



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

Name of service area:	Dublin South Central
Name of provider:	Tusla
Type of inspection:	Thematic
Date of inspection:	22 – 26 November 2021
Fieldwork ID:	Mon_0034475

About this inspection

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

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

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

The previous two inspection programmes were as follows:

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

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

How we inspect

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

The key activities of this inspection involved:

- the analysis of data submitted by the area
- interviews with:
 - the service director
 - the area manager
 - the child in care reviewing officer
 - the foster care reviewing officer
 - the complaints officer
 - the chair of the foster care committee
 - the quality assurance monitor
 - three Guardians-ad-litem
- focus groups with:
 - principal social workers for children in care, foster care, aftercare and the regional foster care assessment team
 - social work team leaders
 - social workers and social care workers
 - five foster carers
 - external stakeholder representatives (from four private foster care providers, one advocacy service and five community services)
- observations of:
 - child-in-care review meeting
 - disruption meeting
- the review of:
 - local policies and procedures, minutes of various meetings, staff supervision files, audits and service plans
 - staff personnel files
 - a sample of 30 children and foster carers' files
- separate phone conversations with:
 - a sample of one parent, five children and 12 foster carers.

Acknowledgements

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

The Child and Family Agency

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

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

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

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

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

Service area

Dublin South Central is one of the 17 areas within Tusla's Child and Family Agency. Census figures (2016) showed that Dublin South Central has a total population of 305,278 and child population of 65,562 representing 21.5% of the area's total population (CSO 2016). Between 2011 and 2016 the population of the area grew by 4.8% or by 14,088.

The 2016 Pobal HP Deprivation Index outlined that in total there is a total population of 8,119 living in areas classified as the most disadvantaged area, accounting for 2.6% of the total population in Dublin South Central. Of the total residing in these areas, 30.2% (or 2,457) were aged under 18.

As of October 2021, the alternative care service consisted of four fostering teams, eight children in care teams and one aftercare team. The management structure comprises of three principal social workers who report directly into the area manager. The principal social workers manage teams comprising of team leaders, senior social work practitioners, social workers, social care leaders and social care workers. The teams are based in offices across the south Dublin area including the city centre and Ballyfermot.

At the time of inspection, Dublin South Central had 177 foster care households and had 306 children in foster care. Of these, 95 children were placed with relatives, 83 children were placed with non-statutory agencies and the remaining 128 children were placed with general foster carers.

Compliance classifications

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

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

This inspection was carried out during the following times:

Date	Times of inspection	Inspector	Role
22 November 2021	09:00 – 17:00	Pauline Clarke Orohoe	Lead Inspector
	10:00 – 16:00	Grace Lynam	Inspector
	10:30 – 17:00	Tom Flanagan	Inspector
	11:00 – 17:00	Olivia O’Connell	Inspector
	09:00 – 17:00	Sue Talbot	Inspector (Remote)
23 November 2021	09:00 – 17:00	Pauline Clarke Orohoe	Lead Inspector
	10:00 – 16:00	Grace Lynam	Inspector
	09:00 – 17:00	Tom Flanagan	Inspector
	09:00 – 17:00	Olivia O’Connell	Inspector
	10:00 – 17:00	Niamh Greevy	Inspector
	09:00 – 17:00	Sue Talbot	Inspector (Remote)
24 November 2021	09:00 – 17:00	Pauline Clarke Orohoe	Lead Inspector
	10:00 – 16:00	Grace Lynam	Inspector
	09:00 – 15:30	Tom Flanagan	Inspector
	09:00 – 17:00	Olivia O’Connell	Inspector
	09:00 – 17:00	Niamh Greevy	Inspector
	09:00 – 17:00	Sue Talbot	Inspector (Remote)
25 November 2021	09:00 – 17:00	Pauline Clarke Orohoe	Lead Inspector
	10:00 – 14:30	Grace Lynam	Inspector
	09:00 – 14:30	Olivia O’Connell	Inspector
	09:00 – 17:00	Sue Talbot	Inspector (Remote)
26 November 2021	09:45 – 10:30	Pauline Clarke Orohoe	Lead Inspector

Background to this inspection

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

- Phase 1 (completed in this area in October 2017) – Assessed the efficacy of recruitment procedures, foster carer supervision, and assessment of foster carers.
- Phase 2 (completed in this area in October 2020) – Reviewed the arrangements in place for assessing children’s needs, the care planning and review process, preparations for children leaving care, and safeguarding of children.

Summary of the Findings from Phase 1 and 2

Of the eight standards assessed in phase 1:

- One standard was compliant
- One standard was non-compliant moderate
- Six standards were non-compliant major.

The Phase 1 inspection found that all staff had An Garda Síochána (police) vetting in place. The area had developed systems to increase oversight, including a tracker system to review the status of all Section 36, relative foster care assessments and all allegations. Further development was required to ensure appropriate oversight of these issues. There was drift and delay in the completion of Section 36 assessments. Not all children received a timely and appropriate response when a child protection concern, complaint or allegation was made. Other safeguarding components were inadequate within the foster care service, including safety plans for children, Garda vetting for foster carers and all adults or young people over the age of 16 who were living in the foster care households. There was insufficient safeguarding measures for foster carers who had no allocated link social worker and limited training and support was afforded to foster carers in relation to Children First (2011) and safe care practices. Previously identified actions in relation to a review of allegations and serious concerns received by the area had not been addressed in a timely manner and a number of actions remained outstanding. The supervision and support of foster carers in the area was poor. Not all foster carers had an allocated social worker and not all foster carers were visited in line with Tusla policy. The frequency and quality of foster care reviews in the area was not in line with National Standards, and there was no plan in place to address the backlog of reviews or criteria to facilitate prioritising reviews. The foster care committee was not in compliance with the National Policy, Procedure and Best Practice Guidance on Foster Care Committees. The system of information exchange between the foster care service and the foster care committee was not sufficient. Not all allegations and serious welfare concerns were notified to the committee, and as such the foster care committee did not have adequate and timely

oversight of the foster care service. There was an insufficient number and range of foster carers in place to meet the demands of the service. A Governance, Oversight and Implementation Group which had been established to oversee and support the implementation of the specific actions following inspections, had not been effective in ensuring the appropriate mitigation and management of identified risks. Due to the level of risk identified, further follow up inspections were completed in July 2018 and March 2019 as part of HIQA's ongoing monitoring of the service area.

Of the six standards assessed in Phase 2:

- two standards were compliant
- four standards were substantially compliant.

There were examples of good practice initiatives in the area, particularly in relation to increasing the participation of children. The service had provided an information pack to children with information relating to rights, complaints, their files and the National Standards. There was an effective system in place to manage the unallocated cases of children in care to ensure they received statutory visits by a social worker and had up-to-date care plans. All children were visited and the quality of the visits were good.

There were good systems in place to ensure management oversight of children's files and the quality of visits to children in care but, the quality of record-keeping in some children's files was in need of improvement. There were some difficulties ensuring consistency in terms of social worker allocation as a number of children had experienced changes to their social workers. There was a large number of children who were not receiving social work services from the areas in which they now lived. The area did not have a system for tracking and trending issues of dissatisfaction with the service that may be arising for children in care. The area had committed to sharing learning about complaints made about the service. Assessments of need were carried out on all children placed in foster care, the majority of which were of good quality.

The area had an effective system in place to ensure care plans and child-in-care reviews were up to date for all children in care. The quality of the care plans and reviews minutes were good and only a small number of reviews did not take place in line with the frequency required by regulations. Children who had complex needs and disabilities were adequately supported and there was an effective system to support children and foster carers when a placement was at risk. Placement plans had been developed but some improvements were required. Voluntary care agreements were up to date for all children whose files were reviewed. The area attempted to ensure that children were placed with foster carers who could meet their needs, but there was a shortage of foster care placements. Children were placed outside of the area and a significant number were placed in private placements. There were no formal matching meetings to consider a foster carers capacity to meet the needs of a child. However, social workers liaised with the fostering department to source placements for children but this was not always recorded on the child's file. There were a number of children

awaiting approval of long-term placements to provide stability for children residing in foster care placements.

Allegations and serious concerns against foster carers and child protection and welfare concerns were categorised correctly and the risks were managed. Concerns were assessed and managed but the assessments were not always completed on the documents required by Tusla's standard business processes. There were systems in place for the governance and oversight of serious concerns and allegations against foster carers but this had yet to be developed for oversight of other child protection and welfare concerns relating to children in care. While safety plans were developed for individual cases, the recording of these plans varied and they were not consistently recorded on the formal template to ensure the implementation of safety plans and to enable oversight, through monitoring and review.

The aftercare service was developing and managers were enthusiastic about and committed to providing a good quality, accessible service to all young people leaving care that needed it. Children had their aftercare needs assessed and aftercare plans were developed in a timely manner. However, there was no mechanism, such as exit interviews, for seeking regular feedback from children and young people about the quality of the service. The drop-in service required further development and the area had yet to produce an annual adequacy report for the aftercare service.

Self- assessment information and what Tusla said about the service

Prior to the announcement of the inspection, a self-assessment was submitted to HIQA by the service area's management team. The self-assessment is part of the methodology for this inspection and it required the management team to assess their own performance against the eight standards relating to governance which in turn identified where improvements were required.

The service had rated its performance as substantially compliant against seven of the eight standards, and non-compliant moderate against one standard. The area had service improvement plans in place to bring them into full compliance. Inspectors agreed with the area's assessment of its performance in five of the eight areas assessed. The service judged themselves to be substantially compliant on Standard 21, Recruitment and retention of an appropriate range of foster carers. Inspectors assessed this standard as non-compliant moderate due to the continued issue in relation to the recruitment of foster carers in the area. The service judged themselves as non-compliant moderate on Standard 24, Placement of children through non-statutory agencies. Inspectors deemed this standard to be substantially compliant. While Tusla did not have a national service level agreement in place with non-statutory agencies, the service had good oversight and governance systems in place to provide assurance on the service provided to children placed with these agencies. In addition, the service judged themselves to be substantially compliant against Standard 25, Representations and complaints. However, inspectors assessed this standard as compliant, and found evidence that the service were focused on developing a system to track issues that arise for children during statutory visits which do not meet the threshold for the formal complaints process. The information provided within the self-assessment questionnaire indicated that the service had strong leadership, governance and oversight systems which were clearly focused on service improvement and development.

This inspection took place in the context of what has been a challenging time nationally for fostering services, including children in care and their families, foster carers and local social work teams arising from the COVID-19 pandemic. In this context, HIQA acknowledges that services have had to adapt their service delivery in order to continue delivering the essential service to children in care. This inspection reviewed these arrangements within the overall governance of the service.

Children's experience of the foster care service

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

Inspectors spoke with five children individually over the phone. All of the children spoke positively about their experience of foster care and the social work department. The children told inspectors that they were happy with their social worker, and that they could talk to them. They said that their social worker listened to what they had to say. One child told inspectors that while they were not happy about having to move school that they felt their social worker listened to what they had to say about the move.

Children's comments about their social worker included:

- "He is my favourite social worker. He understands what I like and the things that I do. He knows all the games I play and we laugh at the same things".
- "Social worker asks for my opinion. I feel listened to".

The children said that they were happy with the support they received from their social worker. Children told inspectors that they got to see their social worker regularly. When asked about what the service could do better, children said that there was nothing the social workers could do differently. One child said that social workers "do the best they can, I don't think they can do anything better". Children told inspectors that living in foster care was a positive experience. One child said that it was "good to live in a foster family, it makes it feel like a real family. I don't feel any different". Children were happy with the contact they had with family members.

Children said that they had been given information on how to make complaints. Children said they could talk to their social worker, and one child had information on an independent advocacy organisation. While the majority of children told inspectors that they chose not to attend their child in care reviews, children said their social worker shared the information they had prepared at the review on their behalf.

A parent who spoke with inspectors had mixed views on the service. While they felt that social workers ensured that children were kept safe, they said that improvements could be made to the updates that they received about their children. The parent felt the social workers supported them to have family contact, and also invited them to attend the child in care reviews. They also said that they can contact the social workers when needed.

Foster carers reported a positive experience of working with the social work service, and commended the support they had received from fostering link social workers. They valued the support available from the out-of-hours service for children newly

placed with them, and felt their social worker was always available to them. They also praised the good relationships that children in care social workers had developed with the children placed with them, and felt they prioritised children's safety. Some of the comments made by foster carers included:

- "My present social worker is amazing. Most of my social workers have been great. Feel 100% supported by my social worker. We recognise that social workers are trying to fight the system to get the best for children in our care".
- "Have a good experience, they're like a breath of fresh air, they set rules. The social worker is always available".
- "Social worker is available and will always call back. I couldn't praise her enough, she's very easy to talk to and keeps me informed".
- "Social worker has been very active in taking things forward and definitely has the child's best interest at heart. The team leader is also really supportive if we need anything".
- "The social worker keeps the child safe. I'm happy that if he wasn't with me that the social worker would keep him safe".

The foster carer who did not have an allocated foster link social worker at the time of the inspection said that they still received a good service with "nothing much different being unallocated". The majority of foster carers said that the social workers updated them on policies and standards. While some foster carers felt that they were not updated on changes to policies, others agreed that the social workers always provided policy updates. The foster carers were all aware of how to make a complaint. Some foster carers said they would welcome receiving information about the range of services available to support them in caring for teenagers, and having the names and contact details of team leaders. Comments made by foster carers included:

- "Social worker always let me know about policy changes, keep me updated".
- "Always been told and kept up to date regarding standards and Children's First. The details are sent in the post".
- "Policies are shared by both social workers".
- "Social workers always tell the child their rights and gave packs to child and to foster carer on how to make a complaint".

Foster carers told inspectors that they were regularly offered training. The training and foster care support group were being delivered online due to COVID-19. Some of the foster carers told inspectors that they had been asked to take part in the delivering training and recruitment initiatives prior to COVID-19. Foster carers said that the service had asked for their feedback in relation to the service, and listened to their concerns. Some of the comments included:

- "Feedback has been given and we have been asked for this by the area".
- "We have been asked for feedback, we always are asked this question – what can we do differently".

- “Yeah the service is open to challenge”.
- “At the start I didn’t feel listened to, but now I do”.
- “Our own social worker listens to us”.

However, some foster carers reported that on occasion they had felt their feedback and views had not been listened to, in areas such as planning for transition, impact of family contact on a child and the safe management of access during the COVID-19 pandemic. One foster carer told inspectors that “they could hear us and make us feel that our opinions matter”.

The majority of foster carers felt that the additional supports provided to children to meet their needs such as counselling and respite were well coordinated. One of the foster carers told inspectors that “anything the child needed he got. Mental health and assessments were all sorted. Social worker followed up to get past medical history”. However, some foster carers spoke of the challenges in getting the right level of assessment and support in a timely manner to meet the specific needs of the child. They also spoke of the delays that they experienced in receiving reports from specialist services for children. For example, foster carers spoke of the lack of prioritisation of the therapy needs of children with disabilities, but that there was some evidence of recent improvements in this area.

Foster carers spoke warmly about their roles and the difference they felt able to make in children’s lives. Foster carers said that generally child in care reviews worked well, with decisions made regarding key actions to be taken and timescales identified. Foster carers said that they felt listened to at both the child in care and the foster carer reviews, and felt confident to raise issues on behalf of the child at their reviews. They reported some delays in the receipt of updated care plans. Foster carers reported that the enhanced rights process was now more streamlined with good support from their social worker.

Foster carers said that getting respite for a child in their care can be a challenge as there was limited availability. Where respite was allocated, for one foster carer there were challenges in ensuring that the respite continued on a regular basis. Foster carers identified challenges with permanency planning in relation to children in long-term care who had voluntary care agreements in place. As the foster carer explained the “child regularly brings home forms (from school) for signing which the social worker has to get to Mum and get back. Often the event or the photo may be over”. The foster carer said that while there were no reunification plans in place, social workers were reluctant to apply for a full care order as the birth parent was cooperating with them. Additional challenges experienced by foster carers included children not having a PPS number or medical card, and gaps and delays in key health information being made available to them when babies were placed in their care.

External professionals reported that there were strong leadership and governance arrangements in place. They spoke of good joint working between services and the

social work teams in promoting the best interests of children. The professionals highlighted the good communication and organisation of services involved with children in foster care, and noted that the service were open to hearing the views of all those involved with a child. Social workers were described as strong advocates for children. One of the professionals explained that the social worker was “dynamic, she has a good understanding of the children’s needs, is leading out on required actions, including securing additional funding. The fostering link social worker has also provided good support and a strong sense of joint working underpinned children’s future plans”.

The external professionals acknowledged the innovative practice in the area whereby services were commissioned from a wide range of providers, to ensure the complex needs of children were addressed. External professionals shared a concern in relation to staff changes within the children in care teams, as children had to develop relationships and build trust with new social workers. They highlighted the need for social workers to be given time to get to know the child, and develop a trusting relationship with them. They also raised a concern in relation to delays in children having access to assessments and the necessary supports, particularly for children placed outside the Dublin South Central service area.

The service was child-centred and took the lived experiences and the voices of children into account. There was evidence of good coordination of the services that were required to meet children’s needs. The service was open to receiving feedback, and was striving for service improvement to ensure that the services provided to children and their families were safe and of a good quality.

Governance and Management

The governance and management systems in Dublin South Central were effective, and provided the area manager with assurance that the service provided was safe, consistent and appropriate to the needs of children and their families. The service was well led, organised and managed appropriately with clear policies and procedures to guide staff in their practice. Staff and external professionals reported that there were strong leadership and management systems in place, where individual roles and responsibilities were clear. There was a commitment to service improvement, and a culture of learning was embedded within practice. The service was child-centred, and the voice of children was central to the work carried out by the service.

The area manager was experienced in his role and had held the position for five years. He was supported by three principal social workers, who were responsible for the

oversight of their individual teams. These managers had good oversight of the quality of service delivered to children and their families. The children in care and foster care registers were used by managers to track key statutory requirements in relation to children in care and foster carers. Senior management meetings, governance and oversight meetings and quarterly serious concerns and allegations ensured appropriate oversight of service delivery. The area had a robust 'need to know' system in place which ensured senior management were aware of issues arising in the area. The service director said that the 'need to know' system was an effective management tool whereby she could seek updates in relation to specific issues, and track the progress made. Supervision with staff and management ensured that the area manager and service director had the necessary oversight of the quality of service provided in the area. In addition, the service director chaired the regional alternative care forum which was attended by principal social workers and team leaders. This meeting structure helped to maintain consistent practice throughout the region. There were effective oversight systems in place to ensure the quality of service delivered to children placed with non-statutory foster care providers.

The service was committed to continued development and improvement. Service improvement plans had been developed for each team, with an overall service plan developed for the area. These plans identified required actions to ensure the service was working towards full compliance. Actions identified had timeframes for completion, and named specific people to follow through on the actions. Action plans developed following previous HIQA inspections were incorporated into the service improvement plans for each pillar. A culture of learning was embedded within the service. Review and learning from complaints, compliments, exit interviews by staff and foster carers, disruption reports, Foster Care Committee (FCC) annual reports, feedback from children, previous inspections and internal reviews were shared across the teams. This information was used to drive service improvements in the area. The service was child centred and took the lived experience and the voice of children into account.

The service area contributed to the annual '*Adequacy of the Child Care and Family Support Services*' report. However, the 2020 report had not been finalised at the time of the inspection, and was not available for review. The area manager used data collated by the area in relation to specific areas such as complaints, enhanced supports and foster care placements to inform service development in the area. For example, the service were in the process of securing a panel of four emergency foster care placements to address an issue that had been identified in the area.

Tusla's National Child Care Information System (NCCIS) was used by managers to provide oversight of cases, and support the delivery and development of services. Improvements were required to ensure that relevant documents were uploaded and saved on case files in a consistent and timely way. Case management records were not consistently uploaded onto the NCCIS system, and in some files they were saved

in different locations. This created challenges for team leaders in maintaining oversight of files. In addition, records of audits and minutes from child in care reviews were not consistently available on NCCIS. There was a strong focus in team meetings and service improvement plans to ensure that NCCIS was used in a consistent manner by staff.

There were policies, procedures and guidelines in place to guide the management of foster care services. Management and leadership in the area ensured the delivery of a child-centred service in line with policies and procedures. Staff had a clear understanding of their roles and responsibilities. The service had developed local policy documents to ensure the delivery of a safe service. However, the development of local policies in isolation from nationally agreed policies, without the approval of Tusla National office, may lead to differing practices, when there should be consistent practice throughout all 17 Tusla service areas.

There were a number of vacancies across the teams, which created challenges in terms of allocating a social worker to all children in care and foster carers. Management were actively working to address these vacancies. The area manager had increased the number of children in care and fostering teams in the service, which enabled the service to maintain caseloads at a manageable level. Staff were experienced and competent, and had the required skills and knowledge to efficiently perform their duties. The staff teams actively encouraged children to have a voice in the service they received. Continuous professional development of staff was encouraged, and newly qualified staff were actively supported in the service. Staff also participated in training with foster carers. The service had systems in place to support teams, including regular teams meetings, well-being initiatives and supervision. Improvements were required in relation to the frequency of supervision to ensure it occurred in line with Tusla's policy.

While the service had monitoring systems in place to track statutory activities, some improvements were required to ensure that all trackers were updated. Managers completed regular audits of case files, and the learnings from the audits were shared at team meetings and supervision. There was evidence of good management oversight of cases through case supervision and discussions. In addition, while team leaders had good oversight of cases through attending foster care and child in care reviews, improvements were required in the sign off of minutes from child in care reviews and care plans by team leaders.

The service managed risk appropriately, and took action to mitigate against risks where possible. There was a risk register in place which was reviewed and updated regularly by the area manager and the business support manager. Inspectors found that risks were monitored, reviewed and actioned appropriately. Risks were escalated to the service director when further actions were required to address the risks identified. For example, delays in Garda vetting due to the cyber-attack was under review by the service director at the time of the inspection. In addition, the significant

delays in the transfer of responsibility for children in care placed outside the Dublin South Central area to the service area where they were living had also been escalated to the service director. The area manager and service director told inspectors that the case transfer issue was being managed at a national level by Tusla. The service used the 'need to know' system to ensure that senior management were fully informed of potential risks and issues within the service.

Complaints and representations made to the service were managed in line with Tusla's national complaints policy. The service had good oversight systems in place which ensured that complaints were dealt with in a timely manner. The area valued the learnings gathered through the complaints process. The service also involved a mediator as a support to resolve complaints where appropriate. Managers were reviewing the process for tracking issues raised by children during statutory visits, with a plan to develop a formal system to provide increased oversight.

Strong governance and oversight systems were in place with external service providers which ensured that children with complex needs received appropriate therapeutic supports. Staff had access to a complex case forum which helped to identify specific actions to be taken in relation to children with complex needs. Inspectors found that resources and plans were developed at this meeting to address the issues presented. The service had taken appropriate actions to ensure that the frequency of joint protocol meetings held with the HSE and disability services were in line with the joint protocol requirements. Foster carers and staff identified that at times there were delays in accessing specialist services for children in care. The service had funded private assessments and therapies to ensure that children's needs were met. External professionals highlighted the innovative commissioning practice by the service.

The service had systems in place to analyse and identify gaps within foster care provision. The principal social worker for fostering had completed a review of the foster care panel in the area, and identified key priorities for foster care recruitment during this analysis. These included the need to recruit a range of foster carers including long-term, short-term and respite carers, foster carers for children up to one year old and teenagers, foster carers who can provide culturally appropriate placements, foster carers based within the local communities and professional foster carers who can care for children with complex needs for example. The area had also piloted a recruitment project focused on recruiting foster carers from culturally diverse backgrounds. The service worked in partnership with the Regional Assessment Fostering Team (RAFT) who completed the recruitment and assessment of general foster carers for the Dublin Mid-Leinster region, including the Dublin South Central area. The number of assessments completed for the area had been identified as an issue at a team meeting, and the service recognised the need for local input into the recruitment of foster carers in the area. The 'need to know' system highlighted the availability of suitable placements as a challenge for the service. Despite RAFT running six recruitment campaigns, no foster carers had been approved.

The service placed a strong emphasis on placing children with relatives wherever possible. Of the 306 children in care in the service, 95 of these children were placed with relatives. The service also had 83 children placed with non-statutory foster care agencies, and six children were awaiting foster care placements at the time of the inspection. There were good oversight systems in place to monitor the service provided to these children. The service were also in the process of developing a panel of four emergency foster care households to address the need for emergency placements in the area. Appropriate supports were provided to support foster carers within the service.

The service did not identify foster carers as 'special foster carers' on their panel. However, the service had developed their own local guidance document to support staff in their practice in relation to providing enhanced supports to foster carers. The service had children in care with complex needs, and they provided enhanced supports to their foster carers. Tusla do not have a national policy to support this, and this needs to be addressed at national level. In addition, the service had secured a clinical psychology post to provide therapeutic support for children in care. This post was due to commence in December 2021.

The FCC was well governed, and the area manager, together with the FCC chairperson ensured that the membership was in accordance with Tusla's Foster Care Committees Policy, Procedure and Best Practice Guidance (2017). The area had also developed local guidance documents to support staff in preparing reports for the FCC in relation to cases where there were allegations or serious concerns, and also for foster carer reviews. The FCC had established a sub-group in order to meet the demand for foster care reviews that were received within the area, and prevent a backlog. The FCC required the voice of the child and foster carers to be included in reports submitted to the committee for consideration. The area manager had good oversight of the functioning of the FCC in the area. However, the service did not hold proof of qualifications or evidence of in-service training on the files of FCC members.

The service plan for the area was appropriately aligned to Tusla's national service development plan. The service promoted a culture of learning. The service had rated its performance as substantially compliant against seven of the standards, and non-compliant moderate against one standard. The area's review and analysis of their performance aligned well with the strengths identified within this inspection report. Inspectors agreed with the area's assessment of its performance in five of the eight areas assessed. One standard deemed as non-compliant moderate by the area was judged to be substantially compliant by inspectors, a second standard judged as substantially compliant by the area was assessed as compliant by inspectors, with a third standard judged as substantially compliant by the area was deemed non-compliant moderate by inspectors.

Standard 18 : Effective Policies

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

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

The service area had policies, procedures and guidelines in place which ensured the safe delivery of foster care services. These were aligned to relevant legislation, regulations and national standards. There was strong management and leadership in the area which ensured that practice was in line with the required policies and procedures. There were annual service improvement plans developed for each aspect of the service, and these were used to develop a service plan for the area, which was aligned to the national corporate plan. The service improvement plans were developed following analysis of the areas needs and objectives, and set out key priorities for the area in relation to service improvement.

There was good evidence that management supported the delivery of a child-centred service and care practices were consistent with their policies and procedures. Frontline staff and managers had a clear understanding of their professional roles. Staff were updated on national policies, and there were systems in place to ensure that staff discussed and implemented the relevant policies within their practice. The service had developed local policy documents to support staff in their practice. For example, the service had developed a guidance document for staff when considering enhanced payments for foster carers, and also a transfer policy for cases moving from the intake and initial assessment teams. However, developing local policies in isolation from nationally agreed policies, without the approval of Tusla National office, may lead to differing practices, when there should be consistent practice throughout all 17 Tusla service areas.

The service had systems in place to monitor practice and ensure that it was in line with their policies and procedures. The area had implemented local procedures to monitor children in care and foster carers who did not have an allocated social worker. Serious concerns and allegations were investigated in line with national policy, and were monitored through quarterly meetings chaired by the area manager. The foster care committee were informed of placements where the number of children placed exceeded the national standards. The FCC also reviewed disruption reports in relation to placements and reported on learning from these reports.

Foster carers received information on policies and procedures from the service through their social worker. In some cases information was also posted out to foster carers. Some of the children who spoke to inspectors said they had been given information packs from their social workers with details about services and policies.

During statutory visits, social workers also spoke with children about how to make a complaint, or who they could talk to if they were unhappy about something. Inspectors found that while there was evidence of foster carers and children being provided with information about the complaints policy, details of foster carers or children receiving information about other policies was not recorded on their files. Foster carers said that they had received information packs from their social worker which had details of relevant policies. However, some foster carers said that they would like to receive more regular updates on policy changes in the service.

The service followed the national transfer policy in relation to children placed outside the Dublin South Central area. Staff and managers acknowledged that there were significant delays in the transfer of responsibility for these children to the service area where they were living. This was highlighted as an area for action on the service improvement plan for alternative care services. Managers explained that while a high number of children were placed outside the service area, many of these children were still living within the greater Dublin area. In addition, the service placed a strong emphasis on placing children with relative foster carers, which at times resulted in children being placed outside the service area. The area manager and service director said that the transfer of cases was an issue that was being addressed at national level. The service believed that children placed outside the area received the same level of service as those placed within the area. For example, managers said that the additional time required to meet with children placed outside the area was accounted for in caseload management to ensure that these children received the appropriate level of support from their social worker. The area had completed a gap analysis on the number of cases that required transfer, and these figures were submitted to the regional office in October 2021. Senior managers also highlighted that the transfer of cases out of the service area may have a minimal impact on resources as they would also be receiving a number of cases into their area through the national transfer process.

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

There were effective arrangements in place to support partnership working with other agencies to facilitate the management of specific cases as needed. The area held quarterly complex case forum meetings to review complex cases where actions to be taken were identified. The area also held meetings with the HSE and disability services, though the frequency of these meetings were not in line with the joint

protocol requirements. The area manager had taken appropriate actions to address the frequency of the meetings, and these meetings had recommenced. Foster carers and staff identified that at times there were delays in accessing specialist services for children in care. In certain situations, the service had funded private assessments and therapies in order to meet children's needs. The external professionals acknowledged the innovative commissioning practice in the area whereby there were funding arrangements in place with local youth, counselling and family support agencies to ensure the complex needs of children were addressed. They also spoke of strong joint working relationships with social work teams, and commended the quality of information sharing in relation to meeting children's needs.

Practice across the area was child-centred. The area emphasised participation by children, birth parents and foster carers. An outdoor access area had been created as a result of feedback from children, due to the challenges which the COVID-19 pandemic created for family contact. A community agency had been commissioned to consult with birth parents on their experience of the service, with a plan to incorporate this feedback into the areas service improvement plans. The area had developed and implemented procedures to ensure that foster carers had access to enhanced supports to allow them to meet children's needs when required. In addition, newly approved foster carers in the service had access to a pilot enhanced support programme through the RAFT team.

While the service had effective policies and procedures in place to ensure the provision of a high quality foster care service, there were identified areas that required further improvement. The joint protocol meetings between Tusla, disability services and the HSE needed to take place consistently to ensure that children received the specialist services they required in a timely manner. The transfer of cases placed outside the area needed to be addressed.

Judgment: Substantially Compliant

Standard 19 : Management and monitoring of foster care services

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

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

The service had clearly defined governance arrangement in place that ensured the delivery of a safe and sustainable service to children in foster care. The management team had ensured that the best interests of children were considered at every level of the service. The area was under the direction of the service director for the Dublin Mid-Leinster region, and was managed by an area manager.

Management and staff had a clear understanding about their individual and collective roles and responsibilities. There were clear lines of accountability and this was evident through the case management and supervision process. There were strong oversight systems in place by the management team to ensure that children's needs were being met in a timely manner. The management team comprised of two principal social workers for children in care, and one principal social worker for the fostering team. Each of the principal social workers had been recently recruited at the time of the inspection. There was evidence of good working relationships between the teams, and the managers had a strong focus on service improvement. Managers and staff reported a positive culture across the service with strong joint working relationships. Staff and foster carers were supported, and confident in the delivery of safe, consistent good quality care to children and their families. Training was strongly promoted for both foster carers and staff.

The area manager reported a commitment to continued service development and improvement. Service improvement plans had been developed for each team, and these plans were used to develop the overall service improvement plan for the area. These plans were discussed at team meetings, and at senior management meetings to ensure implementation of the actions. The area manager reported that service improvement plans were updated annually. Actions identified included the continued oversight and management of unallocated cases, the full utilisation of NCCIS for auditing and data purposes and the use of standardised templates to record statutory visits with children and foster carers, and the review of the foster care panel to identify gaps in foster care recruitment. The service plan for the area was appropriately aligned to Tusla's national service development plan.

The service had clear and effective mechanisms in place to ensure the service was well led, and delivered a safe service to children and their families. Staff were held to account through supervision. The area manager held regular senior management meetings and governance meetings which ensured that he had appropriate oversight of service delivery. In addition, the area manager held quarterly meetings to monitor and track the progress of serious concerns and allegations made by children in care. The service held regular oversight meetings to monitor progress on actions plans following HIQA inspections. The regional quality assurance officer attended both of these meetings. The service also had two independent reviewing officers for child in care reviews and foster care reviews. They maintained oversight of a schedule of reviews to ensure that the service adhered to its statutory requirements. Inspectors found that the system in place provided good oversight. However, where there were

delays in convening the child in care review and foster care review meetings, the reason for the delays were not always recorded on the tracker.

The service promoted a culture of learning. Staff reported that the sharing of learning was embedded within team meetings and supervision sessions. The area manager reported that the action plans developed following inspections were incorporated into the service improvement plans for each pillar. Staff were supported to learn from complaints, compliments, exit interviews by staff and foster carers, disruption reports, FCC annual reports, feedback from children, previous inspections and reviews. The review and analysis of this information was used to drive service improvements in the area. Managers felt that they were supported by senior management to implement new ideas in working together to strengthen local service provision. The service was child centred and took the lived experience and the voice of children into account. The principal social worker for fostering outlined how an outdoor area was developed in to an appropriate outdoor space to facilitate family contact during COVID-19. This project came about following feedback from children involved with the service. External professionals highlighted the innovative commissioning practices in the area which ensured that children received appropriate supports. There was strong governance and oversight systems in place with external service providers with clear referral pathways that enabled children with complex needs to receive therapeutic supports.

The area had effective monitoring systems in place, but some improvements were required. Trackers were maintained to monitor Garda vetting, placement disruptions, Section 36 assessments, emergency Section 36 assessments, foster care reviews, child in care reviews and statutory visits. Some improvements were required to ensure that all trackers were updated. For example, reasons for the delays in the completion of Section 36 assessments, disruption meetings, child in care reviews and foster care reviews had not consistently been recorded on the tracker. The quality assurance directorate had completed an audit in 2021 on the completion of Garda notifications made by the area, and found that notifications were made in a timely manner where children in care had made an allegation.

Team leaders completed regular audits of case files. The service had an audit system in place whereby four cases for each team leader were identified for audit each quarter by the principal social worker. Due to the cyber-attack, files were not audited in quarter three of 2021. The service had a plan in place to review the existing procedure for audits in 2022 and identify changes that may be required to strengthen auditing practice in the area. Learnings and actions required following these audits were shared at team meetings and through staff supervision. The service maintained a tracker of these audits to provide oversight of the process. In addition, principal social workers said that they used the registers maintained on NCCIS to track the audits that had been completed, and the actions that were required following the audits. While inspectors found records of self-audits completed by social workers on

file, audits completed by team leader were not consistently available on files. There was evidence of good management oversight of cases through case supervision and discussions. Inspectors found that while supervision and case management was frequent and of good quality, it did not occur in line with Tusla's policy. Case management records were not consistently uploaded onto the NCCIS system, and in some files they were saved in different locations. This created challenges for team leaders in maintaining oversight of files.

Principal social workers for fostering and children in care teams maintained oversight of visits to foster carers and children in care through their respective registers. They had systems in place to ensure that the information held on the register was updated. A review of the registers found that they provided accurate details in relation to care plans, statutory visits to children, and support and supervision visits with foster carers for example. While visits to foster carers were completed in line with statutory requirements, inspectors found that there were gaps of up to nine months between these visits. Child in care reviews were generally held within the required timelines, and reasons for delays were noted on file. However, minutes from the reviews were not consistently available on NCCIS. In addition, while team leaders had good oversight of cases through attending foster care and child in care reviews, in a small number of files reviewed (three), minutes from child in care reviews and care plans were not consistently signed off by team leaders.

The service had a risk register in place which was reviewed and updated. Risks for the service included delays in Garda vetting due to the cyber-attack, lack of appropriate foster care placements and children in care who did not have an allocated social worker. The service managed risks locally and escalated them to the service director where appropriate. The service director reported that the quality assurance risk manager for the region compiled data received from the service areas in relation to key areas of risk including assessments awaiting approvals and children who were dual unallocated. Risks which were escalated to the service director were reviewed, and the control measures considered. The service operated a robust need to know system, which provided the area manager with assurance that he was aware of risks or issues across the service. The service were actively working to address the risks and deficits that were within their control to ensure a safe service was provided to children and their families.

The service maintained a register of all children in care on NCCIS in line with statutory requirements. Managers reported that NCCIS provided them with oversight of cases. Inspectors found that relevant documents were not consistently uploaded onto NCCIS in a timely way, and documents were saved in different locations on the file. NCCIS was an item on meeting agendas to ensure that the system was used in a consistent manner by staff.

At the time of the inspection the service had a number of vacancies across the teams. There was one social vacancy on the fostering team, with one team leader, three

senior social work practitioners and two social care worker vacancies on the children in care team. Staff also reported that the lack of administration staff impacted on workloads in the area. Staff turnover on the children in care team was at 17.6%, with a staff turnover rate of 11.4% for the fostering team. The service had three newly appointed principal social workers to each of the three teams prior to the inspection. While the service was well resourced, these vacancies were creating challenge in terms of case allocation. At the time of the inspection, there were 19 foster carers and 31 children in foster care who were unallocated. The service operated a duty system to review these cases, and ensure that they received support in line with the regulations. Inspectors found that while the duty system provided good oversight for unallocated cases, improvements were required. For example the local policy stated that Section 36 foster carers who were newly approved were to be prioritised for allocation, and must not be unallocated. Also, foster carers who were due a review within the proceeding six months were not to be moved to the unallocated list. However, inspectors found that a Section 36 foster carer who had been approved in November 2020 was unallocated at the time of the inspection. Inspectors also found that a foster carer who on the unallocated list since July 2021 was due a foster care review in 2021. While preparations had commenced for the review in line with statutory regulations, practice in the area was not in line with the local policy. In addition, reviews of the unallocated children in care did not occur in line with the areas local policy, and statutory visits for a child who was unallocated had not been completed in line with the statutory requirements. Evidence of review of these cases by the 'active on duty' team was not consistently available on children's or foster carers files.

Judgment: Substantially Compliant

Standard 20 : Training and qualification

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

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

Staff were experienced and competent, and had the required skills and knowledge to efficiently perform their duties. The service adhered to recruitment practices that ensured staff had the competencies required to provide a good quality foster care service. Detailed job descriptions were available for the roles across the teams. The service also had a system to track and monitor each staff members Garda vetting and professional registration as required. The area manager was successful in seeking an additional three team leader posts for the children in care team, and two team leaders for the fostering team. The area manager said they used research from other jurisdictions to bring about the increase in the number of social work teams in the service. This allowed social workers to have greater access to their manager, and enabled caseloads to remain at a manageable level. The area manager also submitted a business case in August 2021 to recruit an additional social care leader to the aftercare team due to capacity issues within that team. This worker was due to be appointed in November 2021. While the area had a small number of vacancies at the time of the inspection, the area manager said that the recruitment and on boarding of staff to fill vacant posts was ongoing. Staff delivered a child-centred service, and had attended training on children's participation to support them to include the voice of children in their work.

Inspectors reviewed a sample of 10 staff personnel files which were held centrally, for safe recruitment practices. Documents including professional registration certificates and letters of appointment did not appear to be available on staff personnel files. Garda vetting was available on all staff files which were held centrally. However it could not be opened on one staff member's file. This was brought to the attention of the area manager during the inspection. While inspectors reviewed staff personnel files that were held centrally, the regional human resource manager verified that these documents were available and accessible on regionally held staff personnel files. In addition, the human resource department had completed audits of these files to ensure the required documents were contained within each staff member's personnel file.

The service promoted a culture of learning and development. Staff told inspectors that there was a clear focus on the professional development, and the need to support newly qualified staff. Staff well-being was discussed and evident during supervision sessions. The service had facilitated group sessions for members of the

fostering team with a focus on professional personal development from December 2020 until May 2021. Further sessions were planned for January 2022. Newly recruited staff on the children in care team were supported through an induction process. The service had also established a new workers support group and provided a mentoring system for new staff. The introduction of a staff newsletter was viewed as a positive development by staff as it encouraged the sharing of practice and provided regular updates on service development. Workplace wellness videos were also made available to all staff during the COVID-19 pandemic to support staff in managing their wellbeing. The development of professional development plans was discussed at team meetings, and these plans were evident on some of the staff supervision files reviewed.

Staff within the service were well supported, and received supervision from their line manager. Social workers told inspectors that despite there being changes to team leaders over the previous year, supervision had taken place regularly. Staff reported that they were well supported by the management team. Inspectors found that while supervision had taken place, it did not occur in line with Tusla policy. In addition, case management records were uploaded onto different areas of the file on NCCIS, and in some files reviewed the records were not available. While there were a small number of vacancies on the teams, caseloads remained manageable. Where caseloads were identified as unmanageable, team leaders took appropriate steps to address this. Team leaders reported that the caseload weighting process took account of the additional time needed to support children placed outside of the area. Staff teams had access to a complex case forum to support and assist them in their practice with complex cases. External professionals reported that they had strong working relationships with the social work teams.

A training needs analysis had been completed in 2018 to span a three-year period in line with Tusla's national strategy. The area manager said that an updated analysis of training was required for the service. Foster carers reported that prior to COVID-19 they had been involved in delivering training with social workers. The service facilitated joint training between foster carers and social workers.

Staff supervision did not consistently take place in line with Tusla national policy. Case management records were saved in multiple locations on the NCCIS, and some records were not available on file.

Judgment: Substantially Compliant

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

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

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

There was a significant lack of foster care placements in the area. The service area were actively involved in campaigns to support the recruitment and retention of foster carers. They worked in partnership with RAFT in developing a regional fostering recruitment strategy. The area had developed fostering champions throughout the community in order to support the recruitment of foster carers. However, despite these efforts the area experienced difficulties in recruiting the range of foster carers required to meet the demands in the area.

The service was dependent on RAFT to complete the general foster care assessments for the area. The level of RAFT assessments completed for the area was raised at a previous team meeting, and the service identified the need for local input into the recruitment of foster carers in the area. An analysis of 'need to knows' completed and sent to the service director in 2020 noted that the single largest category of issues related to placement challenges. This continued to be an issue on the 'need to know' system in 2021. In addition, the service had six children awaiting foster care placements at the time of the inspection. In the 12 months prior to the inspection, RAFT had run six recruitment campaigns, receiving 39 enquiries about becoming a foster carer. The average response time to these enquiries was 1.8 days. However, no foster carers were approved following these campaigns. Assessments completed by the RAFT team were comprehensive and timely. However, inspectors found that there were delays in the commencement of assessments by RAFT. The principal social worker for RAFT provided a detailed analysis of the timelines from the point of enquiry through to approval or closure. The rationale for the delays in commencing assessments included staff annual leave, delays in receiving the required documentation from applicants and applicants being unavailable due to work and other family commitments, and the cyber-attack earlier in the year. Foster carers told inspectors that prior to COVID-19 they had been involved in the recruitment campaigns. At the time of the inspection, the service were running a recruitment campaign for foster carers in the area in partnership with RAFT.

There were governance and oversight systems in place to monitor the recruitment and retention of foster carers in the area. Regular fostering recruitment meetings were attended by the local fostering team and the RAFT team. Fostering recruitment was also an agenda item at the regional alternative care forum meetings, senior

management meetings and fostering team meetings. The challenge of recruiting foster carers for the area was identified as a priority on the service improvement plan for the fostering team. The lack of foster care placements had been identified as a risk on the local risk register, and the area continued to monitor this risk at the time of the inspection. Placement risks for the area had been included on the regional risk register.

The service was aware of the significant shortage of foster care placements in the area, and had systems in place to analyse and identify gaps within foster care provision. The principal social worker for fostering had completed a review of the foster care panel, and the reports compiled by the FCC also identified specific priorities for the area in relation to recruitment. These included the need to recruit a range of foster carers including long-term, short-term and respite carers, foster carers for children up to one year old and teenagers, foster carers who can provide culturally appropriate placements, foster carers based within the local communities and professional foster carers who can care for children with complex needs for example. These priorities were included in the regional recruitment strategy. The area had piloted a project to support the recruitment of foster carers from culturally diverse backgrounds. An end of year report was provided during the inspection which provided an analyses of learning from the pilot project, and included an action plan for 2022. In addition, a needs analysis had been completed for the region in order to identify key priority areas for the updated recruitment strategy. However, despite the efforts by the service the recruitment of foster carers remained a challenge for the area.

Inspectors found that general foster care assessments completed by RAFT were detailed and comprehensive. Prospective foster carers were interviewed together and separately. The birth children of prospective foster carers were also interviewed separately and as part of the family group. The area had a clear matching policy and process in place. There was evidence on file of a good matching process, which demonstrated good communication between RAFT, the local link social worker, the child-in-care social worker and the foster carers in line with the local policy.

The service prioritised placing children with relatives wherever possible. Of the 306 children in care in the service, 95 of these children were placed with relatives. In some situations this led to children being placed outside of the service area. The service had allocated two senior social work staff to complete the assessments of relative foster carers for the area. Oversight of these assessments was managed through regular Section 36 planning meetings, and the principal social worker for fostering maintained a tracker to monitor the progress of these assessments. A review of the minutes showed that actions were being taken to progress the emergency Section 36 assessments in the area. The principal social worker provided clear rationales for three assessments that had been delayed. However, the reasons for the delays had not been recorded on the tracker. Due to the demand for foster

placements, the area had nine foster placements where the number of unrelated children exceeded the standards. The principal social worker explained that while there were a limited number of placements available in the area, the children in these placements had not been moved as they had formed significant attachments with their carers who were meeting their needs. Due to the lack of foster carers on the panel in the area, the service also had 83 children placed with non-statutory foster care agencies. The area manager and management team said that these children received the same quality of service as those children placed with Tusla managed foster carers. The service were also in the process of developing a panel of four emergency foster care households for the area to address the need for emergency placements in the area.

The service had supports in place to enable the retention of existing foster carers, and reduce the risk of placement breakdown. These supports included a foster carers group that was delivered online due to COVID-19, the provision of additional supports and enhanced payments for specific placements, and training for foster carers on a range of topics. Foster carers were required to complete the foundations for fostering training. In addition, where attendance at training created a challenge for foster carers, the social care leader on the team delivered the necessary training to foster carers on an individual basis. RAFT had also developed a pilot online enhanced support programme for newly approved foster carers. A training needs analysis had been completed with foster carers to develop a training schedule. The foster carers who talked to inspectors spoke positively about the level and range of training that they received, and some foster carers felt that the online delivery of training made courses more available to those foster carers based outside of the Dublin area. The service also published a fostering newsletter which provided information on training for foster carers, and also details in relation to foster care recruitment campaigns.

The majority of foster carers had an allocated link social worker who provided support and supervision. Feedback was sought from foster carers through their foster care reviews, child-in-care reviews and through the fostering support group. The service conducted a survey with foster carers to find out what they needed from the fostering support group. Exit interviews were completed with foster carers who had left the service. The findings from these interviews were compiled into a report in June 2020, and this report was presented to the FCC and team meetings. The findings from the exit interviews were positive overall. Reasons for foster carers exiting the service included children having returned to birth parents, children ageing out of care and children moving placement. The continued analysis of exit interviews was a priority for the fostering team's service improvement plan. External professionals told inspectors that the area was open to receiving feedback from all parties involved with a child. The service had commissioned an external service provider to develop a consultation group for birth parents to gather their views, and learn from their

experience of being involved with the social work service in the area. This was due to commence in 2022.

Despite significant efforts being made by the service at a local level, the recruitment of foster carers in the area continued to be a significant risk for the service and needed to be explored further. Foster carers were well supported, and the service continued to review practices in relation to the recruitment and retention of foster carers.

Judgment: Non-Compliant Moderate

Standard 22: Special Foster Care

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

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

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

The area had developed a local guidance document to support staff in their practice in relation to providing enhanced supports to foster carers. The service provided enhanced supports in the form of additional financial payments, specialist assessments and therapies, respite placements, and additional specialist support services to meet the child's needs. The area manager said that all requests for additional supports required their approval. There was also a six monthly review of enhanced support packages provided to foster carers by the area manager. The area had also run a bespoke recruitment campaign to identify foster carers for a child with complex needs within the area. In addition, the service had secured a clinical psychology post to provide therapeutic support for children in care. This post was due to commence in December 2021.

A sample of children's and foster carers files who were receiving enhanced supports were reviewed. The frequency of child in care reviews, the development of care plans and the completion of statutory visits were compliant with the regulations. The voice of the child was evident in the care planning process. There was good coordination of

services by the social work team on the files reviewed. Some of the supports provided were privately funded by Tusla so as to ensure that the child's needs were met, and that the placement was supported. While respite was available to these foster carers, the frequency of respite was a challenge in one of these cases reviewed due to the child's needs. Staff and foster carers spoke of difficulties accessing respite on a regular basis. The principal social worker for fostering had completed a review of the foster care panel for the area, and the availability of respite placements was identified as a priority area for recruitment in 2022.

Tusla did not have a national policy in relation to the provision of special foster care services to children with complex needs, as required by the standards. Therefore the area had no guidance to support them in providing a special foster care service for the children that required it. This needs to be addressed at a national level.

Judgment: Substantially Compliant

Standard 23: The Foster Care Committee

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

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

The FCC was well governed and led by an independent, suitably qualified chairperson who reported directly to the area manager. While the service had previously shared the FCC with another Tusla service area, the FCC for Dublin South Central came into effect in September 2020. The membership was in accordance with Tusla's Foster Care Committees Policy, Procedure and Best Practice Guidance (2017). The FCC had an appeals process in place. The area had local guidance documents to support staff in preparing reports for the FCC in relation to cases where there were allegations or serious concerns, and also for foster care reviews.

There was a broad range of experience on the FCC. Membership included a former child in care, a foster carer and representatives from the voluntary sector. The area manager said that they planned to have the psychologist allocated to the children in care team join the FCC, once appointed. The FCC had established a sub-group in order to meet the demand for foster care reviews that were received within the area,

and prevent a backlog. The FCC placed a strong emphasis on learning from practice. A working group had been established to identify learning from a specific case presented to the FCC due to a placement disruption. In addition, the FCC were presented with findings from the analysis of exit interviews completed with foster carers in the area. Practice in the area ensured that reports to the FCC were not accepted unless the voice of the child and foster carer were included.

The area held a log of committee members who had completed the induction training. Additional training completed by committee members was also detailed in the FCC annual report. Garda vetting for FCC members was in date at the time of the inspection. A sample of FCC member's files were reviewed. Inspectors found that the area did not hold proof of qualifications or evidence of in-service training on individual FCC member's files. Inspectors were told that qualifications for Tusla staff were held centrally by the human resource department. In addition, there was no letter of appointment or professional registration certificate available on the file of the FCC chairperson. While the service maintained a list of professional registrations for the relevant staff, the name of the FCC chairperson and that of a second FCC member were not on the list. The regional human resource manager confirmed that these documents were available on the FCC chairpersons personnel file. As the second FCC member was working in another Tusla service area, the principal social worker confirmed that their professional registration was held within that area, rather than on the file within Dublin South Central. At the time of the inspection, the FCC chairperson for the area was on sick leave. The role was being held by the FCC chairperson from Dublin South West Kildare West Wicklow on a short term basis, and the area manager was in discussion with the service director for the area to agree a contingency plan if required.

The minutes of FCC meetings and decisions were clearly recorded, and contained a good level of detail, reflecting compliance with the standards. The minutes included consideration of disruption reports, requests for long-term matching, notifications of serious concerns and allegations, foster care reviews and foster care assessments. The FCC placed an emphasis on including the voice of children and foster carers in reports presented to the committee. Inspectors found that written records of FCC decisions were held on individual files. In addition, there was evidence of good communication between the FCC and the social work teams. The coordinator supported the FCC chairperson in tracking the reports before the committee, and ensuring that the relevant documents had been received. Serious concerns and allegations were tracked through the quarterly meetings which the FCC chairperson attended.

The FCC chairperson reported directly to the area manager. This took place through monthly supervision, senior management meetings and quarterly governance meetings. The FCC chairperson completed quarterly reports in advance of these governance meetings, which were attended by the area manager, the FCC

chairperson, the relevant principal social workers and the FCC coordinator. Regional FCC chairperson meetings were also held in order to discuss practice issues that arose within the region, and ensure consistent practice in relation to FCC's across the region.

The FCC chairperson completed an annual report which detailed the work of the committee. The report presented a breakdown of the reports presented to the committee. It gave an overview of the training which committee members attended over the year. The report also provided details of feedback which the FCC sought from social workers, foster carers, observers and applicants. The annual report also provided recommendations for the year ahead. The information provided within the quarterly and annual reports was included within the annual *Adequacy of the Child Care and Family Support Services* report which was published nationally.

While the committee was well governed and organised, relevant documentation was not consistently available on the files of FCC members held by the service.

Judgment: Substantially Compliant

Standard 24: Placement of children through non-statutory agencies

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

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

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

The self-assessment questionnaire returned as part of this inspection outlined that the national office had appointed a dedicated national manager to oversee the

national operational governance framework for non-statutory foster care providers. However, the area manager and service director confirmed that this process was still in progress at the time of the inspection.

The service had good oversight and monitoring systems in place for the five non-statutory foster care providers where children from the area were placed. All private foster carers were approved through the FCC process, and this ensured that assessment and review processes for non-statutory foster care agencies complied with policy, procedure and guidance. The principal social workers for children in care held responsibility for bi-annual meetings with each of the non-statutory agencies, where each child placed with the agency was discussed. The principal social workers for children in care maintained a register of these foster carers in order to maintain oversight of the placements.

External professionals spoke positively about the arrangements that the area had in place with the non-statutory foster care services, and noted that it complemented Tusla's provision of foster care services. The Tusla social work teams were seen to be responsive to the identification of emerging issues within placements, and were open to providing additional support when this was needed. Managers and staff said that communication with foster link social workers in the non-statutory agencies and Tusla social work teams occurred on a regular basis with a clear focus on meeting the needs of children.

Inspectors reviewed a sample of files where children were placed with non-statutory foster care providers, and found that children received good quality care. While these children were placed outside the Dublin South Central area they were visited by a social worker and their child-in-care reviews took place in line with regulations. While one of these children did not have an allocated social worker, they were managed by the active on duty team, and had a good quality care plan detailing the priority areas of the child's care needs. In the files reviewed, there were clear detailed records of discussions had with the children during statutory visits. Inspectors also found that there was good quality assessment and timely intervention following an allegation made by a child in a non-statutory placement. Inspectors found that social workers were clear about their role, and there was evidence of good joint working between the Tusla social work teams and the non-statutory agencies on file.

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

Judgment: Substantially Compliant

Standard 25: Representation and complaints

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

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

Complaints and representations made to the service were managed in line with Tusla's national complaints policy. There were effective oversight systems in place to ensure that complaints were dealt with in an efficient manner. Complaints were regularly discussed at senior management meetings and team meetings. The area placed significance on learning from complaints, and attempted to resolve complaints at a local level where possible. The service had appointed a complaints officer who had responsibility for the management of complaints in the area. In addition, the area had provided the services of a mediator when required, in addition to the complaints officer as a support to resolve complaints in a timely and efficient manner.

Inspectors found that complaints were well-managed and were monitored appropriately to ensure they reached a resolution. The area had received four complaints in relation to the focus of this inspection. A sample of two complaints were reviewed. The responses from the social work teams were proportionate and timely. A satisfactory resolution was achieved in the sample of complaints that were reviewed. The complainant was advised of the outcome of the complaints. The area did not have a tracker to monitor the progress of complaints. The complaints officer told inspectors that the National Incident Management System (NIMS) was used as an oversight system to ensure that complaints were progressing as required in a timely way. The service also had an appeals process in place if complainants were not happy with the outcome of a complaint.

The majority of children who spoke to inspectors said that they had been given information on how to make a complaint. Children said they could talk to their social worker, and one of the children had been given information about an independent advocacy organisation. Children were advised of the complaints process in a child-friendly, age appropriate manner by their social worker, and this was recorded through a standardised statutory visit template. Staff and management agreed that these conversations were embedded in practice. While these issues and complaints were tracked through the statutory visit template, the service were in discussion

about developing a formal system to monitor, review and identify trends in the issues that arise during statutory visits that may not reach the threshold for the complaints process.

The foster carers were all aware of how to make a complaint. A review of foster carer files showed that fostering link social workers discussed the Tusla complaints process with foster carers during support and supervision visits. These conversations were recorded on the standardised template used by the service. One of the foster carers who spoke with inspectors had also been given information on the independent support service available to foster carers.

External professionals described a culture of strong leadership and governance within the service. They spoke of good joint working between services and the social work teams in promoting the best interests of children. External professionals described social workers as being strong advocates for children, noted that the service was open to hearing the views of all those involved with a child. Guardian's ad Litem were appointed to children in the area when required.

The service had received eight compliments in relation to the services provided by the teams. These were received from children, foster carers, the courts and legal professionals.

The service managed complaints in a timely and efficient manner. However, there was no formal system in place to monitor and track the issues raised by children during statutory visits.

Judgment: Compliant

Appendix 1: National Standards for Foster Care (2003)

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

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