



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

Name of service area:	Galway/ Roscommon
Name of provider:	Tusla
Type of inspection:	Thematic
Date of inspection:	01 – 04 November 2021
Fieldwork ID:	MON_0034330

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, childcare 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 acting service director
 - the area manager
 - the principal social workers for alternative care
 - the independent chair of the foster care committee (FCC)
 - the quality assurance monitors
- focus groups conducted remotely with:
 - aftercare manager and social work team leaders across the alternative care teams
 - frontline staff across the alternative care teams
 - eight foster carers
 - external stakeholder representatives from a social justice organisation and an advocacy organisation
- observations conducted remotely of a:
 - child-in-care review meeting
 - foster care committee 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 44 children and foster carer's files
- separate phone conversations with:
 - 10 children and thirteen foster carers.
- questionnaire completed by:
 - one child.

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

Data published by Tusla in 2019 showed that the Galway Roscommon service area had a population of children aged between of 0 -17 years of 79,912¹.

The Galway Roscommon service area is one of five Tusla areas within the West region. The service area was under the direction of the acting service director for Tusla West region at the time of the inspection. This position was being covered on a rotational basis by the area managers until the post was filled. The service area was managed by an area manager. The alternative care service in Galway Roscommon consisted of four children in care social work teams, three foster care teams team and two aftercare teams. There was a dedicated placement support team. There

¹ Annual Review on the Adequacy of Child Care and Family Support Services Available – 2019 (Tusla website, May 2021).

were two social work team leader posts, each dedicated to completing either foster care reviews or child in care reviews. A psychology post was vacant at the time of the inspection. The management structure of the alternative care service comprised of one fostering principal social worker for the service area and two children in care and aftercare principal social workers who reported directly to the area manager. Team members included senior social work practitioners, social workers, social care managers, social care leaders, social care workers and project workers.

The Alternative Care Teams are based across offices in Galway city, in county Galway (Tuam, Oughterard, Loughrea and Ballinasloe) and in Co. Roscommon (Roscommon town, Castlerea and Boyle). The child protection and welfare teams, who had case responsibility for children in care until they were transferred to the long-term children in care team, were located in offices throughout the service area.

In quarter one of 2020, the Galway Roscommon service area had 294 approved foster carers. As of 31 December 2020, this figure had dropped to 255. At the time of the inspection there were 261 foster care households providing placements for 364 children. Of these, 76 children were placed with relatives and the remaining 288 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
A judgment of compliant means that no action is required as the service has fully met or has exceeded the standard.	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.	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.	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.

This inspection was carried out during the following times:

Date	Times of inspection	Inspector	Role
01 November 2021	09:00hrs – 17:00hrs (onsite)	Lorraine O Reilly Sharron Austin	Inspector Inspector
	10:15hrs – 17:15hrs (onsite)	Grace Lynam Sabine Buschmann	Inspector Inspector
	09:00hrs – 17:00hrs (remote)	Sue Talbot	Inspector
02 November 2021	09:00hrs – 17:00hrs (onsite)	Lorraine O Reilly Sharron Austin	Inspector Inspector
	09:00hrs – 17:15hrs (onsite)	Grace Lynam Sabine Buschmann	Inspector Inspector
	09:00hrs – 17:00hrs (remote)	Sue Talbot	Inspector
03 November 2021	09:00hrs – 17:00hrs (onsite)	Lorraine O Reilly Sharron Austin	Inspector Inspector
	09:30 hrs – 17:30hrs (onsite)	Grace Lynam Sabine Buschmann	Inspector Inspector
	09:00hrs – 17:00hrs (remote)	Sue Talbot	Inspector
04 November 2021	09:00hrs – 17:00hrs (onsite)	Lorraine O Reilly Sharron Austin	Inspector Inspector
	09:00hrs – 16:00hrs (onsite)	Grace Lynam Sabine Buschmann	Inspector Inspector
	09:00hrs – 17:00hrs (remote)	Sue Talbot	Inspector

Background to this inspection

This thematic programme is 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. It 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 May 2017) – Assessed the efficacy of recruitment procedures, foster carer supervision, and assessment of foster carers.
- Phase 2 (completed in this area in November 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
- three standards were substantially compliant
- four standards were non-compliant moderate.

Of the eight standards inspected against in the Galway/Roscommon area, one standard was compliant, three standards were substantially compliant and there were four moderate non-compliances. Areas of good practice included foster carers being well supported and the provision of training to foster carers in the area was good. Recruitment and retention strategies, as well as assessments of foster carers were of good quality. Improvements were required in the timeliness of foster carer reviews and more regular visits to foster carers. Notifications of allegations to the foster care committee and the classification of allegations also required improvement. The system to ensure An Garda Síochána (police) vetting of foster carers was updated also required improvement.

Of the six standards assessed in Phase 2:

- three standards were compliant
- three standards were substantially compliant.

Areas of good practice included all children in foster care had an allocated social worker and the majority of children had been visited by a social worker, as required. Social workers who spoke with inspectors recognised and promoted children’s wellbeing and were aware of the needs of the children they worked with. Children’s needs were assessed in a timely manner and the assessments were of

good quality. Child-in-care reviews were well managed and care plans were of good quality. There was a good aftercare service in place which developed good quality assessments of need and aftercare plans. There was appropriate management of child protection concerns made by children in care. Complaints, concerns and allegations against foster carers and other allegations made by children were assessed and investigated in line with Children First (2017).

Improvements were required in the recording of information. Not all records of visits or child-in-care reviews were completed in a timely way. This meant that children's records were not up to date and there were delays in people receiving minutes of review meetings. Improvements were also required in the aftercare service as not all eligible children had been referred and there were some delays in completing assessments and plans.

Self-assessment information and what Tusla said about the service

Prior to the announcement of the inspection, a self-assessment questionnaire (SAQ) 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 area rated its performance as compliant against three standards, substantially compliant against four standards and non-compliant moderate against one standard. The area had an existing service improvement plan in place, which included some aspects of service provision requiring further development to bring the area into full compliance. The SAQ indicated that the service area had strong leadership and management systems in place, with good oversight at senior management level to drive quality improvement. In most areas, senior managers' review of their service performance aligned well with the strengths outlined within this inspection report. This inspection found that the evidence identified by the SAQ to support these judgments were in place.

Inspectors agreed with the area's judgments in six of the eight standards. Inspectors increased the level of compliance in one standard and decreased the level of compliance for another standard. Findings against the standards are outlined in the rest of this report.

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, 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 10 children on individual phone calls. Children had different views of their care experiences and they were generally positive. Children told inspectors about how things were for them and about their foster carers. Some of the things they told inspectors were:

- "everything is great"
- "I talk to my foster mum when I have problems"
- My home is "great, very cosy and very safe and very fun"
- "this house is lovely...in winter mammy puts on the fire"
- "they're good to me, help me, I have the support I need".

Children told inspectors that they liked their social workers. They told inspectors that social workers visited them and listened to what they had to say. Some of children's feedback about their social workers included:

- "they help me out and keep in touch"
- "I have an aftercare worker, she's covers everything"
- "they help me a lot, I tell them how I feel"
- "I feel they listen to me because they ask me what I think and give me time to speak"
- "social workers do a great job"
- "I have no complaints"
- "great at organising activities during holidays and family visits"
- "the one thing I said, be truthful and honest with me, whether it's happy or hard, and they have always done this".

Children's voices were represented by their social workers. Although the majority of children told inspectors they chose not to attend their child-in-care reviews, all children talked about filling in their review forms. They told inspectors that their social workers and foster carers sometimes helped them to fill in the forms before their reviews and said things such as "I fill in the form and speak my mind."

Another child told inspectors, "I didn't go but talked to the social worker. She asked me if I'm ok with her representing my views and I was".

The review of children's case files also provided evidence on their experience in foster care. The records demonstrated attention to ensuring the voice and participation of the child throughout all the child-in-care processes. For example, children were consulted and involved in developing a child-friendly child-in-care review forms. There was good reference to children's rights and advocacy supports.

Some children did not have a social worker at the time of the inspection. They spoke with inspectors about what it was like to not have a social worker. Some of the things they said were:

- "I don't always have a social worker to talk to and that is not good when I need something"
- "what happens when I am not ok and need to speak with somebody and there is nobody there?"
- Social workers "they come and go, I don't get to know them".

When asked what the service could do better, children told inspectors that they would like to have the same social worker and not "having to tell your story again and again". They suggested that the service "don't change social workers all the time" and "be a bit more organised". Another child said "I'd like to know about Tusla's structures and how it all works but that has never been explained to me".

The majority of foster carers who spoke with inspectors were positive about the service. They felt respected by and listened to by their fostering social workers who provided them with a good level of support. Foster carers told inspectors:

- they had a "good experience" and were "always treated with great respect"
- their experience has been "fantastic" and they "would not change it for the world"
- "would always get a response...never left waiting"
- "they apologise about staff turnover and delays"
- "lots of phone and email contact usually"
- "lots of support at the start of the placement"
- "never had a bad experience as the needs of the children are their first priority".

Some foster carers did not have a link social worker for several months and described that there was "no communication" at that time. Another foster carer had not had a fostering social worker for several months and had yet to meet their link social worker who had been recently allocated to them. Some foster carers told inspectors that communication had improved and they were "kept informed

much more now than years ago" and the texting system allowed for more immediate support.

Foster carers spoke positively about the social worker's allocated to the children they were caring for. They said that "all supports are provided" and spoke about being "amazed how good the social worker is". They spoke about social workers being very supportive and they had great relationships with children. Other foster carers told inspectors that children they were caring for had no social worker at times and there had been "lots of changes" in social workers. They also spoke with inspectors about the delays in getting access to external support services such as mental health services and said "children should not have to wait this long for services".

Foster carers spoke about support groups happening before COVID-19 and that they would be starting up again. Foster carers had received copies of relevant policies and procedures during training and when they were approved as foster carers. Foster carers told inspectors they received newsletters and training plans from social workers and they were encouraged and supported to attend training. They also spoke about the "great support" provided by social care workers for both the foster carers and the children in their care.

Overall, children in care received a child-centred service which took account of their lived experiences and valued their voices. Children were encouraged and supported to participate in a meaningful way in decisions about their care. They were placed with foster carers who provided a safe and caring home for them. Children felt listened to and spoke positively about their social workers. Senior managers were aware of the issues raised by children and foster carers such as some children not having an allocated social worker and delays in external support services providing specialist support to children when required. Management had taken actions to ensure these children received a social work service and would be allocated a social worker as soon as possible. They were also privately funding services for children when required and were meeting with external agencies on a regular basis.

Governance and Management

There were effective governance and management systems in place to assure the area manager that the service provided was safe, consistent and appropriate to children's needs. Senior management had oversight and governance measures in place to ensure a safe service was delivered to children and their foster carers at the time of the inspection. Actions were taken to address delays that had arisen, such as delays in the allocation of social workers to children in care and with completing foster carer reviews, with both resulting from staffing issues.

The alternative care service was well led, organised and well-managed to ensure a good quality service to children in care. Staff and external professionals reported that there was strong leadership and a continuous drive for improvement which underpinned the work of frontline managers and their teams.

Although managers were experienced, the overall governance of the service was impacted by the service director role having recently become vacant. Temporary arrangements put in place to cover this role were not adequate. Each area manager in the West region provided cover for two week periods on a rotational basis but this meant there was no consistent manager with responsibility for the overall governance and management of the service while the service director position was vacant. This meant that escalated risks and issues which required action at a senior level within Tusla, were not followed up by one consistent person who was familiar with issues at a regional level.

There were clear policies, procedures and guidance to guide the delivery of the foster care service. Individual roles and responsibilities for staff and management were clearly set out and staff were very informed when speaking about their positions within the agency. Staff turnover was very low and all staff reported positively about the support they received from their line managers and about the culture within the service.

There were effective systems for management and oversight of the service and a commitment to continuously improve the quality of service provision. Continuous professional development was promoted and staff were encouraged and supported to complete training relevant to their role. Joint training initiatives had been developed with the local university and social workers also participated in training with foster carers.

Regular case supervision combined with management trackers ensured effective monitoring of staff performance. A standardised supervision template was used which allowed staff to track key statutory requirements in relation to statutory visits, review of children's legal status, updates of any changes to the child's care, foster carer reviews and Garda vetting. Staff reported that regular team meetings

provided an important communication channel for the governance of the foster care service with updates from management meetings being provided as well as discussion of other issues such as group supervision, training and practice issues.

The service had well-established systems in place for tracking performance, patterns and trends. Examples of trackers maintained included those in relation to inspection action plans, quality assurance action plans, audits, complaints, compliments and foster carer training among others. As well as trackers, the service also undertook further analysis. For example, a review of complaints was completed to establish any patterns or trends in what the service could improve upon. The regional quality, risk and service improvement manager worked closely with the area and met with the regional principal social worker group on a bi-monthly basis. Information from a variety of activities undertaken by the service area was used to establish patterns and trends that would influence the area's response and resource allocation.

The area demonstrated learnings from previous inspections, audits and action plans. For example, an action from a 2019 regional audit was for the area to define the audit work to be completed locally and to develop an audit plan. These actions were completed with a series of planned audits completed in 2020 and 2021. Audits included areas such as foster carer reviews, general file audits, enhanced support payments and serious concerns and allegations made against foster carers.

The area managed risks effectively by taking action locally to mitigate against them and escalating risks when required. The area maintained and updated their risk register at monthly area management team meetings. The area recorded internal risk escalations as 'need to knows'. The area reported that there was one 'need to know' report within the scope of this inspection in the previous 12 months. Risks were added as they were identified such as the vacant psychology post and the need for occupational therapy to be available for children in care. Another risk which was reviewed over the last two years was the impact of COVID-19 on service delivery and robust systems were put in place for staff to continue to provide a service to children in care.

Staff ensured that children and their families understood the impact of the restrictions in line with public health guidance. Risk assessments were completed to ensure continued engagement with children which included home visits or other face-to-face meetings with children and their families as their circumstances required. The area manager as well as front line staff outlined that the risk escalation process was well understood in the area and that all required reports were escalated appropriately.

Staff who spoke with inspectors were competent and knowledgeable in carrying out their statutory responsibilities so as to ensure a quality service to children. Children in care, their families and foster carers were supported by experienced, qualified, vetted and registered staff. Staff were very mindful to capture the voice of the child and to support them with ensuring that they were heard. They encouraged children to be active participants about their care.

The area had staffing issues which were beyond their control. For example, the area could not backfill positions when staff went on long-term leave, such as maternity leave. This meant that while they had very few vacancies, there was a large number of frontline staff who were on long-term leave, and therefore not at work on a daily basis. This then led to issues for the area such as some children and foster carers not being allocated a social worker. Staffing deficits had been escalated by the area manager to the service director when they were in post. Despite these vacancies, inspectors found a good standard of social work practice and governance measures were put in place to monitor the impact of the vacancies.

There was adequate oversight of unallocated cases at the time of the inspection. Tusla's published metrics for the service area in June 2021 outlined that 93% of children in care had an allocated social worker and 97% had an up-to-date care plan. These figures remained the same in September 2021 and the area had a plan in place to visit children who did not have an allocated social worker. All unallocated cases were reviewed by the principal social worker who determined the actions required on those cases to ensure children continued to receive a service when not allocated to a social worker. For example, supporting foster carers in making an application for enhanced rights and informing foster carers and children that they can contact the social work team leader should any support be required.

The area had undertaken a comprehensive training needs analysis to inform their foster care recruitment and retention strategies. This contributed to the finding in the annual report that the area had successfully secured placements for all children requiring one in 2020. The area continued with its efforts to promote the recruitment of foster carers which was more challenging throughout COVID-19 given that this limited face-to-face gatherings and disrupted some planned events. The need to recruit foster carers to meet the needs of teenagers with complex needs was identified and was a focus for the area moving forward.

Formal arrangements with other agencies were not fully effective to facilitate the management of specific cases as required. These included the respective Joint Working Protocols between Tusla and HSE Disability Services and Tusla and An Garda Síochána. Quarterly meetings which were attended by the area manager took place in line with the joint working protocol. Partnership working was reported

to be working well in enabling transition planning for young people with additional needs when they reached eighteen years of age. However, gaps in accessing specialist services, such as psychology, disability services and mental health supports, had been identified. This was being followed up in line with the joint working protocol, and in some cases had resulted in Tusla funding additional specialist services.

The service area did not identify foster carers as 'special foster carers' on their panel. However, the area did have children with complex needs that were placed with foster carers, who received enhanced supports or payments. The area had developed their own local guidance to support them in providing a special foster care service for the cohort of children that required this service but there was no national policy to support this. This needs to be addressed at a national level.

The foster care committee (FCC) carried out its functions and the membership of the committee was in accordance with Tusla's Foster Care Committee's, Policy, Procedures and Best Practice Guidance (2017). The independent chairperson of the committee had been in post since 2019 and had extensive experience and knowledge across the functions of the service area. The current membership was made up of a broad range of members with appropriate experience and qualifications including the area medical officer and a school principal who offered specialist advice and the committee had access to other relevant specialist advice externally if required.

The area maintained a panel of foster carers. At the time of inspection there were 261 approved foster care households, of which 210 were general foster carers and 51 were relative foster carers. They included foster carers from various cultural backgrounds, new and experienced foster carers, carers with children who had additional needs or challenges, while other carers experienced more long-term and settled placements. The service area had recruited 24 new foster carers in the 12 months prior to the inspection.

While senior managers reviewed all complaints made to the area, there was a discrepancy in managing complaints at local level. Upon sampling the complaints register, four complaints were noted to be closed at local resolution but the process had not been followed. Those four complaints had been closed without children and foster carers receiving a final response about their complaint in writing and without being advised of their right to appeal the decision if they were unhappy with the outcome. Senior managers were alerted to this and assurances were provided that the complaints process would be followed in such cases.

The area routinely collected and used information to enhance the quality of care and the performance of the service. Tusla's National Child in Care Information System (NCCIS) was used to monitor service provision and gathered appropriate

data about the service to support service planning and delivery. Reports provided information to the management team on the volume of work in the area. Information was used to enhance the quality of care and the performance of the service. These related to statutory requirements, such as, up-to-date care plans, child-in-care reviews, foster carer reviews and Garda vetting checks. This informed the planning and needs analysis for the area as part of their service plan.

The service area developed a quality improvement and area action plan in March 2021 following the completion of their SAQ. They identified required actions under each standard to ensure the service was working towards achieving full compliance with them. Some of the actions completed at the time of the inspection included an analysis of complaints and compliments, the development of an enhanced support guidance document and bi-annual reviews of these supports. Actions had specific timeframes for completion with the majority planned to be completed by mid-2022.

The service area's strategic direction and service improvement plan were appropriately aligned with Tusla's national service development and improvement plans. This ensured a comprehensive and well-co-ordinated approach to service development activity. Service delivery was aligned to relevant legislation, regulations, policies and standards to promote the provision of a quality foster care service. The service area's management structure supported the delivery of a child-centred service which would be further enhanced with a consistent service director in post.

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's policies, procedures and guidance documents for the delivery of foster care services was aligned to relevant legislation, regulations and national standards. The area's service improvement plan was informed by an analysis of the area's needs and objectives. The management team had aligned this with Tusla's national corporate objectives and plans. The area's service improvement plan was reviewed and updated to meet the emerging needs of the service.

The area management team ensured policies and procedures supported the delivery of safe, child-centred services. National policies and guidance with regard to COVID-19 had been implemented and reviewed in line with national guidance. Regular management meetings ensured timely communication about changes to policy and practice in line with public health guidance.

The area had systems in place to review policies and procedures. The national policy directorate had review dates for all policies including the voluntary care guidance document, in light of learning from external and internal audits. A new respite policy had been developed in 2021 based on learnings from a case review and feedback from external agencies.

There were formal written agreements and procedures in place to guide processes such as the transfer of children in care to the geographical area in which they reside. There were also protocols in place to appropriately manage situations for where there was shared responsibility for children in care where two different agencies were involved, one agency supporting the child while another supported the foster carer. Practice reviewed by inspectors indicated managers carefully considered the best interests of children, their care status and the most appropriate time to hand over case responsibility. Records also indicated good communication with other areas in planning for the safety of children moving to live in the area to ensure children's safety and well-being.

The culture in the area promoted a shared responsibility for governance across all staff levels. Managers were satisfied that staff had a good understanding of policies, procedural and practice requirements. Frontline staff reported good governance in implementing policies to ensure they were both responsive and appropriate. Care practices were consistent with their policies and procedures. All those who worked in the service took a partnership approach towards the care of children. The regional 'task and finish' group had helped to standardise practice and ensured the challenges of the effectiveness of foster care arrangements were considered. This group completed its work regarding fostering in 2019 which also included the review of policies and procedures. Consultation with staff in relation to policies and procedures also took place at team meetings.

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

Good practice was evident in how the area involved foster carers in quality improvement relating to procedures in the area. For example, the area reviewed the supervision and support form that social workers complete with foster carers to see what improvements could be made. Social workers and foster carers agreed that the purpose and process of support and supervision was important. In a report about the findings, the area acknowledged the feedback from foster carers about difficulties with the level of detail and repetition in the form. It was agreed that the form would be simplified and include more of a focus on support for foster carers and their families. It was noted that there would be a focus on the active participation of foster carers to make it a more robust and safe process for foster carers, children and fostering social workers. The newly developed form was being revised at the time of the inspection.

The area maintained a register of the panel of persons approved to act as foster carers in each county in order to comply with the Child Care (Placement of Children in Foster Care) Regulations 1995. The register included approved foster carers working for private non-statutory foster care agencies. The register in the Galway Roscommon service area was updated on a monthly basis. It included a list of approved foster carers, their address, contact details, their assessment type, their allocated fostering social worker, the date of their approval and whether they were active, inactive, on hold or exiting the service.

Partnership working had been strengthened and there were appropriate forums to identify and discuss how to meet children's complex needs. Formal arrangements were in place with other agencies to facilitate the management of specific cases as required. Quarterly meetings took place with disability and HSE services in line with the joint working protocol. While gaps in external service provision remained and was of concern, the area manager was assured progress, albeit slow, was being made. For example, there was now a pilot project in Galway aimed at developing better pathways and minimise the trauma on children where sexual abuse was suspected. Children could access teams of Gardaí, social workers and other professionals working together under the one roof.

Gaps in access to some specialist services, such as occupational therapy and psychology provision, had been identified by staff, management and foster carers. This was being followed up in line with the joint working protocol, and in some cases had resulted in Tusla funding additional specialist services. Furthermore, to mitigate against this risk, the area manager had escalated this issue to the regional service director. However, significant delays for children accessing publicly funded health services remained despite the policy regarding the joint protocol between the HSE and Tusla being in place.

External agencies reported positive and regular contact with service managers and frontline staff and with foster carers. They reported joint working relationships

were collaborative and child-focused and that the service area was open to learning and improving the service where possible. They told inspectors the area demonstrated strong commitment to children and were responsive in their approach to addressing concerns for children's safety or complaints.

The service recognised its duties to children and families from various cultural and ethnic backgrounds. They ensured interpreting and translation support was provided as required. The area had made efforts to engage members of various communities to assist with their recruitment and retention of foster carer's strategy. Efforts were also made to produce policies and information leaflets in accessible, child-friendly formats. For example, children were involved in producing a child-friendly version of a child-in-care review document.

The service area experienced significant pressures as a result of staffing vacancies over the past year, the impact of COVID-19 restrictions and the cyber-attack. This resulted in 30 children not having an allocated social worker. The area manager was assured that their circumstances were reviewed by the local team in line with their policy on the management and governance of cases awaiting allocation. To provide additional assurance, an independent file audit was planned for 2022.

While the area had effective policies and plans in place to promote the provision of a high-quality foster care service, there were identified areas that required further improvement. These included addressing the delays and waiting lists for access to specialist provision, such as psychology and staffing challenges impacting on service delivery such as ensuring every child has an allocated social worker.

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 has clearly defined governance arrangements to ensure a safe and sustainable service that was consistent and appropriate to children's needs. The best interests of children in care were considered at every level within the organisation and there was a shared ownership and responsibility across all levels

of staff to contribute to effective governance of the service provided. However, the service director post had become vacant in the weeks prior to the inspection. Arrangements to cover this post on a short-term basis were put in place and consisted of the five area managers in the region providing rotational cover for two week periods. These arrangements meant that the region lacked consistent oversight and governance on an ongoing basis. In the absence of one consistent service director, the area was held to account nationally through national performance meetings with the chief executive officer and through monthly and quarterly reporting of their metrics.

Management and staff were clear about their individual and collective roles and responsibilities. Managers at all levels effectively led the foster care service to ensure the best possible outcomes for each child in care. Staff reported that there was strong leadership and a continuous improvement drive which underpinned their work. Staff and foster carers were supported and confident in the delivery of safe, consistent and quality care to children and their families. Training was actively promoted for both staff and foster carers.

The service was responsive to managing risks associated with staffing issues and strived for improvement in service delivery. For example, management made decisions to de-allocate specific children, in long term-stable placements, to enable the team to create allocation capacity for other children with a higher priority. While three children were dual unallocated for a number of months, senior managers ensured that the team leader completed home visits during this period and a student social worker, under the guidance of a social worker, completed direct work with the children. These cases were reallocated to social workers when the vacant post was filled. The area had a focussed intention to not have any dual-unallocated cases and there were none at the time of the inspection.

There were clear escalation routes through regional and national levels within Tusla for risk that could not be resolved locally. This was effective in some instances but not all. For example, on the service area's risk register, it was evident that staffing vacancies had been escalated to human resources regional director and the lack of appropriate office space for staff was brought to the attention of Tusla estates. This resulted in new premises being secured for staff which met their needs. However, staffing remained an issue despite the area undertaking recruitment campaigns.

The area manager had several mechanisms in place in order to be assured of the quality and safety of the service. There were quality assurance systems in place that were separate from line management structures for foster care services, to ensure compliance with statutory requirements and standards. More frequent governance checks were carried out at the onset of COVID-19. The regional task and finish group had helped to standardise practice across the area. Similarly, the

area manager was assured through the various mechanisms they had in place which included assurances in relation to key performance indicators in line with statutory requirements. Some of the oversight mechanisms included supervision, area management meetings, reviewing complaints, serious concerns and allegations, a complex case forum and meetings with the independent FCC Chair.

There was a strong drive for continuous improvement in the area and across the region. The area demonstrated a high standard of self-regulation and effort in striving for excellence, with the main focus always on the child, and always questioned themselves as to the impact of whether an action was or was not taken. This was evident in interviews with staff as well as in the minutes of several forums including senior management meetings, FCC meetings and team meetings. Areas identified as requiring further improvement included improving the timeframes for foster care assessments and foster carer reviews and continuing to make efforts in ensuring children are provided with the opportunity to avail of external services at the right time.

The area demonstrated learnings from previous inspections, audits and action plans. A series of audits in 2020 and 2021 included areas such as foster carer reviews, general file audits, enhanced support payments and serious concerns and allegations made against foster carers. Some of the findings which led to service improvement were enhancing the audit templates to focus more on the quality of the service provided. Other improvements were for foster carer files to contain copies of FCC decisions and outcomes, relevant to that foster carer and the development of a text messaging service to alert foster carers to training events.

The service area's strategic direction and service plans were appropriately aligned with Tusla's national service development and improvement plans. The area manager told inspectors that regional priorities were developed from the national plans and then in turn, local priorities were developed from regional priorities and decided with the local social work teams.

Systems for tracking local performance, patterns and trends were well established. Staff were held to account via regular case supervision which noted the tracking of key statutory requirements such as statutory visits, foster care reviews, and Garda vetting. Other trackers maintained included complaints, compliments, quality assurance and HIQA actions plans and foster carer training, among others. The regional quality assurance monitor also reviewed some of these trackers.

Planning for the effective use of resources was evident in the area. For example, an area of good planning was highlighted by the principal social worker for children in care and aftercare. The area had undertaken an analysis of where children were located in the area who would be approaching the age to avail of the aftercare service. A business proposal was put forward to base an aftercare worker in the Tuam area based on the findings, to ensure children and young people are offered the service in the most accessible way.

There was a lack of service capacity to ensure all children in care had an allocated social worker. The 30 children were without an allocated social worker as a result of staffing vacancies. The area manager told inspectors that efforts were continuing to fill these vacancies as a matter of priority and the risks associated with these vacancies had been escalated at a regional and national level. Despite not having an allocated social worker, statutory visits had been undertaken by social workers to the majority of these children and 28 children had up-to-date care plans. Various additional safeguarding measures were put in place such as written or telephone correspondence by the social work team leader to all foster carers about how to access the local service in the event of any issues arising and visits to children and foster carers were undertaken by the social work team leader and principal social workers. There was a plan for the outstanding seven statutory visits and two overdue care plans to be completed by the end of 2021.

There was a lack of capacity in the area for placements for teenagers. In their SAQ, the area noted that their recruitment and retention strategy outlined the urgent need for foster carers for teenagers. The area sent posters to regional services with the aim of attracting people with experience in engaging and supporting teenagers. The lack of foster care placements for teenagers meant that some teenagers were placed in residential care rather than foster care.

The area reported on all aspects of their foster care service as part of their annual *Adequacy of the Child Care and Family Support Services* report which was published nationally. The 2020 Galway Roscommon FCC Annual Report as well as the fostering department's annual report informed the wider alternative care planning and service development activity.

The service area maintained a child in care register in compliance with statutory requirements on NCCIS which was audited by the NCCIS Liaison person. NCCIS was used to monitor service provision. Reports provided information to the management team on the volume of work in the area. Information was routinely collected and used to enhance the quality of care and the performance of the service in relation to up-to-date care plans, child in care reviews, foster carer reviews and Garda vetting checks. This informed the planning and needs analysis for the area as part of their service plan.

Inspectors found that accessing information relating to children on NCCIS was good and in the majority of cases reviewed information was up to date. While the key records in relation to statutory requirements were evident, some of the work being completed by social workers was not consistently reflected as not all information was recorded or uploaded to the system in a timely manner. Some social workers did not use the suggested templates and naming conventions were not standardised. This meant that the quality of recording was not consistent throughout the area and it was difficult to access specific information in a timely manner.

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. All appointees were selected under competency frameworks to ensure they met the required competencies in terms of professional knowledge and standards required to fulfil the role. Turnover in the area was low given only six out of 71 staff had left their positions in the 12 months prior to the inspection due to local transfers, retirement, resignation or a career-break. Some staff were on maternity leave and senior managers informed inspectors that those positions could not be back-filled which meant there was less frontline staff available. Despite this, the area was child-centred in its approach and made the best use of its capacity and resources. For example, the principal social worker reviewed children's files who did not have an allocated social worker and plans were put in place to ensure these children would be visited by a social worker. Cases were reviewed on a bi-monthly basis in line with the area's local policy. The area manager also reviewed these cases on completion of this inspection and provided assurances that the governance of these cases was in line with their local policy.

A sample of 10 staff personnel files were reviewed for safe recruitment practices. Evidence of professional registration and renewal of registration were available on all staff files who were professionally qualified social workers. However, two of the ten staff files reviewed did not contain a copy of staff members current An Garda Síochána vetting. Two staff files did not contain evidence of contracts, qualifications and references. A further staff file did not contain copies of qualifications and references and another did not contain a copy of qualifications. This meant that there were gaps in the records in seven of the 10 files sampled. This was brought to the attention of the fostering principal social worker and area manager during the inspection. They were assured by local trackers that any information held locally was up to date, including assurance about current police vetting for staff. Vetting and professional registration were monitored locally by the area to ensure action was taken when vetting and registration was due for renewal. Inspectors observed these trackers and noted they were up to date.

The service maintained clear job descriptions for all staff and members of the fostering teams and ensured each staff member and foster carer were aware of their roles and responsibilities. Newly qualified staff availed of corporate induction and role specific induction. A senior social work practitioner post was attached to each fostering team who supported team leaders in the induction and mentoring of new staff members.

Retention and wellbeing initiatives were in place to support staff. Staff wellbeing was addressed at team meetings and within individual supervision. Formal wellbeing initiatives included the employee assistance programme and access to occupational health. Senior management encouraged continuous professional development (CPD) and bespoke training opportunities. For example, fostering social workers completed attachment training to inform their social work practice. This training was continuing to be rolled out to more staff at the time of the inspection. Staff were supported and encouraged to engage with Tusla's 'Empowering Practitioners in Practice' (EPPI) and managers completed 'Everyday Inspirational leadership' training.

A joint staff and foster care training initiative was in place to embed the therapeutic approach to foster care and enhance the skills of foster carers and social workers in supporting children. Joint training in the 12 months prior to the inspection included therapeutic responses to understanding stress and triggers, managing challenging behaviour and attachment training.

The area also had a well-established joint training programme with the local university. This had become a core component of continuous professional development for staff. The sessions involved presentations from academic, policy and practice contexts. There was good oversight by the committee who met on a monthly basis to plan events with four taking place in 2021. Topics included values and attitudes, adapting services after a pandemic and parental participation.

A training needs analysis aligned to national and local service development priorities was completed in 2018 to span over a three-year period. It was evident through the training initiatives in place, training trackers maintained by management and feedback from staff that training was very much encouraged and a culture promoting ongoing professional development was embedded in the area.

In line with Tusla's national policies, formal staff supervision and professional development plans were in place. Staff told inspectors that they felt supported by their managers and that there was a genuine appreciation and acknowledgement by managers of their workload.

External professionals reported good working relationships with social workers to improve the outcomes for children. In addition, the area had established working relationships with external services to work with them to provide appropriate services for children with complex needs. Social workers strongly advocated for children when liaising with external services.

Personnel files held centrally were not maintained accurately and contemporaneously for all staff as required to meet full compliance with this standard.

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 compliant with this standard. Inspectors agreed with this judgment.

The area had effective recruitment and retention strategies to ensure they maintained an appropriate range of foster carers. The area had a recruitment steering committee which created and implemented plans on how best to recruit foster carers in the area. The area supported the national recruitment campaign and had a fostering champion on this committee. Foster carers and young people with care experience were also participants in the campaign.

Senior management told inspectors based on experience and needs analysis, word of mouth and positive experiences of existing carers was the most successful recruitment and retention tool. Existing carers support staff in all recruitment campaigns. For example, foster carers and young people with care experience were interviewed on local and national radio, have spoken at recruitment events, foster carers have spoken at support mornings and attended information sessions with staff.

The area held a focus group with foster carers to obtain their ideas about how to recruit more foster carers. They provided feedback about engaging with prospective foster carers, how best to advertise for new foster carers and to how best use social media. Their suggestion to organise a coffee morning for every foster carer to bring someone they know who was interested in fostering was taken on board and due to its success, it was planned that more events would occur in line with public health advice.

The service area had a recruitment and retention strategy for 2021-2023. The aims were to improve local placement choice and stability for children and young people and to continue to work on ensuring that foster carers felt valued and supported in their role.

In 2020, there were 105 enquiries regarding becoming general foster carers in the service area. From these enquiries as well as those screened and trained in 2019, a total of 15 general foster care assessments and 10 relative assessments were approved in 2020. Their recruitment strategy noted that throughout 2020, the number of admissions to care had increased significantly, from 45 new admissions to care in 2019 to 72 new admissions in 2020. This increased the pressure on the area to find suitable placements, particularly for teenagers who had complex needs.

All new applicants completed 'Foundations for Fostering' training facilitated by the fostering department. The training was re-invented in 2020 as an online programme due to COVID-19. In October 2020, 11 families (20 participants) received this training and on completion of their training, nine families progressed to their foster carer assessment. Of these, four chose not to continue while in assessment. Three families were both assessed and approved as foster carers in 2020 and two families in 2021.

There was a good recognition of children's faith, culture and ethnicity within the recruitment, assessment and matching processes. There were 50 foster carers on the panel from culturally diverse backgrounds. The area's review of adequacy of foster care services for Traveller children in care 2020 indicated that 61% of Traveller children in foster care were being cared for by Traveller families. Senior managers outlined a pilot project between Galway Roscommon and another service area in the region for a half-time post for a person from the Travelling community to be involved in the recruitment of traveller foster carers. This was an example of innovative practice undertaken by the area based on children's best interests.

Relatives were always the first option considered for any child placed in care. This was supported by the signs of safety assessment and safety networks that were generally in place before a child was placed in care. In this area, 21% of children in foster care were placed with their relatives.

The service area had a well-structured matching and assessment process in place. Both counties had matching panels who considered the needs of all requests for placements and determined if there was a good enough fit between the child's needs and the carer's ability to meet those needs. A review of the panel meeting minutes showed comprehensive discussions with clear decisions documented. During 2020, the fostering department had the ability to identify and match all fostering placement requests within their own local resources, despite significant challenges.

A review of a sample of files demonstrated comprehensive analysis of the carer's ability to be a foster carer and their approval status. Foster carer assessments and foster carer reviews were of good quality and provided a clear analysis with recommendations to the FCC. The FCC chair also noted that foster carer assessments and long-term matching documentation submitted to the committee for approval were of a good standard overall.

A fostering newsletter issued as a result of COVID-19 was valued by foster carers as it kept them in touch with any new developments. Areas covered in the newsletter included a training calendar for foster carers, details of the out-of-hours service, various support services information and thanking foster carers for their dedication to children in care. Since the onset of the pandemic, fostering link social workers had increased their contact with foster carers and had been regularly checking in with them to assess how they were getting on and managing issues such as home schooling. A number of foster carers received enhanced payments in recognition of the additional needs of children they were caring for.

Exit interviews were completed in a timely manner and outcomes were discussed with the foster care committee. A review of seven exit interviews completed in the 12 months prior to the inspection demonstrated the reasons why foster carers

made the decision to no longer foster. Reasons included children ageing out of care and personal family-related issues. Their fostering experience was mixed with some foster carers reporting good support from social workers while others reported communication difficulties with social workers. Learnings differed according to their respective experiences, such as consideration of the impact on carer's own children and the need to decrease delays in completing assessments. The area presented an analysis report of the foster carer exit interviews from 2018-2021 to the FCC during the week of the inspection. Following on from this, the area had plans to commence group work with birth children from foster families but this had been delayed due to COVID-19.

Judgment: Compliant

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 area had developed a local guidance document for staff about enhanced support foster care. This provided a framework to support and manage children and placements requiring enhanced support in the absence of a dedicated specialist foster care service. Enhanced support included additional financial payments to cover additional significant expenses, specialist assessments or interventions, financial support to meet specific complex medical or physical needs, additional specialist support services and the provision of respite placements.

There was good monitoring and review of the enhanced support arrangements. They were reviewed through the child-in-care review process and informed by social work assessments. Furthermore, there were twice yearly review meetings of all enhanced support placements by the principal social workers for fostering and children in care for additional oversight. Final approval was undertaken by the area manager.

Inspectors reviewed a sample of children's and foster carer files who were receiving enhanced support foster care. Statutory visits were undertaken in a timely manner and fostering social workers provided a significant level of support to the foster carers. Children had up-to-date care plans and child-in-care reviews occurred in line with requirements. Shared care and respite arrangements were in place for some children. Referrals were made to specialist services where required and there was good coordination of services to meet children's needs. Some support services were privately funded by Tusla when public services could not meet the needs of children. For example, there were significant wait lists noted for disability and mental health services.

However, there was no national policy in relation to providing a special foster care service for children with complex needs, as required by the standards. The area therefore had no national guidance to support them in providing a special foster care service for the cohort of children that required this service. This needs to be addressed at a national level.

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 compliant with this standard. Inspectors agreed with this judgment.

The Galway and Roscommon Foster Care Committee's (FCC's) were well governed and had good oversight of the activities relevant to their functions. Galway and Roscommon each had their own foster care committees due to the geographical size of the service area. The Galway FCC met on a monthly basis and the Roscommon FCC met every second month. They consisted of a range of members who had relevant experience in understanding the needs of children in care. The FCC's operated within their terms of reference and complied with legislation, regulations and national standards.

The membership of the committees was in accordance with Tusla's Foster Care Committees, Policy, Procedures and Best Practice Guidance (2017). The independent FCC Chairperson chaired both FCC's for the service area. Committee members consisted of a broad range of members with appropriate experience and

qualifications. It also included representation from public health nursing, medical health officers, youth services, foster carers, school principals, a member of the clergy and an adult who had grown up in care. Committee members offered specialist advice and the FCC had access to other relevant specialist advice externally if required.

Two dedicated committee secretaries provided administrative support and maintained well-organised membership files. Membership files were introduced by the independent FCC Chair after they assumed the post in 2019. Appropriate arrangements were in place to track Garda vetting and renewal. A review of ten FCC member's files showed that they contained the relevant documentation regarding their qualifications, police vetting and professional registration where required.

Member's files also had induction records and training records which enabled members to carry out the FCC's functions effectively. New members received briefings on FCC policies and procedures as part of their induction. Members received a letter of appointment and an information pack which included relevant legislation and policies. Appropriate in-service training was provided and a record of training undertaken was kept on files as well as in the annual report.

Due to the volume of work, sub-committees of the FCC's were established to carry out some of its functions. These were the matching panels which approved long-term matches, a function which was specifically delegated to the committee from the FCC. The long-term match approvals were then notified to the FCC for final approval. This panel also recorded, reviewed and monitored all placements exceeding standards, maintained oversight of ongoing foster care assessments to ensure adherence to timeframes for completing assessments and presenting to the FCC.

Until 2021, the area had combined fostering and adoption care committees. New terms of reference were developed to reflect this change. The change was brought about as the numbers for adoption were low and also staff working in the area of adoption did not report to the area manager. The independent chairperson was assured there remained a focus on permanence planning for children as the principal social worker for adoption remained on one of the foster care committees in the area.

Minutes of the FCC meetings reflected their responsibilities in line with the standards. This included consideration of disruption reports, notifications of serious concerns and allegations and outcome reports, notification of placements over numbers, matching long-term approvals, consideration of assessment reports of foster carers and reviews of foster carers. The minutes were comprehensive and well structured, with clear recommendations and decisions recorded.

Comprehensive reports were provided to the committee in relation the agenda items.

Allegations and serious welfare concerns were notified to the committee in a consistent manner. A tracker was maintained by the FCC to map the process from notification to outcome of all allegations and serious concerns. Allegations and serious concerns were brought back to the FCC in a timely manner when a final outcome had been reached and was due for review by the FCC.

The FCC chairperson formally reported to the area manager three times per year. They also met with the secretaries and principal social workers twice per year to review the functioning of the FCC and to highlight issues as they arose. Regional FCC Chairpersons meetings in conjunction with the regional quality, risk and service improvement manager (QRSI) promoted a strong shared improvement direction. FCC Chairpersons met on a regional basis three times per year to discuss issues such as timeframes for reviews, long term matching and to learn from each other.

The committee's work was underpinned by a comprehensive annual report and service improvement plan that had been informed by the committee's activities and learning over the previous year. This informed the wider alternative care planning and service development activity and information about the FCC was included in their annual *Adequacy of the Child Care and Family Support Services* report which was published nationally. The 2020 Galway and Roscommon FCC Annual Reports outlined areas such as continuing to work on their foster care recruitment strategy and to recommence support groups for foster carers when COVID-19 restrictions are eased. They also noted the area's participation in national committees for developing electronic systems for the fostering service and foster care committees.

Frontline staff reported the FCC's to be effective in their leadership and governance functions. They told inspectors that the FCC had good oversight of the approvals process, and made clear decisions and recommendations. There was good scrutiny of assessment timeframes in line with Tusla's standard business processes. The majority of foster carers appeared to have a clear understanding of the role and leadership of the FCC's. One foster carer advised inspectors she had only recently been aware she could attend the FCC where her application/assessment was being discussed. The attendance of foster carers at FCC meetings was impacted by COVID-19 and the FCC chairperson was planning for attendance to increase again in line with public health advice and guidance.

Judgment: 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 non-compliant moderate 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 agency 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 a service level agreement. This was not in place at the time of the inspection and had been delayed by the cyber-attack earlier in 2021. The area accessed emergency placements when required through the private service as this was contracted on a national basis.

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 advised this was still in progress and there had been no reports of their oversight at the time of the inspection.

There was good monitoring and oversight of the placements provided by non-statutory agencies. All private foster carers in Galway Roscommon were reviewed through the FCC process and this ensured that assessment and review processes for non-statutory foster care agencies complied with policy, procedure and guidance. The foster carers were listed on their foster care panel.

While the area had not placed children with foster carers from non-statutory agencies, it had assumed clinical governance for six children from other areas who had been placed within four households in the service area under the national transfer policy. In these circumstances, children were visited in line with statutory requirements.

Documentation provided by the area showed that the children were regularly visited by a social worker and their child-in-care reviews took place in accordance with standards and regulations. Social workers were clear about their responsibilities for these children. Inspectors reviewed a case where a private fostering service provided link work support to the foster carers. The child's care plan and child-in-care reviews were child centred, comprehensive and up to date. The child and their parent completed review forms and there were clear actions and decisions made at meetings. There was good details of discussions held during

statutory visits and the child's views were clearly considered and recorded. There was good coordination and communication between the child's social worker and non-statutory agency staff with core group meetings occurring when required and joint visits being undertaken.

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

Judgment: Substantially compliant

Standard 25: Representation and complaints

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

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

The majority of representations and complaints were managed in line with Tusla's national complaints policy. Effective oversight was in place which demonstrated an efficient and prompt response to all of the complaints and a satisfactory resolution to most of the complaints. The area maintained a tracker of representations and complaints and they were standing agenda items on the alternative care management and senior management team meetings. The service area actively sought to use compliments and complaints to support organisational learning and quality improvement, using positive feedback from children and their families to reflect on what worked well.

However, some complaints reviewed by inspectors had been noted as closed and resolved, yet an outcome, conclusion or resolution had not been reached, nor had the complainants been informed of the appeals process. For example, inspectors reviewed four complaints made by children and foster carers about not having an allocated social worker. It was noted on the tracker that these complaints were closed by way of local resolution. However, there was no record of final responses

being sent to the children and foster carers with regard to these complaints or if they had been informed of the appeals process. The tracker also did not capture whether the complainant was satisfied with the outcome or not.

Inspectors sought assurances from senior management about these complaints. It was confirmed by a member of Tusla's service experience and feedback team that the only resolution to these complaints would be the allocation of a social worker and this did not occur following the complaints being made. The children still did not have an allocated social worker at the time of the inspection, nine months after making their complaints. Senior managers told inspectors that contact would be made with the complainants to advise of the processes regarding complaints and to inform them about their right to appeal. Therefore, some complaints had not been managed in line with policy meaning the service was not in full compliance with this standard.

Children in care were advised of how to make a complaint and a guide for children and young people was provided to children in an information pack following their reception into care. Social workers explained the process to children and supported them to make a complaint or provide feedback where necessary, as demonstrated on children's care records.

Foster carers were given a copy of the complaints procedure. A review of foster carer files showed that fostering link workers discussed this in support and supervision records and also noted this at foster care review meetings.

Information in relation to external independent advocacy services was available to children, foster carers and parents if required. External advocates reported an open culture, where children's rights and advocacy were strongly promoted. They reported strong joint working with all front line teams in shared efforts to manage risk and improve outcomes for children.

The area had completed a review and analysis report of complaints made in 2020. The main finding was that most complaints related to communication issues perceived by the complainant. The area developed a communication workshop for foster carers and for staff and also planned to revise induction training to include a piece on effective communication.

A review of the complaints tracker demonstrated an efficient and prompt response to all complaints. There were 15 entries recorded, two pertaining to 2020 and 13 complaints made in 2021. Three remained open at the time of the inspection.

The area reported they had received 39 compliments from a variety of sources in the 12 months prior to the inspection. These included compliments from foster carers, members of the public and external stakeholders. A review of a sample of the compliments noted positive feedback about the support provided by children in

care social workers and fostering social workers, and about information provided during a fostering enquiry.

Judgment: Substantially compliant

Appendix 1: National Standards for Foster Care (2003)

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

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