



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Health Information and Quality Authority

Regulation Directorate monitoring inspection of Foster Care Services

Name of service area:	Carlow Kilkenny South Tipperary
Type of inspection:	Focused
Date of inspection:	21 – 24 July 2025
Fieldwork ID:	MON-0047141
Lead Inspector:	Adekunle Oladejo
Support Inspector(s):	Lorraine O'Reilly Bernadette Neville Hazel Hanrahan

About this inspection

The 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, Disability and Equality 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.

The Authority monitors the performance of the Child and Family Agency against the National Standards for foster care and advises the Minister and the Child and Family Agency.

In September 2023, HIQA developed a specific risk-based monitoring programme of inspections to examine Tusla's governance arrangements in child protection and welfare and foster care services. The inspections focused on services where 25% or more of children did not have an allocated social worker. The purpose of the risk-based monitoring programme was to assess the effectiveness of the provider's governance arrangements in the management of unallocated cases, so as to support the delivery of a timely, safe and effective service for children and families. The programme aimed to establish how effective national governance arrangements were being implemented at local and regional level. It also aimed to improve compliance against the *National Foster Care Standards* and the *National Standards for the Protection and Welfare of Children* and reduce waiting lists for children. The monitoring programme included onsite inspections and monthly meetings with nominated representatives of Tusla's executive team.

In response to HIQA's inspection programme, Tusla developed a national service improvement plan for child protection and welfare and foster care services (unallocated cases).

HIQA completed 10 inspections of Tusla services between February and April 2024. A single report of the findings across all 10 inspections was published on HIQA's website in January 2025. This '*Overview Report on the Governance of the Child and*

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

Family Agency (Tusla) Child Protection and Welfare and Foster Care Services' can be found at [HIQA Overview Report](#).

This inspection was a focused inspection to assess the progress made in relation to the actions identified to address non-compliances during the previous HIQA inspection in February 2024. The key issues that were followed up in this inspection related to the Agency's capacity to deliver a consistent, equitable and sustainable approach include:

- a significant number of children in foster care did not have an allocated social worker to coordinate their care (64%)
- the over-reliance on social care staff to carry out some duties of social workers; this does not comply with foster care standards
- the children in foster care in the service area were not being visited in line with the *Child Care (Placement of Children in Foster Care)* 1995 regulation.
- Child-in-care reviews were being undertaken through teleconferences and the child-in-care review chairperson position was vacant
- there were staffing challenges in the area; staff were over-stretched and the area had a commitment to recruit social workers over their ceiling. However, recruitment and retention of a sufficient number of social work staff was a risk and remained a concern in the area.

Prior to the inspection, the service area submitted a self-assessment questionnaire (SAQ) of its performance against the five selected standards. Local managers rated their performance as substantially compliant in four standards and not compliant in one standard. The SAQ provided analysis of organisational priorities and areas of practice they were working to continually improve which will be further commented on in this report.

This inspection identified serious and growing concerns about the capacity and sustainability of fostering arrangements in the Carlow Kilkenny South Tipperary service area and the impact this was having on children.

How we inspect

As part of this inspection, inspectors met with the children, relevant service managers, frontline staff, and foster carers. Inspectors 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
- the area's self-assessment questionnaire
- interviews with:
 - the area manager
 - the social care manager
 - the duty and active on duty workers
- focus groups with:
 - one principal social workers (PSW) for children in care, one fostering service PSW and two PSWs for Welfare Protection & Alternative Care (WPAC)
 - Tusla case management system (TCM) user liaison officer and a PSW with responsibility for quality and service improvement in the area
 - eight frontline staff who had joined the service since the previous inspection. This consisted of one social work team leader, one social care manager, two social care leaders, three social workers and one creative community alternative (CCA) coordinator.
- the review of:
 - local policies and procedures, minutes of various meetings, a sample of staff supervision files, audits and service plans such as the service improvement plan and action plans arising from audits.
 - the review of 39 children's case files
- conversations with:
 - a sample of nine parents, seven children and four foster carers.

The aim of the inspection was to assess compliance with national standards of the service delivered to children who are referred to the Foster Care Service.

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.

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, Disability and Equality. 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 protection and welfare services;
- Educational welfare services;
- Psychological services;
- Alternative care;
- Family and locally-based community supports;
- Early years 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 (RCO). The regional chief officers report to the National Director of Services and Integration, who is a member of the executive management team.

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

Service area

The information in this section of the report was provided by the service area for inclusion in the report.

The Children and Family Services in Carlow, Kilkenny and South Tipperary are managed by the area manager, who has responsibility of the area senior management team. This includes principal social workers, child protection conference chairs and senior manager for prevention, partnership and family support (PPFS), three children and young people services committees and business support manager.

The children in care service is managed by two principal social workers. There are five teams within the children in care service managed by social work team leaders (SWTL). One team leader post was reconfigured to a social care manager role. At the

time of the inspection, there were two social work team leader posts dedicated to chair the child in care reviews. One of these posts was vacant and the other had been re-assigned to other SWTL duties. Children in care teams are based in the three counties - South Tipperary, Carlow and Kilkenny. These teams comprise of two principal social workers, team leaders, social workers and social care staff. The team have statutory responsibility for children in care and therefore carry out duties such as safeguarding visits, statutory visits, one-to-one work with children, meeting with parents, access, core group meetings and professionals' meetings and attending court.

The fostering team is responsible for the recruitment, training, and support of foster carers. There are staff based across the three areas, in Ferryhouse for South Tipperary, in St. Canice's for Kilkenny and in Tusla Offices, Athy road for Carlow. The fostering team is made up of a principal social worker, social work team leaders, fostering link social workers, and a social care manager and staff. In addition, two principal social workers managed welfare protection and alternative care (WPAC) teams that consisted of social worker team leaders, social workers and social care staff.

From the data provided by the Carlow Kilkenny South Tipperary service area prior to the inspection, the area had a total of 288 children in foster care. All children except 18 were living within the service area boundaries. The vast majority of children - 208 were placed in general foster care, with seven of these being placed in private foster care. Eighty children were placed in relative foster care. There were six children waiting for a full time foster care placement and all had been waiting for more than one month.

Ninety-two children in foster care were allocated to social workers at the time of the inspection. Of these, one child was allocated to a social work team leader. The vast majority of the remaining children – 180 were allocated to other professionals such as social care workers and social care leaders. Sixteen children had no worker allocated to them at the time of the inspection. Twenty one children were dual unallocated², while 22 children were placed in households that exceeded the national standards for foster care 2003³.

Carlow Kilkenny South Tipperary service area foster care panel consisted of 201 foster care households which included 142 general foster care and 59 relative foster

² Refers to foster care households where both the foster carer and the child or young person in placement with them do not have an allocated social worker.

³ Standard 10.6- outlines that generally no more than two children are placed in the same foster home at any one time, except in the case of sibling groups and these are not placed with other fostered children. The foster care committee must approve any departure from this practice in advance of the placement.

care households. There were 22 foster care placements and four respite placements available at the time of the inspection. Twenty-six allegations were made against foster carers in the last 12 months and no allegation upheld against foster carers during the same period. Twelve foster carers had left the panel voluntarily in the 12 months prior to the inspection and one foster carer had been removed from the panel during the same period. There was a dedicated team in the service area that provided ongoing support to the foster carers.

Compliance classifications

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

The compliance descriptors are defined as follows:

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

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

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

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

National Standards for Foster Care		Judgment
Standard 5	The child and family social worker	Not compliant
Standard 7	Care planning and review	Substantially compliant
Standard 10	Safeguarding and child protection	Not compliant
Standard 18	Effective policies	Substantially compliant
Standard 19	Management and monitoring of foster care services	Not compliant

This inspection was carried out during the following times:

Date	Times of inspection	Inspector	Role
21 July 2025	09:00hrs to 17:00hrs 10:00hrs to 17:00hrs 09:00hrs to 17:00hrs 09:00hrs to 17:00hrs	Adekunle Oladejo Bernadette Neville Lorraine O'Reilly Hazel Hanrahan	Lead Inspector Support Inspector Support Inspector Support Inspector
22 July 2025	09:00hrs to 17:30hrs 09:00hrs to 17:30hrs 09:00hrs to 17:30hrs 09:00hrs to 17:30hrs	Adekunle Oladejo Bernadette Neville Lorraine O'Reilly Hazel Hanrahan	Lead Inspector Support Inspector Support Inspector Support Inspector
23 July 2025	09:00hrs to 17:30hrs 09:00hrs to 17:30hrs 09:00hrs to 17:00hrs 09:00hrs to 17:00hrs	Adekunle Oladejo Bernadette Neville Lorraine O'Reilly Hazel Hanrahan	Lead Inspector Support Inspector Support Inspector Support Inspector
24 July 2025	09:00hrs to 17:00hrs 09:00hrs to 16:00hrs 09:00hrs to 17:00hrs 09:00hrs to 13:00hrs	Adekunle Oladejo (Remote) Bernadette Neville Lorraine O'Reilly (Remote) Hazel Hanrahan	Lead Inspector Support Inspector Support Inspector Support Inspector

Children's experience of the foster care service

Children's experiences were established through speaking with a sample of seven children, nine parents, four foster carers, and 16 professionals. The review of children case files, minutes of various meetings, staff supervision files, policies and procedures, audits and service plans, also provided evidence on the experience of children in foster care.

Overall, children had mixed views of their experiences of the foster care service. All the children that spoke with inspectors said that they were happy in their foster care home and that they were well cared for by their foster carers. Two children reported positive views about the children's fora⁴ and said that this had supported them in giving feedback about the service and that they had participated in different activities. Further to this, children told inspectors that they had experienced periods where they had no social workers and when they had an allocated worker, there were multiple changes and this impacted the children in developing strong professional relationship with their allocated worker.

Of the seven children that spoke with inspectors, two were allocated to a social worker and the remaining five children were allocated to social care staff. All children spoken with shared positive views about the staff allocated to support them. They said that they were visited regularly and that 'they got along well with them'. Children were unaware of the local arrangements in place in the service with regard to being visited by a social care or social workers. They did know the difference between a safeguarding and a statutory visit. This will be further outlined later in the report. One child said that their allocated social care worker "was leaving in a couple of weeks" and they "didn't know who the next worker will be". However, the child had an aftercare worker allocated to them and they said that they had a regular meeting with this worker.

Both children who were allocated to social workers were positive about the support they had received from their social workers. One child told inspectors that "social worker have given me a lot of help" and another said that they were "okay with the level of contact" with their social worker. However, both children said that they did not like the frequent changes of social worker and having to have "the same conversation with different social workers". One child told inspectors that they have had "eight social workers in two and half years" and the other child said that they had "different social workers every 40 days" when they first came into care.

⁴ Refers to group for children and young people in foster care to discuss their experiences, connect with others, and have their voices heard on issues affecting them and the wider care system.

Further comments made by children in relation to lack of consistent social worker allocation included:

- "I would love to stick with one social worker but I don't get the chance"
- "I did not know when my social worker changed"
- "social worker changes is a big problem"

Overall, all children spoken with said that they had a care plan in place and that this was reviewed regularly, one of the seven children said that they attended their previous two child-in-care review meetings, and one said that they attended their last review. While children said that they were invited to their review meetings, some said that they choose not to attend. Two children said that they felt "awkward" about "a bunch of people talking about you". However, children said that they were consulted about matters that were important to them, and their views were represented at care planning meetings when they did not attend. The children told inspectors that they were given the '*me and my care plan booklet*' to fill in and the majority stated that they found the questions repetitive because the "same questions were being asked every time". While some children reported that they were supported to complete this booklet to give their views about their care, one child said that it was given to them and no one assisted them to complete it. Another child noted that they were handed the booklet to complete because "they think I am more independent".

The majority of children who spoke with inspectors said actions agreed at their child-in-care review meetings were not discussed with them by their allocated workers afterwards but that they often received updates from their foster carers. Children said that they were not given copies of their care plan or a child friendly version. Four of the seven children spoken with said that they were not aware of the complaints process and that no one had spoken with them about what to do if they wished to make a complaint. However, records reviewed by inspectors demonstrated that, in some cases, the complaint process was discussed with children during visits. Two of the remaining three children stated that they had recently received information about children's rights and how to make a complaint. They also said that they were made aware of the complaint process by an external independent advocacy service.

Foster carers were committed to the children in their care and were very involved in the children's life. Two out of four foster carers who spoke with inspectors expressed positive views about the service and the care provided to children placed with them. . One foster carer told inspectors that they were allocated to a social care leader who visited every three months. One foster carer described their fostering link worker as "amazing" and said that they felt well supported in their fostering role. They told inspectors that they attended child-in-care reviews for the child and that review meetings were "great and included birth parents". They said that they were receiving

additional support from the dedicated fostering support team in the area. The remaining two foster carers spoke about gaps in services and areas for improvement such as the need for allocation of a consistent worker to support the children and timely access to specialist support for children with additional needs.

A foster carer said that "it doesn't matter what sort of worker, it is the changes that is frustrating". Another foster carer spoke about the importance of relationships and said that social care workers were more accessible to children than when they had a social worker allocated to them. They emphasised the importance of good relationship between the staff and the children stating that the social care worker allocated to the child had completed direct work with the child to help them understand why they were in care and to learn more about their history and identity.

One foster carer spoke about the impact of changes in the allocated worker. They said that the assessment of the child placed with them was delayed due to the change in the child's allocated worker and described the situation as "chaotic", stating that "you don't always know who you will be talking to". They said that newer staff assigned to work with the children did not always have the knowledge of their assessed needs, in particular to children with a disability and accessing relevant support.

Inspectors spoke with nine parents and they all expressed mixed views about their experience of the foster care service. Parents said that they valued the care given by their children's foster carers. However, the majority said that they did not receive adequate support from the service with regards to access with their children. One parent said that they were not told about their child's move to a new foster care home. The majority said that they were invited to their child-in-care review meeting but they did not feel that social workers were listening to their views. All but one parent reported that their children were safe in the foster care homes where they live. This parent expressed concerns about the management of allegations of abuse against a foster carer and that they had made a complaint to Tusla and their concern had been addressed.

Overall, children's care plans were up-to-date and identified actions were being followed up. While most care plans and reviews were of good quality and reflected children's care needs, there were delays in the completion of some child-in-care reviews. The majority of review meetings were held online and this left some children feeling disconnected. In addition, statutory visits to children were not in line with regulation; however, a system was in place to ensure that children were visited by a social care staff, who also undertook life story work with children.

Deficits were found in safeguarding practices including the management of allegations against foster carers and child protection and welfare concerns relating to children in foster care; and there were gaps in case records in respect of these concerns.

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 a focused inspection, which looked at the allocation of social workers to coordinate the care of children in foster care. In addition to this, the inspection focused on the care planning process, including the participation of children and their family in the preparation of the child's care plan and child-in-care reviews. The inspection also assessed how children are protected and safeguarded from abuse and that the governance and management structures in place support the delivery of a consistent high quality, safe and effective foster care service.

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

- two standards were substantially compliant
- three standards were not compliant.

The capacity of the Carlow Kilkenny South Tipperary area to provide a quality, safe and effective foster care service had not improved since the previous inspection in 2024. There had been no significant impact of the national compliance plan aimed at addressing an ongoing organisational risk with regard to capacity issues in the area's foster care service. This continued to challenge the service's capabilities to effectively address gaps, fulfil all its statutory obligation and drive improvements in the quality of the service. Despite the service area reaching ceiling with regard to their staffing allocation, significant deficits remained in the area's resources to allocate social workers to all children in foster care, in line with standards. However, there was a commitment from senior managers to recruit new social workers above the ceiling. This inspection found that the majority of children in foster care were not allocated to a social worker and there was a number of children who had no allocated worker to coordinate their care and a number of children and foster carers who were dual unallocated.

While the large proportion of children unallocated to a social worker had an 'allocated worker' such as a social care worker or social care leader, there were 16 children who had no worker at the time of the inspection. The capacity to consistently mitigate risk through the allocation of a social care staff to children without a social worker had weakened since the last inspection. Although, managers were proactive and had attempted to mitigate risks associated with children without any allocated worker through an active on duty system, this measure was new and the effectiveness was not clear at the time of the inspection. While the service area had a standard operating procedure (SOP) in place to ensure children awaiting allocation were visited by a staff member, this SOP was not in line with *Child Care (Placement of Children in Foster Care) Regulations*, 1995. Due to workforce challenges, a direction was given to staff to complete one statutory visit per year and three safeguarding visits with children placed in foster care in the area.

The management of child protection and welfare concerns and allegations of abuse was not consistently in line with *Children First: National Guidance on the Protection and Welfare of Children* (2017)⁵. For example, notifications of suspected abuse to An Garda Síochána were not routinely sent for all cases that met the threshold of abuse and timely actions were not taken to progress the assessment of an allegation of abuse in respect to a *Child Abuse Substantiation Procedure* (CASP) referral. While there were systems in place for the governance and oversight of child protection and welfare concerns and allegations against foster carers, these systems were not robust and needed further improvement to ensure their effectiveness. Furthermore, adherence to Tusla's standard business process, in line with timeframes for screening⁶, preliminary enquiry⁷ and initial assessment⁸ needed significant improvement to facilitate a safe and timely response to children. Managers told inspectors that they were unable to implement the revised national practice guidance document on responding to child protection and welfare concerns of children in care (November 2024), due to capacity issues.

Despite Tusla commitments to prevent the occurrence of dual unallocated, where both the child and their foster carer do not have an allocated social worker, there were 21 dual unallocated children in Carlow Kilkenny South Tipperary foster care service at the time of the inspection and in the months prior to the inspection. This was a concern

⁵ National policy document which assists people in identifying and reporting child abuse.

⁶ Screening is to assess whether the social work team need to complete preliminary enquires under the referral process.

⁷ The purpose of preliminary enquiry included gathering of relevant information regarding a reported concern and considering the immediate safety of a child and taking necessary immediate protective action, if required.

⁸ The purpose of the initial assessment is to determine whether there has been harm, if there is potential for future danger to the child/children, and if there is any existing safety present to address this harm.

given that in the 2024 HIQA inspection, the area had no dual unallocated cases. Following the inspection, eight cases were escalated to the area manager and assurances were sought. Two cases in which the children were dual unallocated; assurances were sought in respect to the oversight of these children's placement in line with regulations and standards. Another six children's cases were escalated for concerns pertaining to the management of child protection and welfare concerns and allegations against foster carers. The response from the area manager, in respect to child protection and welfare concerns and allegations was satisfactory and actions were taken to address these concerns. Further to this, the area manager acknowledged the challenges the service area faced in respect to staffing and allocating children in foster care to a social worker. However, assurances were given that a social care staff would be allocated to all children who did not have an allocated social worker. This meant that the area had measures in place to ensure children received a service. However, the foster care service remained not compliant with standard five. In addition, a provider assurance report was issued to seek assurance with respect to standards five, 10 and 19. This was in relation to the following concerns identified on this inspection:

- twenty-one children, aged from four years and children with a disability were found to be dual unallocated and 16 children had no allocated worker to coordinate their care
- safeguarding practices regarding the management of allegations against foster carers and child protection and welfare concerns pertaining to children in foster care, including adherence to standard business process and oversight of case management for all children in the foster care service
- the area's lack of capacity to ensure children are visited in line with regulations and to ensure all children have an allocated social worker
- ineffective quality assurance mechanisms that impacted on the governance and oversight of the foster care service.

The provider assurances submitted in respect to these issues did not adequately assure HIQA. As a result, a cautionary meeting was held with the interim regional chief officer and the area manager to further inform the area of HIQA's concerns with regards to the lack of compliance in respect to standards five, 10 and 19 and to provide the area with an opportunity to respond to the concerns outlined. At the cautionary meeting, the management of the service outlined that challenges in the area with regards to staffing remained and it was acknowledged that although mitigations were in place to address the capacity issues; the service will not come into compliance with the national standards with regards to allocating children in foster care to a professionally qualified social worker and their responsibility to undertake statutory visits to children, in line with regulation. Verbal assurances were provided at the provider cautionary meeting and HIQA requested the provider assurance report to

be resubmitted with the additional assurances provided. Subsequently, written assurances were received and deemed satisfactory.

The majority of children in foster care in Carlow, Kilkenny and South Tipperary had their individual care plans reviewed and updated in line with statutory regulations. The vacancy in the child-in-care reviewing chairperson post had posed a significant challenge to the service's capacity to complete care plan reviews. However, contingencies were in place to minimise the risk of delays in children's care plan reviews taking place in line with the frequency set out in statutory regulations. There was a good standard of practice in identifying and addressing children's needs with appropriate actions to effectively meet those needs. The vast majority of child-in-care reviews continued to be held online and case records did not always provide a clear rationale for this decision. In addition, relatively low numbers of children attended their review meetings and this is an area for improvement.

Overall, the service area had clearly defined governance and management structures in place to oversee the quality of the service. Managers monitored the service area's performance through a range of trackers, governance reports, audits, service improvement plans and individual staff supervision. However, these quality assurance systems needed further strengthening to ensure that they were consistently leading to better practice and quality improvements. The area management team had carefully considered how best to target its social work resources to the area's where it was most needed and where it could have most impact. This had led to the reconfiguration of teams to help in the management of workload of children in care teams.

The service area had a local service improvement plan (SIP) in place that aligned with Tusla's business plan (2024 – 2026) and the national compliance plan. This clearly outlined strategies and priorities for the service. There were a number of local SOPs that guided staff practices and they were aligned with Tusla's national approach. The systems in place ensured that staff were aware of practice requirements and for the most part, staff practices were in line with policies and guidance. However, the SOP and guidance document had not been reviewed and updated within the specified timeframes.

Standard 5: The child and family social worker

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

In the SAQ submitted by the management team, the service was judged to be not compliant with this standard. Inspectors agreed with this judgment. This inspection found that Carlow Kilkenny South Tipperary foster care service had not made progress since the last inspection to ensure that there is a designated social worker for each child in foster care as required by the National Standards for Foster Care (2003). Despite the best efforts of the local management team to ensure that children received a safe and effective service. Due to staffing challenges the area lacked capacity to fulfil its statutory obligations for all children in foster care in the area, as required by national standards and regulations.

The previous HIQA inspection in 2024, found that the majority (64%) of children in foster care did not have an allocated social worker. On this inspection, the overall number of children unallocated to a social worker had increased to 68%. In 2024, all children in the foster care service, had an allocated worker such as a social care worker or a social care leader and there was no dual unallocated children; this was not the case during this inspection. The finding of this inspection was that sixteen children had no worker to coordinate their care and 21 children were dual unallocated. This meant that there had been a deterioration in the capacity of the area to provide an effective foster care service in line with the national standards.

Tusla has a duty to allocate a social worker to a child as soon as the need for an admission to care is identified and for as long as they remain in care. The child's social worker is a key person in the child's life as they have responsibility for developing a relationship with the child, visiting the child, managing and coordinating their care, and ensuring that the child has an up-to-date care plan and that their care plan is regularly reviewed, updated and implemented.

Data submitted by the service area prior to the inspection showed that, of 288 children placed in foster care, 92 children were allocated to social workers. This amounted to 32% of the overall number of children in foster care in the area. One hundred and ninety six children had no allocated social workers and the vast majority of these children – 180 were allocated to other professionals of various grades such as social care workers and social care leaders. As previously stated, sixteen children had no worker allocated to them at the time of the inspection and 21 children were placed in dual unallocated households.

Records reviewed by inspectors showed that some children were unallocated to a social worker for lengthy periods of time. Inspectors reviewed a sample of 21 children's records for the purpose of establishing how long they had been unallocated to a social worker. Of this, 15 children had no social worker allocated to them for three years or more and the remaining six children had no social worker for a period ranging from a few months to over two years. In addition, there were gaps in the allocation of social workers or social care staff to some children. For example, a child with complex needs had not been allocated a social worker since 2022 and there was a five month gap before they were allocated to a social care leader in 2023. In the 12 months prior to the inspection, this child remained allocated to a social care staff and although the child was being visited, these visits were not in line with regulations. In some instances, children's cases needed to be re-entered to court due to the breach of court orders when their cases became unallocated to a social worker.

Following the 2024 HIQA inspection, Tusla compiled a national compliance plan for foster care services which set out actions that they intended to take to address deficits found in all the participating service areas that were involved in the 2024 risk-based monitoring programme. One of the compliance plan actions under standard five was to allocate additional resources to increase capacity in service areas where resources are most required to address unallocated cases. While information provided by the area indicated that 39 staff of various grades, including 10 social workers and two social work team leaders had joined the service area in the previous 12 months, 32 staff had left for various reasons such as retirement, promotion and career break. This represented a minimal gain in the workforce, of seven staff. However, this did not make any meaningful impact to the available resources in the foster care service and there had been a further decline in the capacity to allocated workers – either social worker or social care professional to children since the previous inspection. Staff told inspectors that new staff had gone to the child protection and welfare teams in the area due to a significant shortfall in the staffing capacity in that team.

As part of risk mitigation actions, Tusla's national compliance plan set out an action to implement a case allocation framework document as it pertains to children-in-care; this is to provide guidance regarding allocation of a worker to children. This document had not been implemented nationally at the time of the inspection. However, due to the persistent lack of adequate social work resources, Carlow Kilkenny South Tipperary had been predominantly operating a local arrangement of allocating social care staff to children, prior to the conception of the case allocation framework. This remained in operation at the time of this inspection. While this approach had enabled the area to ensure that children had an allocated worker, this was not in line with the *National Standards for Foster Care (2003)*.

Managers that spoke with inspectors acknowledged the lack of compliance with standards and regulations with regard allocation of social workers to children in foster care and statutory visits. They spoke about the particularly unique workforce challenges in the service area given that only 32% of children in foster care were allocated to social workers. While the allocation of children to social care professionals had been largely effective to manage vacancies and maximise organisational flexibility, the consequence of this was the service's non-compliance with the regulations and national standards in relation to the requirements to allocate a social worker to each child and ensure that they were visited by a social worker within a specified timeframes. Data provided for this inspection showed that 225 of 288 children, representing 78% of the total number of children in foster care in the area had not been visited by a social worker within the timeframe set out in regulations.

Regulations outlined that children are to be visited in their foster home by their social worker within the first month of placement, at least every three months for the first two years of placement and at intervals not exceeding six months thereafter. In an attempt to manage the local social work resources with regard to fulfilling the requirements of statutory visits to children in foster care, the area manager implemented an approach whereby children were visited once a year by a social worker, and three additional visits called "safeguarding visits" were made to children by the social care staff, while they remained unallocated to a social worker. From the sample of children's records reviewed, this local arrangement had enabled all children to be seen by a social care staff at regular intervals. However, inspectors found one instance where a safeguarding visit was conducted by a video call due to an adverse weather condition. Inspectors brought this to the attention of a manager. They told inspectors that this was not an acceptable standard of practice and assurance was provided that this was a once-off event rather than a routine practice

Following the inspection, a provider assurance report was sought from the area manager regarding non-compliances with standard five. Subsequently, a provider cautionary meeting was held with the RCO and the area manager due to the unsatisfactory response received. Verbal assurances were provided by the senior managers in respect to the allocation of workers to children in foster care; however, it was acknowledged that there was a lack of adequate social work resources in the area to allocate all children in foster care. The area set out their plan to strengthen measures to ensure that all children without a social worker had an allocated worker, albeit, this was not in line with the national standards.

Records reviewed by inspectors demonstrated that there was a focus on improving outcomes for children and this was found in the children's case files. There were effective joint working arrangements with partner agencies. Children's case records showed that specialist services were actively involved in care planning for children.

Care plans and reviews, statutory visits and safeguarding visits records gave an overall detailed description of the child's assessed needs under a range of domains including education or training, health, identity, personal development, family and social relationship, contact arrangements and complaints. Children's views and wishes, including areas where the child needs ongoing support were clearly outlined with an appropriate plan in place to ensure those needs were met.

Significant events were effectively managed in a child-centred manner, irrespective of the grade of the allocated workers. An appropriate and timely response was provided to ensure that the child's welfare was promoted. Children's absence management plans were reviewed regularly to ensure their safety and well-being and identified actions to be taken to facilitate the child's safe return during periods of unauthorised absences.

Social workers and social care staff worked in partnership with families and foster carers to ensure that children were facilitated to meet and keep in contact with their parents and siblings on a regular basis, when this was in their best interests. There was a dedicated family contact team in the area and staff told inspectors that this was helpful in facilitating children's access with their families.

The majority of children and foster carers were satisfied about the service provided by the social work and social care staff allocated to the children. Some of the children that spoke with inspectors did not notice any difference when they were allocated to professionals other than a social worker with regard to the service provided to them. All foster carers reported a better coordination of children's care when they were allocated to a consistent worker, regardless of staff grade. However, some children continued to experience a high turnover of social workers or social care professionals due to the frequent changes of their allocated worker. Inspectors saw examples where a child was allocated to four different workers to oversee their care in the previous 12 months. This had led to situations whereby children were not always familiar with workers allocated to them and there was no established relationship between workers and children to support a consistently effective and safe service.

The majority of children were informed of the complaints process. These conversations were evident from the record of statutory and safeguarding visits reviewed by inspectors. However, some of the children who spoke with inspectors said that they were not aware of the complaints process and that they were not told about what to do if they wish to make a complaint. This is an area for improvement to ensure that all children were consistently informed of and understood the complaint process, and that they were aware of their rights to complain about any aspect of their care.

Overall, inspectors found that there remained significant deficit in ensuring compliance with the national standards with regard to the allocation of social workers to all children in foster care. There were significant gaps in the allocation of children and this has had a knock-on effect on the service capacity to perform the statutory responsibility such as visits to children within the specified timeframe. In addition, there had been a decline in the service's capacity to ensure the consistent implementation of contingencies to mitigate the risk and minimise the impact for children who had no social worker allocated to them. A number of children were without an allocated worker for a period of three months in 2025 and the complaint process was not consistently explained or reviewed with all children in the foster care service. For these reasons, this standard is deemed not compliant

Judgment: Not compliant

Standard 7: Care planning and review

Each child and young person in foster care has a written care plan. The child or young person and his or her family participate in the preparation of the care plan.

The area management team judged the service to be substantially compliant with this standard. Inspectors agreed with this judgment. The vast majority of children in foster care in Carlow Kilkenny South Tipperary had their individual care plans reviewed and updated in line with statutory regulations. Data provided for the inspection showed that approximately 6% (18 of 288) of children in foster care were without a written, up-to-date care plan. Only two of these children had been overdue their care plan reviews for more than three months. This high percentage of children with an up-to-date care plans was achieved against a backdrop of significant challenge in relation to the vacant child-in-care reviewing chairperson post. Overall, the quality of care plans was good and reflected the children's needs. However, improvement was required to promote children's attendance and ensure that the particulars of care plans are shared with all relevant parties, in a timely manner. The area had identified improvement in the children's attendance at their review meeting as a priority and had implemented a working group to achieve this.

The previous inspection had found that a high percentage of children had up-to-date care plans, despite one vacancy in the child-in-care review chairperson post. This inspection found that there was a second child in care review chairperson that had been redeployed to support and supervise staff. However, significant efforts had been made to prevent delays and to maintain a high level of standard in relation to meeting statutory requirements for children's care planning and child-in-care reviews. The previous inspection had found continuous usage of online meeting platform for child-in-care review meetings and low numbers of children who had attended these

meetings. This inspection found that these issues had persisted and had not yet been sufficiently addressed.

There were two social work team leader grades that held the role of child-in-care review chairpersons in the area. One of these was vacant and the other post holder had been re-assigned to other duties at the time of the inspection. The post had been vacant prior to the previous inspection in February 2024, and this vacancy had impacted the service's capacity to consistently complete child-in-care reviews within the timeframe set out in the 1995 regulations. Staff told inspectors that the service often relied on the goodwill of suitably qualified workers for chairing review meetings to prevent significant delays. These included managers within the service area and support from the region and social workers in some instances.

Managers were aware that the interim arrangements in place, were not sustainable and that improvements were required to ensure a consistent approach to the statutory reviews of children's care plans is implemented. They had appropriately recognised these vacancies as a risk and had placed it on the risk register with control measures identified to mitigate the impact. A recruitment plan was in progress to fill the vacant post on a permanent basis. There were a number of occasions whereby child-in-care reviews were delayed or had to be postponed as a result of not having a chairperson to facilitate the process. However, the area had implemented measures to minimise delays and had recently conducted an audit of their compliance with the child-in-care review timeframes. This showed that the foster care service was meeting the requirement with regard to statutory reviews for 86% of children in care. The monthly governance meetings reviewed by inspectors showed a consistent monitoring and good oversight of overdue statutory reviews. Records demonstrated that plans were in place to ensure that all outstanding reviews were completed.

A local guidance and SOP was in place to guide staff practice around child care planning and the review process. This set out timelines for care plans and reviews, in line with regulations. It outlined a comprehensive five steps approach, including scheduling, stakeholders to be invited and provided guidelines to support staff when completing a care plan or review. The inspection found good communication between the fostering and children-in-care teams with regard to care planning and reviews. In cases where social care staff were allocated, they held full case responsibility with oversight from a social work team leader.

One of Tusla's national compliance actions from the 2024 HIQA inspection was to hold a learning event workshop to consider the feasibility and suitability of replicating the approach in areas such as Carlow Kilkenny South Tipperary to support improved compliance with care planning standards across the service areas nationally. Managers told inspectors that they were invited to present their approaches to care

planning and other areas of good practice found at the previous inspection at this workshop. While managers expressed their willingness to engage in this national approach to sharing of learning, they also expressed concerns about the decline in the overall service area's capacity since the previous inspection, due to inadequate staffing and the area remained challenged in respect to meeting its statutory and legal requirements with regard to allocation to a social worker and visiting children in foster care.

Foster carers generally expressed positive views about their involvement in care planning and reviews. There was a good level of engagement by children in completing feedback forms in advance of their review meetings to give their views about their care arrangements. However, children's attendance at these meetings needed to strengthen. Data submitted by the area showed that, of 558 reviews that were held either in person or online in the 12 months prior to the inspection, only nine children attended. Managers were aware of the need to promote a child-centred and inclusive child-in-care review experience for all children. A programme of work was included in the area's 2025 SIP to increase children's attendance at their review meetings by 10% throughout 2025. HIQA remained concerned regarding the high number of child-in-care reviews being held online on this inspection.

While the area had a plan in place to create a parents fora by quarter two 2025 to enable parents to give their views, inspectors were informed that parents were contacted and none had expressed an interest. However, there was a children in care fora in place and this had facilitated children to come together as a group to give feedback about the service that they had received. Children's views and feedback had been used to improve their experience of the service. For example, Tusla's offices and meeting rooms in the area had been renamed and made child-friendly through the involvement of the children's participation group. An art competition for children was held by the fostering support team and the winning entry was showcased as the cover page of an information booklet. In addition, regular fun activities were held to bring children in care and their foster carers together.

Inspectors found examples of good practice in ensuring that children with disabilities were provided with specialist services and that their care was effectively coordinated. Joint meetings between Tusla and the Health Service Executive (HSE) were held on a regular basis. Records of meetings reviewed by inspectors demonstrated discussions around the support needs of children who the joint protocol applied. There was an area based therapeutic team in place that consisted of a psychologist, an occupational therapist and a speech and language therapist. This team provided direct support to children and inputted into their assessment of need to enable an improved outcome.

Two special reviews had been held in response to significant changes in risk or circumstances of children, in the previous 12 months. Overall, priority was given to supporting foster care placements that were at risk of ending, with additional support provided and safety plans put in place as appropriate. A tracker was in place to provide oversight and to monitor the review of these placements. At the time of the inspection, 10 placements were noted to be at risk and five showed that regular reviews had been undertaken. A disruption meeting was held for a placement that had ended; this was to understand how and why the placement broke down. It provided opportunity for learning both for the foster care service and the carers. Inspectors found that the learning from this had been implemented.

Permanency planning for children was adequately explored within their care plans and reviews. Managers had carried out a review of the voluntary care arrangements and parental consent to establish the appropriateness of children remaining in care with parental voluntary consent. Thirty-one children were identified for further reviews and considerations were given to changes of these children's legal status through care orders and adequate attention was paid to the impact of this. Children's care plan records reflected clear decision-making in relation to matters such as adoption, enhanced rights or family reunification and agreed actions were taken in a timely manner.

Appropriate systems were in place for aftercare planning for children, with most assessments and aftercare plans developed in line with the timeframes set out in policies. The assessment focused on preparing children for leaving care and identified future support that the children required in areas such as, education, training, and housing. The majority of children who were 16 years or older had an aftercare worker allocated to them. Inspectors spoke with three children and reviewed six records of children who were eligible for aftercare service. They all reported that they were well supported to develop the skills they required for independent living. They described having regular meetings with their aftercare workers and that they had good relationships with them.

Child-in-care review actions were clearly outlined with timeframes agreed and the responsible person clearly identified to help prevent risk of delay or drift in putting agreed actions in place. However, placement plans were not regularly updated in a timely manner to reflect changes made to the child-in-care review records. In addition, children told inspectors and records demonstrated that children were not routinely given feedback on the decisions of their reviews by their social workers, in a timely manner. However, foster carers made children aware of decisions and told them about changes made to their care plans. One foster carer told inspectors that the previous meeting records were generally sent to them days in advance of the current review cycle. This was an area for further improvement to ensure that

changes made to care plans are routinely shared with children, their families and foster carers in a timely manner.

There was an over-reliance on the use of online meeting platforms to hold children in care reviews. In the previous 12 months, a significant number of review meetings – 468 were held online while 90 took place in person. While this arrangement promoted convenience and flexibility to accommodate relevant stakeholders in attending review meetings, it had become the default arrangement and appropriateness of this to the individual children's circumstances was not routinely considered. Staff told inspectors that an alternative arrangement of in-person meeting was not always offered due to the vacancy in the reviewing chairperson's post and limited availability of alternative workers with relevant experience to conduct the review. Overall, foster carers and children told inspectors that they were not always given the options of attending meetings in-person and they were not consulted with in relation to the platform in which these meetings took place.

Overall, children's care plans and reviews were up-to-date and in the majority of cases, took place in line with the frequency set out by regulations. Care plans and review records reflected the assessment of the children's care needs. Appropriate actions were agreed and taken in meeting identified needs. Service managers acknowledged that the engagement of children in reviews was an area of practice that needed to be strengthened. Further improvement was also required to ensure that placement plans were updated and that the outcome of review meetings was discussed with children and parents, in a timely manner. The process in place for sharing a written copy of the care plan with foster carers, parents and children, in line with their age, stage of development and individual needs needed improvement to ensure that this takes place in a timely manner. In addition, the service's over use of online meeting platform for review meetings required further attention and analysis, so as to ensure that this is meeting the needs of children and encouraging meaningful engagement. For these reasons, this standard is judged substantially compliant.

Judgment: Substantially compliant

Standard 10: Safeguarding and child protection

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

The service area judged themselves to be substantially compliant with this standard. Inspectors did not agree with this judgment, and rated it as not compliant. The management of child protection concerns and allegations of abuse was not

consistently in line with Children First (2017). There was a lack of adherence with timelines set out in Tusla's standard business process for the completion of different stages of assessment of child protection and welfare referrals, and a delay was found in respect to progressing a CASP referral. A number of children were dual unallocated and deficits were found in safeguarding practices due to significant difficulties in allocating a consistent social worker and or social care worker to children in foster care. This meant that children were not always familiar or had an established relationship with the professional working with them. Furthermore, timely reviews of safety plans required improvement.

Data provided prior to the inspection showed that 94 child protection and welfare (CPW) concerns pertaining to children in foster care were received in the previous 12 months. Of these, nine remained opened. Similarly, 26 allegations were made against foster carers and three of these remained opened. There were 22 foster care households that exceeded standards whereby at least two unrelated children were placed together. The area had a SOP in place that outlined the steps to be taken when placing unrelated children together, including the notification of such placement to the foster care committee.

There were systems in place to ensure that concerns and allegations were effectively managed until a final outcome was reached and these needed significant improvement. Inspectors reviewed three CPW concerns and six allegations against foster carers and found significant delays in progressing the assessment of these concerns in line with the timeframes set out in Tusla's standard business process. The foster care service was not adhering to revised Tusla's practice guidance with regard to responding to child protection and welfare concerns of children in care, November 2024 and the processes with respect to the timelines set for screening, preliminary enquiry and initial assessment. Adherence to the standard business process in line with timeframes facilitates safe and timely response to children's needs because it enables social workers to get clarity on the level of risk, coordinate supports and address issues promptly.

Inspectors were concerned about the lack of records on the TCM system regarding how some of these concerns had been managed and actions taken to protect children from harm; as it was not immediately clear in the majority of the files reviewed for this purpose. As a result, a number of these cases were escalated in relation to the management of child protection and welfare concerns and allegations against foster carers. In addition, one allegation did not receive a timely assessment to establish if the allegation of child abuse was founded or unfounded, in line with the national CASP policy. The child had not been appropriately consulted with about the concern; and two notifications of suspected child abuse were not reported to An Garda Síochána as required, in line with Children First (2017). From the sample of children's

case records reviewed, six individual children's cases were escalated to the area manager with regard to the management of concerns and allegations and satisfactory responses were provided to these individual cases. The area manager acknowledged that the quality assurance systems in place required review to ensure they were more robust and to prevent reoccurrence.

While social care workers had received mandatory training in Children First (2017) and CASP in line with the actions of the national compliance plan, not all staff had been trained in the national approach to practice to strengthen their capacity and understanding of Tusla's assessment framework. Managers spoke to inspectors about the lack of experience in the team and the need to prioritise relevant training to support social care and new staff on the team. Despite this, social care staff were tasked with 'safeguarding visits' to children and undertaking the assessment of concerns, without appropriate expertise, including the completion of an intake record⁹, initial assessment, safety planning and monitoring. The area manager provided assurances that team leaders had an appropriate oversight of social care staff practices.

Children having a consistent and familiar social worker to establish a safe and supportive relationship with promotes children's safety. Both children and their foster carers not having an allocated social worker is a poor safeguarding practice. There were 21 children in the Carlow Kilkenny South Tipperary foster care service who were dual unallocated at the time of the inspection. Having dual unallocated children was not in line with the best practice, national standards and the national policy on the management of unallocated children. The national policy clearly outlined the importance of preventing dual unallocated cases from occurring. Inspectors were particularly concerned that in some cases, children with additional vulnerabilities such as very young children, those with a disability, and children placed in households that exceeded standards, and those that were prioritised as high were dual unallocated and some have had no allocated social worker for many years. Inspectors escalated two cases of young children who were dual unallocated to the area manager to seek assurance about the oversight of these children's placements, in line with regulations and standards. The response provided showed that a plan had been put in place to allocate link social workers to the foster carers due to the lack of capacity within the children-in-care teams, and that all children in foster care would have an allocated worker; however, this was not in line with the national standards.

The national compliance plan reflected plans to effectively and consistently implement the revised guidance for responding to concerns regarding children in care by the end of February 2025. However, this inspection found a lack of adherence to this in

⁹ Refers to the record of preliminary enquiry completed when there are reasonable grounds for concern for a child, or where there is harm to a child and further investigation is required.

Carlow Kilkenny South Tipperary foster care service. Managers were clear about the lack of capacity in the service area to effectively implement this guidance with regard to social work teams responsible for the assessment of referrals based on the nature of the concern. They told inspectors that children in care teams were conducting the initial screening and further assessment as required, regardless of the nature of the concern, due to the depleted staffing at the child protection and welfare service in the area.

Furthermore, improvement was required to ensure that An Garda Síochána were notified of all child abuse concerns in line with Children First (2017). The inspection found that meetings were held by the service managers with Gardaí and relevant referrals from both agencies were discussed. This included discussion on operational matters to support effective joint working between the agencies. Inspectors identified two cases whereby required notifications to Gardaí were only sent when they were brought to the attention of a manager during the inspection and appropriate actions were taken. Further improvements are required with regard to quality assurance system to ensure no reoccurrence of this.

Staff who spoke with inspectors demonstrated a commitment to safeguarding and the protection of children. Foster carers and staff supported children around the development of appropriate skills, including self-care skills and self-protection. Staff responded appropriately to significant events regarding children and ensured that families were kept informed. Episodes of children missing from care was effectively managed, in line with the agreed protocol. Thirteen children in foster care had safety plans in place. Inspectors reviewed 11 safety plans and found that safety plans were appropriately implemented to manage emerging risks and support children's placements in a timely manner. Safety plans were generally monitored during statutory and safeguarding visits. However, improvement was required to ensure the timely review of safety plans in line with the changing needs of children, to ensure current and future risks to children were considered in safety planning. For example, a safety plan in place for one child was not reviewed when the circumstances of their placement changed. This was brought to the attention of the principal social worker (PSW) during the inspection and the safety plan was reviewed as a result.

Overall, significant improvement was required to ensure that the management of child protection concerns and allegations of abuse was in line with Children First (2017) and ensuring information systems were updated to reflect the safety concerns of children and actions taken. Safeguarding measures needed to be strengthened to ensure there are no dual unallocated children and there is a consistency with regard to social workers being allocated to children in foster care. Timely notification of suspected child abuse to Gardaí needed further improvement. Further to this, 22 households exceeded the national standards with regard to unrelated children being

placed together, this is not in line with the national standards. For these reasons, this standard is deemed to be not compliant.

Judgment: Not compliant

Standard 18 : Effective Policies

Health boards¹⁰ 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 management team judged the service to be substantially compliant with this standard. Inspectors agreed with this judgment. The service area had a local SIP in place that outlined a clear strategic direction and key priorities, and this SIP was aligned with Tusla's national compliance plan for foster care services. Due to capacity and staffing deficits in the area the teams had been reconfigured to improve the responsiveness of the foster care service. There was a number of local SOPs that guided staff practices and they were in line with Tusla's national approach. There was an appropriate system in place to ensure that staff were aware of practice requirements. For the most part, practices were in compliance with policy. However, improvement was required with regard to the consistent adherence to some of the local guidance and SOPs. For example, disruption meetings were not held in line with the timeframes as set out in the local guidance. In addition, the majority of SOPs and guidance documents had not been reviewed and updated within the specified timeframes.

Carlow Kilkenny South Tipperary service area had developed a local SIP that sets out actions and initiatives that had been or will be undertaken to implement the objectives of Tusla's business plan (2024 - 2026). It outlined key areas of focus for the service in 2025 and reflected commitments to service improvements to ensure children, carers and families receive a good quality service. There was a system in place to track and monitor the progress of the service improvement plan actions.

The area's SIP was monitored by the regional operations risk management and service improvement committee (RORMSIC) attended by the RCO. Of the 46 actions set out in the local service plan, eight were completed and the remaining were either ongoing or not due at the time of the inspection, including a number of actions from 2024 that had been carried forward. While local managers showed a commitment to progress and implemented the plan, they also acknowledged that the effective implementation of some of the area's plan relied on actions or direction at a national

¹⁰ These services were provided by former health boards at the time the standards were produced in 2003. These services are now provided by the Child and Family Agency (Tusla).

level. For example, implementation of performance accountability as part of actions aimed at improving governance and oversight by ensuring that all staff had at least one performance accountability conversation was dependent on the national roll out of this initiative.

An action in the area's SIP for 2025 was to reduce children unallocated to a social work practitioner by 10% in line with the national target. Senior managers told inspectors that one of their priorities is the reduction of unallocated cases, and they acknowledged that they were not on track to meet this national target. They said that while their effort had been successful in ensuring that children had at least an allocated social care staff, it had become more challenging prior to the inspection and this had left 16 children without any allocated worker. In 2024, the HIQA inspection found that all children in foster care had an allocated worker and this lack of capacity to allocate workers to children was a concern.

The suite of local guidance and SOPS in the area included documents on practice areas such as governance and oversight of children-in-care, care planning and reviews, case recording, disruption meeting and complex case guidance. These SOPs had not been reviewed and updated within the specified timeframe. However, inspectors found that staff were familiar with them, and for the most part, their practices reflected the guidance and procedure in place. Further work was required to ensure all guidance documents were consistently followed. For example, while the SOP for placement disruption meetings outlined that the disruption meetings should be held within four to 12 weeks of the placement ending, disruption meetings had not been completed for a placement that ended 21 months earlier and there was an eight month gap in holding a disruption meeting for another case. This meant learning from placement disruptions could not be identified and shared with the teams in a timely manner.

There was a local SOP in place to support the implementation of the national policy and guidance for the management of unallocated children and young people. This outlined the local arrangements for the governance and oversight of children-in-care and it was aligned with national policy and guidance for unallocated children. It reflected a step-by-step procedure to be followed to ensure adequate oversight and management of children that were unallocated. This oversight and governance arrangement required further improvement to ensure their effectiveness. This is discussed further under standard 19 in this report.

An action from the national compliance plan following the 2024 inspection was the assurance about the management of unallocated children in foster care to be provided by the RCOs and area managers to the director of service and integration (DOSI). Evidence reviewed by inspectors demonstrated that monthly updates were

provided to the RCO through the regional unallocated governance report. This showed data such as the number of children in care unallocated to a social worker and those that were dual unallocated, including their priority level. Information with regard to key risks, escalation and mitigations were also regularly communicated to the RCO.

The 2024 national compliance plan showed that children with additional needs will continue to be dealt with under the existing Tusla and HSE joint protocol and existing structures. The inspection found that Carlow Kilkenny South Tipperary had effective joint working arrangements with partner agencies to promote children's wellbeing. Support services for children with complex needs and disabilities were carefully considered in line with the existing protocol. Records showed that the area based therapeutic team offered a range of individual specialist assessment or therapeutic intervention to children in care. There was a clear system in place whereby the area manager approved additional funding for children with complex needs with an external agency, as required.

In response to the challenges the area faced in recruiting and retaining a sufficient number of social workers and reduced capacity for allocating children admitted to care, the area's child protection and welfare teams were reconfigured in January 2023 to the welfare, protection and alternative care (WPAC) in order to ensure that children in care received a high quality service. Social workers in the WPAC teams were responsible for supporting children and their families up to the point of agreement of a permanency plan to either place the child in a long-term care on foot of a full care order or return the child home, when the outcome of assessment determined that it was safe to do so. This meant that key decisions about children's long-term care needs were made prior to their transfer to the children-in-care teams. This new approach had led to a clear pathway and structure to reduce the amount of initial statutory court work that needed to be undertaken by the children in care teams, as full care orders had generally been obtained by the WPAC teams by the time of transfer to children in care teams. Forty seven children were with WPAC teams at the time of inspection.

Data provided for the inspection showed that there were 16 children awaiting transfer outside of the area. Although, the national compliance plan stated that the transfer policy in foster care will be implemented by the end of June 2025, managers told inspectors that this was yet to be implemented and transfer in and out of the area had been paused. There was a system in place to ensure timely transfer of children between the local teams. However, due to the increasing pressure and lack of capacity in the children in care team, this had resulted in the limited availability of social workers and the transfer of children to one children in care team was put on hold for eight to 10 weeks while awaiting outcome of recent recruitment efforts.

Overall, Carlow Kilkenny South Tipperary had a local service improvement plan (SIP) in place that set out its key priorities and actions. Appropriate systems were in place to monitor the progress of the service improvement plan and managers were aware of the gaps in meeting the needs of children, such as the allocation of social workers to children. While the local SOP provided guidance to staff, practices were not always in line with policy. In addition, the majority of the SOPs and guidance documents had not been reviewed and updated within the specified timeframes. It is for these reasons that this standard is deemed as substantially compliant.

Judgment: Substantially compliant

Standard 19 : Management and monitoring of foster care services

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

The area judged themselves to be substantially compliant with this standard. Inspectors did not agree with this judgment and assessed this standard as not compliant. The service area had clearly defined governance and management structures in place to oversee the quality of the service. The capacity of frontline teams and their managers had been impacted by vacancies and improvement was required to ensure that all risks in the foster care service were effectively managed. There was an ongoing organisational risk with regards to staffing which challenged the service area's capabilities to effectively address gaps in the service and to drive improvement in a sustainable manner, in line with the vision of the service held by local managers. This was in the context of the service area already at ceiling with regard to their staffing allocation; albeit there was a commitment made to recruit above the ceiling; however, the area still remained challenged in respect to the recruitment of social workers.

The area was managed by an area manager who had responsibility for service delivery, under the direction of the RCO for Tusla's South East region. There were three PSWs who were responsible for the alternative care service – two PSWs for children in care teams and one PSW for fostering. Two PSWs were responsible for the WPAC teams, one of these was a PSW for the quality and service improvement and they also provided oversight of the family contact service in the area. Overall, strong emphasis was placed on teams working together and the sharing of information between teams. Principal social workers were supported in their roles by social work team leaders (SWTL) and a social care manager. There were five teams in the children-in-care and three teams in the WPAC. The fostering service consisted of five teams, including a fostering assessment and two aftercare teams. At the time of the

inspection, there were three SWTL and four social worker vacancies in the children in care team, and the fostering team had one SWTL and one social worker vacancies at the time of the inspection. One of the vacant SWTL posts in the children in care team was filled by a social care manager.

Records reviewed by inspectors showed that these vacancies had created additional pressures on the service already stretched beyond capacity. Risks associated with staffing as a result of vacant posts were regularly escalated by the PSW to the area manager, with the impact clearly outlined. These included increasing numbers of children becoming unallocated, and the breach of court stipulations in some cases, and the increased pressure on SWTL's workload. While managers tried to mitigate risks due to vacancies by facilitating caseload reviews and in some cases, the area manager undertaking a further risk escalation to the RCO, these had not made any meaningful impact to the service capacity to consistently fulfil its statutory responsibility to all children-in-care, in line with regulations and standards.

In the 2024 HIQA inspection, there were no children without at least, a secondary worker and no dual unallocated children. The number of children who had no worker to coordinate their care and those who were dual unallocated had increased in the months prior and at the time of this inspection, there were 21 dual unallocated children. Although, dual unallocated children were subjected to review at the joint governance meeting and in some cases, children were reprioritised as high, despite this, dual unallocated children, some with additional vulnerabilities such as a disability, placed in households that exceeded the standards and very young children remained unallocated due to capacity challenges. Managers had attempted to mitigate risks associated with children without any allocated worker through an active on duty system, however, this system was new and the effectiveness could not be established at the time of this inspection.

While there was an oversight system in place for the governance and management of child protection and welfare concerns; this inspection found that this was not effective. Records reviewed by inspectors showed that managers were aware of risks regarding the lack of adherence to Tusla's standard business process and national policy in respect to the management of CPW concerns relating to children in care. The risk in respect to the lack of adherence to standard business process was placed on the risk register; however, effective actions had not been taken to ensure that the management of concerns about children in foster care were progressing in a timely manner. Managers had been undertaking regular reviews and identified significant gaps in a number of open referrals and that children's records with regard to CPW concerns and allegations of abuse were not up-to-date.

Due to significant concerns identified by inspectors, assurances were sought in respect to standards 5, 10 and 19 from the area manager. The response did not provide satisfactory assurances that the area will come to compliance. Therefore, a cautionary meeting was held with the RCO and the area manager. Verbal assurances were provided at the cautionary meeting, however the management acknowledged the challenges regarding coming into compliance due to lack of social workers in the service and not being able to adhere to regulation with regards to visiting children. The service was requested to resubmit the provider assurances report and to include the additional assurances provided in respect to dual unallocated cases, children without a social worker and or a social care staff, safeguarding practice and quality assurance systems. Subsequently, written assurances were received and deemed satisfactory.

While all unallocated children in foster care – except 16 had a secondary allocated worker, all children without a social worker remained listed as awaiting allocation locally, and as such were subject to the governance and oversight mechanism of unallocated children, including the review of the assigned priority when further risk emerged. However, the new national reporting template had recently started to capture children allocated to social care staff and counted these children as allocated, in line with Tusla's new case allocation framework which was due to be in place by the end of March 2025 but yet to be formally implemented at the time of this inspection. As per the national compliance plan for foster care, this framework was aimed at assisting relevant areas in guiding the allocation of children where a social worker could not be allocated. It is important to note that this action is not in line with the *National Standards for Foster Care (2003)*.

Governance systems and management reporting structures provided the managers with oversight of the foster care service and there was appropriate identification of most risks and challenges in the service. However, review of children's case at governance meetings did not always identify risk and risk mitigation needed to be further strengthened. For example, cases escalated during and after the inspection had been subject to regular reviews but did not identify concerns noted by the inspectors. Team meetings were held by children-in-care and fostering teams. Monthly governance reports were prepared for SWTLs who had oversight responsibility for cases awaiting allocation in their individual teams. The governance reports presented data in relation to key areas of performance such as the number of unallocated children, high priority unallocated, dual unallocated and those who were overdue statutory visits and child in care reviews.

The SWTLs attended governance meetings with their respective PSW to discuss an action plan to address any presenting issue. Agreed actions, in turn, were followed up in supervision. Data provided by the service area indicated that the approach overall

had been effective in helping the area to sustain its performance in the delivery of its care planning and review activity. Notwithstanding this, significant concerns remained in relation to the lack of capacity to allocate social workers to the majority of children in foster care, in line with standards and in turn, fulfilling its statutory obligation with regard to visiting children.

There was a joint governance meeting every two months attended by managers from the children-in-care and fostering teams. This provided an opportunity for both teams to review any relevant issues to both services and among other areas, ensured that there were no dual unallocated children. Despite this, the review of governance reports reflected ongoing and persistent dual unallocated children across all children in care teams.

The senior management team meetings were held every month and attended by the area manager and the PSWs. Regular updates were provided about Tusla's reform programme¹¹ and this was shared by the PSWs with their respective teams. The performance activities of each team such as the total number of children assigned to individual teams, vacancies and challenges pertaining to teams, these were discussed and plans were agreed to address identified issues and concerns. Inspectors found that this forum had supported senior managers to share information and reflect on the common challenges facing the service, with actions agreed and implemented.

Managers monitored the service area's performance through a range of trackers, governance reports, audits, service improvements plans and staff supervision. However, these quality assurance activities were not consistently leading to better practice at the time of this inspection due to pressures in capacity across the workforce. For example, allocation of social workers was rarely considered even when children's cases were re-prioritised as high due to presenting risk. The senior management team worked to balance competing demands of managing significant risks to the service, such as unallocated children, lack of adequate foster care placements and staffing vacancies as well as efforts to drive an improvement in the quality and safety of the service.

There were risk management processes in place; however, risk mitigation needed further strengthening to ensure they were effective. For example, while there was a new system of active on duty in place, managers told inspectors that there was no formal handover and the operational framework of this system was yet to be formalised at the time of the inspection. Staff who spoke with inspectors said that there was no follow-up actions identified for the unallocated children under the active on duty system during the week of the inspection. Further to this, staff told

¹¹ Refers to Tusla's programme of reform which aims to ensure timely, equitable, integrated and consistent practice across the service areas.

inspectors that the purpose of active on duty was to provide an immediate and urgent response to children without an allocated worker. Staff said that managers assigned follow up actions regarding work to be undertaken in respect to the children on the active on duty system. As this system was in its infancy at the time of the inspection, further improvement was needed to ensure that this system was formalised, with appropriate records kept.

There were appropriate systems in place to escalate incidents and issues to senior managers. Inspectors reviewed the Need To Know (NTK)¹² reports relevant to the scope of this inspection. Risks such as lack of staffing capacity to allocate children and the growing waiting list of children with no social worker or social care staff were routinely escalated, with clear impacts outlined. These included breach of court orders and increasing pressure among staff due to changes to caseload. However, the operational response with respect to the mitigation of these risks was not always adequate. For example, a mitigation was for a number of children going through adoption to be waitlisted for allocation. This meant that there was no worker to coordinate these children's care during a critical time in their journey through foster care.

The appointment of a PSW for quality and service improvement to the service area had supported a renewed focus and increased capacity on improving service-led auditing activities. A schedule was in place which outlined key areas of practice to be routinely audited. These included monthly audit of unallocated cases, care plans reviews, statutory and safeguarding visits, as outlined in the SIP. While these audits had been effective in facilitating the identification of service gaps and areas for improvement, action plans were not consistently implemented. For example, managers had found that an audit of staff supervision completed in April 2025 identified the same issue as 2024 audits and actions from the previous audit had not been completed. Similarly, inspector found some delays in the approval of care plan reviews after they had been completed. This was also the finding of a recent audit completed prior to the inspection. This meant that, other than understanding where gaps were, action plans were not been consistently implemented to effectively address the identified gaps.

Systems for tracking local performance, patterns and trends were well established. In April 2024, Tusla's Practice Assurance and Service monitoring (PASM) team completed a review of the service area's adherence to statutory requirements for children-in-care. Findings from this showed that statutory visits were not in line with regulations for all children who were not allocated to a social worker but allocated to a social care staff. However, of the children whose case files were sampled, all had a

¹² Process of escalating incidents and issues to senior management which might pose a risk to individual children or to the organisation

comprehensive written care plan that was child-centred and described their history, achievements, progress, and needs. In addition, the PASM audit of compliance with the Tusla staff supervision policy was carried out in September 2024. Key findings from this demonstrated that staff and managers received regular formal supervision meetings which were recorded, with actions agreed. This audit found evidence of periodic audits undertaken by managers on most supervision files.

Inspectors found that staff were held to account by their manager through supervision but some aspects of this required improvement. Managers had received additional trainings to assist them in their supervisory role. Supervision records reviewed by inspectors demonstrated good practice in addressing performance issues when required and showed good focus on staff support, professional development and ensuring that the expected standard of performance were clearly set out. Group supervision was in place to facilitate a supportive learning environment and promote staff skill development. Staff that spoke with inspectors said that they found supervision beneficial and described it as a great support. Supervision also provided an additional layer of oversight of cases to the managers and there was evidence that individual children cases were regularly discussed and for the most part, follow-up actions were agreed and implemented. However, of the eight cases escalated following the inspection, the majority of these cases were allocated to a social care staff. In addition, inspectors reviewed 10 supervision records, four did not take place at regular intervals in line with Tusla's policy and three were not recorded on the standard supervision template.

Managers made good use of case management tools to monitor social workers caseloads and to provide insight into how they were managing with cases allocated to them. A sample of this reviewed by inspectors showed a mixed response about the management of social workers caseloads. In addition, there was no formal caseload management process in place for social care professionals, despite their establishment in frontline roles as allocated workers to children in foster care and this is an area for improvement. The area manager told inspectors that this matter was a national issue and it has been escalated to the RCO. Social care professionals who spoke with inspectors noted that their caseload could be unmanageable at times and said there were no adequate systems in place for the management of their caseload.

Staff who spoke with inspectors said that there were appropriate structures and systems in place to support them in their day-to-day work. However, they reported that roles and responsibilities of social care staff were becoming less clear as they were undertaking the work of social workers. Some social care staff told inspectors that they were assisting with a growing range of statutory tasks, including completing court reports and attending court. Senior managers were aware of this and relevant stakeholders had been engaged to ensure that frontline staff were undertaking duties

in line with their training and expertise. The area provided assurances that there was effective oversight in place for social care staff undertaking those duties.

There were a number of national recruitment initiatives in place aimed at addressing staffing capacity issues in the service area. However, there was limited impact of these in the Carlow Kilkenny South Tipperary foster care service at the time of this inspection. These included a rolling social work campaign, an annual graduate campaign, engagement with local schools, colleges, hosting of student open night and the social work apprenticeship programme as part of Tusla's People Strategy (2022 – 2024). Regionally, there was a workforce plan in place which provided a unified framework and strategic approach to address workforce challenges. It also integrated objectives of the Tusla's corporate plan and the ongoing reform programme. A regional policy was in place to support existing staff within the South East region in obtaining a social work qualification, in line with the needs and objectives of the service area and the wider agency. There was a regional retention group in place and the focus of this group included the promotion of supervision policy and reflective practice, increased support for line managers and improved communication among other areas. At the local level, efforts were made to support staff and promote retention. Staff spoken with reported that they had benefited from locally-driven initiatives such as wellbeing groups and other peer support initiatives, including reflective practice sessions, peer-led practice workshop and team development activities.

The service area reported on all aspects of their foster care service as part of Tusla's annual adequacy of the child care and family support services report which was published nationally. The area maintained a child-in-care register in compliance with statutory requirements on the electronic Tusla's Case Management system (TCM). Information and data were used to monitor the service. Key performance indicators were tracked for patterns and trends. Analysis of these were used to inform the service planning. However, as noted earlier in this report under standard 10, inspectors were concerned regarding the lack of records on TCM with regards to the management and action taken in relation to some of the child protection and welfare concerns.

Overall, there were governance and management arrangements in place; however, the oversight and quality assurance systems were not robust and did not identify all risks pertaining to children in the foster care service. There was an ongoing deficit in the children-in-care workforce capacity and this had adversely impacted on the quality of care provided to some children in foster care. This inspection found additional concerns that were not present in the 2024 HIQA inspection. These concerns related to the service's capacity to allocate children without social worker to social care staff and children with additional vulnerabilities were dual unallocated.

Some cases of alleged child abuse were not reported to Gardaí as required and child protection and welfare concerns including allegations against foster carers were not always managed in line with Children First (2017); improvements are required around the management of these concerns. Staff supervision in relation to the frequency was not in line to Tusla's own policy; and given that social care staff were taking on some statutory duties, caseload management require improvement. For these reasons, this standard is deemed not compliant.

Judgment: Not compliant

Appendix 1:
National Standards for Foster Care (2003)
and
Child Care (Placement of Children in Foster Care) Regulations,¹³ 1995

Standard 5	The child and family social worker
Regulation Part IV, Article 17(1)	Supervision and visiting of children
Standard 7	Care planning and review
Regulations Part III, Article 11 Part IV, Article 18 Part IV, Article 19	Care plans Review of cases Special review
Standard 10	Safeguarding and child protection
Standard 18	Effective policies
Regulation Part III, Article 5 (1)	Assessment of foster carers
Standard 19	Management and monitoring of foster care services
Regulations Part IV, Article 12 Part IV, Article 17	Maintenance of register Supervision and visiting of children

¹³ Child Care (Placement of Children in Foster Care) Regulations, 1995

Compliance Plan for Carlow Kilkenny South Tipperary Foster Care Service OSV – 0004390

Inspection ID: MON-0047141

Date of inspection: 21-24 July 2025

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 5: The child and family social worker	Not Compliant
Outline how you are going to come into compliance with Standard 5: There is a designated social worker for each child and young person in foster care. 1. Continued recruitment campaigns to be run nationally and student engagements held locally to promote social work as a career choice. The area will continue to support student social workers through college placements and the apprenticeship scheme. Three will be supported over the next 6 months. In this way, the area plans to attract qualified social workers and increase the capacity to allocate children in care in line with standards. Area Manager by 31/03/2026 2. The area is very active in recruiting new staff and engaging in initiatives that will support increasing staffing resources across the area. 4 social work apprentices are currently working in the area. The area has 1 staff member who is graduating from Robert Gordon University in October 2025; they will apply for vacant positions and onboard in winter 2025. There are 2 staff members that are completing the MSW at UCC, they are due to graduate in Summer 2026 and will apply for vacant positions within the area. Two new graduates have joined the Children in Care team in Kilkenny. Managers continue to support recruitment initiatives and are open to all opportunities to increase the workforce, including hosting a student open evening, attending university and school open days and career fairs. Children in Care Principal Social Workers 30/09/2025 and ongoing	

3. CIC teams to be supported in the creation of chronologies to assist in identifying trends and patterns of concern or positive change on each child's file through bespoke training offered by User Liaison Officer, Tusla Case Management (TCM).

User Liaison Officer, Tusla Case Management by 31/03/2026

4. Support in relation to case recording to be offered to staff through re-sharing of guidance and Standard Operating Procedure (SOP) on case recording for children in care, practice workshop on recording and support through User Liaison Officer, Tusla Case Management (TCM) Workshops.

User Liaison Officer, Tusla Case Management by 31/12/2025

5. A review of the Terms of Reference for the monthly unallocated governance report forum to include additional controls to increase oversight of all unallocated children. This will include:
 - a tracker of changes in allocated worker, so that risks and mitigating actions can be discussed and agreed by PSWs and escalated to the Area Manager as appropriate.
 - data to confirm that the child, parents and foster carers have been advised of the changes and reason for same.
 - referrals for children in care including notifications to An Garda Síochána and the National Vetting Bureau.
 - oversight of timelines to completion of Intake Records and Initial Assessments.
 - data from case records to indicate children and parents have received information on making a complaint and this has been discussed with them by their allocated worker.
 - children in care in foster care households that exceed the standards, for oversight of additional supports required and any mitigating actions.

Area Manager by 31/10/2025

6. All children in care, who are not allocated to a Social Worker will have an allocated secondary worker.

Children in Care Principal Social Workers implemented 30/09/2025

7. The allocated worker ensures compliance with statutory requirements, such as statutory visits and Child in Care Reviews. If the allocated worker is not a social worker, the Fostering Link Social Worker or Children in Care Social Work Team Leader attends a joint visit to the child to meet the criteria for a statutory visit.

The allocated worker will meet with a child on their own regularly. They consult with the child, listen to their wishes, consider their support needs – including therapeutic - promote their best interests and family relationships. A template for recording visits has been devised with accompanying guidance – to strengthen quality of case recording.

**Children in Care Principal Social Workers implemented
30/09/2025**

8. The Area has had a number of participation forums with children in care where they have provided their feedback on the service and ideas for improvement. These fora will continue to engage with children in care to strengthen practice and relationships.

**Principal Social Worker for Quality & Service
Improvement implemented 30/09/2025**

9. Risk escalations, an impact analysis and business cases have been completed for staffing on the children in care team. The Area Manager will escalate issues to the regional Chief Officer as appropriate.

Area Manager implemented 30/09/2025

10. To ensure governance and oversight of children in care allocated to social care staff, Social Work Team Leaders (SWTLs) and Principal Social Workers (PSWs) for Children in Care Services review the allocation of case workers to children in care through monthly governance meetings.

**Children in Care Principal Social Workers implemented
30/09/2025**

11. The Area Manager will attend and review the monthly unallocated governance report forum in October and December with CIC and Fostering PSWs and SWTL.

Area Manager by 31/12/2025

12. To strengthen consistency of allocated workers, oversight of allocation occurs at local Children in Care management meetings, using information from individual workers' supervision regarding capacity.

**Children in Care Principal Social Workers implemented
30/09/2025**

13. Patterns and changes to allocated workers to children will also be overseen via the report to the monthly governance meetings with Principal Social Workers.

**Children in Care Principal Social Workers implemented
30/09/2025**

14. Monthly governance meetings receive data on visits to children from social workers and social care staff, so that priorities can be agreed and capacity identified.

**Children in Care Principal Social Workers implemented
30/09/2025**

15. Completion of a process map to further support staff in understanding the requirements and best practice approach to safeguarding visits to children in care.

Children in Care Principal Social Workers by 31/10/2025

16. Review of capacity within CIC and Fostering teams to allocate 4 dual unallocated children and/or foster carers to a Social Worker or Link Social Worker.

Children in Care Principal Social Workers and Fostering Principal Social Worker by 31/10/2025

17. Close oversight of dual unallocated children will be maintained through monthly governance meetings, where capacity throughout the teams will be kept continually under review to ensure all children in care are allocated and are receiving a service from a consistent worker or that risks are identified and mitigating action agreed. Risks will be escalated via the Area Manager as appropriate.

Children in Care Principal Social Workers by 31/10/2025

18. Throughout 2024, the Area devised a suite of information leaflets for children in care which includes children's rights information, how to make a complaint and other support leaflets. Local guidance is in place to ensure children receive these packs regularly and have an opportunity to discuss these with their allocated Case Worker. The Area has engaged with EPIC to develop relationships between EPIC and Carlow Kilkenny South Tipperary Tusla services. Allocated workers are required to record on case files that the child in care has received this information and that it has been discussed with them. This will be included in an audit by Principal Social Worker for Quality & Service Improvement which will take place December 2025 – the outcome of which will be included in the report to the monthly governance meeting with PSWs.

Principal Social Worker for Quality & Service Improvement by 31/12/2025

19. The Area has provided a number of trainings on managing complaints. All staff and their Team Leaders/Social Care Managers will attempt to locally resolve any complaint made by a child. Where a complaint is not locally resolved, there are 2 designated Principal Social Workers to manage complaints. The Area has a robust administrative process for ensuring all complaints are captured and responded to in a timely way. As an additional action, the area will provide a briefing to all staff on the Information Leaflet Packs for children and families, with a focus on the Complaint Leaflet and procedure.

Children in Care Principal Social Workers by 31/12/2025

The compliance plan response from the provider does not adequately assure the Health Information and Quality Authority that the action will result in compliance with the Standards.

Standard 7: Care planning and review	Substantially Compliant
Outline how you are going to come into compliance with Standard 7: Each child and young person in foster care has a written care plan. The child or young person and his or her family participate in the preparation of the care plan. 1. Child in Care Reviewing Chair post has been accepted and will be filled by December 2025. Area Manager by 31/12/2025 2. A Working Group for Child in Care Reviews will be established with the purpose of identifying service improvements to promote and increase attendance of children at their reviews. Principal Social Worker for Quality & Service Improvement by 31/03/2026 3. A review of the 'Me and My Meeting Booklet' with Area Children's Focus Group for their views on improvements to the booklet Principal Social Worker for Quality & Service Improvement by 31/03/2026 4. A review of the process of providing Child in Care Review minutes and Care Plans to Foster Carers will be undertaken with the Business Support Manager to identify improvements in the process of sending out minutes. Business Support Manager by 31/03/2026 5. The timelines for issuing of minutes and care plans to parents and foster carers will be tracked by business support to the CICR service and this information will be included in the monthly report to the governance group, where challenges can be identified and mitigating actions agreed. Business Support Manager by 31/12/2025 6. Allocated workers will be reminded by 31/10/2025 to update placement plans following CICRs to reflect any changes and compliance with this will be reviewed during an audit by Principal Social Worker for Quality & Service Improvement in December 2025. Principal Social Worker for Quality & Service Improvement by 31/12/2025 7. Allocated workers will explain the child's care plan to them during a visit, to ensure they are aware of decisions taken and how their views were represented in the meeting, if the child was not present. This will be recorded on the child's file by the worker, and overseen by Social Work Team Leaders during supervision and recorded on the template. Social Worker Team Leaders Children in Care by 31/12/2025	

8. Children will have the outcome of their CICR and changes to their Care Plan discussed with them, in an age appropriate way, by their allocated worker within 6 weeks of the Review occurring. This will be recorded on the child's file by the allocated worker and overseen by the Social Work Team Leader in supervision.

Social Work Team Leaders, Children in Care by 31/06/2026

9. No Child in Care Review will be held through Teleconference. The methods for conducting CICRs will be in person or by MSTeams (video)

Social Worker Team Leaders Children in Care by 31/12/2025

Standard 10: Safeguarding and child protection	Not Compliant
Outline how you are going to come into compliance with Standard 10: Children and young people in foster care are protected from abuse and neglect. 1. The Area has devised a suite of local policies, procedures and guidance to support the implementation of national policies and procedures. A briefing was offered to the teams on 7/10/2025 on the national guidance for managing referrals for children in care. This was attended by multiple grades of staff. The guidance document and slides from the presentation were disseminated and further sessions will be arranged as required. The briefing highlighted the steps to be taken when a referral for a child in care is received – timelines, strategy and planning meetings, Intake Records and Initial Assessments. It included input from the Regional CASP Lead and Regional Appropriate Person. Notifications to An Garda Siochana and submission to the National Vetting Bureau were highlighted. Referrals for children in care will be added to the tracker for monthly governance meetings and oversight maintained by the PSWs CIC for adherence to guidance and standard business processes including notifications to An Garda Siochana and the National Vetting Bureau. Children in Care Principal Social Workers by 28/11/2025 2. The monthly governance group will review data on referrals for children in care to ensure that each child receives a response in line with Children First (2017) and that timelines are kept under strict review for adherence to standard business processes. Children in Care Principal Social Workers by 31/10/2025 3. The completion of Intake Records and Initial Assessments and review of safety plans for children in care will be overseen by SWTLs in supervision and reporting to the monthly governance group. Children in Care Principal Social Workers by 28/11/2025	

4. Fostering PSW maintains a tracker relating to child welfare and child protection allegations against foster carers. This tracker is reviewed at the governance meetings.

Fostering Principal Social Worker implemented 30/09/2025

5. Child Abuse Substantiation Procedures training for Children in Care and Fostering Teams by Duty Team and Child Abuse Substantiation Procedures Regional Team will be arranged.

Child Abuse Substantiation Procedures & Duty Principal Social Workers by 28/11/2025

6. The monthly governance group will also maintain oversight of children in care in foster care households that exceed the standards, for oversight of additional supports required and any mitigating actions.

Children in Care Principal Social Workers and Fostering Principal Social Worker by 31/10/2025

7. Area Manager to recirculate information on protected disclosures to ensure staff are aware of the process.

Area Manager by 28/11/2025

8. Review of Joint Action Meetings (AGS/Tusla Joint Protocol) is scheduled to identify improvements in managing referrals for children in care and devising a guidance for staff in relation to strategy meetings.

Principal Social Worker for Quality & Service Improvement by 28/11/2025

9. PSW supervision template updated to include information on safety plans, Garda notifications and Intake Records and Initial Assessments.

Principal Social Worker for Quality & Service Improvement implemented by 30/09/2025

10. Development of local guidance and training for all staff to support procedure for Garda Notifications.

Principal Social Worker for Quality & Service Improvement implemented by 30/09/2025

11. The South Tipperary Children in Care Service has a day set each month for Tusla/AGS Strategy Meetings.

Principal Social Workers for Children in Care ST, Duty Intake Assessment Service & Welfare Protection and Alternative Care ST by 31/10/2025

12. There have been monthly audits of all Garda Notifications since January 2025. The audit outcomes are reviewed by Principal Social Workers for Children in Care and action plans devised where necessary.

Principal Social Workers for Children in Care and Quality & Service Improvement ongoing

13. Barnahus is expanding to South Tipperary from Mid-November 2025. This will ensure multi-disciplinary meetings will be convened by Barnahus and

will include the child's worker and AGS re sexual abuse notifications to/from AGS which have been referred to Barnahus.

Principal Social Workers for Children in Care ST, Duty Intake Assessment Service & Welfare Protection and Alternative Care ST by 28/11/2025

14. Children in Care are visited at least 4 times per year; 3 safeguarding visits by a Social Care Staff and 1 with a Social Worker. A quarterly audit is undertaken to review visits to children, with action plans devised where necessary to ensure children receive these visits.

Principal Social Workers for Children in Care and Quality & Service Improvement 30/09/2025 and ongoing

15. New child protection and welfare referrals relating to Children in Care received to Area Screening Team are triaged by Business Support and sent to Children in Care Social Work Team Leader to screen with the Principal Social Workers for Children in Care copied in to review the referral.

Principal Social Workers for Children in Care implemented since 01/01/2025

16. New child protection and welfare referrals relating to Children in Care are noted for discussion at Supervision between Social Care Manager / Social Work Team Leaders for Children in Care and Principal Social Workers for Children in Care.

Principal Social Workers for Children in Care implemented ongoing.

17. Where a child in care does not have a consistent worker or has been dual unallocated over a period of 3 months, their care plan will be overseen by a consistent Social Care Manager or Social Work Team Leader, so that safeguarding visits can be overseen and issues addressed. These children will also be overseen at the monthly governance group where capacity is sourced and re-prioritisation will be agreed by Principal Social Workers.

Social Work Team Leaders or Social Care Manager, Children in Care and Principal Social Workers Children in Care by 31/10/2025

The compliance plan response from the provider does not adequately assure the Health Information and Quality Authority that the action will result in compliance with the Standards.

Standard 18: Effective policies	Substantially Compliant
Outline how you are going to come into compliance with Standard 18: Health boards have up-to-date effective policies and plans to promote the provision of high-quality foster care for children and young people who require it. 1. A tracker of Area Standard Operating Procedures (SOPs) and Guidance documents will be established with clearly outlined review dates. This will identify the dates that Reviews are required on SOPs and Guidance documents. Business Support Manager by 31/03/2026 2. Local SOPs are provided to all new staff as part of their induction. All new staff also engage in the national induction program and attend regional induction briefings. Principal Social Workers for Children in Care and Business Support Manager implemented ongoing 3. Children in Care Standard Operating Procedures have been updated and will be shared with all when finalised. Principal Social Workers for Children in Care and Quality & Service Improvement implemented by 31/10/2025 4. Adherence to SOPs is incorporated into the area's audit schedule and issues arising will be addressed at the monthly governance meeting. Principal Social Workers for Children in Care and Quality & Service Improvement implemented by 31/10/2025	

Standard 19: Management and monitoring of foster care services	Not Compliant
Outline how you are going to come into compliance with Standard 19: Health boards have effective structures in place for the management and monitoring of foster care services. 1. Roll out of practice induction workshops with WLD to strengthen practice and ensure awareness of statutory obligations. Principal Social Workers for Children in Care implemented 30/09/2025. 2. Signs of Safety training will be included in the practice induction workshops. Principal Social Worker for Quality & Service Improvement by 28/11/2025	

3. Priority Signs of Safety training will be agreed and scheduled. This will be mandatory for staff to attend.
Principal Social Workers for Children in Care by 31/10/2025.
4. Case review relating to foster care allegations will be completed and subsequent shared learning event in Q1 2026.
Principal Social Workers for Children in Care and Quality & Service Improvement by 28/11/2025.
5. A Gap analysis report for 2025 is under completion and will focus on the areas of service within Carlow Kilkenny South Tipperary Area that require further development and resources.
Area Manager by 28/11/2025
6. Supervision templates within the area are being reviewed by all Principal Social Workers to ensure they capture all relevant information.
Principal Social Workers for Children in Care by 28/11/2025
7. The lack of Caseload Management mechanisms for Social Care Staff will be escalated to Regional Chief Officer for consideration.
Area Manager implemented 30/09/2025
8. 'Supervision Skills for Supervisors' training for Team Leaders and Senior Managers has been offered in September and scheduled for October.
Principal Social Workers and Social Work Team Leaders for Children in Care by 31/10/2025.
9. Action Plan from PASM review of compliance with Staff supervision Policy will be reviewed with full implementation by end December 2025.
Principal Social Workers for Children in Care by 31/10/2025.
10. A review of the Terms of Reference for the monthly unallocated governance report forum to include additional controls to increase oversight of all unallocated children. This will include:
 - a tracker of changes in allocated worker, so that risks and mitigating actions can be discussed and agreed by PSWs and escalated to the Area Manager as appropriate.
 - data to confirm that the child, parents and foster carers have been advised of the changes and reason for same.
 - referrals for children in care including notifications to An Garda Siochana and the National Vetting Bureau.
 - oversight of timelines to completion of Intake Records and Initial Assessments.
 - data from case records to indicate children and parents have received information on making a complaint and this has been discussed with them by their allocated worker.
 - children in care in foster care households that exceed the standards, for oversight of additional supports required and any mitigating actions.**Area Manager by 31/10/2025**

11. Review of capacity within CIC and Fostering teams to allocate 4 dual unallocated children and/or foster carers to a Social Worker or Link Social Worker.

Children in Care Principal Social Workers and Fostering Principal Social Worker by 31/10/2025

12. Close oversight of dual unallocated children will be maintained through monthly governance meetings, where capacity throughout the teams will be kept continually under review to ensure all children in care are allocated and are receiving a service from a consistent worker or that risks are identified and mitigating action agreed. Risks will be escalated via the Area Manager as appropriate.

Children in Care Principal Social Workers by 31/10/2025

13. Referrals for children in care will be added to the tracker for monthly governance meetings and oversight maintained by the PSWs CIC for adherence to guidance and standard business processes including notifications to An Garda Siochana and the National vetting Bureau.

Children in Care Principal Social Workers by 28/11/2025

14. The monthly governance group will review data on referrals for children in care to ensure that each child receives a response in line with Children First (2017) and that timelines are kept under strict review for adherence to standard business processes.

Children in Care Principal Social Workers by 31/10/2025

15. Continued recruitment campaigns to be run nationally and student engagements held locally to promote social work as a career choice. The area will continue to support student social workers through college placements and the apprenticeship scheme. Three will be supported over the next 6 months. In this way, the area plans to attract qualified social workers and increase the capacity to allocate children in care in line with standards.

Area Manager ongoing

16. The area is very active in recruiting new staff and engaging in initiatives that will support increasing staffing resources across the area. 4 social work apprentices are currently working in the area. The area has 1 staff member who is graduating from Robert Gordon University in October 2025; they will apply for vacant positions and onboard in winter 2025. There are 2 staff members that are completing the MSW at UCC, they are due to graduate in Summer 2026 and will apply for vacant positions within the area. Two new graduates have joined the Children in Care team in Kilkenny. Managers continue to support recruitment initiatives and are open to all opportunities to increase the workforce, including hosting a student open evening, attending university and school open days and career fairs.

Children in Care Principal Social Workers ongoing

The compliance plan response from the provider does not adequately assure the Health Information and Quality Authority that the action will result in compliance with the Standards.

Section 2:

Standards to be complied with

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

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

Standard	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Standard 5	There is a designated social worker for each child and young person in foster care.	Not Compliant	Orange	31 March 2026
Standard 7	Each child and young person in foster care has a written care plan. The child or young person and his or her family participate in the preparation of the care plan.	Substantially Compliant	Yellow	31 June 2026
Standard 10	Children and young people in foster care are protected from abuse and neglect.	Not Compliant	Red	28 November 2025
Standard 18	Health boards have up-to-date effective policies and plans to promote the provision of high quality foster care for children and young people who require it.	Substantially Compliant	Yellow	31 March 2026
Standard 19	Health boards have effective structures in place for the management and monitoring of foster care services.	Not Compliant	Red	28 November 2025