



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

Name of service area:	Midlands
Type of inspection:	Focused inspection
Date of inspection:	1-3 August 2023
Fieldwork ID:	MON_0040719
Lead Inspector:	Sabine Buschmann
Support Inspector(s):	Grace Lynam Caroline Browne Sharon Moore

About this inspection

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

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

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

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

How we inspect

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

The key activities of this inspection involved:

- the analysis of data submitted by the area
- interviews with:
 - the area manager
 - the principal social workers for children in care
 - the principal social workers for the foster care service
 - the child-in-care reviewing officer
- Focus groups with:
 - six social work team leaders
 - 12 social workers
- observations of:
 - child-in-care review meeting
 - fostering recruitment meeting
- the review of:
 - local policies and procedures, minutes of various meetings, audits and service plans
 - a sample of 29 children's and 11 foster carers files
- interview with:
 - 1 Regional therapy manager
- conversations or visits with:
 - a sample of four parents, 11 children and nine foster carers.

Acknowledgements

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

Profile of the foster care service

The Child and Family Agency

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

Tusla has responsibility for a range of services, including:

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

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

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

Service area

Information was provided by the service area with respect to the profile of the Midlands service area. The Tusla Midlands service area comprises the counties of Laois, Longford, Offaly and Westmeath, totalling an area of 6451.27 sq.km. Based on census 2022 results, all 4 counties have evidenced an increase in population. The total population is now referenced as 316,799 (2022) compared to 289, 695 (2016). The number of children (0-17yrs) has also increased from 80,193 (2016) to 86,918 (2022). The Midland area is one of the four Tusla areas within the Dublin Mid – Leinster Region. The Region is under the direction of a chief regional officer. The area management structure for foster care comprises of an area manager and two principal social workers managing teams comprising of social work team leaders, an aftercare manager, fostering link and children in care social workers, aftercare staff, social care team leaders and a children in care reviewing Officer. Children who have recently entered the care system are managed within the child protection service which comprises of one principal social worker and five social work team leaders.

The area's fostering service comprises one principal social worker and three social work team leaders. The children in care reviewing service comprises one principal social Worker who also manages the fostering service and 2.6 whole-time equivalent (wte) reviewing officers at social work team leader grade.

At the time of the inspection, there were 0.8 (wte) vacancies on the fostering and child-in-care teams. However, the area manager advised that four vacant positions had been filled in July and staff were still undergoing training and have not been allocated a full case load yet. There were 59 children-in-care who did not have an allocated a social worker to co-ordinate their care. This included three children with complex medical, emotional and behavioural support needs and children in placements exceeding the numbers of unrelated children in the same foster care placement. However, the inspectors saw evidence that the provider was appropriately managing those children. In addition, there were five foster carers who did not have a link social worker to provide supervision and support. There were no dual unallocated children or foster carers at the time of the inspection.

At the time of the inspection the Midlands service area had a total of 293 children in foster care. There were 203 children in general foster care and 90 children in relative foster care and there were 10 children waiting for a long term placements. Thirty-eight children were placed in an emergency since 1 August 2022. There were 41 new admissions in the 24 months prior to the inspection. Twelve children had a placement change in the 24 months prior to the inspection.

There were 218 children placed with carers of the same cultural, ethnic or religious background. There were 129 sibling groups in the service are, 111 of these sibling were placed together in general foster care and 54 children were placed in relative foster care.

The Midlands service area foster care panel consisted of 193 foster care households which included 124 general foster care placements and 69 relative care placements. There were 44 foster care placements outside of the area. Of these foster carers, there were 16 foster care households where additional resources such as additional training, respite support, and enhanced payments were allocated in order to support the placement. There were one hundred children in foster care in the area with a disability.

Compliance classifications

HIQA will judge whether the foster care service has been found to be **compliant**, **substantially compliant** or **not compliant** with the regulations and or standards associated with them.

The compliance descriptors are defined as follows:

Compliant: a judgment of compliant means the service is meeting or exceeding the standard and or regulation and is delivering a high-quality service which is responsive to the needs of children.

Substantially compliant: a judgment of substantially compliant means that the service is mostly compliant with the standard and or regulation but some additional action is required to be fully compliant. However, the service is one that protects children.

Not compliant: a judgment of not compliant means the service has not complied with a regulation and or standard and that considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of children using the service will be risk-rated red (high risk), and the inspector will identify the date by which the service must comply. Where the non-compliance does not pose a significant risk to the safety, health and welfare of children using the service, it is risk-rated orange (moderate risk) and the service must take action *within a reasonable time frame* to come into compliance.

This inspection report sets out the findings of a monitoring inspection against the following standards:

National Standards for Foster Care		Judgment
Standard 1	Positive sense of identity	Compliant
Standard 2	Family and friends	Compliant
Standard 3	Children's Rights	Compliant
Standard 4	Valuing diversity	Compliant
Standard 6	Assessment of children and young people	Compliant
Standard 8	Matching carers with children and young people	Substantially Compliant
Standard 21	Recruitment and retention of an appropriate range of foster carers	Substantially Compliant

This inspection was carried out during the following times:

Date	Times of inspection	Inspector	Role
01 August 2023	09:00hrs to 17:00hrs	Sabine Buschmann	Lead
	09:00hrs to 17:00hrs	Grace Lynam	Support
	09:00hrs to 17:00hrs	Caroline Browne	Support
	09:00hrs to 17:00hrs	Sharon Moore	Support
02 August 2023	9:00hrs to 17:00hrs	Sabine Buschmann	Lead
	9:00hrs to 17:00hrs	Grace Lynam	Support
	9:00hrs to 17:00hrs	Caroline Browne	Support
	9:00hrs to 17:00hrs	Sharon Moore	Support
03 August 2023	9:00hrs to 17:00hrs	Sabine Buschmann	Lead
	9:00hrs to 17:00hrs	Grace Lynam	Support
	9:00hrs to 17:00hrs	Caroline Browne	Support
	9:00hrs to 17:00hrs	Sharon Moore	Support

Children's experience of the foster care service

Inspectors established the experiences of children through speaking with a sample of 11 children, four parents, nine foster carers and 19 professionals. The review of case files, complaints and feedback also provided evidence on the experience of children in foster care. Children who spoke with inspectors spoke positively about their experiences in foster care. Three children told the inspectors that they liked living with their siblings, going to the playground, walking their dogs and "hanging out with friends".

Some children said that they "love" their house and their bedrooms. They like going on holidays to Spain, like their school and contact with their birth families and friends. Children also talked about some of the activities they love doing, such as camping, playing GAA, playing soccer on their local team and going to parks to play with their dog.

All Children visited by inspectors presented as happy, content and well settled into their long-term placement. These children were observed to be playful, comfortable and affectionate with their foster carers. It was clear that they had developed strong relationships with all the members of their foster family. Their needs were being met in the placement and they were involved in playing sports in their local community. Their foster carers encouraged them to exercise choice appropriate to their age and stage of development, and also appropriately encouraged them to reach their full potential. The majority of children had life story work completed with them by social workers and foster carers to explain their care history to them. While they did not always attend their child-in-care review meetings, they completed age appropriate feedback forms for these meetings so that their voices could be heard. One child showed that they understood they were in care by showing an inspector a family photograph featuring themselves and other children whom they introduced as their foster brothers and sisters. Another child told the inspector that their foster home was "a nice place" and that their foster carers participated actively in their care and wellbeing. They described how their allocated social worker visited "a good bit — to see how you are". They were satisfied with the amount of contact they had with their family. When asked what Tusla does well, another child said "they're good at listening and you know they are listening because they write it down and they remember to do stuff".

Two children told an inspector that they had received leaflets about their rights, and they had read them through. One child did not have an allocated social worker, but had been allocated to a social care leader instead, who visits them about every two months. They did not attend their child-in-care reviews but said their social care leader told the "people" at the meeting what their wishes are. They said if they had a problem, they would talk to their 'foster mum'.

Inspectors found that family contact was promoted and supported by foster carers and the social work team. All children have access plans (family contact plans) and all the children files reviewed had regular contact with their families. Three children told inspectors that they see members of their families almost daily because their family member, such as aunts and cousins, live close to them. Some children told inspectors that there are family access meetings with their siblings and birth parents in their foster care home and that birth families are invited to birthday parties and other celebratory events, such as religious and cultural events. There was good evidence that members of staff facilitate children who live outside the Midlands service area to meet with birth parents and siblings; for example, by providing financial supports for transport to enable contact on a regular basis. Four siblings who had not been placed together were afterwards facilitated to go on holidays together, to enable them to spend longer periods of time together as a sibling group.

Overall, foster carers reported a good working relationship with social workers. One foster carer said of their social worker: "She is amazing and always available on the phone." Another foster carer reported that the same social worker had been "allocated" to the child for three years and visits every three months". They said the social worker sees the child on each visit, on their own and noted 'that the child and social worker are building a relationship'. Two foster carers said "I always felt listened to when I speak up". Another foster carer noted that the family had been allocated the same foster care social worker and child-in-care social worker for more than seven years and said they get a "fantastic service from Tusla and that their views are listened to". Two foster carers described a good collaborative relationship between foster care social workers and child-in-care social workers to support the children.

The views of birth parents about the care their children received were mixed. Parents said that their children are well cared for by foster carers and that birth parents are routinely invited to child-in-care reviews and given the opportunity to express their views, and that they mostly felt listened to. They stated that they had received minutes of the child-in-care reviews and that social workers had contacted them when significant events had occurred. However, not all birth parents were happy about the access arrangements with their children and would have liked more frequent opportunities to see their children.

Summary of inspection findings

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

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

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

In this inspection, HIQA found that, of the 7 national standards assessed:

- five standards were compliant
- two standards were substantially compliant

There are effective governance and management structures in place to oversee the fostering service and to ensure that that the service provided is child-centred, consistent and appropriate to children's needs. The area manager is in post since 2015 and has worked in the service area for 20 years in different capacities including in the role of principal social worker.

Inspectors found that the provider actively promoted a positive sense of identity among the children in foster care placements in the service area. This meant that children in foster care in the service area have a well-developed sense of themselves and how they fit in within their local communities. While not all children were placed in a foster carer placement of their ethnic origins there was evidence that foster carers were provided with intercultural training to ensure they could meet the needs of the children that had been placed with them.

During this inspection, inspectors found that all children had up-to-date care plans that were comprehensive and of good quality. There was good consultation with children, and contacts with birth family and siblings was supported and facilitated by the provider. The social work team were committed to placing children with relative foster carers where possible and to ensure that siblings were placed together where appropriate. In addition, inspectors found that children with a disability and or complex needs and serious medical needs were being provided with appropriate services and supports to help them maximise their potential.

Social workers maintained good links with families, and they encouraged and facilitated contact between the children and their birth families when this was in the best interests of the children. There was evidence of good practice in some cases whereby 31 birth parents and 57 children had attended family access in the foster carers' homes following a comprehensive risk assessment, which had been contained on children's records. There was evidence of children's birth parents attending significant events, such as birthdays, communions and other important occasions. Children and their birth parents were consulted in the care planning process and access arrangements with birth families were set out in children's care plans and were subject to regular review. Where children did not have contact with their families, the reasons were discussed with the child and recorded.

Children's rights are promoted and respected by the provider, and inspectors found that children were being treated with dignity and respect. This meant that children were enabled to exercise choice in their foster care placement and to use their initiative as an active participant in their own development and learning. From a review of case records, inspectors found that children had been provided with information about their rights and were given pamphlets about an independent advocacy service for children in care that supported them in understanding their rights and how to access supports. However, not all children in care in the service area had an allocated social worker to coordinate their care. At the time of the inspection, there were 59 children who did not have an allocated social worker as four newly recruited social workers had not been given a case load at the time of this inspection. However, at the time of this inspection all staff vacancies had been filled but four staff were still in training and had not yet a full case load to reduce the number of unallocated cases. Nonetheless, the inspectors saw evidence that the provider was appropriately managing those children and actively working the cases where children did not have their own social worker.

Children's needs in relation to diversity and disability were promoted by the provider. Inspectors found that the foster care service took account of considerations such as individual assessed needs, illness and disability, culture, ethnicity and religion through the care planning process. This meant that children were enabled to develop a strong sense of who they are as individual and as a member of their ethnic and cultural group. However, not all children from a different cultural background could be placed with families from the same ethnic origins. When children had been placed with families from

a different ethnic group their files reflected that foster families facilitated their preferences with regard to religion, ethnicity and culture.

There was a process in place to carry out an assessment of need for every child placed in foster care in the service area. Inspectors found that there were comprehensive assessments of need completed for children in care, which included multidisciplinary consultation with other health and social care professionals. There was evidence that children and their families were involved and consulted as appropriate through the care planning process. Assessments reviewed by inspectors had been completed in line with the regulations.

There was a formal matching process in place in the service area. The provider was committed and tried to place children with relative foster carers in the first instance or people they may know or are familiar with. However, managers and social workers acknowledged that there was a shortage of foster care placements in the service area. The service area had a limited number foster carers which had at times an impact on the quality of the matching process undertaken for children in the area. This meant that 49 children were placed in private foster care and 44 children had been placed outside the service area.

There were not a sufficient number of foster carers to meet the current needs of children within the service area who required a foster care placement. As a result, ten children had been placed in short-term foster care while awaiting a long-term placement. In addition, there was a shortage in recruiting foster carers with the necessary skills and knowledge to care for children with complex needs, and various cultural backgrounds which meant that 49 children had to be placed in private foster care placements.

Standard 1: Positive sense of identity

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

The provider had identified in a pre-inspection questionnaire that it was compliant with this standard. Inspectors agreed with this judgment at the time of this inspection.

Inspectors found that the provider actively promoted a positive sense of identity among the children in foster care placements in the service area. When a placement request was made by a child-in-care social worker to refer a child to a foster care placement, the placement request form was aimed at capturing key information about the child. This included the child's culture, ethnicity, religion, disability and any other information that may be relevant to their identity and the community they have been living in. Inspectors found there were up-to-date care plans (a legal document that outlines a child's assessed needs) available on all children's files reviewed. From a review of care plans, inspectors found that the children's identity, their religious beliefs, interests, hobbies and the community they have been living in before coming into care had been considered in the care planning process. This assessment process ensured that the children were able to develop a strong sense of identity. Some children who spoke with the inspectors understood why they were in care and demonstrated that they had sufficient information about their birth families and in some cases illustrated how their families had attended significant events, such as birthday parties and other relevant celebrations, showing inspectors photographs of families attending these events.

There was good evidence that children had been consulted in decisions about their care. Inspectors found that social workers had used child-friendly tools, using a Tusla-approved assessment framework to assist social workers to engage children in an age-appropriate and child-centred manner. Case records reviewed showed examples of direct work with children, which included storytelling for children from diverse cultural backgrounds, explaining the children's cultural heritage using pictures, world maps, music and recorded discussions about different religious practices. Inspectors found in a sample of files, good examples of life-story work (an intervention designed to assist children to understand their past, present and future) completed with children to assist them to develop a positive sense of identity.

Social workers told inspectors that they had facilitated a sports day where children in care could meet and interact. There had also been a fostering family fun day where children in foster care could meet each other, as well as interact with foster carers' birth children. In addition, the social work team facilitated an art participation group last year, where children could meet, interact and express their care experiences through art work.

Contact with birth family and siblings was supported and facilitated by the provider. The area manager told inspectors that a family access group had been established to review access arrangements generally and to improve the quality of the access

experience. Regular access with birth families and siblings ensured that children were able to develop a positive sense of identity.

The social work team were committed to place children with relative foster carers in the first instance where possible and to ensure that siblings were placed together where appropriate. Data provided by the service area demonstrated that one third of children had been placed with relative foster carers and that the provider tried to place sibling groups together in both general and relative foster care. There was evidence that the service area considered continuity of care when children were accessing respite care. Records showed efforts were made by the social work team to ensure children were placed where possible with the same respite carers. However, the management team acknowledged that there was a shortage of respite carers in the service area and that currently six children in foster care were on a waiting list for respite care placements. There was good evidence that 218 children were placed within their local community to ensure they stay connected with the area they have been living in. The service area did not collect data to indicate if children who were taken into care were facilitated to remain in their local schools.

From a review of case records inspectors found, that children with a disability/medical condition were provided with appropriate services and supports to help them maximise their potential. Data provided by the service area showed that 100 children in foster care presented with varying degrees of disability ranging from profound to mild. Inspectors found that the service area was committed to provide children with additional needs with a coordinated multidisciplinary approach to their care. The principal social workers told inspectors that they regularly attended the joint protocol meeting with the Health Service Executive (HSE) every quarter to discuss the needs of children that require outside therapeutic services such as occupational therapy, speech and language therapy or other therapeutic services including play therapy, counselling and access to mental health services.

Inspectors found that the area had facilitated additional special foster care payments to support foster carers to reduce their working hours to support children and young people with additional needs. Foster carers were supported to apply and receive grants to modify their dwellings and vehicles to facilitate children to have better wheel chair access in their homes and cars. Additional needs and supports for children were also discussed in the complex case forum, to facilitate the review of children with additional complex needs that may not always have a medical diagnosis. Cases were referred into the forum for discussion by social work team leaders where there were challenges and complexities which required review and joint decision making. This was to ensure that children with more complex needs received appropriate and coordinated support services. In addition, a new therapeutic service consisting of a senior psychologist, an occupational therapist and a speech and language therapist have commenced services to provide additional support to foster carers and children with additional needs to ensure that children can develop to their full potential. At the time of the inspection the impact of the new therapeutic team was not evident, as it

was in its infancy.

There was no evidence that children were encourage children to access their care records and to provide them with information as appropriate about their care and family records. However, from a review of statutory home visits and therapeutic work undertaken by social care workers, inspector found that children were spoken to about their care history where appropriate and questions asked by children about their care history were openly discussed and recorded.

Overall, the service promoted a positive sense of identity by respecting children's families of origin, valuing children's culture, religion and sense of community. While inspectors did not find records of children being encouraged or facilitated to access their files, there was good evidence that children's care history was discussed where appropriate and that questions were addressed as required. For this reason, this standard is deemed compliant.

Judgment: Compliant

Standard 2: Family and friends

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

The provider had identified in a pre-inspection questionnaire that it was compliant with this standard. Inspectors agreed with this judgment at the time of this inspection.

Social workers maintained good links with families, and they encouraged and facilitated contact between the children and their birth families when this was in the best interests of the children. The social work team made every effort to place children with their families, in their communities and where possible with families that share the same cultural and religious background. However, the management team told inspectors that there is a lack of available foster care placements in the service area to ensure that children are placed with foster carers who are related to the children (relative foster carers) or within their own communities. Data provided by the area indicated 218 children had been placed in their own community whereas 49 children had been placed in private foster care service and 44 had been placed outside the service area. However, the area manager told inspectors that some children had been placed outside the service area to live with relative foster carers. They also stated that the Midlands service area covers large geographical distances that can be more than 150km apart within the same county, yet a child can be placed outside the service area just by crossing the county border by less than 10km. In such situation this is considered to be a child placed outside the service area.

Data provided by the service area showed that the majority of sibling groups had been placed together. The provider sought to place siblings together where possible and where deemed to be in their best interest. There were 129 sibling groups in the area of which 111 children had been placed together in general foster care and 54 children had been placed together in relative foster care. Inspectors found that four children had not been placed together. From a review of two of those children's files, it was evident that this decision had been due to these additional needs of these children and they could, as a result, not be managed together in one foster care home. However, inspectors reviewed access arrangements on these files and found that the children had attended fortnightly access meetings with their siblings and had gone on holidays together where possible to ensure that regular contact between the siblings was being maintained.

There was evidence of good practice in some cases whereby 31 birth parents and 57 children had attended family access in the foster carers' homes following a comprehensive risk assessment, which had been contained on children's records. There was evidence of children's birth parents attending significant events, such as birthdays, communions and other important occasions. Photographs of these events were displayed in two of the foster care homes that were visited by inspectors. Children who spoke with inspectors said that they had regular and satisfactory contact with their families.

The principal social worker for fostering told inspectors that the team had established an access review panel in the service area with a view to improve the quality of the family- contact experience for both children and their birth families. The group had developed surveys for children, foster carers and birth parents asking them to share their views of how family access could be improved and could they be more meaningful for children and their birth families. Once the surveys have been distributed and the data has been collected, the information will be analysed to feed into the service area's quality improvement plan on how to improve the experience of access between children and their birth family and significant others.

From a review of files, inspectors found that the birth families of children in foster care had been involved in their children's care planning process, in partnership with social workers and foster carers. Inspectors found that requests from birth parents, where appropriate, had been facilitated by foster carers to ensure that children could participate in their cultural and religious practices. In addition, there was evidence that parents had been met with before a child-in-care review to discuss the children's needs, and the wishes of parents had been recorded in the care plan.

Children were facilitated and supported to identify people they regard as significant in their lives, including family members, neighbours and friends. Their wishes in relation

to contact were determined as part of the care planning process and where safe and appropriate their wishes were facilitated.

There were clear procedures in place for agreeing, maintaining, monitoring and reviewing access arrangements between children and their birth families and friends through care plans, placement plans, and access planning meetings for families with more complex needs. Care plans set out the contact and access arrangements for children with their birth families and significant others, including if they were not having contact and why. Where children did not have contact with their families, the reasons were discussed with the child and recorded. Where family access required supervision, the social work team had provided appropriate facilities and venues for this to occur. A schedule of visits had been shared with birth parents, children and foster carers. Trained access support workers had observed and recorded these visits with a view to improving the quality of these visits.

The provider had encouraged and facilitated children in foster care to maintain and develop family relationships and friendships. Children had been placed with their siblings and in relative foster care when this was in line with their assessed needs. Family contact was being frequently monitored and reviewed to reflect the changing needs of children and family members. Family contact decisions was being discussed and explained to children. For these reasons, this standard was deemed to be compliant at the time of this inspection.

Judgment: Compliant

Standard 3: Children's rights

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

The provider had identified in a pre-inspection questionnaire that it was compliant with this standard. Inspectors agreed with this judgment at the time of this inspection.

Generally, children's rights were being promoted and respected by the provider, and inspectors found that children were being treated with dignity and respect. All children were also being provided with care information appropriate to their age and stage of development, and had been consulted in relation to decisions made about their lives.

From a review of case records, inspectors found that all children had been provided with information about their rights and were given pamphlets about an independent

advocacy service for children in care that supported them in understanding their rights and how to access supports. All children who were spoken with said that they had received information about their rights and had read and understood them. There was evidence on case records that social workers had provided information to children on their rights and leaflets on how to make a complaint, and that the information provided to them was appropriate to their age and development.

Inspectors found that all children had been encouraged and enabled to develop their abilities, aptitudes, skills and interest while living in foster care. From a review of care plans inspectors found that all children had been engaged in age-appropriate outside activities such as sports, scouts, music, dance and any other activities that they may enjoy. One child spoke of how they had learned a new leisure activity and how they were going to practice this new skill regularly. Children who required additional supports in school, for example, were provided with extra tuition where appropriate, and there was good evidence that children's interest and hobbies were developed, explored and facilitated.

All Children had been encouraged to exercise choice across a wide range of daily activities such as buying clothes, saving and spending money, and hobbies. One child visited in their foster care home showed inspectors an outfit they had selected and bought for a family celebration, while another child discussed how they helped around the house and received regular pocket money to spend as they wished. Two Children visited by inspectors said that they had their own bedrooms and they have privacy and can spend time in their alone. All Children were engaged in a number of activities of their choice, including sport clubs, scouts, dancing and walking their dog in the park. Care plans outlined children's interests and hobbies and children were facilitated by their foster carers to regularly engage in these activities.

Children's rights were promoted and respected through the care planning process by actively involving them in the decision-making process. Children who spoke with inspectors said that they feel listened to and that their views are recorded and presented at the child-in-care review meetings. From a review of 29 case records, inspectors found that all those children had an up-to-date care plan. Care plans were detailed, comprehensive and contained action plans based on assessments of need. There was evidence that social workers and social care leaders had spoken with children about their care plans before their child-care-review, and there was a section in the care plan document that was dedicated to the view of the child. Children provided feedback verbally and or completed an age-appropriate feedback form. Children had the option to attend their child-in-care review and some had exercised this choice. Other children preferred their foster carer or social worker to advocate on their behalf. One child told inspectors that they had attended their child-in-care review and found it "boring".

However, not all children in care in the service area had an allocated social worker to coordinate their care. Nonetheless, the inspectors saw evidence that the provider was appropriately managing those children who did not have their own social worker. At the time of the inspection, there were 59 children who did not have an allocated social worker due to new staff not having a full case load yet as they were attending training. The fostering principal social worker told inspectors there are good monitoring systems in place to ensure that the children who do not have an allocated social worker receive a good service. There was a duty system in place to ensure that children's child-in-care reviews and statutory visits were held in line with regulations. In the absence of available social workers, the area had also tasked social care leaders, who report to the social work team leaders, to provide supports to the children and attend statutory visits in their foster care placement.

Inspectors reviewed six of the unallocated children's case records, and found them to be detailed and of good quality and it was clear that the social care leaders had a good knowledge about the children. The records demonstrated that children had been visited by the same worker and had been spoken to on their own. Inspectors found, that there were effective management and oversight systems in place to monitor and oversee statutory visits to children, to either allocated or unallocated children. From a review of the service area's statutory visit tracker inspectors found that all children in care had been visited in line with regulations and in some cases children were visited more often as required by regulations depending on their needs. Team leaders told inspectors that social workers emailed them when a visit had been completed and an administration officer recorded this on the tracker. When emails were not received team leaders followed this up through supervision or informal conversation with the social worker. The tracker was monitored by both team leaders and the child-in-care principal social worker and was discussed in managers' supervision and management meetings to ensure adherence with policy.

The rights of children with disabilities and complex needs were promoted and children were supported to reach their full potential. Foster carers were supported to manage these complexities by providing additional supports such as enhanced payments and adapting foster carers home and vehicles for increased mobility. Inspectors found that children with complex needs had their needs met through the provision of a range of services. Children received extra supports such as psychological services, occupational therapy and speech and language therapy, play therapy, to support their development and meet their needs. Other services included specialists for mental health, paediatrics and linking children with the local disability support services. Children were prepared and supported for leaving care and adult life. The area was implementing the National Leaving and Aftercare Policy and an aftercare worker was allocated to the child from the age of 16 for the process of leaving care and moving into independent living.

Children were encouraged and supported to reach their full educational potential. Children received appropriate education and support in order to ensure they have the same educational opportunities as their peers. Some children told inspectors that they liked their school. There was good evidence that school principals attended child-in-care reviews when required and case records showed that social workers liaised with schools to discuss children's progress.

Children were aware of the right to complain and how to make a complaint. There was evidence that children had been spoken with about the complaints procedure and were provided with a written copy of this process in an age-appropriate format, and been assisted, where necessary, to make a complaint. There had been three complaint made by children in the 12 months prior to this inspection and they had been resolved to the satisfaction of the children. Inspectors reviewed the complaints and found that the children in care principal social worker, who is the complaints manager had written and met with the children who had made a complaint. There was a detailed case record of the complaints and children were provided with a written copy of the outcome. Children who spoke with the inspectors about making a complaint said that they were happy with how the complaint had been managed and that they were satisfied with the outcome.

Children's rights and wishes were respected and promoted in relation to religion, contact with family and other matters that were important to them about their care. Social workers met with children and spoke with them about their preferences and opinions and acted on these. Children were consulted by social workers in preparation for their care plan reviews and some children completed forms for care plan reviews. Staff and foster carers told inspectors about the individual preferences of children and how these were encouraged, facilitated and promoted. Whilst 59 children in the service area did not have an allocated social worker and there was good management oversight and evidence of good quality case work and for that reason this standard is deemed to be compliant.

Judgment: Complaint

Standard 4: Valuing diversity

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

The provider had identified in a pre-inspection questionnaire that it was substantially compliant with this standard. Inspectors disagreed with this judgment and deemed it to be compliant.

Children's needs in relation to diversity and disability were promoted by the provider. Inspectors found that the foster care service took account of considerations such as individual assessed needs, illness and disability, culture, ethnicity and religion when planning for children. Care plans and placement plans clearly identified ethnic backgrounds and the children's needs associated with them. Children were supported and facilitated to practice their cultural and religious beliefs. The majority of children were placed with families from their own ethnic groups where they could continue to practice ethnic, cultural and religious practises.

However, not all children from different cultural back ground could be placed with families from the same ethnic origins. When children had been placed with families from a different ethnic group their files reflected that foster families facilitated their preferences in regard to religion, ethnicity and culture. Foster carers who spoke with inspectors said that they were provided with additional training in relation to the children's ethnic and cultural back ground and training on intercultural awareness had been provided for foster carers as part of that core training. Inspectors found that carers were well informed around issues relating to cultural diversity.

There was evidence that the provider had been encouraging children and young people to understand, appreciate, practice or express their religious, cultural, ethnic and sexual identity. Social workers and foster carers facilitated children to understand their ethnic and cultural heritage. There was evidence of life-story work, story-telling and therapeutic work with social workers and or social care leaders to help children to understand their ethnic origins and culture. In addition to this children has access to independent advocacy services for independent supports. Inspectors found that children had been supported to engage in their religious practices and when there were religious ceremonies birth families had been facilitated to attend these occasions and had been actively involved in helping to organise these events. However, the provider was aware that not all children were identifying with their ethnic background and on some occasions the wishes of birth parents and the wishes of the child differed. For example, inspectors reviewed case records whereby children felt that being unable to consume certain foods due to their religious practices made them different from many of their peers in school and at other general celebratory events. Foster carers and social workers had advocated on

the children's behalf to find a reasonable compromise that satisfied both children and their birth parents and enabled the children to continue practicing their religious practices without being seen as different by their peer group.

Children with disabilities and complex needs were supported and enabled to maximise their full potential. There was evidence that foster carers had been supported to manage these complexities by providing additional supports to the placement such as financial supports and adapting foster carers home and vehicles for increased mobility of the child. Inspectors found that children with complex needs had their needs met through the provision of a range of additional services that were coordinated by a multidisciplinary team to ensure that children's needs were met. Children received additional supports such as psychological services, occupational therapy and speech and language therapy, play therapy, to support their development and meet their needs. Other services included specialists for mental health, paediatrics and linking children with the local disability support services and youth services. In addition, foster carers had been provided with additional training to manage children that presented with complex needs and had been provided with respite services when required.

The area had recorded seven incidents of children that had been bullied or had experienced discrimination in settings outside their foster care placements. Inspectors reviewed three of these incidents and found that these incidents had been investigated appropriately by the principal social worker in the setting that that they had occurred using a multi-disciplinary child-centred approach. Outcomes of these investigation had been recorded and had been shared with all relevant parties where appropriate.

Children's needs in relation to diversity and disability were promoted by the provider. Inspectors found that the foster care service took account of considerations such as individual assessed needs, illness and disability, culture, ethnicity and religion when planning for children. Care plans and placement plans clearly identified ethnic backgrounds and the children's needs associated with them. For this reason this standard is deemed compliant.

Judgment: Compliant

Standard 6: Assessment of children and young people

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

The provider had identified in a pre-inspection questionnaire that it was compliant with this standard. Inspectors agreed with this judgment at the time of this inspection.

There was a process in place to carry out an assessment of need for every child placed in foster care in the service area. The assessment of the children's needs had been recorded in various documents produced by the social workers. These included social work reports for court purposes, care plans, placement request forms and child protection case conferences minutes. In the case of children being placed in an emergency in foster care, the assessment of need had been carried out by the duty social workers or the child protection social workers and had been recorded in court reports or in the minutes of the children's first child-in-care reviews. The way in which an assessment of need is recorded in the service area depends on the type of admission, that is to say, planned admission, emergency admission or change of placement.

From a review of 11 case records, inspectors found that the provider had been completing assessment of need in line with the national standards. An assessment of the child's needs should be carried out before a child is placed in foster care. In circumstances where a child is placed in an emergency placement, an initial assessment should be completed within one week of the placement and a comprehensive assessment completed within six weeks. In a sample of assessments reviewed, inspectors found that the provider was meeting these time lines.

There were 41 children placed in foster care in the 24 months before the inspection. A total of 38 children had been placed in foster care in an emergency placement in the 12 months prior to the inspection. From a review of case records, there was good evidence that the decision to place children in foster care had been based on a comprehensive assessment of needs which determined that this was in the best interests of the child. When social workers completed assessments of needs of children placed in foster care, they recorded the outcome of the assessment and outlined any unmet needs or supports required by children in their foster care placements. Children's care plans provided a comprehensive ongoing assessment of the children's needs, and any follow-up actions and tasks had been divided to ensure the children's needs had been met on an ongoing basis.

Inspectors reviewed ten files for the purpose of examining the quality of the assessments of children's needs and found these assessments had been comprehensive, of good quality and multidisciplinary when required. There was evidence that children and their families had been involved and consulted as

appropriate throughout the care planning process. Children who spoke with the inspector said that their social worker had explained to them why they were moving to a foster care home and that they had understood the reasons. From a review of files, inspectors found that social workers had used age-appropriate tools such as pictures and storytelling to explain to younger children and children with comprehension issues why they had moved to a foster care home.

At the time of the inspection, the Midlands service area had 100 children in foster care with a disability and complex needs. Inspectors found evidence of increased support for children with a disability, such as increased social work visits to the foster carers, regular contact by social workers with the children, attendance by other health and social care professionals at the child's review and foster carers advocating to the Tusla social worker when necessary on behalf of the child. Evidence was also seen of extra support to carers, including enhanced financial supports to the foster care placement, and respite care offered to the carers when required.

For example, in some foster care placements, considerable adjustments had been made to the daily routines in the placements in order to care for children with disabilities. This had included reduced working hours for foster carers in the placement. As a result, foster carers were facilitated to apply for financial supports to make various enhancements, such as the adaptation of their premises and vehicle, to support the mobility needs of the child in their care. Principal social workers told inspectors where children have specific needs related to their physical and mental health, education and or disability, that these needs are managed through the care planning process, often involving a multidisciplinary approach.

From a review of files, inspectors found that the Tusla-Health Service Executive (HSE) joint working protocol is embedded in practice and that quarterly meetings had taken place with the HSE disability service to promote positive working relationships to meet the needs of children with a disability and complex needs. Social work assessments of children with complex needs and or disabilities were informed by a multidisciplinary approach. Children's assessments included referrals for speech and language therapy, occupational therapy, Child and Adolescent Mental Health Services and psychological support. Additional supports provided to children included specialist disability services, additional educational supports, occupational therapy, speech and language therapy, play therapy, life story work, and any other therapeutic supports as required. Care plans adequately outlined the arrangements in place to address children's long-term therapeutic needs and were reviewed on an ongoing basis.

There was evidence that whenever delays occurred in some children accessing public support services that the service area provided funding to facilitate children to access private service to prevent unnecessary delays.

Overall, inspectors found that there were comprehensive assessments of need completed for children in care, which included multidisciplinary consultation with other health and social care professionals. There was evidence that children and their

families were involved and consulted as appropriate through the care planning process. Assessments reviewed had been completed in line with the regulations and for this reason the area was judged to be compliant with the standard.

Judgment: Compliant

Standard 8: Matching carers with children and young people

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

The provider had identified in a pre-inspection questionnaire that it was substantially compliant with this standard. Inspectors agreed with this judgment at the time of this inspection.

The social work team tried to ensure that children were matched with foster carers who had the capacity to meet their needs and there was a formal matching process in place in the service area. There is a team leader with specific responsibility for placements and a placement officer is on duty daily to receive placement requests, consider the child's needs as outlined and liaise with both the social worker and prospective foster carers to ensure that the best possible match is made. The area had developed a placement guidance tool, which set out a step-by-step approach to matching. Children entering care had a placement request form completed which outlined the child's needs and considerations for placement matches, this placement request form then informed the matching tool, which was completed to allow for an appropriate matching of the child with foster carers best suited to meet their needs.

However, there was a shortage of foster care placements in the service area and managers and social workers acknowledged this. The service area had a limited number of foster carers which had at times impacted on the quality of matching process undertaken for children in the area. Data provided to inspectors identified that there was one available foster placement in the service area at the time of the inspection. As a result of the lack of available placements in the area, 49 children were placed in private foster care and 44 children had been placed outside the area, although a number of children that had been placed outside the service area had been placed with relative carers.

The placement officer told inspectors that when a foster care placement could not be found within the area they liaised with the regional assessment fostering team (RAFT) and with a number of private foster care agencies, this was regarding the availability of foster care placements for children. When a suitable placement was found, the social worker generally met with the foster carers and their link social worker and

agreed a transition plan for the child. Inspector found evidence in a sample of files, that this process was implemented.

Managers told inspectors that as a means of good governance, both the area manager and the principal social worker had met with senior managers of the private agencies every six months and received updates on the progress of these children in their placements. In addition, inspectors found there has been ongoing informal contact with private agencies through emails and telephone calls to resolve issues or arrange attendance at child-in-care and foster care reviews.

From a review of files, inspectors found that the needs of the children were discussed in detail and that the opinions of social workers who had familiarity with the foster carers and the placements, informed the decision-making process. Both the assessment of need (placement request) of the child and the matching tool evidenced consideration for all the child's needs including, family relationships, local community, culture, religion, disability and any other aspects in respect of diversity and identity. In addition, the placement request form included details on issues such as the child's feelings about coming into care and the proposed arrangements for contact by the child with their birth family. Social workers were also required to submit a more detailed "pen-picture" (a more detailed summary report of the child's needs) of the child. Inspectors viewed four of such pen pictures, which were of very good quality.

Matching meetings were held face-to-face where possible or were conducted by phone and the placement request form was shared with the foster carers. If it was not an emergency placement, the child-in-care social worker and the link social worker facilitated an introductory meeting between the foster carers and child. When a placement was identified, the social worker sought the views of the child about the proposed placement and, where possible, provided the child with the opportunity to meet their prospective foster carers. When a suitable placement was found, the social worker met with the foster carers and their link worker and agreed a transition plan for the child. The use of a considered, time appropriate transition plan was encouraged and actively reviewed throughout transition, focusing on the needs of the child. The changing needs of children were reviewed at the child's child-in-care review.

The principal social worker for foster care told inspectors that audits of the placement files and fostering link files is completed on a quarterly basis to ensure full compliance with the matching policy. Inspectors reviewed four of these audits and found there was good monitoring and oversight of the placement process. Furthermore, records of audits showed that the data collected was analysed and the actions and outcomes were used to inform the area's quality improvement plan with a view to continually improve the placement process for children in who are coming into foster care.

There was a matching process in place in the area and social workers tried to ensure that children were matched with foster carers who had the capacity to meet their needs. However, shortages of foster care placements in the service area resulted in a

large number of children being placed in private foster care placements and in placements outside the service area. In addition ten children were on a waiting to be placed in a long-term foster care placements. For these reasons, the area is judged to be substantially compliant with the 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 provider had identified in a pre-inspection questionnaire that it was substantially compliant with this standard. Inspectors agreed with this judgment at the time of this inspection.

There were not a sufficient number of foster carers to meet the current needs of children within the service area who required a foster care placement. As a result, ten children had been placed in short-term foster care while awaiting a long-term placement. Recruitment of and assessment of foster carers was completed through RAFT. Data provided by the area had indicated that that RAFT held 27 recruitment campaigns in the last 12 months prior to the inspection. There were 51 information sessions held, 81 enquiries received and 15 of these enquiries had progressed to application stage, of which six were approved by the foster care committee. In addition, the Midlands service area held 12 local recruitment campaigns since August 2022, however no data was available to ascertain how many of those local campaigns progressed to application stage at the time of this inspection.

Data provided by the service area indicated that there was one available foster care placement in the service area. Ten children have been waiting for long-term placements with one child waiting for three months and a second child has been waiting for four months for an available long-term foster care placement. Social workers told inspectors that while there were no waiting lists for emergency and or short term placements, some children awaiting a long term placements could not always be placed in the most appropriate placements that could meet all their needs.

There was a recruitment strategy in place for foster carers. Inspectors had attended the quarterly area recruitment group meeting and found that a number of initiatives were in place to attract foster carers from various diverse back grounds to match the profile of children requiring foster care in the service area. The principal social worker for fostering told inspectors there is an on-going focus on recruiting from the African community by linking in with local churches and community groups. She said there is

on-going liaison with RAFT who have a strategy in place to attract foster carers from the Traveller and Roma communities who in turn liaise with the national foster care strategy group to progress same. Foster carers who spoke with inspectors said that they had been involved in local fostering recruitment campaigns and had been requested to talk about their experience as a foster carer to prospective foster carers who had attended these meetings. There was a system in place for existing and experienced foster carers to provide support and guidance to newly approved foster carers through formal and informal meetings in the service area. Locally, foster carers and young people in aftercare have collaboratively generated recruitment and promotional material such as leaflets, posters, videos and television appearances to recruit more foster carers.

There was a comprehensive retention strategy in place which identified the need to support and retain existing carers as a priority. Whilst the majority of foster carers had an allocated link social worker to provide support and supervision to foster carers, inspectors found that five foster carers were not allocated to a link social worker at the time of this inspection. However, there was an effective duty system in place to provide support to these foster carers. In addition, there was a placement support service that provided support and interventions to children and foster carers. This included supports to new foster carers in adapting to the role of foster carer through the provision of parenting supports, direct work with children and occupational therapy support where required.

Foster carers were supported to meet the cultural needs of children. A comprehensive training needs analysis was completed in 2022. The training needs analysis was subsequently reviewed and updated in July 2023, following further consultation with foster carers through questionnaires and surveys. In addition, an analysis of foster carer reviews and consultations with the social work teams also informed the training plan for foster carers. Furthermore, there were systems in place for evaluating and reviewing recruitment and retention strategies that had been regularly reviewed by the management and was embedded in the quality improvement plan of the service area.

There were a number of supports in place to retain foster carers in the service area. Inspectors found that some foster care placements received enhanced financial supports where there was an identified need for additional support for children with a disability or complex needs. Some foster carers were supported to apply and receive grants to modify their dwellings and vehicles to facilitate children to have better access in their homes and cars. Children received additional supports such as psychological services, occupational therapy and speech and language therapy, play therapy, to support their development and meet their needs and support their placements. This had a positive impact on the foster care placement.

Inspectors reviewed minutes of management and team meetings and found that retention of foster carers had been discussed and that exit interviews were conducted

and analysed when foster carers left the panel. Inspectors reviewed six exit interviews and had found that all six of the foster carers that had left the panel in the previous 12 months had discontinued fostering because the children had returned home to their birth families or the children had aged out and or had moved into aftercare services. The principal social worker for fostering told inspectors that the exit interviews were analysed for trends and as to why foster carers had left the foster care panel. This information was collected, analysed and then used to inform the area's quality improvement plan. For example, foster carers discussed in their exit interviews the need for specific training for children with complex needs to support the placements and this training has now been included in the current foster care training schedule.

There were not a sufficient number of foster carers to meet the current needs of children within the service area who required a foster care placement. As a result, ten children had been placed in short-term foster care while awaiting a long-term placement. In addition, 49 children have been placed in private foster care and 44 children have been placed outside the service area. For these reasons, the area is judged to be substantially compliant with the standard.

Judgment: Substantially compliant

Appendix 1:

National Standards for Foster Care (2003)
and

Child Care (Placement of Children in Foster Care) Regulations,² 1995

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

² Child Care (Placement of Children in Foster Care) Regulations, 1995

³ Child Care (Placement of Children with Relatives) Regulations, 1995

Compliance Plan for Midlands Foster Care Service OSV – 0004423

Inspection ID: MON_0040719

Date of inspection: 1-3 August 2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Standard Heading	Judgment
Standard 8: Matching carers with children and young people	Substantially Compliant
<p>Outline how you are going to come into compliance with Standard 8: Children and young people are placed with carers who are chosen for their capacity to meet the assessed needs of the children and young people.</p> <p>To enhance the number and diversity of Foster Carers available</p> <ul style="list-style-type: none"> • The Area will continue to work closely with the Regional Fostering Assessment and Recruitment Team in supporting both regional and national fostering recruitment initiatives. • The Area will continue to prioritise the local recruitment strategy to increase the range of Foster Carers from diverse backgrounds. 	
Standard 21: Recruitment and retention of an appropriate range of foster carers	Substantially Compliant
<p>Outline how you are going to come into compliance with Standard 21: Health boards are actively involved in recruiting and retaining an appropriate range of foster carers to meet the diverse needs of the children and young people in their care.</p> <ul style="list-style-type: none"> • The Area will continue to work closely with the Regional Fostering Assessment and Recruitment Team in supporting both regional and national fostering recruitment initiatives. • The Area will continue to prioritise the local recruitment strategy to increase the range of Foster Carers from diverse backgrounds. • The Area will continue to complete Exit Interviews with Foster Carers and analyse the findings to identify further service improvements and additional supports and training needs for Foster Carers. • A national recruitment process is ongoing to recruit Regional Fostering Peer Support Persons. When appointed the Area will work closely with them to enhance supports available to Foster Carers. 	

Section 2:

Standards to be complied with

The provider must consider the details and risk rating of the following standards when completing the compliance plan in section 1. Where a standard has been risk rated red (high risk) the inspector has set out the date by which the provider must comply. Where a standard has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider has failed to comply with the following regulation(s).

Standard	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Standard 8	Children and young people are placed with carers who are chosen for their capacity to meet the assessed needs of the children and young people.	Substantially Compliant	Yellow	31 st March 2024
Standard 21	Health boards are actively involved in recruiting and retaining an appropriate range of foster carers to meet the diverse needs of the children and young people in their care.	Substantially Compliant	Yellow	31 st March 2024