the SCSIP team to identify the risks to the placement, and to develop strategies to prolong the placement

A practice note regarding same will be issued to SCSIP staff.

**Responsibility:** Principal Social Worker – Alternative Care

**Timeframe:** Completed February 2025

Any placement at risk of disruption will be reviewed at the SCSIP Complex Case Forum.

**Responsibility:** CIC Team Leaders

**Timeframe:** Completed February 2025

<b>Standard 15: Supervision and support</b>	<b>Substantially compliant</b>
<p>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.</p> <p>Fostering team Leader commenced in role January 2025</p> <p><b>Responsibility:</b> PSW – Alternative Care  <b>Timeframe:</b> Completed January 2025</p> <p>The National Standards regarding the frequency and quality of supervision visits to foster carers will be reissued to the fostering service and will be discussed on an ongoing basis at fostering team meetings.</p> <p><b>Responsibility:</b> Fostering Team Leader  <b>Timeframe:</b> 28/02/2025</p> <p>The foster carer file audit of supervision visits, completed in Quarter 3 2024 will be reviewed in Quarter 2 2025, to ascertain what progress has been made with respect to foster carer supervision</p> <p><b>Responsibility:</b> Practice Assurance and Service Monitoring Team  <b>Timeframe:</b> Q2 2025</p> <p>The National Standards in respect of the requirement to meet with the children of foster carers will be issued to the fostering service. This will be discussed at fostering team meetings.</p> <p><b>Responsibility:</b> Fostering Team Leader  <b>Timeframe:</b> 28/02/2025</p> <p>An email will be circulated to all foster carers to inform them of their right to access their own records.</p> <p><b>Responsibility:</b> Fostering Team Leader  <b>Timeframe:</b> 14/02/2025</p>	

Standard 16: Training	Substantially compliant
<p>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.</p> <p>A standardized register of training will be developed and placed on each foster carer's file, contemporaneously capturing all training offered, and whether it was attended.</p> <p><b>Responsibility:</b> Fostering Team Leader  <b>Timeframe:</b> 28/02/2025</p> <p>A standardized training evaluation form for SCSIP carers will be developed and distributed at the end of all training. This feedback will be used to inform future service development and training. The fostering Team Leader will convene annual strategic planning days.</p> <p><b>Responsibility:</b> Strategic Training Lead  <b>Timeframe:</b> 31/03/2025</p> <p>The strategic training lead will assist to develop a programme of training for foster carers and fostering social workers to enhance the quality of the SCSIP service. This will be overseen in joint meetings between the PSW strategic Training lead and PSW Alternative Care. Updates in relation to how this is progressing will be sought by the Area Manager in Supervision.</p> <p><b>Responsibility:</b> Strategic Training Lead  <b>Timeframe:</b> 30/06/2025</p> <p>Team Leader for Fostering is now the SCSIP representative in the Fostering Champions working group and will be linked in with national developments re training for foster carers. Other initiatives around recruitment and retention of foster carers in 2025 will include:</p> <ul style="list-style-type: none"> <li>• Presentation on needs of SCSIP at the national recruitment online session on 26/02/2025</li> <li>• Engagement with Fostering Awareness Month and World Refugee Day on 20/06/2025</li> <li>• SCSIP carers will be added to the list of types of foster care, with reviewed additional material provided by the team.</li> </ul>	

<b>Responsibility:</b>	Fostering Team Leader
<b>Timeframe:</b>	20/06/2025
<p>The Training Needs Analysis for foster carers will be reviewed and updated towards the end of the current training cycle (June 2025).</p>	
<b>Responsibility:</b>	Fostering Team Leader
<b>Timeframe:</b>	30/06/2025
<p>The final foster carer requiring the second day of Foundations for Fostering training will receive same individually in March 2025.</p>	
<b>Responsibility:</b>	Fostering Social Worker
<b>Timeframe:</b>	30/03/2025

<b>Standard 19: Management and monitoring of foster care services</b>	<b>Not compliant</b>
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<p>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.</p> <p>A standardized register of training will be developed and placed on each foster carer's file, contemporaneously capturing all training offered, and whether it was attended. Where training was cancelled this will be recorded on each foster carers file.</p>	
<b>Responsibility:</b>	Fostering Team Leader
<b>Timeframe:</b>	28/02/2025
<p>The SCSIP service will continue efforts to recruit another social worker for the fostering team, this post is officially unable to fill from a recruitment perspective. PSW will proceed to fill this post with an agency social worker.</p>	
<b>Responsibility:</b>	PSW – Alternative Care
<b>Timeframe:</b>	February 2025 (Ongoing)
<p>The SCSIP service is working alongside Tusla's Fostering Strategic lead to enhance the profile of separated children, and raise awareness for the need for foster carers, emergency foster carers and supported lodgings carers. This will be evident on the Tusla Website.</p>	

**Responsibility:** PSW – Alternative Care  
**Timeframe:** June 2025 (Ongoing)

Per the Tusla Supervision Policy, two records of supervision will be made – 1. Case Management for each child, which will be uploaded to the child’s file on TCM. 2. Professional Development, which will be retained on the staff members supervision file. This will be communicated to TLs for immediate implementation.

**Responsibility:** PSW- Alternative Care  
**Timeframe:** February 2025

All Principal Social Workers and Team Leaders have been advised of this requirement and it will be subject to Practice Assurance and Service Monitoring Team review.

**Responsibility:** Area Manager to initiate PASM review of supervision  
**Timeframe:** Completed February 2025

An audit of staff supervision files will be completed, to ascertain the frequency and quality of staff supervision.

**Responsibility:** Practice Assurance and Service Monitoring Team  
**Timeframe:** 24/02/2025

Care Orders will be on file for all children in foster care by 10 February 2025. A review of Care Orders on children’s files will be completed and subsequently submitted to HIQA.

**Responsibility:** QRSI Manager  
**Timeframe:** 14/02/2025

Further TCM training and support be offered to the SCSIP service. This will commence with a further full day training workshop per team, and support days will continue quarterly thereafter, with informal support available from the TCM Lead.

**Responsibility:** TCM Liaison Lead  
**Timeframe:** 12/03/2025 (Ongoing)

The foster carer file audit of supervision visits, completed in Quarter 3 2024 will be reviewed in Quarter 2 2025, to ascertain what progress has been made with respect to foster carer supervision

**Responsibility:** Practice Assurance and Service Monitoring Team  
**Timeframe:** Q2 2025

An audit of Child Protection and Welfare Report Forms received to service, and response by service to same, will be completed.

**Responsibility:** QRSI Manager  
**Timeframe:** Q1 2025

A Children in Care file audit, completed in November 2024 will be subject to review to monitor progress following recommendations of the initial audit.

**Responsibility:** QRSI Manager  
**Timeframe:** Q2 2025

An audit of compliance with regard to Long Term matching of children placed with foster carers will be completed to ensure that the process commences for the relevant children.

**Responsibility:** QRSI Manager  
**Timeframe:** Q3 2025

QRSI meetings will determine audit schedule for foster carers and children in foster care for 2<sup>nd</sup> half of 2025.

**Responsibility:** QRSI Manager  
**Timeframe:** Q3 2025

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

**Standard 23: The foster care committee**

**Not compliant**

Outline how you are going to come into compliance with 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.

A new Foster Care Committee Chair, independent of the SCSIP Service is now in role. The new FCC Chair has been invited to a future fostering team meeting to introduce herself and establish expectations, with a focus on the independence of her role.

**Responsibility:** Area Manager

**Timeframe:** Completed January 2025

Any placements made outside of the approval status of a foster carer will be immediately escalated to the PSW for Alternative Care, and to the Foster Care Committee. Fostering Team Leader has been informed of this requirement.

**Responsibility:** Fostering Team Leader

**Timeframe:** Completed February 2025 (Ongoing)

Long-Term matching of foster placements over 6 months will commence, with a coordinated effort between fostering and children in care social workers to produce matching reports for submission to the Foster Care Committee.

**Responsibility:** PSW – Alternative Care

**Time:** 30/06/2025

An audit of compliance with regard to Long Term matching of children placed with foster carers will be completed to ensure that the process commences for the relevant children.

**Responsibility:** QRSI Manager

**Timeframe:** Q3 2025



## 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 March 2025
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.	Not compliant	Red	31 March 2025
Standard 10	Children and young people in foster care are protected from abuse and neglect.	Not compliant	Red	31 March 2025
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	
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	

Standard 19	Health boards have effective structures in place for the management and monitoring of foster care services.	Not compliant		31 March 2025
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		31 March 2025