



**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:	Sligo Leitrim West Cavan
Type of inspection:	Focused Inspection
Date of inspection:	10-13 February 2025
Fieldwork ID:	MON-0045929
Lead Inspector:	Bernadette Neville
Support Inspector(s):	Sabine Buschmann Grace Lynam Saragh McGarrigle Nicola Rossiter

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 for Children, Disability and Equality.

This inspection was a focused inspection of the Sligo Leitrim West Cavan service area. The scope of the inspection include Standards 3, 6, 8, 10, 19 and 21 of the National Standards for Foster Care (2003).

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

How we inspect

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

The key activities of this inspection involved:

- the analysis of data submitted by the area
- interviews with:
 - the area manager
 - the principal social worker for alternative care
 - the principal social worker for the child protection and welfare service
- focus groups with:
 - five social work team leaders
 - eight front-line staff across the children in care, fostering and child protection and welfare teams
 - seven foster carers
- the review of:
 - local policies and procedures, minutes of various meetings, staff supervision files, audits and service plans
 - staff personnel files
 - a sample of 29 children's files and 17 foster carer files
- conversations or visits with:
 - a sample of one parent, seven children and seven foster carers.

Acknowledgements

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

Profile of the foster care service

The Child and Family Agency

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

Tusla has responsibility for a range of services, including:

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

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

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

Service area

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

In 2022, the population of Sligo was recorded as 70,198 while the population of Leitrim was 35,199 and this represents 1.36% and 0.68% respectively of the total population nationally. This was an increase in both counties from census 2016, of 4,663 in Sligo and of 3,155 in Leitrim and in line with the national trend where the population in the state increased by 387,274. However, the rate of increase in the six years from 2016 and 2022 in Leitrim at 9.8% is higher than in Sligo (7.1%) and higher than the national rate of 8.13%.

The population of children and young people aged under 25 years has also increased in both counties since census 2016 in line with the national trend. However, the rate of

increase is higher in Leitrim at 8.7% (+902) than in Sligo (+795) which reported a 3.6% increase. The rate of increase nationally was 4.6%. Data published by Tusla in December 2024 showed Sligo Leitrim West Cavan service area had a population of 24,312 children between 0-17 years.²

Sligo Leitrim West Cavan service area is one of four Tusla areas within the West North West region. The service area is managed by an interim area manager under the direction of the regional chief officer for Tusla's West North West region. The alternative care service in Sligo Leitrim West Cavan consists of two children in care teams, one foster care team and one leaving care and aftercare team. Children in care, fostering and aftercare are based across the counties in co-located offices in Sligo, Carrick on Shannon and Tobercurry.

The management structure of the alternative care service comprises of one principal social worker (PSW) who manages the foster care service, the children in care teams and the leaving care and aftercare team. The area has an independent child in care reviewing officer and a dedicated psychologist for children in care, both of whom are managed by the PSW for alternative care. The PSW for alternative care reports to the interim area manager and oversees the work of the team leaders. Each fostering and children in care teams are led by a social work team leader, one of which is in an acting position. The leaving care and aftercare team is managed by the aftercare manager. At the time of the inspection there was 20 children in care cases being held and worked by the child protection and welfare team. The responsibility for the management of these cases rested with the team leaders and the PSW for child protection and welfare. The PSW for child protection reports to the interim area manager.

From the data provided by the Sligo Leitrim West Cavan service area prior to the inspection, the area had a total of 110 children in foster care. All children except 11 were living within the service area boundaries. The vast majority of children - 90 were placed in general foster care and 20 were placed in relative foster care. There were no children awaiting a foster care placement. A total of 11 children had been placed in foster care in an emergency since 1 January 2024. In addition, there were 42 children admitted to foster care in the past 24 months and 34 children had experienced a change in placement during the same period.

The Sligo Leitrim West Cavan service area foster care panel consisted of 92 foster care households which included 75 general foster care and 17 relative foster care households. There were no special foster care households³ and three foster carers

² Tusla monitoring and performance activity reports.

³ Foster care households where additional resources such as additional training, respite support, and enhanced payments were allocated in order to support the placement.

were from diverse cultural background. There were seven available foster care placements. There were no foster carers that had left the service voluntarily since 1 January 2024. In the 12 months previous to the inspection, 23 new enquiries were received about becoming a foster carer, seven of these had progressed to the application stage and four were approved by the foster care committee.

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 3	Children's Rights	Compliant
Standard 6	Assessment of children and young people	Compliant
Standard 8	Matching carers with children and young people	Substantially compliant
Standard 10	Safeguarding and child protection	Not compliant
Standard 19	Management and monitoring of foster care services	Not compliant
Standard 21	Recruitment and retention of an appropriate range of foster carers	Substantially compliant

This inspection was carried out during the following times:

Date	Times of inspection	Inspector	Role
10 February 2025	09:00hrs to 17:00hrs 09:00hrs to 17:00hrs 11:00hrs to 17:00hrs 12:00hrs to 17:00hrs 13:30hrs to 17:00hrs	Bernadette Neville Sabine Buschmann Grace Lynam Saragh McGarrigle Nicola Rossiter	Lead Inspector Support Inspector Support Inspector Support Inspector Support Inspector
11 February 2025	08:30hrs to 17:00hrs 09:00hrs to 17:00hrs 09:00hrs to 17:15hrs 09:00hrs to 17:00hrs 09:00hrs to 17:00hrs	Bernadette Neville Sabine Buschmann Grace Lynam Saragh McGarrigle Nicola Rossiter	Lead Inspector Support Inspector Support Inspector Support Inspector Support Inspector
12 February 2025	08:30hrs to 17:00hrs 09:00hrs to 17:00hrs 09:00hrs to 17:00hrs 09:00hrs to 17:30hrs 09:00hrs to 17:00hrs	Bernadette Neville Sabine Buschmann Grace Lynam Saragh McGarrigle Nicola Rossiter	Lead Inspector Support Inspector Support Inspector Support Inspector Support Inspector
13 February 2025	08:30hrs to 16:30hrs 09:00hrs to 16:30hrs 09:00hrs to 16:30hrs 09:00hrs to 15:15hrs	Bernadette Neville Sabine Buschmann Grace Lynam Saragh McGarrigle	Lead Inspector Support Inspector Support Inspector Support Inspector

Children's experience of the foster care service

Children's experiences were established through speaking and observations with a sample of seven children. In addition, inspectors spoke with a parent, 13 foster carers, and 16 professionals. The review of children and foster carers files, complaints and records also provided additional evidence on the experience of children in foster care.

All children who spoke with inspectors expressed positive views about their experience of the foster care service, experiences which have been shaped by their relationship with their foster carers and the stability of their placement. One child described their foster home as "the best house" with another saying it was their "favourite house". All children described feeling safe and secure in their foster homes and were observed by inspectors to have warm and positive interactions with their foster carers.

From a review of files and what inspectors were told by children, children were given the opportunity to express their views and feelings in relation to their care and to seek clarification on their care plans. Children and parents were supported to share their views and contribute to the child-in-care review process. Children were also given the choice in attending their child-in-care review and were supported by their social worker regarding same. One child told an inspector "we have the option to go to our reviews but we don't. We fill in our forms and dad tells us what's happened at the meeting". Inspectors found that the views of children are shared at review meetings and clearly recorded in the children's care plans.

Children were provided with opportunities to make choices in relation to how they spent their time. Hobbies and interests were supported and it was clear that the children got great pleasure from these. All children that spoke with inspectors said that they were involved in community activities and this is something that they really enjoyed. Children were supported to spend time with friends and to engage in play activities in their free time. There was a focus on maintaining family contact and the views of children were sought and recorded on the children's files. All the children spoken with had planned and regular contact with family members and had some contact visits taking place in the foster carers home. Children were prepared for family contact and provided with opportunities to engage in life story work. Life story work provided children with an opportunity to talk about their experiences and to understand their unique journey through care. One child told inspectors "sometimes we talk about things, like why we can't live with mummy and daddy". All children that had engaged in life story work told inspectors that they enjoyed doing it with their social care worker.

All children spoken with had an allocated social worker to co-ordinate their care, with some children having an additional worker allocated to them. Children told inspectors that they knew who their social worker was. However, some children said they would speak to their foster carers if they had any concerns. Some children said they experienced multiple changes in social worker, with one child saying "there are so many". Foster carers who spoke with inspectors said there was a need for social workers to better explain the complaints process to children and the steps involved in making a complaint. One foster carer said that "my young person wouldn't know she has the right to make a complaint".

Some foster carers told inspectors that social workers had built good relationships with the children and that 'children knew they were there for them'. However, foster carers told inspectors that multiple changes in social workers had a direct impact on some children. Some children had up to 10 and 13 social worker changes throughout their journey in care. Foster carers said that this was unsettling for some children and it led to certain children 'pulling away and disengaging'.

The majority of foster carers gave positive feedback in respect of their link workers and they said the support they received was 'invaluable'. However there was mixed feedback in relation to the supports provided to children. Foster carers found that link workers had a good understanding of all aspects of foster care and were supportive of foster carers and their needs. Foster carers provided some examples of what they considered good practice from the service which reflected the commitment of social workers and other professionals, to children, for example, commitment of staff to complete life story work with children and supporting them with their medical needs. Foster carers said managers were approachable and responsive.

Foster carers gave mixed feedback in terms of the supports children in care received. While some children received supports from the beginning of the placement, others experienced significant delays in having their needs responded to. The majority of foster carers and a parent told inspectors that there were delays in services being provided to children. The impact of this was that foster carers had to "keep at the social worker and keep fighting to get what the child needs". Some supports provided to children had been inconsistent and, "disjointed", with foster carers saying they have had to liaise with other services directly themselves. Delays were noted in securing funding for some children with complex needs. Although some foster carers were provided with training to assist them in supporting and managing behaviours that challenge, they told inspectors that this did not address the shortfall in services provided to children. Some, but not all, foster carers had family members approved as respite foster carers and this provided additional support. General respite care was available to carers but this was dependent on the respite carers' availability.

Foster carers told inspectors that there was a matching process in place and they spoke positively about the matching process. All foster carers had received sufficient information about children placed with them and the children in turn were provided with information about the foster family, in preparation for joining the family.

Foster carers had mixed feedback on how the service supported foster carers in relation to allegations. Some foster carers spoke about feeling 'vulnerable' in their role and the lack of support especially in relation to allegations being made against them. Others, however, had praise for their link workers who "went above and beyond" in supporting them through a difficult period, saying "we wouldn't be here only for (the link worker), we are stronger now". All foster carers noted the value in foster carers supporting each other and having a peer support structure in place where foster carers could draw on their respective experiences. The area provided a drop in psychology led group for foster carers which offered placement specific advice and support for foster carers. However, foster carers told inspectors that the foster care service would benefit from having local support groups in place in the area.

At the time of inspection there were four children who did not have an assigned social worker to co-ordinate their care. All children had a secondary worker allocated to them. All four children had an up-to-date care plan. However, child-in-care reviews for two of these children were not in line with regulations. Furthermore, statutory visits for three of these children were reviewed on the children's files and the records showed that the visits were not completed within the timeframes.

Summary of inspection findings

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

This report reflects the findings of the focused inspection, which looked at children's experiences in relation to their rights. The inspection also considered the quality of children's assessments of need, including any specialist support children required and how these assessments informed the matching of children with foster carers who could meet their needs. In addition, the inspection looked at the management and monitoring of the foster care service and the availability of a range of suitable foster carers to provide child-centred care.

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

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

Overall, the service area ensured the rights of children were respected and promoted. Of the files sampled with regards to children's rights, the records reviewed showed that children's views were sought and used to inform care planning, especially in relation to family contact. There was good engagement with children who did not wish to attend their child-in-care reviews and their views were documented and shared at meetings. Inspectors found examples of children's rights being considered in relation to independence and life skills. The service supported children to understand their unique care histories through life story work. Children received information about their rights at the point of entry into care, however feedback from foster carers highlighted that further work was required in relation to helping children understand the complaints process.

The assessment of children's needs was carried out on all children, before they were placed in care or soon thereafter. All children placed in emergency foster placements had a timely and comprehensive assessment of their needs carried out. Assessments were child centred and detailed. Although the area did not have an area-based multidisciplinary therapeutic team, children were linked into a range of local services including local disability teams and there was evidence of good joint working between these services and social workers. The service had a dedicated senior psychologist attached to the alternative care team, which offered supports to children and foster carers. Joint working relationships with the Health Service Executive (HSE) and the local Child and Adolescent Mental Health Service (CAMHS) were well established in the area. However, foster carers told inspectors that some children experienced delays in having their needs met in a timely manner.

The area had a matching process in place and all efforts were made to place children in the most suitable placement for them. Decisions in relation to matches were made at the matching panel forum. However, the ability of the panel to identify the best match for the child was impacted by the lack of foster carers in the area and on the availability of some of the current foster carers. This meant that matching was based on availability. Matching documentation was on the majority of children and foster carers files and decisions made regarding the matching was clearly recorded. Foster carers were provided with information on children prior to the placement and this enabled them to make an informed decision regarding the match. There were considerable delays in the approval of long term matches and this required

improvement. Changes were also required to the classification and tracking of placement disruptions as the area did not operate in line with Tusla's national policy.

There was evidence of good practice in relation to the management of allegations and child protection concerns in respect of children in foster care. Responses were timely and in line with *Children First: National Guidance on the Protection and Welfare of Children* (2017) and Tusla standard business process. The rationale for decisions were clearly recorded. Safety plans were put in place as appropriate. There was evidence of some children being involved and consulted with in relation to safety plans. However, not all children were consulted with regarding their safety plan.

Safeguarding practice in Sligo Leitrim West Cavan service area required improvement in respect to obtaining An Garda Síochána (Police) vetting of foster carers and adult members of their households including vetting renewals and Children First training. Inspectors found that some foster carers required updated Children First training. Although there was a tracker in place for this, this tracker was not effective in monitoring this mandatory training. Managers told inspectors that there were two Garda vetting renewals for foster carers overdue. Although this was known, there had been drift and delay in progressing these and there was no clear plan in place to ensure actions were followed up in a timely way. Further to this, inspectors found that there was an additional four Garda vetting renewals that required updating as well as one international police clearance that was outstanding. In addition, there was no system in place to track adult members of the foster care household or adult members who resided elsewhere but were regular visitors to the foster home. Due to the lack of oversight and governance in Garda vetting renewals and gaps in Children First training, this was escalated to the interim area manager following the inspection to seek assurances in respect of Standards 10 and 19. A satisfactory compliance plan was returned detailing actions to bring the area into compliance with both standards.

The governance of the service required significant improvement in order to ensure it was providing a safe and effective service to children in foster care. Although there were structures in place to promote effective communication and sharing of information at management level, there was no effective system in place to analyse and review the performance of the service. There were two audits completed in 2024, comprising of an audit of child in care files and support and supervision files of foster carers. Both audits identified practice gaps, however, clear follow on actions were recorded only on the audit sheets relating to the review of child-in-care files. The area's service plan identified the need to develop a file audit tool system, and there had been little progress in achieving this action. Furthermore, improvements were required in the oversight, management and co-working of cases transferred out of the area. Following the inspection, one foster care file was escalated as there were delays in the formal transfer of the case and poor oversight of visits to foster carers and

children. The result of these delays was that there had been significant periods of time whereby both foster carers and children had not been met with.

The Sligo Leitrim West Cavan area did not have a sufficient number of foster carers to meet the diverse needs of children in the area. Four new foster carers were approved in 2024, three of which were recruited through general enquiries and one was approved as a family respite support. The capacity of the area to offer culturally appropriate foster placements was very limited and this had the potential to impact on the matching process. Foster carers were provided with support and supervision from their link workers. However, inspectors found the regularity of support and supervision meetings varied across the six files sampled.

Standard 3: Children's rights

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

All children were provided with information in relation to their rights and how to make a complaint. All children were supported to participate in their care planning process. Children's views were sought and recorded on their files. Children were supported to make choices with regard to hobbies and interests, family contact, and religious beliefs. The area had an established children's fora which provided an opportunity for children in care to meet and talk about their unique care experiences.

Children were provided with age appropriate information on their rights at the point of coming into care and throughout care, and this included information on the complaints process. Social workers told inspectors that there were ongoing discussions with children regarding their rights throughout the placement. Foster carers told inspectors that more work was needed in helping children to understand what a complaint was and in explaining the steps in the complaints process. There had been no complaints made by children in the 12 months prior to the inspection. Some children told inspectors that if they had a concern in their placement they would talk directly to their foster carers.

The inspection found that the children were supported to make choices in terms of how they spent their time. The pursuit of social activities and hobbies was encouraged and this offered children opportunities to develop friendships, skills and grow in self-confidence.

Maintaining relationships with family members, especially siblings, was actively supported and planned for. The nurturing of sibling relationships is important as these relationships help to reinforce family identity and, when maintained, follow through into the child's adult life. Inspectors found good examples of the views of children being sought in the planning of family contact, with their wishes being taken into account. As well as formal family contact, there were also informal arrangements supported and facilitated by foster carers, some of which took place in the foster carer's home. Life story work was also provided to some children and this helped children to understand the meaning of their individual care journey and to explore the significant relationships in their lives. Life story work was discussed at child-in-care reviews and was a consistent agenda item at management meetings.

Children's right to engage in religious practices was promoted and respected. Specific requirements in relation to religious traditions and parental wishes were recorded in care plans and shared with foster carers. There was evidence of children receiving religious sacraments at different points in their lives.

The views of children were clearly recorded on their files and documented in child-in-care review meeting records, care plans, and home visits. In the case of very young children or children with communication difficulties, their experiences were captured through observations by the social worker and this was recorded on the child's file. Children were supported to contribute to their care planning and facilitated to attend child-in-care reviews. Children who did not wish to attend the child-in-care review were supported to complete review forms, which were shared at the child-in-care review. Managers had identified attendance at child-in-care reviews as an area for further improvement and had introduced an attendance tracker to generate data on which to inform service improvement plans. Managers told inspectors that the independent child in care reviewing officer had also begun the process of meeting with children separately in advance of child-in-care reviews to support greater engagement and increase participation. There was evidence of some children being involved in the drafting of safety plans. However, not all children's safety plans showed children were consulted with and their views taken into account. This will be covered under Standard 10.

The area had an established children's fora and this provided additional opportunities for children to talk about their care experiences and to provide feedback to the service on improvements required. Children were supported to communicate their experiences through creative means and play activities. In 2024, the children's fora designed and presented a puppet show centred on children's care experiences and received a child and youth participation award. The area had identified the continued need to embed the national model of child and youth participation in the service and this was included in the service improvement plan for 2024. Managers and staff told inspectors that plans

were underway to develop an access facility, to seek children's views and to input into its design. A working group had been established to progress this.

Children were referred as required, to a range of multidisciplinary services to support their development. Inspectors found good examples of foster carers advocating for children to ensure access to specialist services and interventions. There was active planning for children with complex or additional needs as evidenced by regular multiagency group meetings, meetings with CAMHS and the HSE, as part of the joint working protocol. However, many foster carers told inspectors that support services were not always made available to children at the time the support was required.

Children's right to education was supported and additional supports were provided when required. Links were made with schools to support information sharing and inform care planning. Action was taken to support children maintain their school placement and consideration was given to the expressed wishes of the child.

The rights of children with disabilities and complex needs were promoted and children were supported to reach their full potential. Children with complex needs had their needs met through the provision of a range of services. Children received extra supports such as psychological services, occupational therapy and speech and language therapy to support their developmental needs. Foster carers received additional support and training to meet children's needs and were actively involved in the review of and planning for children's needs as part of multiagency group meetings. Inspectors noted there was a focus on the development of independence and life skills at multiagency group meetings. However, some foster carers told inspectors there were delays in securing some practical aids for children and this needed improvement. Managers and social workers told inspectors that they 'followed' the lead of the foster carer and took guidance from specialist services when seeking the views of children with communication difficulties.

There were four children in the service area who did not have an allocated social worker to coordinate their care. However, all four children had an allocated social care worker and all were in long term stable placements. At the time of the inspection all children without an allocated social worker had an up-to-date care plan. However, the inspection found in the 12 months prior to the inspection there were gaps in statutory visits and child-in-care reviews.

In summary, children's views were sought and informed the care planning process. Children were treated with dignity and respect and provided with opportunities to grow and reach their potential. Family relationships were maintained and supported; this enabled children to understand their heritage and unique family background. Information was provided to children on their rights, which included information on the

right to make a complaint. It is for these reasons this standard is deemed to be compliant
Judgment: Compliant

Standard 6: Assessment of children and young people
An assessment of the child's or young person's needs is made prior to any placement or, in the case of emergencies, as soon as possible thereafter.
<p>For the majority of children in care in Sligo Leitrim West Cavan foster care service, the assessment of children's needs was carried out prior to their placement in foster care. In the case of emergency placements, a comprehensive assessment was carried out in a timely manner and in line with the timeline set out in the <i>National Standards for Foster Care</i> (2003). The assessment of children's needs were recorded in various reports such as initial assessments and court reports. Information in relation to children's needs was shared with all foster carers. Overall, assessments showed an understanding of the individual child, and the specific therapeutic requirements of the child to support their ongoing development.</p> <p>Data provided by the area indicated that in the 24 months prior to this inspection, 42 children were placed in foster care. Of these, 33 had their assessment of need carried out prior to or within a week of the placement, the remaining nine had their assessments completed within six weeks. Eleven children were placed on an emergency basis in the last 12 months and all had their assessment of need completed within six weeks. Inspectors found there was active reviews of children's needs through the child-in-care review process. There was comprehensive care plans in place and they noted the additional supports or interventions required to meet the child's changing needs.</p> <p>Inspectors reviewed 10 children's records for the quality and timeliness of their assessment of needs and found these were detailed, drawing on information from a range of professionals. The assessments were of good quality and included information on the child's emotional, psychological, medical and educational needs. The assessments also took account of any previous assessments where the child had already been known to the social work team. Assessments provided a clear rationale as to the reasons the child required admission to care. Inspectors found that the assessments of need for children were ongoing. Further to this, the assessments reviewed by inspectors took into account</p>

the changing circumstances and wishes of the children; in particular, when a child moved placement. Staff told inspectors that efforts were made to include family members in the assessment process when required.

Children with complex needs were supported to reach their full potential. There were 19 children with disabilities in foster care placements in the area at the time of inspection. The area did not have any special foster care households. Foster carers were supported to manage children's complex needs through provision of respite care and additional training. There was evidence that referrals were made to a range of specialist services to best meet the children's needs. The area did not have an area-based multidisciplinary therapeutic team, however, there were a number of structures in place which helped to ensure the needs of children were appropriately identified and responded to. Joint working arrangements with the HSE were well established in the area and supported the identification of children's needs. Such needs and challenges were discussed at meetings as per the joint protocol. Joint meetings were held with CAMHS to review and agree service delivery for identified children. However, the majority of foster carers told inspectors that service delivery was "disjointed" and was not always provided at the time when required by the children.

The area had a dedicated senior psychologist who was part of the alternative care team providing supports and interventions solely to children in care. There were systems in place for monitoring referrals into the service and for tracking those availing of the service. At the time of inspection, there were five children on the waiting list for psychological support with priority levels assigned.

Records sampled by inspectors showed that children's assessments of need were comprehensive and completed in a timely manner. There was good interagency cooperation which supported a multiagency approach to meeting children's assessed needs. Children with complex needs were referred to the appropriate specialist services and there was an ongoing review of the interventions required for children. Referrals were also made to the dedicated psychology service within the alternative care team with targeted supports provided to meet the child's needs and support the placement overall. It is for these reasons this standard is deemed compliant.

Judgment: Compliant

Standard 8: Matching carers with children and young people

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

Overall, the majority of children were appropriately matched with foster carers who were capable and experienced in meeting the assessed needs of the children placed with them. However, successful matching was impacted by the lack of available foster carers in the area. There were challenges in providing placements to sibling groups, older children and children with complex needs. Data returned by the area showed there were seven families available to foster. However, the inspection found these families had limited availability to provide a foster care home due to various circumstances. Inspectors found there were significant delays in the approval of long term matches which had the potential to impact on permanency planning for children. Consideration was given to the placement of children with relatives, however, at the time of inspection there were 17 relative carers and this accounted for 18% of approved foster carers. At the time of inspection, there were 110 children in foster care placements in the area. There were no children awaiting a foster care placement. Fifteen children were awaiting approval of long term placements and six children had been approved for long term placements in the past 12 months. There were three foster care households where the number of unrelated children exceeded the standards.

The area had a formal matching process in place. All matches were considered and agreed at the matching panel forum. The purpose of the matching panel was to consider all reports for a placement request and to determine the 'best fit' between the child's needs and the capacity of the foster carers to meet those needs. Placement request forms along with the child's care plan are shared with the matching panel. In addition, the child's allocated social worker attends the matching panel forum and provides further information on the child's needs, as required. The matching panel also considers emergency placements. In general, inspectors found matching documentation on the majority of children's files. While the role and function of the matching panel was clearly defined, inspectors found the meeting minutes required improvement as they lacked detail in terms of the children's needs. A sample of meetings reviewed by inspectors showed that a high number of children requiring alternative placements, were discussed and reviewed and no suitable placements were identified. In some cases, the same children were being repeatedly discussed, and no suitable placements were identified. This meant that children experienced delays in being matched with families that were the best fit to meet their needs. There were examples of decisions being informed by the availability of foster carers rather than the capacity of carers to meet the child's needs. The shortage of carers in the area meant that good quality matches were not always possible.

Matching documents reviewed by the inspectors were found to be of good quality and contained details of the child's assessed needs and the placement plans. The inspection found that the capacity, experience and skill of the foster carers was considered by the matching panel. However, as noted previously, decisions regarding matching was predominantly based on availability of foster carers, in the majority of cases. There was evidence of the views of children being sought. Young children's experience of the placement was captured through social work observations of their relationship with the foster carer. Decisions regarding the rationale for the match were clearly recorded. Foster carers told inspectors that they had an understanding of the matching process and they were consulted with about possible placements. The foster carers prepared family albums to share with children in advance of the placement.

There were six children who were approved for long term foster care in 2024. Inspectors found that there were considerable and varying delays in the approval of long term matches for children. The approval of a long term match is important in terms of planning for permanence for children, and had been identified in the area's service improvement plan for 2024. There were clear systems in place for identifying children whose placement met the criteria for consideration of a long term match. Inspectors reviewed a sample of three of the six children's records who were long term matched in 2024. In all cases, the rationale for the long term matching was clear and there was evidence of approval by the foster care committee. The views of the children were recorded as well as social work observations of the relationship between the child and foster carers.

Inspectors reviewed the tracker that monitored children awaiting long term match approval and found of the 15 children listed, one child had been waiting for long term match approval since 2022 and another since 2023. Reasons for delays were recorded in the tracker, some reasons included challenges in the placement or further discussions were required in relation to the age of the foster carers. The management team told inspectors that staffing issues in the previous 12 months impacted on the area's ability to progress long term matches as well as additional complicating factors such as the aging profile of the foster care panel. For example, there was one child who had a confirmed date to be presented to the foster care committee. The time between this child being identified for a long term match and the date of the foster care committee was 11 months. Although, reasons for delays were recorded on the tracker and follow on actions were identified, there was no clear timeframes for the completion of these actions. Therefore, the tracker was ineffective. Children remained on the child protection and welfare team until such time that a decision was made regarding long term care for the child. Inspectors found there were delays in the transfer of children to the child in care teams in the area and, at the time of inspection, the area operated a transfer waiting list.

Data provided by the area showed there were 34 children who had moved to an alternative placement in the previous 24 months, however only three placement disruptions were counted during the same period. The working definition of a placement

disruption in the area related to the unplanned ending of a long term match approved placement. Unplanned endings in respect of placements which are not long term match approved but who have been in a placement for a minimum of six months or over are not categorised as disruptions and not tracked effectively. The area's definition of a placement disruption was not aligned to the definition of placement disruption in Tusla's *Policy and procedure on placement breakdown in foster care (2017)*. The area had a list of children who had moved from their original placement, however, the nature of the move, whether planned or unplanned, was not recorded or analysed for this group. This lack of recording and analysis meant that there was a missed opportunity for learning within the service with regards to the disruptions of children who were in their placement for a minimum of six months but who were not long term matched. Therefore, the area was not tracking and reviewing those children who were not long term matched but who had experienced multiple placement breakdowns. The area would benefit from having more effective structures in place to track and analyse the circumstances as outlined.

Where placements were at risk of breakdown, there was evidence of a range of supports provided to maintain the child in the foster placement. Inspectors reviewed two of the three children's records who had experienced a placement disruption as identified by the area. Inspectors found the placements were supported and this included provision of respite care, access to psychology services, and more frequent case meetings held. Placement disruption meetings were held following the ending of a placement. There were detailed discussions regarding the child's placement history, reasons for placement breakdown and a review of supports provided to both the child and foster carer to maintain the placement. Disruption meetings were held within the best practice timeframes indicated in the provider's policy.

There was a formal matching process in place in the area and social workers tried to ensure that children were matched with foster carers who had the capacity to meet their needs. However, it was challenging to consistently ensure that the best match was achieved due to a lack of available foster carers. The area was challenged in providing appropriate placements to children with complex needs, older children and sibling groups. There were considerable and varying delays in the approval of long term matches. Supports were provided to maintain placements when issues arose and placement disruption meetings were held following the ending of a placement. However, the area held a narrow definition of placement disruption, which was not in line with national policy, as the area did not consider the circumstances of children who had been in placement for six months or over and had experienced multiple moves due to placement disruptions. It is for these reasons this standard was deemed substantially compliant.

Judgement: Substantially Compliant

Standard 10: Safeguarding and child protection

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

The inspection found that significant improvements were required in the systems in place to ensure children were protected from abuse. Safeguarding practices in respect of Garda vetting renewals for foster carers and the adult children of foster carers required improved monitoring, oversight and governance. In addition, not all foster carers had up-to-date Children First training. Foster carers told inspectors they were unclear about the process of reporting disclosures through the Tusla portal. Some foster carers told inspectors that they made such reports directly to the social worker. As per Children First (2017), foster carers are required to make mandated reports themselves or seek support when reporting allegations that meet the threshold. Following the inspection, an urgent compliance plan was issued to the area in respect of Standard 10, in particular to the re-vetting of foster carers and adult members of the foster carers household and Children First training for foster carers not being up-to-date. The response received from the interim area manager was deemed satisfactory and demonstrated improved structures and systems in place to manage the identified risks. Inspectors found, however, there were effective systems in place to ensure that complaints, concerns and allegations were recorded, managed and tracked until a final outcome was reached.

The area had a system in place for tracking and updating Garda vetting which involved the review of the list of approved foster carers provided by the foster care committee. Any gaps in vetting were then notified to the respective link workers for follow up. There were four reviews of the Garda vetting tracker carried out in 2024 by a team leader. Management told inspectors that there were two Garda vetting renewals that required updating. While some actions had been taken to address this, the follow up was ineffective and the two foster carers re-vetting remained outstanding; in one case the re-vetting was outstanding since 2021 and the other since 2024. Furthermore, inspectors found, that there were four additional foster carers who required vetting renewal. This indicated the trackers in place and review of same were ineffective.

The area did not maintain a tracker for the re-vetting of adult children over 16 years of age in the foster care household. This meant that there was no formalised structure in place to record, track and review the vetting of adult children. The impact of this was that there was a significant gap in safeguarding practices with regard to the implementation of Children First. In addition, there were no trackers to monitor and review the vetting of adult children, living outside the foster care household but who were regular visitors to the home. In the review of files, inspectors found an example whereby Garda vetting and international police clearance for an adult child who had been approved as a respite carer was out of date since 2023 and 2024 respectively. Staff told inspectors that improvements were needed in the vetting of adult children, however no actions had been

taken at senior management level to improve oversight of this. While four reviews of Garda vetting had been completed by a team leader in 2024, there had been no comprehensive audits completed on Garda vetting renewals in respect of foster carers and adult children.

There had been four allegations made against foster carers in the previous 12 months, three of which were open at the time of inspection. Inspectors reviewed three children's files in relation to the allegations made against foster carers and found that these allegations were managed in line with Children First (2017) and Tusla's standard business process. The inspection found that screening was completed within 24 hours, as per Tusla's own policy. Strategy meetings were held and initial assessments were completed in respect of two of the three allegations reviewed, one of which was completed outside of the timeframe and was not in line with Tusla's own policy. The area had a template for the recording of planning meetings which was comprehensive and included prompts to inform and record decisions made. Overall, inspectors found there was very good follow up of the concerns raised, the safety of the child was established and all appropriate supports and services were provided to both the child and foster carers.

Data provided by the area showed that, in the previous 12 months, there were 16 child protection and welfare concerns pertaining to children in foster care, all of which had been closed. A total of five child protection and welfare concerns were reviewed by inspectors. Inspectors found that Children First (2017) and Tusla's standard business process was followed in respect to the management of these concerns. Concerns were appropriately categorised and responded to in a timely manner. The rationale for decisions was clearly recorded and practice noted to be child-centred.

At the time of inspection there were 22 children in foster care in the area with safety plans. Inspectors sampled seven of these plans and found they were of good quality, they were put in place in a timely manner and included detailed actions required to lessen the identified risk. There was a focus on the existing strengths of the placement and supports required to increase safety. Inspectors noted good practice in one file reviewed in respect of the sharing of a safety plan with An Garda Síochána and Tusla's out of hour's service. In general, safety plans were being reviewed and this ensured that the appropriate safeguards were in place to keep the children safe. Where the views of children were sought, there was evidence of good engagement with children from the initial screening stages through to the drafting of the safety plan. However, not all children were consulted with or their views included in the safety plan. The area had a standard template in place to record safety plans, however, this was not consistently used.

The area had established a Children First implementation group which was tasked with ensuring staff had an awareness and understanding of internal policies and procedures in respect of Children First 2017. The group had a number of functions, some of which included the review of staff training needs in respect of safeguarding and the review of the risk assessment informing the area's child safeguarding statement. The group was to

meet quarterly, however, inspectors noted there had been two meetings in 2024. Meeting records were clear and actions agreed were recorded. However, there was no follow through on some actions, such as the completion of a Children First training audit.

The area tracked attendance at Children First training of foster carers. Most foster carers had completed Children First training, however there were some who required updated training. Not all training certificates for Children First were on foster carers files but were provided when requested by inspectors. An urgent compliance plan was issued to the area following inspection requesting action be taken to address this risk. A satisfactory compliance plan was received detailing actions to bring the area into compliance in respect of Standard 10. Foster carers were provided with guidance and training to enhance their capacity to respond to behaviours that challenge. Joint training workshops were attended by foster carers and social workers. This promoted shared learning and supported a consistent approach to the care of children in foster care. Foster carers who spoke with inspectors said that they were provided with enough information on the child in advance of a placement commencing and that they had a choice in accepting the placement. All foster carers who met with inspectors understood their role and responsibilities in safeguarding children. However, foster carers were not clear that they had to report concerns directly through the Tusla portal, and would instead make the report to the child's social worker. This practice is not in line with child protection legislation and requires improvement.

Social workers and managers who spoke with inspectors demonstrated the necessary knowledge and skills required to keep children safe. They were clear about the reporting responsibilities of foster carers as mandated persons. Staff told inspectors that foster carers were encouraged to maintain records of incidents and that record keeping was part of foster care training. Foster carers reported concerns directly to the child's social worker. There had been no mandated reports by foster carers in the 12 months prior to the inspection. Further training and support for foster carers is required to ensure the area is in adherence with Children First legislation in respect of reporting allegations.

Information provided prior to the inspection indicated that there were no dual unallocated cases. The inspection found that there were no families where both the child and the foster carer did not have an allocated social worker. All foster carers had an allocated link worker.

Overall, significant improvements were required in the monitoring and oversight of Garda vetting renewal for foster carers and adult children living in the foster households and those who are regular visitors to the home. The system at the time of inspection had been ineffective in the tracking and the monitoring of the re-vetting of foster carers and this resulted in children being in foster carers homes where Garda vetting was out of date. All the allegations and child protection concerns were managed in line with Children First (2017) and Tusla standard business process. Safety plans were reviewed and of

<p>good quality. However, not all safety plans were recorded on the area's standardised template. Some foster carers required updated Children First training and the system of oversight of the training tracker required improvement. Some foster carers were unclear about the process of reporting disclosures on the Tusla portal. It is for these reasons this standard is deemed not compliant.</p>
<p>Judgment: Not compliant</p>

<p>Standard 19 : Management and monitoring of foster care services</p>
<p>Health boards have effective structures in place for the management and monitoring of foster care services.</p>
<p>The governance of the foster care service in Sligo Leitrim West Cavan required significant improvement in order to ensure that it was providing a safe service to children. Systems to track and monitor the service were ineffective. There were areas of monitoring and quality assurance that required strengthening, in particular, the monitoring and oversight of Garda vetting for foster carers and adult members of their household and the tracking of Children First training for foster carers. Audits were not being routinely completed which meant that the area's performance, in terms of providing a safe and quality service, was not being actively reviewed. The frequency of staff supervision was not in line with the provider's 2023 professional practice supervision policy. Improvements were required in relation to the review of decisions made at case management meetings. Significant non-compliances were identified in respect of Standards 10 and 19, and an urgent compliance plan was sought following fieldwork. Further to this, one foster care case was escalated to the interim area manager. Assurances were sought in relation to the level of oversight of this case, due to the significant gaps in link worker visits and assurances were also sought regarding the management of the case being managed by two different Tusla regions.</p> <p>The area was managed by an experienced interim area manager who had taken up the role six months prior to the inspection. The interim area manager had the overall responsibility and authority for the delivery of the service, under the direction of the regional chief officer for Tusla's West North West region. There was one principal social worker who had responsibility for the alternative care service in the area. They were supported in their role by three team leaders across both children in care and the fostering team. There was a recent vacant senior social work practitioner post in one of the children in care teams and there were plans in place to recruit for this post, at the time of the inspection. Overall, there had been improvements in staffing in the six months prior to the inspection; managers told inspectors that the area had increased capacity across the children in care teams as a result</p>

of this. However, at the time of the inspection some cases remained unallocated and others, while allocated, remained under the management of the child protection team in the area. Although the area was almost at full staffing levels, the transfer of cases from the child protection team to the children in care teams was slow, this was acknowledged by the management in the area. At the time of the inspection, the child protection team had responsibility for 20 children in care cases.

The staffing structures within the service were effective and there was good communication and co-working between the children in care, fostering and the child protection teams. Staff that spoke to inspectors were clear about their roles and responsibilities. Staff had access to appropriate training opportunities that was based on assessed needs. There were a range of supports in place to assist staff to do their jobs well, such as mentoring support, and external supervision was provided by a therapist. Staff were knowledgeable about how to access these services.

Inspectors reviewed six staff supervision files across a number of professions, including new staff members and found discussions and actions agreed were clearly recorded. Supervision was recorded on a standardised template. Most staff had professional development plans on file and there was evidence of Tusla's caseload management tool being used to prioritise cases. However, of the six staff supervision files reviewed, the majority were not in line with the frequency set out in the provider's 2023 professional practice supervision policy. Although actions were agreed and recorded in supervision, there was no tracking or review of these actions in subsequent supervision meetings. This was evident across all staffing levels and meant that agreed actions were not being routinely reviewed and updated. Training certificates were on some but not all supervision files and there were no staff appraisals on file. Inspectors found no evidence of staff wellbeing initiatives recorded on supervision records although the promotion of staff wellbeing had been identified as an area for improvement in the business plan for 2024.

There was oversight of the management of cases through case supervision. Inspectors reviewed nine case file supervision records and found, in general, that there were detailed discussions recorded in relation to the specific needs of the child and relevant updates regarding care planning. Follow on actions were noted, however, these were not always reviewed at subsequent case supervision meetings. This meant that the progress of actions was not being consistently monitored at supervision. In addition, there were gaps in the regularity of case supervision that ranged from two to five months. This is not in line with the provider's 2023 national supervision policy.

Data provided by the area at the time of inspection indicated there were four children on the children in care teams who did not have an allocated social worker. One child was awaiting allocation to a social worker since 2023. A secondary worker was assigned to each of the children and they had a specific role in undertaking direct work and supporting family contact for the child. All children had up-to-date care plans, however two children did not have child-in-care reviews within the required timeframes and statutory visits for three of

these children were not in line with the regulations. From a review of children's files, there was a gap of 17 months recorded between statutory visits for one child.

Cases awaiting allocation were reviewed on Tusla's case management system (TCM) and at staff supervision. The management of unallocated cases was also a standard agenda item at management meetings. However, a review of a sample of management meetings showed there was no comprehensive discussions or agreed actions regarding the management of unallocated cases in the area. With regards to information governance, there was a discrepancy found between the published Tusla performance and activity reports and the data recorded in supervision records between PSW for alternative care and the area manager in February 2024. The discrepancy related to data in respect of children in care without an allocated social worker. In February 2024 Tusla performance and activity reports published on Tusla's website clearly outlined that the area had eight children in care without an allocated social worker. However, inspectors reviewed supervision records for the same period and the number of children in care without an allocated social worker was 26. At the time of the inspection the area had four children in care without an allocated social worker, this was consistent with information provided by the area. Having access to good quality, reliable information and effective information systems are essential for improving the quality of services provided to children in foster care. Quality information which is accurate, reliable and valid is an important resource for the foster care service in planning, managing, delivering and monitoring the services that are provided to children in foster care. Although the information at the time of the inspection with regards to unallocated cases was consistent, sustained improvements are required in ensuring accurate information is available to inform the delivery of the foster care service.

The service area had an established approach to the identification and management of organisational risk. The interim area manager maintained a risk register which was reviewed regularly and at Quality Risk and Service Improvement (QRSI) meetings. The two highest risks recorded in respect of the fostering service included the lack of suitable and appropriate placements for children and staffing issues impacting on the delivery of an adequate service to meet the needs of children. Each of the risks had control measures and actions were identified to try and address the risks.

An integrated business plan was in place for 2024 in the area and this included local priorities which were in line with Tusla's national business plan 2024. There was a clear action plan identified to support service improvement and this included the review of performance reports by managers and the development of local auditing systems. The area had governance structures in place to support the delivery of the action plan and support ongoing oversight of the plan. These included QRSI meetings, area based governance group meetings, alternative care management meetings, departmental meetings, senior management meetings and leadership and governance forums. Although, there were clear terms of reference and agendas for these meetings, the lack of ongoing auditing and poor information governance was evident from trackers sampled by the inspectors.

Inspectors were provided with two audits completed in 2024, one of which related to the auditing of children in care files and the other completed on support and supervision to foster carers. The findings from both audits were clearly recorded and there was evidence of actions being followed up in respect of children in care files. However, no clear actions were noted on the audit sheets completed on support and supervision visits to foster carers, despite significant gaps in the updating of case records being identified. There were no additional service audits completed in the 12 months prior to the inspection to provide assurances on the quality and safety of the service. An audit of Children First training for staff had been recommended in May 2024 by the Children First implementation group, however, this had not yet been completed. The area's service improvement plan had identified the need to develop service audit tools; but progress on this had been very slow. The need to re-introduce audits was noted in a number of senior management meetings, however, action in respect of this had also been slow.

The area maintained a number of trackers to gather information on the service and to monitor performance. Trackers were in place for Garda vetting, serious concerns and allegations, complaints and quality assurance.

The system of tracking and ensuring Garda vetting was in date for all foster carers was ineffective and there was a requirement to improve oversight of this. The area relied on the list of approved carers provided by the foster care committee to track when Garda vetting renewals were required. The list was reviewed monthly with any outstanding actions notified to the link workers. Inspectors were informed of two foster carers who required updated Garda vetting. These had been out of date for a considerable period of time and there was no active plan in place to resolve the issue. Managers were aware of the drift in updating the Garda vetting. On review of the foster care list, as previously noted, inspectors found there were other foster carers where the dates of Garda vetting recorded indicated that re-vetting was overdue, however, these had not been identified by managers as outstanding.

There was no system in place for the monitoring and reporting on Garda vetting of adult children over 16 years living in the household or adult children of foster carers residing elsewhere but who were regular visitors to the foster home. Inspectors also found evidence of gaps in international police clearances being updated for one adult, who was an approved family respite carer. From the review of a sample of governance meetings, inspectors found Garda vetting was not included as a standing agenda item. Overall, the quality assurance systems in place to ensure the safety of the service was ineffective and significant improvements were required in the oversight and management of vetting renewal trackers. An urgent compliance plan was issued in respect to Standards 10 and 19 following the inspection. Assurances were sought from the interim area manager requesting actions to be detailed on how the service would come into compliance with the national standards. This was in particular to all foster carers having up-to-date training in Children First and up-to-date vetting in place for all foster carers and all adult children of foster carers ages 16 years and older. Further to this, assurances were sought in respect to effective monitoring

systems with regards Garda vetting renewals and Children First training for all foster carers. A satisfactory response was received from the interim area manager.

Complaints and compliments were tracked and recorded on a specific tracker. There were six complaints recorded on the area's complaints tracker, five of which were closed. There was one open complaint at the time of inspection. Complaints were reviewed and discussed at the area's complaints and allegations governance meeting and the alternative care case discussion and complaints group. Closed complaints had been resolved at local level, however the dates of closing letters issued to complainants was not recorded on the tracker.

There were significant delays in the approval of long term matches and improvements were required to lessen the waiting time for children. Data provided by the area showed there had been six long term matches approved in 2024. There were, however, 15 children awaiting long term match approval. The area maintained a tracker of children awaiting long term match approval and this showed children were waiting for significant periods of time; for example, from four months to two years. Although, the tracker identified reasons for the delay in the long term match, follow up actions required and timelines to complete these actions were not recorded.

Within the Sligo Leitrim West Cavan area, children were held by the child protection and welfare team until a decision regarding long term care had been agreed at the child-in-care review. There was an established and comprehensive transfer process in place which was overseen by the PSW for alternative care and the PSW for child protection and welfare. At the time of inspection, the child protection and welfare team had responsibility for 20 children in care, all of whom were allocated to social workers on this team. Eleven children had been identified as being ready for transfer to the children in care team, however, the process of transferring all children had not been agreed. At the time of the inspection, the area had plans in place to transfer four of the 11 children. Delays in transferring children to the children in care teams had the potential to impact on the capacity of the service to provide a responsive and timely child protection service to children at risk and in need.

There were delays in the transfer of cases into and out of the area. Data provided to inspectors at the time of the inspection showed there were three foster carers and one child awaiting transfer outside of the area and seven cases on the waiting list to transfer into the area. Inspectors reviewed two cases that had transferred out of the area and found that there were significant delays and serious gaps in case management and oversight which impacted on the quality of care provided to the children in these placements. The case was escalated following the inspection. Improvements are required in the management of the transfer process whereby cases are dually managed to ensure continued and effective oversight.

Overall, the inspection found that the tracking and oversight systems in place were not effective in ensuring that there was active monitoring and review of the performance of the service. There was a lack of a comprehensive auditing of the service and progress on increasing audit activity had been very slow. Significant improvements were required to

ensure that the area has effective quality assurance and monitoring systems in place to safeguard children and that a quality, consistent service is provided to all children and foster families in line with national standards and regulations. Improvements were also required in the management and oversight with regards to the dual working of cases outside out of area. It is for these reasons this standard is deemed not compliant.

Judgment: Not compliant

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

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

The Sligo Leitrim West Cavan service area did not have a sufficient number of foster carers to meet the diverse needs of children. While the service area continued to manage the available fostering resources to achieve the best possible outcomes for children, the lack of a sufficient number of foster carers had challenged the service area's capacity to meet the diverse and complex needs of children requiring foster care placements. Management told inspectors the area had difficulty providing placements for older children, sibling groups and those with complex needs. The lack of access to suitable and appropriate care and emergency placements for older children and children with complex needs was included on the area's risk register and dates back to 2022.

There were 92 foster carer households in the area which consisted of 75 general foster care and 17 relative foster care households. At the time of inspection, there were seven foster care households that did not have children placed with them. These foster carers had limited availability for a child to be matched with them. This reduced the number of active foster care households to 85. The numbers of foster care households remained stable in 2024 as no foster carers left the service. Historically, the number of relative foster care households has been low. Relative foster carers were providing care to 20 children in the area. Managers told inspectors that all children placed in relative care had pre-existing relationships with their foster carers. There were no children awaiting a foster care placement. Three households had higher numbers of non-relative children placed together.

There was a recruitment plan in place which identified four activities at local and national level. Local activities included a dedicated campaign highlighting fostering in the community and included participation by foster carers. However, this planned activity did not take place due to staff shortages. Management told inspectors that information regarding the recruitment of foster carers was shared locally through the schools, as a result of the local campaign not progressing. Overall, the inspection found that the involvement of foster carers in the areas of recruitment and retention initiatives was limited. There was no

information available at the time of the inspection to indicate that foster carers were consulted with as part of the recruitment and retention strategy in the area.

At a national level, the area participated in monthly meetings established under Tusla's strategic plan for foster care 2022-2025. The purpose of these meetings was to promote good practice locally and nationally in relation to recruitment and to support and guide local recruitment plans. Staff told inspectors that the new national structures have not yet had a direct impact on improving local recruitment as they had only been in place since mid-2024.

In 2024, there was one local recruitment campaign in the area and the area were able to avail of national online information meetings, 12 of which took place in 2024. There were 23 enquiries, seven of which progressed to application stage and four foster carers were approved by the foster care committee in 2024. With the establishment of the national recruitment team, enquiries were received by the area via the national office as well as locally by the fostering duty teams. Data returned by the area indicated that the average response time to new enquiries was three days.

There were four foster carers approved in 2024. A review of cases sampled showed considerable delays in completing assessments with delays ranging from nine months to 17 months, as the requirement for completion of assessments is 16 weeks, as per the *National Standards for Foster Care* (2003). Delays in the assessment of foster carers by its very nature impacts on the speed in which the service can increase its capacity to provide placements. Any delays in adding to the foster care panel can impact on the quality of matches made. This means that children may not be appropriately matched at the time they require a placement. Newly approved foster carers were provided with comprehensive information which included Tusla's 'Tell us' complaints process, medical consent guidance and policy, child care regulations, missing from care policy, and the national safe care guidance. Newly approved foster carers were visited regularly following the first placement being made.

The service area had poor success in the recruitment of foster carers from diverse ethnic backgrounds. At the time of inspection, there were three foster carers from diverse cultural backgrounds, all of whom had been approved over three years ago. This shows that there have been no additional foster carers from diverse backgrounds approved by the foster care committee in a number of years. This impacts directly on the service area's ability to make culturally appropriate placements. There had been some additional training provided to social workers on the recruitment of Traveller and Roma families as foster carers. However, recruitment from these groups had not been successful to date.

There were arrangements in place for the recruitment of adult members of foster care households as respite support for children. This demonstrated effective contingency planning in the event that foster carers were unable to continue to provide care due to health issues or changes in circumstances.

The Sligo Leitrim West Cavan service area had a range of supports in place to retain foster carers. All foster carers had an allocated link worker and they were provided with additional

training to meet the specific needs of the child in their care. Foster carers told inspectors that they received 'exceptional' support from link workers and that link workers had a good understanding of foster care. There were support and supervision meetings arranged with foster carers by link workers, however inspectors found gaps in the regularity of these meetings. The area had a drop in psychology led group for foster carers in place since November 2024. However, foster carers told inspectors that the foster care service would benefit from having local support groups in place in the area. Foster carers were linked with support activities provided by the Irish Foster Care association (IFCA). Foster carers said the area could benefit from establishing a peer support structure as a further support and retention measure. Foster carers received a newsletter on a quarterly basis and this provided information and updates on events and service developments. The area's service plan for 2024 had identified the need for a joint event for foster carers and the alternative care team to create a sense of community. However, this event had not taken place as per the service plan.

Foster carers were provided with additional training to assist them in their role. There was six joint training events with social workers, four in person and two online covering topics including online safety, being trauma informed, supporting sibling relationships and autism and attention deficit hyperactivity disorder (ADHD). Foster carers had access to a dedicated psychologist working within the alternative care team, offering individual therapeutic sessions and a drop in clinic available for all foster carers. The area had identified that supports were required for foster carers caring for older children, however, these were not in place at the time of the inspection. The provision of such supports builds on foster carers and other members of the households' resilience which enables them to continue in their role and supports the stability of the placement. Training attended by the foster carers was noted in support and supervision meeting records. Managers told inspectors that foster carers did not have individualised learning plans.

Although the service had a recruitment plan in place, this plan had not been successful in building the capacity of the foster care panel to meet the needs of children in the area. This was in particular to older children, sibling groups and those with complex needs. The limited capacity of the area to meet the range of placements required was included in the risk register. There was a very low number of foster carers from diverse cultural backgrounds which impacted on the ability of the area to provide culturally appropriate placements as required. It is for this reason this standard is deemed substantially compliant

Judgment: Substantially compliant

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

Standard 3	Children's rights
Standard 6	Assessment of children and young people
Regulation Part III, Article 6	Assessment of circumstances of child
Standard 8	Matching carers with children and young people
Regulations Part III, Article 7	Capacity of foster parents to meet the needs of child
Part III, Article 7 ⁵	Assessment of circumstances of the child
Standard 10	Safeguarding and child protection
Standard 19	Management and monitoring of foster care services
Regulations Part IV, Article 12	Maintenance of register
Part IV, Article 17	Supervision and visiting of children
Standard 21	Recruitment and retention of an appropriate range of foster carers

⁴ Child Care (Placement of Children in Foster Care) Regulations, 1995

⁵ Child Care (Placement of Children with Relatives) Regulations, 1995

Compliance Plan for Sligo Leitrim West Cavan Foster Care Service OSV – 0004396

Inspection ID: MON_0045929

Date of inspection: 10-13th February 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 8: Matching carers with children and young people	Substantially compliant
<p>Outline how you are going to come into compliance with Standard 8: Children and young people are placed with carers who are chosen for their capacity to meet the assessed needs of the children and young people.</p> <ol style="list-style-type: none">1. Review Terms of Reference of the Matching Meeting with a focus on how decisions are made in this forum.2. Principal Social Worker and Fostering Team Leader will review Terms of Reference to ensure the scope, purpose, responsibilities and governance arrangements are adequate and effective in matching carers with children. Complete March 20253. Principal Social Worker and Fostering Team Leader will consult colleagues via Regional and National forums to ensure Terms of Reference is aligned. Complete April 20254. Placement Matching Minutes – The placement request and matching tool document (It is one document) details the assessed needs of the child. Following discussion regarding same, potential foster carers who	

have capacity to meet the matching tool section of the document completed by the allocated fostering link social worker. The placement matching meeting minutes will refer to the assessed needs of the child contained in the placement request.

5. Minutes of matching meeting are amended to include and reflect the information, reports and documents referred to in the matching process as outlined.

Complete April 2025

6. The placement request/matching tool document is scanned to both foster carers file and child's file.

Complete April 2025

7. Foster Care Committee will be notified of all children in a long-term placement as defined in Foster Care Committees – Policy Procedures and Best Practice Guidance. Fostering Team Leader will oversee this with review by PSW Alternative Care Service.

8. Fostering Link Social Worker will notify Foster Care Committee of each long-term placement as defined in Foster Care Committee – Policy Procedures and Best Practice Guidance.

Q2 2025

9. In the first instance Foster Care Committee will be notified of all retrospective long-term placements as defined in Foster Care Committee – Policy Procedures and Best Practice Guidance.

Q2 2025

10. Fostering Team Leader will continue to maintain a tracker of long-term placements. This will now be reviewed quarterly by Principal Social Worker and FCC Chairperson to ensure there are no unreasonable and unwarranted delays in presenting long term match to Foster Care Committee.

11. This issue will be addressed as part of the Service Improvement plan for the Fostering Service. This will be overseen by Area Manager.

**Review of plan scheduled
November 2025.**

12. A disruption meeting will be facilitated when a placement breaks down and ends either in a planned or unplanned manner. A report will be submitted to FCC in each instance allowing for a

composite report to be prepared analysing the disruptions to inform the matching process.

June 2025

13. The Fostering Service will manage placement disruption in accordance with the definition contained in *Tusla's Policy and procedure on placement breakdown in foster care (2017)*.

June 2025

14. Independent Child in Care Review Officer who facilitates disruption meetings will convene this meeting within the recommended 6-month timeframe, being informed by professional judgement and the specific circumstances in the case

June 2025

15. In instances where there are multiple placement breakdowns (two unplanned endings in a 12-month period as distinct to planned placement moves) Independent Child in Care Review Officer will notify Fostering Team Leader and Principal Social Worker. A meeting will be convened to identify an alternative suitable match for the child or young person and to identify factors that have contributed to the placement breakdowns.

June 2025

16. When a disruption occurs, a report will be submitted to Foster Care Committee using the Placement Disruption Meeting Report Template contained in the *Child and Family Agency Foster Care Committees, Policy Procedures and Best Practice Guidance (2017)*.

June 2025

17. A composite report will be prepared at the end of each year analysing factors contributing to placement disruptions. This will be presented to Foster Care Committee and to Area Manager.

18. The Fostering Team will continue to work with the National and Regional Fostering Recruitment Service to increase as far as possible our Foster Carers in the area to ensure we have a diverse and inclusive panel of Foster Carers to respond to the needs of our children.

19. June is Tusla's National Fostering Awareness month. Planned activities include Bloom Fostering themed garden.

20. Increased frequency of National online fostering information sessions for the month of June.

21. National Social media advertising Tusla Fostering.

22. Local events throughout the year include:

- Recruitment event – Film screening of Sound of Hope: The Story of Possum Trot Foster Carers for foster carers, family and friends and some Tusla staff in both Sligo and Carrick on Shannon 9th & 12th June. This event was planned in consultation with Foster Carer. This film will also be screened among various church communities in Sligo Leitrim West Cavan area.
- Ocean FM local radio station interview with Foster Carer and Social worker, June 2025.
- Ocean FM community diary daily promotion of the need for foster carers during the month of June
- Feature article on Fostering in Leitrim Observer, June 2025.
- Feature article on Fostering in Sligo Champion, June 2025.
- In person information sessions on becoming a foster carer scheduled to take place in Tusla Sligo office on 18th June 2025 and Tusla Carrick on Shannon office 19th June 2025.
- Fostering Information stand at The Canopy Shopping Centre Sligo
- Bespoke urgent appeal for specific child requiring foster placement took place **Q2 2025**
- An Garda Siochana Youth Achievement Award obtained for "A Bright Light" a book written and illustrated by children of Foster Carers. Celebratory presentation with community leaders shining a light on the contribution foster carers make took place **Q2 2025**
- Other events planned during 2025 include:
 - Dissemination of leaflets to GP surgeries seeking Foster Carers
 - Notice seeking Foster Carers circulated via churches and religious organisations in Sligo Leitrim West Cavan.

- Notice to parents of primary school children in Sligo Leitrim via schools messaging app to seek foster carers.
- Fostering Team Leader and Fostering Link Social Worker participate in and attend National Fostering Champions Group meeting. Participation and consultation also with Regional Fostering Recruitment team.
- These actions alongside consultation with Regional Fostering Recruitment Team and National Fostering Champions will help target specifically foster carers to meet the needs of sibling groups, older children and children/ young people with more complex needs.

23. Relative Foster Care will be the first consideration where appropriate when a child is likely to be received into care. The Fostering Team will work with the Child Protection & Welfare Service at this point to consider and exhaust the possibility of Relative Foster Care before a child is placed into the care of Tusla. **Q2 2025**

24. Safety Network meetings are used to explore extended family or other close connected networks to the family in the community. **Q2 2025**

25. A standard operating procedure will be implemented to ensure a case is referred to the Network Coordinator seeking assistance to convene a Network meeting as appropriate to explore Relative care options for the child/ren. **Q2 2025**

Standard 10: Safeguarding and child protection	Not compliant
<p>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.</p> <p>Following the Inspection in February 2025 an urgent compliance plan was requested to be put in place. This plan forms the basis of our compliance with Standard 10.</p> <ol style="list-style-type: none"> 1. The Foster Care Panel and the recording of information relating to Foster Carers on TCM has been reviewed and revised to ensure a more robust system is in place where information is recorded and updated with clear roles and responsibilities for all staff involved. This includes Business Support staff, Fostering Link Social Workers, Fostering Team Leader, Principal Social Worker and Interim Area Manager. <p style="text-align: center;">Complete 02/04/2025. Standard Operating Procedure agreed. SOP scheduled for review 01/10/2025.</p> 2. An audit has been undertaken of all Foster Carers Children First Training. Any Foster Carer with an expired Children First Certificates has been supported in renewing their certificates. This was audited by Fostering Team Leader and Principal Social Worker who provided report to Interim Area Manager until all Children First Training was up to date. <p style="text-align: center;">Complete: April 2025</p> 3. An audit has been undertaken of all Foster Carers to ensure that up to date Garda Vetting is in place. Assistance was offered to Foster Carers who were struggling to get the required documentation to progress their vetting. A more robust procedure for staff managing Garda vetting has been put in place. This was audited by Fostering Team Leader and Principal Social Worker who provided a report to Interim Area Manager. <p style="text-align: center;">Complete: May 2025</p> 4. As part of the urgent compliance plan garda vetting for foster carers support network members who may care for the foster child was reviewed and a scoping exercise carried out to identify support network members requiring garda vetting. Identified support 	

network members without garda vetting were contacted and Garda vetting was undertaken. This was audited by Fostering Team Leader and Principal Social Worker who provided a report to Interim Area Manager

Complete: May 2025

5. In respect of adult children in the home and those who are regular visitors to the home these are captured on the Foster Care Panel database subject to review and audit in line with that of Foster Carers.
- Complete- ongoing review**
6. Garda vetting for foster carers support network members who may care for the foster child will continue be audited monthly by Fostering Team Leader and Principal Social Worker to year end. Area Manager audit on a quarterly basis
7. Fostering Link Social Worker discuss support network members with foster carers in their regular contact capturing this on the support and supervision visits template which is amended to capture this.
- Q2 2025**
8. Support Network member's information will be captured as part of the Foster Care Review process. Template currently under review.
- June 2025**
9. The Standard Operating Procedure in place assigns clear roles and responsibilities to Fostering Link Social Worker, Fostering Team Leader and Business Support staff with clear timelines for action to ensure Garda vetting is in date.
10. There is more robust governance and oversight in mandatory training and garda vetting of foster carers by the management team for Alternative Care Service. Regular audits are scheduled with reports to Interim Area Manager who also audits the Panel of Foster Carers.
11. There was a full review and revision of the Foster Care Panel in February 2025 capturing information related to Garda vetting for foster carers and mandatory training of foster carers
12. At this time adult children who live in the home and those who are regular visitors to the home were identified and the database was updated by Fostering Team Leader in consultation with allocated Fostering link Social Workers to include these.

13. This exercise was overseen by Principal Social Alternative Care Service and Area Manager.

14. Garda vetting for foster carers support network members who may care for the foster child will continue to be audited monthly by Fostering Team Leader and Principal Social Worker to year end.

15. Area Manager audit quarterly basis.

16. The Fostering Team will focus on upskilling foster carers to make mandated reports directly via the portal, as appropriate. Training and support will be facilitated.

17. Review Induction for Foster Carers;

- how this focuses on training
- the provision of information to Foster Carers on their role as mandated reporters and
- how to make mandated reports via the portal.

June 2025

18. Fostering Link Social Worker will continue to address this with Foster Carers on a case-by-case basis.

June 2025

19. Foster carers as mandated reporter and how to make reports directly via the portal will be addressed through ongoing case work. It will be further addressed at the Fostering Peer Support Network meetings scheduled for September and December 2025. This is part of the annual training plan for Foster carers.

20. The fostering Team will also facilitate an in person SLWC Foster Carers support network meeting which will focus on building relationships, building networks, keeping Foster Carers informed of updates and changes in practice. This will also provide a space to address training issues.

June 2025

21. How children are consulted with and their views included in safety plans. Principal Social Worker Alternative Care Service and Principal Social Worker Child Protection & Welfare are reviewing with their teams to identify how this is done and how this is captured in the child's file. Practice instruction will issue following this.

June 2025

22. The inconsistent recording of safety plans. Principal Social Worker, Alternative Care Service and Principal Social Worker, Child Protection & Welfare have reviewed. A consistent terminology to be used across the two services when recording safety plans is agreed.
June 2025

Standard 19: Management and monitoring of foster care services	Not compliant
<p>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.</p> <p>An urgent compliance plan was returned following the HIQA Inspection in February 2025 re Standard 19. This plan forms the basis of compliance with standard 19 and is as follows:</p> <p>Garda Vetting:</p> <p>The tracking of Garda Vetting has been reviewed, and the system has been amended to make it more robust as follows:</p> <ol style="list-style-type: none"> 1. Garda Vetting tracker adjusted to identify date vetting is completed and date vetting is due. 2. The process of updating vetting will begin 6 months in advance of expiry date. 3. An administrator with responsibility for garda vetting is assigned to oversee and input all garda vetting. The administrator will initiate the process by sending out forms to foster carers at the 6-month date pre-expiry. 4. At the 5-month date the administrator will follow up with the foster carer by phone call or email to ensure forms are returned. At the 4-month stage the administrator will ask the Fostering Link Social Worker to provide support where a foster carer has not completed their paperwork or there are delays. 5. Administrator will notify Fostering Link Social Worker at the 3-month stage if there is a delay. Fostering Link Social Worker will visit to assist foster carer complete the garda vetting process. 	

6. Fostering Team Leader will review Garda Vetting status of all Foster Carers monthly. If out of date, follow up and notify Principal Social Worker.
7. Foster Care Committee Chairperson will review Foster Care Panel after Foster Care Committee meetings. Garda vetting status will be reviewed. Chairperson will notify Principal Social Worker and Fostering Team Leader if any action is required.
8. Chairperson will also notify Area Manager.
9. Principal Social Worker will also audit/ review garda vetting and inform Area Manager of any delays.
10. At the 4- month stage the administrator will ask the Fostering Link Social Worker to provide support where a foster carer has not completed their paperwork or there are delays.
11. Administrator will notify Fostering Link Social Worker at the 3- month stage if there is a delay. Fostering Link Social Worker will visit to assist foster carer complete the garda vetting process.
12. Fostering Team Leader will review Garda Vetting status of all Foster Carers monthly. If out of date, follow up and notify Principal Social Worker.
13. Foster Care Committee Chairperson will review Foster Care Panel after Foster Care Committee meetings. Garda vetting status will be reviewed. Chairperson will notify Principal Social Worker and Fostering Team Leader if any action is required.
14. Chairperson will also notify Area Manager.
15. Principal Social Worker will also audit/ review garda vetting and inform Area Manager of any delays.

Children First:

1. Fostering Team Leader will take responsibility for the Children First Training tracker.
2. With a specific administrator the tracker is adjusted to identify date training expires.

Complete

3. The process of updating training certificate will begin 3 months in advance of expiry date.
4. Administrator will send a letter to foster carer and a link to complete the training.
5. Administrator will send a reminder to the Foster Carer at the 2-month stage and also phone them to remind them to complete their training certificate.
6. Administrator will notify the Fostering Link Social Worker (Administrator will copy Social Work Team Leader into this) if at the 1 month stage training has not been completed. The Fostering Link Social Worker then visit Foster Carer to ensure the training is completed.
7. Fostering Team Leader will review Children First status of all Foster Carers monthly. If any certificates are out of date allocated Fostering Link Social worker will follow up and Principal Social Worker will be notified.
8. Foster care Committee Chairperson will review Foster Care Panel after Foster care Committee meetings. Children First status will be reviewed. Chairperson will notify Principal Social Worker and Fostering Team Leader of any certificates that are out of date and require immediate attention.
9. Chairperson will also notify Area Manager

Supervision:

1. An audit of completion of 'Supervision Skills for Supervisors' training for all Team Leaders and Senior Managers has been completed.
Due May 2025. Delayed to June 2025.
2. PASM review of compliance with Staff supervision Policy arranged to take place July 2025.
3. Going forward all managers with supervision responsibilities have been advised on foot of this inspection that a review of any outstanding actions must form part of the record of the subsequent

supervision.

Complete

4. Instruction issued by Principal Social Workers at management meeting, Child Protection & Welfare Service and Alternative Care Service.

Complete

5. Scheduled for further discussion at Leadership & Governance meeting 10th July 2025 with Regional Lead, Work Force Learning & Development Service.
6. The area audit SOP will include an audit on staff supervision on an annual basis going forward that will capture if we are complying with this action.

June 2025

Case transfers:

1. The Area's practice is in accordance with the National policy for case transfers.
2. A local SOP is developed in line with this policy outlining the responsibility of the allocated child's social worker, the allocated Fostering Link Social worker and the frequency of visits expected as a best practice standard during the process of transfer.

June 2025

3. In cases where there are two areas co-working a case, we will ensure more robust governance regarding this going forward, which will include commitments to joint working at the transfer meeting, and a clear plan as to how this will be managed.
4. Cases will be notified to Area Manager when child/ren or Foster Carers move to or are placed in to or out with the Sligo Leitrim West Cavan area.

May 2025

5. Progress on transfer of case will be monitored during supervision.

Ongoing

6. If a difficulty is identified in co working the case, Area Manager will intervene to identify where the difficulty lies and take appropriate steps to resolve, locally and in contact with the other area as appropriate.

April 2025

7. PSW will have active oversight of cases in the transfer process and will escalate case to Interim Area manager in a timely manner if problems arise.

June 2025

8. Improvements in the ongoing review and monitoring of service performance include:

- Service review and performance will be audited via the Sligo Leitrim West Cavan Senior Management meetings, Quality Risk and service Improvement meetings.
- Audits and review of key performance indicators have been reintroduced. These include case file audits, mandatory training, data quality, Garda vetting, supervision).
- Work with Regional Quality and Risk Manager to identify areas for improvement. Regional Quality and Risk Manager attended Leadership & Governance meeting Q1 to address some issues with management team. Meeting with all managers scheduled August 2025, with input from regional team, to identify and agree what good governance looks like in Sligo Leitrim West Cavan area.
- Work with Regional Practice Assurance and Service Monitoring Lead to review identified areas for improvement. (Supervision policy review scheduled to take place week beginning 23rd June).
- Learning Event focus on learning from NRP reports and HIQA inspections for all staff took place March 2025. Further event scheduled to take place November 2025.
- Service improvement priorities were identified at a Service Planning Day, 6th March 2025.
- Area Service Priorities notified to Regional Chief Officer, June 2025.
- Service improvement review date scheduled 18th November 2025.

9. Principal Social Workers in each service have met to review local

standard operating procedure in respect of transfer of cases from child protection to children in care service.

10. Area manager scheduled to meet with Alternative Care Management Team (13th June) to review caseloads and caseload management. Meeting scheduled with Child Protection & Welfare service 27th June 2025 to review caseloads and caseload management.

11. Revised local standard operating procedure will be agreed following this exercise resulting in improvement in timelines.

June 2025

Standard 21: Recruitment and retention of an appropriate range of foster carers	Substantially compliant
Outline how you are going to come into compliance with Standard 21: Health boards are actively involved in recruiting and retaining an appropriate range of foster carers to meet the diverse needs of the children and young people in their care.	
<ol style="list-style-type: none">1. June is Tusla's National Fostering Awareness month. Planned activities include Bloom Fostering themed garden.2. Increased frequency of National online fostering information sessions for the month of June.3. National Social media advertising Tusla Fostering.4. Local events include:<ul style="list-style-type: none">• Recruitment event – Film screening of Sound of Hope: The Story of Possum Trot Foster Carers. Family and friends and some Tusla staff in both Sligo and Carrick on Shannon 9th & 12th June. This event was planned in consultation with Foster Carer.• This film will also be screened among various church communities in Sligo Leitrim West Cavan area.• Ocean FM local radio station interview with Foster Carer and Social worker, June 2025.	

- Ocean FM community diary daily promotion of the need for foster carers during the month of June.
 - Feature article on Fostering in Leitrim Observer, June 2025.
 - Feature article on Fostering in Sligo Champion, June 2025.
5. In person information sessions on becoming a foster carer scheduled to take place in Tusla Sligo office on 18th June 2025 and Tusla Carrick on Shannon office 19th June 2025.
 6. Fostering Information stand at The Canopy Shopping Centre Sligo.
 7. Bespoke urgent appeal for specific child requiring foster placement took place. **Q2 2025**
 8. An Garda Siochana Youth Achievement Award obtained for "A Bright Light" a book written and illustrated by children of Foster Carers. Celebratory presentation with community leaders shining a light on the contribution foster carers make took place **Q2 2025**
 9. Further events are scheduled to take place later in 2025, these include:
 - dissemination of leaflets seeking Foster Carers to GP surgeries.
 - Notice seeking Foster Carers planned to be circulated via churches and religious organisations in Sligo Leitrim West Cavan.
 - Notice will be circulated to parents of primary school children in Sligo Leitrim via schools messaging app to seek foster carers.
 10. Fostering Team Leader and Fostering Link Social Worker participate in and attend National Fostering Champions meeting. Participation and consultation also with regional fostering recruitment team.
 11. These actions alongside consultation with Regional Fostering Recruitment Team and National Fostering Champions will help target specifically foster carers to meet the needs of sibling groups, older children and children/ young people with more complex needs.

12. Inclusion of local SLWC foster carers in developing and expanding our local recruitment plan.
13. Joint events for foster carers and staff to come together. The first of these planned for June 2025. Fostering Team will engage with foster carers to identify how best to engage them in activities that would both acknowledge and support them in their role and also strengthen and reinforce their commitment to their role.
14. Fostering Team will also facilitate in person SLWC Foster Carers support network meeting which will focus on building relationships, building networks, keeping Foster Carers informed of updates and changes in practice. This will provide a space to discuss recruitment of Foster carers, and to consult and hear the views of our current carers. This will be a bi-annual event.

Section 2:

Standards to be complied with

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

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

Standard	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Standard 8	Children and young people are placed with carers who are chosen for their capacity to meet the assessed needs of the children and young people.	Substantially Compliant	Yellow	Q4 2025

Standard 10	Children and young people in foster care are protected from abuse and neglect.	Not Compliant	Red	30 June 2025
Standard 19	Health boards have effective structures in place for the management and monitoring of foster care services.	Not Compliant	Red	30 June 2025
Standard 21	Health boards are actively involved in recruiting and retaining an appropriate range of foster carers to meet the diverse needs of the	Substantially Compliant	Yellow	Q4 2025