



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

Name of service area:	Kerry
Type of inspection:	Focused Inspection
Date of inspection:	8-10 May 2023
Fieldwork ID:	MON_0040050
Lead Inspector:	Sue Talbot
Support Inspector(s):	Lorraine O'Reilly Caroline Browne 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 national quality standards. This process also seeks to ensure that the wellbeing, welfare and safety of children is promoted and protected. Monitoring also has an important role in driving continual improvement so that children have access to better, safer services.

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

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

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

## How we inspect

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

The key activities of this inspection involved:

- the analysis of data submitted by the area
- interviews with:
  - the area manager
  - the principal social worker for children in care
  - the principal social worker for fostering and aftercare services
- focus groups with:
  - three social work team leaders
  - eight front-line staff across the children in care and fostering teams
- visits to two foster care households to meet three children and their foster carers
- visits to an access centre to meet three parents and the access co-ordinator
  - the review of:
    - local policies and procedures, minutes of various meetings, staff supervision files, audits and service plans
    - staff personnel files
    - a sample of 21 children and 15 foster carer records
  - telephone conversations with:
    - a sample of two parents and four children.

### **Acknowledgements**

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

## Profile of the foster care service

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

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

Tusla has responsibility for a range of services, including:

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

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

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

### **Service area**

The population of children and young people in Kerry was estimated as 34,527 in 2016 (census data). A total of 23.4% of the population was under 18 years of age, which was slightly below the national average of 25%. An area manager, who reports to the regional chief officer (South West), is responsible for the leadership and governance of child protection and fostering services. Day-to-day operations are overseen by principal social workers and team leaders. The service area has three children-in-care teams and a fostering resources team which operate from offices in Tralee and Killarney. Team members include social workers, social care leaders, social care workers and a family support worker. Fostering team members also include a social care manager responsible for aftercare services and a clinical psychologist. In addition, an independent chairperson oversees child-in-care reviews across the service area.

At the time of the inspection, all staff posts in the fostering team had been filled, and the remaining social work vacancy in the child-in-care teams had been appointed to. Since the last inspection in September 2022, the capacity of the child-in-care teams continued to be impacted by staff turnover and sickness absences. At the time of this inspection, 37 children in foster care did not have an allocated social worker.

The Kerry service area had a total of 130 children in foster care. The vast majority 116 of these children were living within the service area boundaries. Fourteen children were placed outside Kerry. Of these, 96 children were placed with general foster carers and 34 children were placed with relative foster carers. Ten children were placed with foster carers through non-statutory (private) foster care agencies. Five children were awaiting a suitable long-term foster care placement. A total of 13 children had been placed in foster care in an emergency since 1 April 2022. Overall, there had been 40 admissions of children to foster care in the past 24 months. In addition, 39 children had experienced a change of placement.

Thirteen children on the child-in-care register were identified as having a moderate disability. Forty-one children were from another ethnic or cultural background, including the Irish Traveller community. Overall, 25 sibling groups were placed together with general or relative foster carers. A total of 32 children, however, had not been able to be placed with their siblings.

The Kerry service area foster carer panel comprised 85 foster care households. This was made up of 62 general foster care households and 21 relative foster care households. In addition, the service area had two relative foster care households who were in the process of being assessed. A total of six foster care households were in receipt of enhanced payments in recognition of the additional support required by children with complex needs or disabilities. The service area had four foster care households where the numbers of children placed exceeded their approval conditions.

## 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 1	Positive sense of identity	Substantially compliant
Standard 2	Family and friends	Compliant
Standard 3	Children's rights	Substantially compliant
Standard 4	Valuing diversity	Substantially compliant
Standard 6	Assessment of children and young people	Substantially compliant
Standard 8	Matching carers with children and young people	Substantially compliant

National Standards for Foster Care		Judgment
Standard 21	Recruitment and retention of an appropriate range of foster carers	Substantially compliant

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

Date	Times of inspection	Inspector	Role
8 May 2023	9.00hrs to 17.00 hrs	Sue Talbot	Lead Inspector
	9.00hrs to 17.00 hrs	Lorraine O'Reilly	Support Inspector
	9.00hrs to 17.00 hrs	Mary Wallace	Support Inspector
	12.00hrs to 17.00hrs	Caroline Browne	Support Inspector
9 May 2023	9.00hrs to 17.00 hrs	Sue Talbot	Lead Inspector
	9.00hrs to 17.00 hrs	Lorraine O'Reilly	Support Inspector
	9.00hrs to 17.30 hrs	Mary Wallace	Support Inspector
	9.00hrs to 17.30 hrs	Caroline Browne	Support Inspector
10 May 2023	9.00hrs to 16.00 hrs	Sue Talbot	Lead Inspector
	9.00hrs to 15.00 hrs	Lorraine O'Reilly	Support Inspector
	9.00hrs to 15.00 hrs	Mary Wallace	Support Inspector
	9.00hrs to 13.00 hrs	Caroline Browne	Support Inspector

## Children's experience of the foster care service

Children's experiences were established through speaking with a total of seven children, five parents and two foster carers. This included visits to see children in their foster homes, meetings with parents at an access centre as well as individual phone calls. Children's and foster carer case records and complaints also provided additional information on the experiences of children.

Children spoke highly of their foster carers and of the opportunities they had to lead full lives, including excelling in sports and dance, taking holidays, having a range of interests, learning new skills and helping out in the home. They were supported to attend mass or other religious services, and to observe special faith-based events in line with their family upbringing and personal wishes. Children and foster carers spoke positively about their relationships with each other. Children said they had lots of friends and enjoyed contact with their wider fostering network of aunts, uncles and cousins. They said that social workers and their foster carers helped them to keep in touch with their parents, brothers and sisters. One child's record highlighted the meaning for them in being able to see their sibling at their foster home: 'it was the best thing about Christmas'.

Some children said they did not have a social worker, but that other people visited them. One child told an inspector they did not like changes of social worker and having to repeat their history to each new person. Another said they had been without a social worker for a couple of months, but that they did not have any problem with their last social worker and said that- "they were very nice". They said they were involved in decisions about their care and were able to make choices. Children had a good awareness of the child-in-care review process. A couple of children said they had attended their meeting, and reported that changes had been made for the better. Other children spoke of having things written down with them and were asked what they would like to see happen by their social worker saying that- "they listen to you".

Foster carers also said that social workers and social care workers listened to concerns they had raised on behalf of the children, including the need for further assessments or additional support to promote children's health and development. They reported improvements in the timeliness of some assessments taking place, with one foster carer saying- "things are moving forward now for the child- six months ago, a lot of assessments were outstanding".

One parent spoke positively about the access arrangements that were in place for them to regularly see their child, and that this was flexible in line with their work commitments. They were able to give their child the kinds of food that reflected their cultural heritage, and shared recipes and stories with the child's foster carers about the child's wider family and culture. Another parent said they had been asked what help they wanted, and were happy with the way arrangements had been made to



return children to their care. One parent, however, told inspectors they would like to receive more information about their children's progress and development.

All foster carers had a designated fostering link social worker. Foster carers reported positively on the support they received, including timely responses to their phone calls and emails. They valued the offer of additional training, including online training. They said that they had been consulted about areas where they felt they needed more knowledge or expertise. They also told inspectors they had felt well-supported through difficult experiences in their own lives such as loss of a family member or personal health issues. Foster carers were kept informed when a child was unallocated, and knew how to raise any outstanding issues for a child.

Foster carers also spoke about the need for them to have a better understanding of children's culture, faith and ethnic backgrounds, but that they were committed to helping children have a positive sense of identity and pride in their heritage. Some foster carers said they had received training about the Irish Traveller culture which was helpful in enabling them to recognise what was important in encouraging children to explore their identity and promote family relationships.

Children and foster carers told inspectors that they were aware of how to make a complaint and that they knew they could read the records made by social workers about them.

Children's records provided evidence of good quality child-centred practice, including examples of direct work with individual children. Actions identified in their care plans or matters discussed during statutory visits were mostly followed up within expected timeframes. However, there were examples of delays in progressing or completing some priority tasks. This included making changes to access arrangements and supporting enhanced rights for foster carers. Statutory visits and child-in-care reviews did not always take place in line with the time frames set out in regulations. Although there was increased evidence of other checks, including welfare checks by social care workers, the gaps in the capacity of the child-in-care teams continued to impact on the delivery of an equitable service to all children in foster care in Kerry.

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

## Summary of inspection findings

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

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

Prior to the inspection the service area submitted a self-assessment questionnaire (SAQ) of its performance against the seven selected standards. Local managers rated their performance as substantially compliant in all areas. The SAQ provided analysis of organisational priorities and areas of practice they were working to continually improve. These will be further commented on in this report.

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

- one standard was compliant, and
- six standards were substantially compliant.

Overall, service managers had a good understanding of the changing child-in-care population and areas of organisational performance that required improvement to fully embed a child-centred, rights-based approach to practice. They were working to address some ongoing gaps in the quality of local services which had been particularly impacted by wider issues in the stability and sufficiency of its child-in-care workforce and the capacity and diversity of its foster carer resources.

Front-line practitioners and foster carers recognised the importance of working closely with children and their families to promote their personal identity as part of a wider recognition of children's increasingly diverse social and cultural backgrounds. They sought to promote children's self-esteem by helping them to understand and build strategies for dealing with their individual experience of trauma. This included additional support to help them to adjust to being placed in, or remaining, in foster care. However, the quality of this work had been impacted by challenges in filling child-in-care social work posts, combined with relatively high workforce absence levels in some front-line teams. This meant the frequency of contact or relationships they had with children did not always ensure timely recognition and response to their changing needs.

Where possible and appropriate, efforts had been made to place children with relative foster carers or with general foster carers within or close to their communities of origin to allow the children to maintain their school place or membership of local clubs. The majority of all children in foster care (89%), were placed within the boundaries of the Kerry service area. However, there was limited capacity for all siblings to be placed together in line with their assessments of need. A total of 32 children were not able to be placed with their brothers and sisters at the time of this inspection. Continuity for children was sought, where possible, in terms of children returning to the same foster carer for respite, or following an episode of re-admission to care. However, the service area did not formally collect data on the levels of other changes experienced by children, such as school attendance. Case records, however, contained clear plans for managing their transition to a new location including changes of school.

The service area had a strong ethos of working in partnership with families and ensured children's understanding, wishes and impact on emotional wellbeing was carefully considered when planning ongoing contact arrangements. These arrangements recognised the complexity of family relationships and the diversity of foster care settings in which children were placed. Consideration was given to strengthening relationships with brothers and sisters placed elsewhere and to finding a suitable location to meet and share activities that worked best for the children.

The service area had also recently checked the location of all parents, and identified there was a total of seven parents living outside Ireland. This was part of its routine checks to ensure data held about children was kept up to date. Efforts were made to trace and make contact with parents so that this information was available for children, now and at any point in their future. Case records demonstrated good practice in promoting the best interests of children within their wider family context.

Inspectors visited an access service commissioned from one voluntary sector provider which offered a range of support, including enhanced support for parents who continued to require additional help in responding to the needs of their children. The monthly reports of this work, however, had not been consistently uploaded onto the children's case records. An inspector reviewed a sample of these reports and found they provided a clear picture of parental capacity and trends in relation to the engagement and responsiveness of children. The area manager also commissioned an activity-based programme for older children with support provided out-of-hours. This provider not only enabled children to meet their siblings and friends, but provided weekend respite for children and their foster carers in circumstances where there were growing concerns about the future viability of placements.

Inspectors saw examples of creative practice in managing access for larger sibling groups placed in different foster care households or outside the area. This included use of life story work with each child, with foster carers helping children to maintain family booklets, leading to a schedule of shared access. This approach was combined with telephone or video calls which supported sharing of each other's news and promoted continuity of relationships.

Life story work undertaken by social care practitioners, together with consultation with the clinical psychologist, enabled children at different life stages, to understand their wider family relationships and why they had been taken into care. This also helped in building children's confidence, enabling them to explore issues that were not sufficiently clear to them so that they could be more involved in decisions about their care in line with their age and level of understanding.

Front-line practitioners and foster carers actively sought to promote children's rights, recognition of their needs, and respect for their individuality. While good attention was paid to supporting children in the practice of their faith, review of case records indicated the need to strengthen the focus of practitioners on the identity of children from an Irish Traveller background and its meaning for them. Senior managers had recognised this deficit in practice and were working to enhance their links with local organisations representing an increasing range of minority ethnic and faith communities.

The service area did not formally capture the incidence of bullying or racism experienced by children in its care. Although children's records showed appropriate use and monitoring of safety plans, they would benefit from further exploration and explicit recording of the impact on children who had experienced or were exposed to bullying or racial harassment. This included the need for clear strategies for reporting, managing and preventing its recurrence. This is also an important area for Tusla nationally to take forward to promote greater awareness of the safety of children in the care of the State as set out in Children First: National Guidance for the Protection and Welfare of Children (2017) which recognises that some children may be more vulnerable, and that such behaviours are indicators of emotional abuse.<sup>2</sup>

Tusla's policies require further review and updating to reflect the experiences of children in care who may be at risk of poor treatment or harassment on the basis of their faith or ethnicity, colour of their skin, disability or sexual identity. Additional training is also required for foster carers to help strengthen their recognition and responsiveness to children so harmed.

Child-in-care reviews ensured a strong focus on the needs of children, including their access to appropriate health and educational support. Due consideration was given to children's achievements and risks to their wellbeing and safety, as well as the suitability and sustainability of their foster care placement. Children aged over eight years and their parents were encouraged to give feedback and attend child-in-care review meetings. However, the levels of participation of children at their meeting remained relatively low. Where children or their parents required a support person to enable them to have their voice heard, this was acknowledged and supported.

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<sup>2</sup> These include children with disabilities or special educational needs; those from ethnic minority and migrant groups; from the Traveller community; lesbian, gay, bisexual or transgender (LGBT) children and those perceived to be LGBT; and children of minority religious faiths.

However, a few case records did not adequately include the views of younger children. The previous inspection in September 2022 had identified the need to ensure the voice of children with a disability was effectively captured and used to inform their child-in-care review. The recently appointed social care workers had started to meet children in advance of their review to explore the things that mattered most to them.

Overall, statutory visits overall were of a high standard with evidence of good engagement of children, including seeing them on their own, within and outside their home. This area of practice was regularly checked in management supervision so as to ensure adequate monitoring of children over their time in foster care.

Children's right to make a complaint was routinely discussed during statutory visits and child-in-care reviews, with relevant information provided, including access to advocacy support. Children and foster carers inspectors spoke with knew how to make a complaint or raise concerns about the levels of support they needed. However, the current data on complaints did not record whether independent advocacy had been routinely offered, or the levels of take-up achieved. Integrating a stronger focus on the use and impact of advocacy within the complaints process would help to strengthen promotion of children's rights.

Inspectors found some areas where the consistent promotion of children's rights had been adversely impacted by staff turnover or absences in the child-in-care teams. The service area reported it had 24 children whose annual review was overdue, for variable lengths of time. While seven children had timescales of less than a week outside regulations, for two children it was almost 18 months since they had a review, and for one child it was just over 18 months since their last review. Inspectors received assurances from the area manager that children whose reviews were overdue would be prioritised.

Overall, the assessment of children's needs was good and continued to be built on over time. Review of a sample of records of children initially placed in foster care under an emergency care order, indicated assessments were undertaken in a timely manner. However, the service area did not formally collect data on its performance in undertaking a comprehensive assessment of children's needs within six weeks of their placement, in line with regulations. This meant that service managers may not have all relevant information to provide assurance that ongoing risks to the wellbeing, health, development and safety of children were promptly and effectively identified and met. Records reviewed by inspectors indicated children were promptly visited after they had been placed, with due consideration given to how they were settling in. This included reviewing the impact on children who could not be accommodated with their siblings.

Good attention had been paid to ensuring children with a disability or complex health needs were provided with the additional services and supports they needed. Senior managers were working to strengthen joint approaches with local health, disability and child and adolescent mental health (CAMHS) professionals to ensure children's needs were appropriately identified and responded to following their admission to care. Multidisciplinary meetings and joint protocol meetings between Tusla and Health Services Executive (HSE) senior managers

ensured monitoring of children's progress, and outlined areas for action to address ongoing gaps in specialist provision.

There remained ongoing gaps, however, in the availability of some specialists including speech and language and occupational therapists, behavioural therapists and orthodontists. The service area had an effective commissioning hub system in place for management approval of additional resources where gaps had been identified in the availability of local services. The approach worked well in securing a timely response to requests where children required additional help in addressing their education, health and development needs to improve their life chances and outcomes.

Overall, most children benefitted from being matched with foster carers who were suitably skilled and experienced in meeting their needs. The area had an approved process for matching children with foster carers, and matching was recognised as an ongoing process. While matching discussions took place between the child-in-care and fostering teams, inspectors found some case recording of matching decisions was limited. It did not always provide a clear picture of the work undertaken to ensure the needs of the child were a good fit with the skills and aptitudes of foster carers, and the potential impact for other children within the household could be clearer. The process could be strengthened through ensuring routine recording of what the child would like from the placement and the things that mattered most to them.

The service area had experienced ongoing challenges in attracting a sufficient and diverse range of foster carers, particularly for children who required long-term care. The service area had four children who required a long-term foster care placement, and it had four foster care households where the number of non-related children was above the number they were approved for. Although the service area had a clear foster carer recruitment and retention strategy, with evidence of increased success in recruiting prospective foster carers, further work was required to enable siblings to be placed together, and to attract interest from a wider diversity of foster carers and those with a specific interest and experience in caring for children with a disability.

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

## Standard 1: Positive sense of identity

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

The service area judged themselves to be substantially compliant with this standard. Inspectors agreed with this judgment. While not all children in foster care had an allocated social worker (37 children were on a waiting list), other practitioners including social care workers and family support workers were allocated to the children. They undertook direct work with them to help promote their engagement, personal identity and self-esteem including through the use of life story work.

Inspectors reviewed a number of programmes in place, with others in progress, to help children explore their identity, achieve and feel good about themselves. Children's care plans generally provided a clear picture of the child's personality, identity, interests and special celebrations. Front-line practitioners spoke positively about their roles in helping children to understand their family background as an essential part of relationship-building with them and their foster carers.

Front-line practitioners and their managers sought to place children with relative foster carers or locally with general foster carers, wherever possible and appropriate. Relatively good performance was achieved in that 89% of children were cared for within the Kerry service area (116 out of 130 children), with efforts made to maintain their networks. In addition, the capacity of the local foster carer resource was not sufficient to ensure siblings could always be placed together. Data provided by the service area identified a total of 32 children who could not be placed with a sibling in line with their assessment. However, the service area did not formally evaluate other changes experienced by children, such as schools, that had resulted from their placement in foster care.

Inspectors found that front-line staff and foster carers were strong advocates in working to ensure children had timely access to the specialist assessments and interventions they needed. There was evidence of work within individual case records and wider service development activity to promote shared understanding of children's faith and culture, and ensure their identity needs were effectively recognised and met. However, the quality of this work was to some extent dependent on the frequency of contact and the relationships front-line practitioners had developed with children.

Children awaiting allocation to a social worker in some cases had experienced delays in the progression of some of their care plan actions. While some actions could be addressed by social care practitioners, others required input from a social worker or team leader. The service area was working to strengthen its communication and support for children and their foster carers through the development of a new named worker approach, known as 'One Consistent Adult.' This aimed to ensure children

always had a practitioner they could go to, who was able to promote their best interests and ensure their wishes and feelings were consistently heard and respected.

Children were sensitively encouraged to talk about their life at home prior to being admitted to care, and to keep photos and mementos of their family. Some case records showed sensitive use of child-centred activities and tools to identify children's experiences of the bad and good things that had happened in their lives, while also having a strong focus on helping them to express their wishes and dreams.

Children were supported in recognising their culture, place and status within their birth and foster family. The service area had prioritised attachment training for foster carers to help strengthen relationships and promote shared understanding of children's emotional and behavioural presentations. A foster carer spoke with inspectors of a 'natural progression' for a child, from respite care to full-time care where this was needed.

Review of children's case records indicated there had been some delays in the progress of key activities in relation to the status of children or foster carers that risked impacting on children's sense of identity. In one case record, there was limited evidence of progress to support a child's wish to use a particular family member's name as their own, which they had requested in their review. Inspectors raised these issues for follow up with relevant front-line practitioners and their managers.

The service area was striving to ensure children could be placed locally and that a child-centred approach was embedded in its relationships with children, recognising the importance of a positive identity in promoting children's confidence and self-esteem. However, ongoing constraints faced by local teams in placing children with their siblings, and the impact of delays for some children in promptly addressing care plan actions, did not consistently support a positive sense of children's identity. These issues were recognised by senior managers, with a programme work in progress to address service and practice gaps.

Judgment: **Substantially Compliant**



## Standard 2: Family and friends

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

The service area judged themselves to be substantially compliant with this standard. Inspectors did not agree with this judgment, and rated it as compliant.

Access arrangements carefully considered the best interests of children, and records contained a clear rationale for when access was suspended or face-to-face meetings could not take place. Access arrangements recognised the complexity of family relationships and the diversity of foster care settings in which children were placed. In some cases, foster carers took responsibility for ensuring regular contact with children's siblings or parents. In other cases, this was overseen by a member of the child-in-care team. A significant amount of work was also outsourced to local voluntary agencies which not only provided an independent view of the quality of family relationships, but freed up social work time for their wider statutory responsibilities.

Case records demonstrated thoughtful planning in arranging meetings between family members, including between siblings placed in different parts of the country. The circumstances where children said they did not want to have contact with their parents or siblings, were sensitively acknowledged and reviewed. Children's case records indicated efforts were made by front-line practitioners to engage parents and encourage their involvement in the review of their child's care plan. Parents were financially supported in meeting the additional costs of travel to see their children where this was required. Appropriate consideration was also given to promoting contact with parents who lived outside the jurisdiction. Children's records detailed where parents could not be found, or who no longer wanted to be involved in their child's life.

Inspectors reviewed the arrangements in one access centre, and met and spoke with parents who saw their children at the centre. The centre was commissioned to provide monthly reports of their observations of the relationship between children and their birth families, including their analysis of parental attachment and their responsiveness to the needs of their children. These monthly reports, however, were not consistently uploaded onto children's care records. A sample of this work was reviewed by an inspector, which showed ongoing monitoring of the experiences of children over time. Such records helped to promote shared understanding of current risks and the potential for reunification.

Due consideration was given to the safety and wellbeing of children, their understanding, wishes and the impact on them in meeting their siblings, parents and extended families. Safety plans and supervised access arrangements were put in place where this was required. The service area was also seeking to use learning

from research to support reunification where this was in the best interests of children and where parents could demonstrate sustained improvement in their parental capacity to meet their children's needs and keep them safe. Inspectors reviewed one such record and found that the process was well managed, with regular network meetings held involving parents, other professionals and foster carers. This provided a structured process in enabling children to adjust to increased access and visits home.

The service area had clear procedures in place for agreeing, maintaining, monitoring and reviewing contact and access arrangements between children and their families. An access schedule was agreed and shared with relevant parties including parents and professionals. This included arrangements for dealing with complaints about access or managing issues of concern or potential conflict between foster carers and birth families. However, inspectors found a delay in reviewing the access plan in one child's case given they did not have a social worker assigned to oversee their care. This had been previously identified as an issue in a management file audit, but had remained outstanding at the time of the inspection.

Overall, children and young people had good opportunities to maintain and strengthen their relationships with family and friends. Consideration was given to the best location, frequency of contact, and the provision of safe and supported arrangements that were appropriate to the age and interests of children, taking account of their additional needs.

Judgment: **Compliant**

### Standard 3: Children's rights

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

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

Front-line practitioners and foster carers were strong advocates for children. The promotion of children's rights and respect for their individuality was at the centre of casework. This was shown in actions taken to keep children informed, protect their privacy, help them to express their wishes and feelings, and involve them in future planning. Due consideration was given within care plans to ensuring support was tailored to their age and stage of development. Children's rights were also recognised in actions taken to recognise their culture, ethnicity, faith and in addressing their additional needs.

Children's right to a family life, and their ties and connections were explored in relationships they had with their birth and foster families. Parents whose first language was not English were supported to participate through use of interpreters, with relevant information provided in other languages. However, inspectors found that recognition of children's heritage as Irish Travellers, and its meaning for them, was not always sufficiently explored within children's case records.

Care arrangements promoted good recognition of children's strengths and needs, and sought to encourage their interests and develop their social skills and independence. Review of case records indicated children were supported to enjoy a wide range of social and leisure activities. They also received help with exam grinds or laptops to help improve their educational outcomes. Many records also showed work undertaken to ensure children had passports to enable them to take holidays with their foster carers or apply for public services cards. Checks were also made to ensure children were able to choose how they spent their pocket money and buy the things they wanted.

Inspectors' review of the case records of young people indicated they had been allocated an aftercare worker in a timely manner, with evidence of good engagement of young people in exploring their future career and accommodation needs.

Child-in-care reviews ensured a strong focus on meeting children's health needs, identifying requirements for further assessments or therapy, with ongoing monitoring of the suitability of their care placement. However, in some cases recognition of the rights of younger children and those with additional needs was not always effectively promoted. Inspectors found comments on children's review records, for example, that stated a child was too young to complete a review form. The potential to explore

other means of capturing their voice was still at an early stage. The area's service improvement plan put in place following the September 2022 inspection aimed to ensure all children with a disability were seen in advance of their review to more strongly represent their wishes and feelings.

Inspectors found some areas where the consistent promotion of children's rights had been negatively impacted by staff turnover or vacancies in the child-in-care teams. The service area had a total of 37 children in foster care (28%) who did not have an allocated social worker. Six children did not have a social worker assigned to oversee their care for a significant period of time, which was over 300 days. Inspectors reviewed a sample of children who did not have an allocated social worker, and found that managers had informed the Court of the gap in their organisational capacity. Children had secondary workers deployed to oversee their care until social work posts could be filled. In some cases, statutory work was undertaken by team leaders or the principal social worker where there was urgency in meeting children's needs, recognising the constraints on the capacity of front-line child-in-care teams.

Children were always invited to their child-in-care review, though many participated by completing their feedback form and did not wish to attend their meeting. The service area recognised the need to improve the levels of face-to-face participation within wider efforts to strengthen the engagement and leadership of children. Children were spoken to before their review. Their wishes and feelings were considered within a wider review of their progress and of areas where they required additional support. There were 24 children whose child-in-care review was overdue, most of whom had been in foster care for over two years. Three children experienced delays of six months outside the required time-frames. Inspectors spoke with managers about children whose reviews were significantly delayed and they were advised that new dates had been scheduled.

Inspectors found that there were also a few occasions when the frequency of statutory visits to children in their foster homes was not in line with regulations. Some records indicated that a welfare check had been undertaken by a social care practitioner between social work visits. Statutory visit records overall were of a high standard, with evidence of effective engagement of children, including seeing them on their own, within and outside the home. Appropriate checks were made of their care. There was evidence in one case record of an appropriate challenge of the refusal of a foster carer to allow a child's bedroom to be viewed. Statutory visit records took good account of attachments and relationships within the household, with checks regularly made to ensure children understood why they were in care and if they had any worries, concerns or wished to make a complaint. Children's right to make a complaint was routinely discussed during statutory visits and child-in-care reviews, with relevant information provided, including access to advocacy support. Children told inspectors they would go to their foster carer if they had a complaint or were worried about something. Children told inspectors they were aware of how to complain if they were not happy with their how they were being

treated by their social worker or foster carer. One child told an inspector they had made a complaint as they felt their social worker did not understand them, and that they were not able to talk to them. This was investigated by managers, but they had not yet been allocated a different social worker. The child also reported they valued the help they received from their guardian ad litem,<sup>3</sup> and they felt listened to and they trusted them.

The service area had investigated three complaints from children over the past 12 months. Managers advised, however, that they did not currently collect or analyse data on how many children had used an independent advocate as part of the complaints management process. A programme of work had also recently commenced with the local CAMHS advocacy service to encourage children to question and communicate what they wanted from the service, and to raise any concerns.

The service area had a complaints tracking system in place that was reviewed monthly and discussed at senior manager meetings. This ensured senior manager's maintained good oversight of the quality of the service and of children's rights. They were vigilant to the emerging issues for a particular child, or themes, in relation to the quality of service and experiences of children. Senior management and team meeting records showed that attention was given to ensuring staff were fully aware of their responsibilities for data protection and sharing of personal information to safeguard children's privacy and dignity. Where there had been data breaches, this was appropriately followed up by managers with front-line practitioners.

Overall, front-line practitioners and their managers aimed to deliver timely and responsive, rights-based, child-centred practice. However there were areas where the quality of practice had been negatively impacted by the availability of social workers or delays in addressing priority actions or the voice of children required strengthening. This was recognised within service improvement plans.

Judgment: **Substantially compliant**

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<sup>3</sup> Court appointed independent social worker responsible for acting in the best interests of children

## Standard 4: Valuing diversity

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

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

The backgrounds of children admitted to care were becoming increasingly diverse, with 32%, (41 children) from other minority ethnic groups, including Irish Travellers. The area's data indicated that 94 children (72% of all children in foster care) were placed with foster carers of the same cultural or ethnic background. A total of 13 children were identified as having a moderate disability, with some foster carers receiving an enhanced payment given the high and complex support needs of the children they were caring for.

Consideration was always given to placing a child with relative foster carers, or with foster carers who shared a similar faith to enable them to maintain their relationships and networks with their wider faith community. Case records also reflected key considerations for some children in relation to their dietary, hair and skin care needs. Parents who spoke another language were provided with interpreting and translation services to support their engagement at reviews, and other such forums, where decisions were taken about children's future care arrangements.

There were a number of initiatives in progress, or recently delivered to assist front-line practitioners and foster carers have a better understanding of equality matters. A few foster carer records contained guidance about Tusla's anti-bullying policy to enable foster carers to be alert to any concerns where children may experience bullying or discrimination in relation to their identity, background or sexuality. The service area reported it had not yet begun to formally capture the incidence of bullying and racism experienced by children in care. This was also an important area for Tusla nationally, given its current policies and procedures did not adequately address the experience of children who were exposed to poor treatment or harassment on the basis of their faith or ethnicity, colour of their skin, disability or sexual identity. Explicitly recognising and supporting children to develop skills in dealing with discrimination is an important consideration in wider work to promote children's emotional well-being and resilience.

Children's records generally reflected the importance of children's faith. Children and their parents' views were sought in relation to key religious observances and relevant ceremonies. Front-line practitioners spoke with inspectors about actions they had taken to promote the inclusion of children in wider family events such as communions and confirmations. This included, in some cases, negotiating with others to ensure the child's voice was heard, including where there were different views between

children and their parents about the practice of their faith. In one case record, inspectors noted positive action had been taken by the child's social worker acting on behalf of the child to seek the Court's view in relation to a key religious ceremony.

Guest speakers from different ethnic communities had been invited to attend team meetings to help front-line practitioners have a better understanding of how best to help children explore and feel pride in their heritage. The service area had also held a workshop on the engagement of children with additional needs to improve practice in this area. Since the last inspection, a training needs analysis of front-line staff and foster carers had been undertaken to help promote service development work in relation to children's participation, cultural diversity and inclusion.

Good attention was paid to identifying and ensuring children with a disability or complex health needs, and foster carers were provided with the additional services and supports they required. This included working with other agencies to help address issues such as developmental delay. Foster carers were being supported to build knowledge and their expertise, including caring for children who had been exposed to neglect or trauma in their earlier years, so as to help improve their outcomes. This targeted support also promoted continuity of their placement, where this was appropriate. There remained some ongoing gaps, however, in the availability of specialist local provision including access to speech and language and occupational therapy and suitable respite facilities for children with complex health needs or behaviours.

The service area had strengthened its workforce capabilities through the appointment of a clinical psychologist and social care practitioner who was skilled in different therapeutic approaches. Their direct work with children and foster carers was helping to build awareness and understanding of children's emotional needs and behaviours. This included joint working to implement strategies for managing risk and promote safe routines and boundaries. Good practice was seen in one record where the social worker described their engagement with a child and reported that they were: "happy to sit down and play with me doing silly voices with the toys". Such approaches ensured the child enjoyed interacting with their social worker, and was able to build familiarity and trust with them.

Generally good practice was seen in the identification and promotion of children's faith needs. However, further work was required locally and nationally to track the incidence of bullying and racism experienced by children in foster care.

Judgment: **Substantially compliant**

## Standard 6: Assessment of children and young people

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

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

Decisions to admit children to foster care were informed by an assessment of parenting capacity, analysis of risks and the need to protect children from abuse or neglect. The assessments of children's diverse needs overall were good, and continued to be built on over time through review of children's development and progress. This included checks for unmet needs and the suitability of their placement.

A total of 13 children had been placed in foster care in an emergency since 1 April 2022. Although the service area did not formally collect data on its performance in ensuring a comprehensive assessment of children's needs within six weeks of their placement in care, review of children's records indicated assessments were timely. Children placed in an emergency were promptly visited, with due consideration given to how they were settling in and the impact for those children who could not be accommodated together. Inspectors reviewed the case records of two children who had been admitted to care in an emergency, and found the quality of assessments was good. The assessments also recognised the challenges in securing permanence for these children given the shortage of long-term foster carers. Social work assessments of children with complex needs or disabilities were informed by multidisciplinary working. For some children, however, there remained gaps in the availability or timeliness of access to specialist health services. In many cases, these gaps were addressed through Tusla's own funding arrangements.

The reunification project, although still relatively new, contained clear steps which were informed by Tusla's national safeguarding approach. There was effective use made of ongoing assessment and review through network meetings of the appropriateness of decisions to return children to their birth families. The service area recognised the process was likely to be challenging for children, their parents and for foster carers, and closely monitored the impact on children. Inspectors reviewed one case record which indicated careful planning and review was undertaken, with consideration of different points of view in assessing the best interests of children in the transition phase. Managers were seeking to learn from research in this area to ensure assessments of the potential for reunification were prioritised within the first years of a child's admission to care.

Child-in-care reviews provided a comprehensive picture of the current and future needs of children. Case records also included work required to improve the identification, assessment and management of children's needs over time. Key issues in relation to children's physical, emotional, psychological, medical and educational needs were routinely considered, with children's care plans clearly identifying where additional work was required, including referrals to other agencies or for additional



funding. The assessment of children's learning needs was generally good, with appropriate checks made of health inequalities experienced by children that needed to be addressed in areas such as immunisations, sight and hearing tests or the management of specific conditions. Children and their families were supported to be involved in, contribute to and receive a record of their ongoing assessments of need, as appropriate.

At the time of this inspection however, the service area had 24 children whose review of their assessed needs was overdue. For three children, it was 18 months since their last review. In circumstances also where these children did not have an allocated social worker, there was a risk that some of their needs might not be effectively identified or addressed. Inspectors discussed these children with senior managers and received assurances that their reviews would be prioritised. A social worker was immediately allocated to all such high priority children.

The senior management team was committed to ensuring every child in care with additional needs was prioritised and able to receive the specialist assessments or interventions they required to maximise their potential. Demand for input from clinical psychologists had increased, with lengthy delays reported in the capacity of the HSE to respond to clinical psychology referrals. The recent appointment by the service area of a clinical psychologist provided increased opportunities for consultation, and in some cases, direct work with children with complex needs. The service area had put a tracker in place to monitor the timeliness of referral responses. Most children were seen by the psychologist within a month of referral, and at the time of the inspection, five children were on their waiting list. Agreed joint-agency processes were being followed in line with the *Joint Protocol for Interagency Collaboration between the Health Services Executive and Tusla*. It was positive to note that discussions about the needs of younger children who required specialist help were now being identified earlier.

Assessment of children and young people and joint working with other professionals and agencies overall was good, with evidence of strengthening practice in ensuring children and foster carers benefited from specialist assessments and support for their wellbeing and development. However, there remained some delays in children and their foster carers being able to access specific interventions. The delays in convening child-in-care reviews for a few children, coupled with others not having an allocated social worker, risked impacting on the timely identification and assessment of children's changing needs.

Judgment: **Substantially compliant**

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

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

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

Overall, most children benefited from being matched with foster carers who were suitably skilled and experienced in meeting their individual needs. However, the choice of placements was severely limited in relation to foster carers who were able to offer long-term care. At the time of this inspection, five children (which included a child in special emergency accommodation) were waiting a long-term placement due to the lack of capacity within Tusla's own, or private foster care agencies. There were increasing challenges in ensuring children were always matched to foster carers who were aware and confident in meeting their diverse cultural needs or disabilities.

The area had a formal matching process in place which required timely and active discussion between child-in-care and fostering social workers to determine the best match. However, the recording of such joint discussions and actions did not always provide a clear rationale to evidence the fit of foster carer skills and experience with the presenting needs of a child. The process could also be strengthened through routinely recording what the child would like from the placement and the things that mattered to them.

Matching was recognised as an ongoing process. Records of statutory visits included observations of how children were settling in, and of their relationships with foster carers, their children and other children already placed. There was regular review of the four foster carer households caring for children outside their approval status. This provided assurance that the mix and needs of children remained appropriate, and that foster carers had sufficient capacity to sustain these arrangements while alternative long-term options were explored.

Front-line staff and their managers had worked to steadily improve their focus on permanence to enable children to be reunified with their parents or placed with other relatives where appropriate. The service area was working to reduce delays in approving long term matches of children who remained in care. This was important in providing stability for children. For some children, who had been impacted by earlier experiences of trauma, therapeutic interventions could only progress when they were in a settled placement.

The service had made nine approvals of long-term placements in the last 12 months, and 11 children were awaiting approval at the time of this inspection. Options such as encouraging foster carers to apply for enhanced rights were also encouraged. A total of 14 foster carers had been granted enhanced rights over the past two years in recognition of their settled placement and the emotional bonds that existed between them and the children with them.

The service area had clear systems in place to address concerns about the viability of placements where foster carers reported they were struggling to or unable to continue to care for a child. Front-line staff and their managers in these circumstances ensured the voice of the child was heard, including their wish to stay or leave the placement. Safety plans were put in place while further review of matching and exploration of alternative placements was undertaken. Foster carers were supported to explore their parental style, attachment to the child, use of household rules and boundaries. This was alongside the offer of respite care and further assessments of children's needs.

The service area had identified that foster carer's capacity to effectively respond to the challenging behaviours presented by children had featured in three out of four of its recent placement breakdowns. Joint visits by members of fostering and child-in-care team social workers, with additional support from social care workers and the clinical psychologist aimed to ensure timely intervention and reduction in placement breakdowns.

Inspectors reviewed a young person's case record where there were conflicting views of the suitability of the foster care placement and of foster carers' capacity to keep them person safe. The young person's choice and resistance to an alternative placement was carefully considered. Although they were on a waiting list for allocation to a social worker, there was evidence of ongoing vigilance to risk through the involvement of secondary workers and oversight from senior managers. However, there were some gaps in their case record to indicate the extent of progress being made against priority actions and the impact of engagement with other agencies. The area manager provided further assurances in respect to the management of ongoing risk, and the young person was re-allocated a social worker at the time of the inspection.

Most children were matched to carers who were chosen for their capacity to meet the assessed needs of the children. However, challenges in securing timely long-term placements meant delays in achieving permanence for some children. Matching records would benefit for routine recording of children's wishes and of the rationale for the placement, including analysis of the fit of foster carers' skills and experience with children's specific needs.

Judgment: **Substantially compliant**

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

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

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

Service managers clearly recognised the challenges the area was facing in recruiting and retaining sufficient fosters to meet the diverse needs of children being admitted to care. These included an ageing foster care resource which was largely representative of foster carers of white Irish heritage, with significantly more foster carers leaving the service than being recruited in recent years. Just three of the 85 foster care households were from a minority faith or ethnic background. The fostering team had faced capacity challenges up to relatively recently in undertaking its own assessments of applicants, and had relied on an external agency for this important engagement and relationship-building work. All posts in the fostering team had been filled at the time of this inspection. Senior managers had put in place clear structures for the recruitment, assessment, ongoing support and review of its foster carers.

At the time of the inspection, the service area did not have enough foster carers to meet the needs of children who required long-term care. There were five children who had been waiting a significant length of time to move to a more permanent placement. Four foster care households had higher numbers of non-relative children placed together than they were approved for. Managers recognised the need to strengthen recruitment approaches to address current gaps in being able to accommodate siblings together, improve the matching of children with foster carers of similar faith or ethnic backgrounds, and attract foster carers who have a particular interest and expertise in caring for children with complex needs and disabilities.

The service area, in common with other Tusla services nationally did not have arrangements in place for special foster care in line with the *National Standards for Foster Care* (2003). While Tusla's Strategic Plan for Foster Care Services for Children and Young People 2022-2025 makes reference to learning from other jurisdictions in the delivery of specialised foster care, plans for implementation were at an early stage nationally and were due to be tested through a pilot programme later in the year. This may help strengthen capacity and provide better outcomes for children who would benefit from a tailored approach in recruiting and matching foster carers with specific skill sets to the specific and complex needs of some children to also help reduce the numbers of children being admitted to residential care. Exploring new models to foster care is an essential element in promoting children's right to a family life.

The service area had a local recruitment and retention strategy which was also appropriately aligned to Tusla's national fostering initiatives. This recognised the

importance for children in enabling them to remain living locally wherever possible. Relative foster care options were explored and remained under consideration, where this was in the best interests of children. Recruitment campaigns were carefully considered, involved experience foster carers, and profiled a wide range of local community and social groups and clubs to encourage expressions of interest. The outcome of campaigns, including targeted campaigns was reviewed and evaluated. There was a programme of work in progress to strengthen connections with the area's Traveller Service and with faith leaders from other ethnic groups.

The service area had carried out two local recruitment campaigns within the last 12 months. This had led to a total of 31 enquiries, all of whom had been responded to within three working days. The service area had hosted six information-sharing sessions for prospective foster carers to widen their interest and learning about the role. Of these, nine foster carers had progressed to the assessment stage, and five had completed the foundation training at the time of this inspection. This was an improved picture in relation to recruitment compared to previous years.

The service area was working to maximise its capacity and to support foster carers in developing additional expertise in meeting children's needs. This included the provision of relevant training in line with the priorities identified by foster carers and link social workers. There was evidence of the growing impact of programmes of work to prevent placement breakdowns or extend placements until a more suitable arrangement could be put in place for some children. Targeted direct work provided by the clinical psychologist and social care workers helped promote attachment and relationships with children, including support to enable foster carers to implement behaviour strategies and child-centred routines. A range of respite care options including other foster carers, activity-based breaks, and residential respite provision also helped to provide additional support in meeting children's needs and provided a break for foster carers.

The service area had expanded the range of social and family fun-based activities such as coffee morning and days out for all members of the foster carer's household. There was a new play initiative in progress at the time of the inspection that was tailored to children with sensory needs. In a number of ways, including the provision of regular support by fostering link social workers, the service area aimed to continually improve the ways it valued its foster carer resource.

A total of 18 foster carer households however, had voluntarily left the foster carer panel. A number of these had reached retirement age or had not had a child placed with them for a number of years, and were not open to future placements. Only three exit interviews had been conducted due to foster carers' reluctance to engage with this process. An inspector reviewed these records. They indicated foster carers were satisfied with the support provided by their fostering link social worker. The records provided suggestions on how support could be strengthened at key points, including

when children were moving on, particularly for unplanned endings. They said that frequent changes of social workers over the years had been difficult for the children and for them. Counselling had been offered to foster carers as needed.

Service managers were striving to build the capacity of its foster care panel with a number of developments in place and others planned to improve foster carer recruitment and retention. However, further work was needed to secure a sufficient number of foster carers to meet the changing and diverse needs of children admitted to foster care.

Judgment: **Substantially compliant**

**Appendix 1:**  
**National Standards for Foster Care (2003)**  
**and**  
**Child Care (Placement of Children in Foster Care) Regulations,<sup>4</sup>**  
**1995**

Standard 1	Positive sense of identity
Standard 2	Family and friends
Standard 3	Children's rights
Standard 4	Valuing diversity
Regulation Part III Article 8	Religion
Standard 6	Assessment of children and young people
Regulation Part III, Article 6	Assessment of circumstances of child
Standard 8	Matching carers with children and young people
Regulations Part III, Article 7	Capacity of foster parents to meet the needs of child
Part III, Article 7 <sup>5</sup>	Assessment of circumstances of the child
Standard 21	Recruitment and retention of an appropriate range of foster carers

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<sup>4</sup> Child Care (Placement of Children in Foster Care) Regulations, 1995

<sup>5</sup> Child Care (Placement of Children with Relatives) Regulations, 1995

# Compliance Plan for Kerry Foster Care Service OSV – 0004376

Inspection ID: MON\_0040050

Date of inspection: 8-10 May 2023

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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



**Compliance plan provider's response:**

Standard Heading	Judgment
<b>Standard 1: Positive sense of identity</b>	Substantially compliant
<p>Outline how you are going to come into compliance with Standard 1: Children and young people are provided with foster care services that promote a positive sense of identity.</p> <ul style="list-style-type: none"> <li>• The Children in Care (CiC) Team has significantly reduced the number of allocated cases per Social Worker. The Area has agreed an allocated caseload per Social Worker of 15 cases (whilst acknowledging this may need to vary at times depending on staffing issues). The permanent appointment of a third permanent Social Work Team Leader in the CiC Team will occur in July 2023. This will ensure that the pillar, has 3 permanent Social Work Team Leaders as opposed to the 2 permanent Social Work Team Leaders previously working in the CIC Team. At present, there are 2 Social Work vacancies in the Child in Care Team with confirmation that 1 post will be filled by July 2023. The other vacancy shall be offered to the newly created Graduate panel. It is hoped that the Child in Care Team will be fully staffed by September 2023.</li> <li>• As noted in the report, the new named worker approach of 'One Consistent Adult' is currently being embedded into the Children in Care Team. It is envisaged that this approach over time, will develop positive working relationships with the children in care. This will help the service deliver client centered interventions, training and services based on the feedback the workers receive from the children in care. This regular contact should encourage better relationships between the worker and the child, with a focus on the child's identity, faith and cultural identity. It will also ensure that children in care receive more timely interventions based on more regular contact with the Social Work Department.</li> <li>• The introduction of the 'One Consistent Adult' will allow greater emphasis on the Signs of Safety model. When a child moves placement within the service, the 'One Consistent Adult' will complete 'Words &amp; Pictures' with the child, thus helping the child to prepare and understand the reason for the change of placement.</li> <li>• The Area is committed to creating a forum that will be chaired by the PSW in the Children in Care team, that will allocate and monitor actions from the child's Care Plan. This 'Care Plan Action Forum' will ensure greater governance and oversight of the completion of actions from the Care Plan in a timelier manner. Since the allocation of Social Care Workers to the CiC Team in Q4 2022, there has been a significant improvement in the implementation of actions from the care plan in a timely manner. The recent re-assignment of Social Care Workers in Q2 2023 to the Child in Care Pillar should see this process further supported.</li> <li>• The Area is committed to making every effort to place siblings together in one foster placement (based on Risk Assessment). Where this is not possible, the Area strives to arrange good quality access between siblings to support their identity and sibling relationship. This could include overnight access in a respite unit or day access with an activity-based service, especially for birthday and festive celebrations.</li> </ul>	

- The Area has agreed an Agenda of joint training for both Staff and Foster Carers regarding cultural awareness and sensitivity. This will also enhance the relationship building between CiC Staff and the Foster Carers.
- At present, every effort is made to engage both children in care and their parents regarding cultural needs. This includes the use of interpreters for parents and the translation of documents. All efforts are made for children to attend religious worship and ceremonies.
- The Fostering Resource Unit has contacted both KASI: the Kerry Islamic Outreach Centre and the Tralee Traveller Development Project with a view to setting up specific training on different cultures and/or ethnic backgrounds for all staff.
- The Tusla Psychologist is currently facilitating Trauma Informed Practice and Attachment training with both staff and Foster Carers, to help create a greater understanding of the impact of trauma on the child. The Social Care Worker in the Fostering Resource Unit will also continue engaging Foster Carers with the 'Circle of Security' to help support Foster Carers with the child/young person whom they are fostering. There will be joint training facilitated by the Tusla Psychologist and the Social Care Worker in the Fostering Resource Unit twice a year, with a focus on indicators of abuse, attachment and trauma informed practice for all staff.
- Disability training has been commissioned by External Ireland for the Child in Care Team and the Fostering Resource Unit to help support engagement and communication with children that have additional needs, regarding their wishes and views.
- The Kerry Travellers Development Project have recently delivered a presentation to all staff in the Department. The project is supporting the Area in engaging a child in care and the Foster Carer regarding Traveller identity through training, support and direct work.

**Standard 3: Children's rights**

Substantially compliant

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

- In response to the current delays regarding the Child in Care Reviews, the Area has temporarily re-assigned a Senior Practitioner to support the Child in Care Review service. This will address the outstanding reviews that require immediate attention whilst affording the Area time to develop a long-term response to the demands of the Child in Care Review process. The Area has also allocated Business Support to the Child in Care Review service, to record the information and action from the review, thus increasing adherence to the timeframes for the Child in Care Reviews, with the Reviewing Officer being more focused on chairing the meeting, while the Business Support is responsible for recording of the meeting.

- The Area has also introduced a more robust tracking system to improve adherence to timeliness of reviews within timeframes and those exceeding prescribed timeframes. This tracker will be reviewed monthly by the PSW for the Child in Care Team. The tracker will have a traffic light system introduced which will indicate reviews that are due within a 4-week timeframe and others that are overdue by 4, 8 or 12 weeks.
- The voice of the child is imperative, and every effort is made to include the child's voice in all forums, especially the Child in Care Reviews. With the introduction of the 'One Consistent Adult', children with additional needs and those that are either in Foster or Residential placements outside of the Area will be met with by a Social Care Worker prior to their Review. This will ensure that the child's voice is captured prior to the meeting to ensure that the Review is focused on the voice of the child.
- The Area is in the process of creating an internal committee comprising Social Workers across the Teams to explore and identify ways of engaging children in care. The Quality Assurance PSW will have oversight of this committee, which will also be responsible for engaging with children in care to illicit their feedback to help improve the service. The committee will also be responsible for the creation and leading out on a 'Kerry Fora' comprised of children in care. Once the Children in Care Kerry Fora is established and the Terms of Reference is agreed, then there will be regular meetings and events throughout the calendar year to embed the new Fora.

**Standard 4: Valuing diversity**

Substantially compliant

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

- The Areas will introduce a local tracker to capture any incidents of bullying and racism regarding children in care. The tracker will be maintained by the PSW for the Child in Care Team.
- Referral pathways to the 'One Consistent Adult' or to the Cróige Service are available for children in care who may require direct support if they have experienced racism and/or bullying. The direct work will also help support children to develop skills and resilience to help them deal with incidents of bullying and/or racism.
- Children in Care can avail of counselling through either Southwest Counselling Service or Kerry Adolescent Counselling Service (KACS) and their referral will be prioritised regardless of the existing waitlist.
- The Area is committed to providing specific training to both staff and foster carers throughout the calendar year. The Fostering Resource Unit have a calendar of events

scheduled to include workshops from relevant external agencies focusing on cultural sensitivity training and trauma informed training.

- The Area is organising a workshop event for Q4 2023 to include children in care & Foster Carers. The theme of the workshop is on promoting children’s rights in care and will have guest speakers at the event. To date, there has not been a Kerry Youth Fora and it is anticipated that this event will be the creation of Fora that will be embedded into 2024. As noted above, a committee will be created prior to the launch of the event and the Quality Assurance PSW will be responsible for the formation of the committee and the overall governance and oversight of the working group.

**Standard 6: assessment of children and young people**

Substantially compliant

Outline how you are going to come into compliance with Standard 6: An assessment of the child’s needs is made prior to any placement or, in the case of emergencies, as soon as possible thereafter.

- The Area remains committed to funding specialist private assessments and interventions, in the absence of the HSE either providing or prioritising these services to children in care. The HUB system is comprised of two Principal Social Workers & the PPFS Manager to review requests from the social work team regarding private assessments and interventions for children and parents that are active cases in the department. Th HUB process is well embedded in the area, as it provides governance and oversight of all requests for private assessments and interventions. The HUB process documents decisions regarding the requests by two Principal Social Workers and the PPFS Manager.
- The Area is adding an addendum to the Hub Terms of Reference which will add the task of monitoring of requests for Enhanced Foster Care Payments: defining the criteria for the allocation of such payments and reviewing requests for such payments.
- To ensure greater adherence to the timeframes regarding Child in Care Reviews, as noted above the Area has re-assigned a Senior Social Work Practitioner to address the current reviews outstanding in the area. The Area has introduced Business Support to record the review meetings as prior to this support, the Chair was responsible for both chairing the meeting and writing the minutes of the meeting.
- As noted above, the Area has introduced a new traffic light system on the child in care review tracker. This new system is to easily identify reviews that are required imminently and that are due for review in the coming quarter, whilst also highlighting reviews that are overdue.
- An internal review of the Reunification Project by Senior Management, the Network Lead and Social Work Team Leaders that is scheduled for July 2023. The review will also consider the proposal plan that all child in care cases will be reviewed under the lens of reunification, with all children in care cases screened regarding the viability of referring to the project. There is now a greater emphasis on the discussion of reunification at the Review. If

reunification is considered viable, then the Chairperson of the Child in Care Review will record an action that the child be referred to the Reunification Project. This is also in line with national policy regarding Permanency Planning for all children in care.

- The review of the Reunification Project will also seek service user feedback from those that have been involved with the project since October 2022. The feedback will include both professional and client feedback in the form of interviews.

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

Substantially compliant

Outline how you are going to come into compliance with Standard 8: Children and young people are placed with carers who are chosen for their capacity to meet the assessed needs of the children and young people.

- The PSW for the Fostering Resource Unit will undertake a review of the current Matching Document, to include 1) a rationale for not placing sibling groups together in a placement, 2) other providers contacted regarding a placement and 3) the child's views. A meeting will continue to occur between the requesting Social Worker and the FRU to review the matching document and discuss potential placements. The current template will be updated to reflect the discussion and the decision of the meeting. The completed Matching Document will be signed by both the attendees and attached to TCM.

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

Substantially compliant

Outline how you are going to come into compliance with Standard 21: Health boards are actively involved in recruiting and retaining an appropriate range of foster carers to meet the diverse needs of the children and young people in their care.

**Recruitment:**

- There is an on-going and active recruitment media campaign in the Kerry area. Throughout the calendar year, different media outlets in both the print and broadcast media are used to encourage local interest in fostering. There is also a schedule for information evenings arranged across the local area. There are also notices/advertisement put in local newsletters, free advertisers etc. There is also attendance at local festivals across the Kerry area, to encourage local interest in fostering.
- There are national online fostering information sessions which will be circulated in the Kerry Area via a media campaign. The FRU pillar will ensure that posters advertising the information sessions are strategically placed at the local Family Resource Centres, HSE offices as well as community centres and places of worship.

- The Area has created a 'Recruitment/Assessment Team' which comprises two Social Workers from the FRU pillar. Their role is to ensure that all enquiries from prospective Foster Carers are responded to without delay with the hope of progressing to the foundation training and assessment in a timelier manner.
- The Area is committed to facilitating information evenings throughout the county of Kerry a throughout the calendar year, in the hope of encouraging local recruitment.
- In terms of targeting Foster Carers from culturally diverse backgrounds, an FRU Link Worker attended a seminar in June 2023 with the PPFs Manager and the Tralee Traveller Development Project. The purpose of this meeting was to create a better working relationship between the Fostering Department and the Traveller Development Project, in the hope of setting up information sessions with the Travelling community, which will hopefully generate fostering enquiries from members of Travelling community. The FRU Team is currently planning an information evening for the Travelling Community, which will be assisted by the Tralee Traveller Development Project.
- The PPFs Manager acquired funding from the National Dormant Fund to initiate a pilot project with the Tralee Traveller Development Project. This is a new initiative with parents of a Traveller child with autism, the project comprises 10 evening sessions for a group of autistic children from the Travelling Community and is facilitated by a Behavioral Therapist, using a Swimming pool adapted for Autism at the MTU campus. This project also creates a space for the mothers to meet and engage in a series of 'talks' regarding supports and strategies to help support them. These are facilitated by external speakers. Social Care Workers, PPFs and Family Support Workers will be assisting with the project regarding topics on Fostering recruitment, disability assessments and community respite supports.
- There are currently a number of children in Foster Care in Kerry from a Muslim background, therefore the FRU pillar is currently liaising with the Kerry Islamic Outreach Centre in Tralee, with view to setting up information sessions on fostering to members of Islamic / Muslim faith, in the hope that some members of the Islamic/Muslim Community will apply to be assessed as Foster Carers.

#### **Retention:**

- The FRU will continue to liaise with the Irish Foster Care Association (IFCA) to provide on-going training to Foster Carers on culture & diversity.
- The Traveller Development have agreed to attend an FRU Team Meeting to present on the customs and traditions that are an important to members of the Travelling community. This will support Link Workers to impart their learning to Foster Carers, who have children placed with them from the Travelling Community.
- A representative from Tralee Traveller Development Project is attending the July Support Group for Foster Cares with Foster Carers who have a child placed with them from a Travelling background being encouraged to attend.
- Kerry Islamic Centre have noted that they are willing to host a training event with the FRU

pillar, with a focus on Muslim traditions/ faith. A planning meeting is scheduled for July 2023.

- Link workers are a central element of providing support to carers, therefore they are asked to attend every CIC Review to both support the Foster Carer with whom they are working and also to represent their views (especially where the child in their Foster Care is presenting with additional needs or complexities).
- During each supervisory visit to Foster Carers, the topic of training needs will be discussed by the Link Worker. This will better inform the FRU Team of the training needs of Foster Carers.
- The recent re-assignment of a Social Care Worker to the FRU pillar will ensure greater support to the fostering placements. Also, the current Social Care Worker will continue to engage Foster Carers regarding the Circle of Security & the Theraplay Intervention. Together the two Social Care Staff will continue to support the Foster Carers by offering parenting support through a trauma-based lens, to help Foster Carers manage children with behavioural issues.

## **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).**

<b>Standard</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Standard 1	Children and young people are provided with foster care services that promote a positive sense of identity.	Substantially compliant	Yellow	30 <sup>th</sup> September 2023
Standard 3	Children and young people are treated with dignity, their privacy is respected, they make choices based on information provided to them in an age-appropriate manner, and have their views, including complaints, heard when decisions are made which affect them or the care they receive.	Substantially compliant	Yellow	30 <sup>th</sup> September 2023
Standard 4	Children and young people are provided with foster care services that take account of their age, stage of development, individual assessed needs, illness or disability, gender, family background, culture and ethnicity (including membership of the Traveller community), religion and sexual identity.	Substantially compliant	Yellow	31 <sup>st</sup> October 2023
Standard 6	An assessment of the child's needs is made prior to any placement or, in the case of emergencies, as soon as possible thereafter.	Substantially compliant	Yellow	1 <sup>st</sup> August 2023



Standard 8	Children and young people are placed with carers who are chosen for their capacity to meet the assessed needs of the children and young people.	Substantially compliant	Yellow	31 <sup>st</sup> July 2023
Standard 21	Health boards are actively involved in recruiting and retaining an appropriate range of foster carers to meet the diverse needs of the children and young people in their care.	Substantially compliant	Yellow	On-going

