



**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:	Mid West
Type of inspection:	Focused
Date of inspection:	23-25 and 30 September 2025
Fieldwork ID:	MON-0047877
Lead Inspector:	Bernadette Neville
Support Inspector(s):	Sharron Austin Catherine Linehan Lorraine O'Reilly

## 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)<sup>1</sup> and to report on its findings to the Minister.

The Authority monitors the performance of Tusla against the *National Standards for Foster Care* (2003) and advises the Minister and Tusla.

In September 2023, HIQA developed a specific risk-based monitoring programme of inspections to examine Tusla's governance arrangements in child protection and welfare and foster care services. The inspections focused on services where 25% or more of children did not have an allocated social worker. The purpose of the risk-based monitoring programme was to assess the effectiveness of the provider's governance arrangements in the management of unallocated cases, so as to support the delivery of a timely, safe and effective service for children and families. The programme aimed to establish how effective national governance arrangements were being implemented at local and regional level. It also aimed to improve compliance against the *National Standards for Foster Care* (2003) and reduce waiting lists for children. The monitoring programme included on-site inspections and monthly meetings with nominated representatives of Tusla's executive team.

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

HIQA completed 10 inspections of Tusla services between February and April 2024. A single report of the findings across all 10 inspections was published on HIQA's website in January 2025. This 'Overview Report on the Governance of the Child and Family Agency (Tusla) Child protection and Welfare and Foster Care Services' can be found on our website [www.hiqa.ie](http://www.hiqa.ie).

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

This desktop review inspection was a focused inspection to assess the progress made in relation to the actions identified to address non-compliances during the previous inspection in May 2024. The key issues that were followed up in this inspection related to:

- the capacity of front-line managers to provide effective governance and oversight of children in line with the new national standard operating procedure on arrangements for children awaiting allocation. In particular, work was needed locally to ensure a consistent approach to the prioritisation of children and that children's records were accurately maintained and updated in a timely way.
- the adequacy and appropriateness of use of Tusla's resources in the Mid West in meeting the needs of children who required an out-of-home placement.
- in addition there was inconsistent practice in relation to the recording of statutory visits to children.

The inspection in May 2024 also identified a number of strengths in the area including:

- the area's performance management and monitoring systems were effective in identifying and addressing service gaps and areas of under-performance in relation to compliance with statutory regulations.
- senior managers had taken appropriate steps to ensure there were no dual unallocated<sup>2</sup> cases in the area and this was closely monitored by senior managers.
- oversight and governance of children waiting allocation to a social worker was a standing agenda item in supervision and team meetings at all levels of the organisation.

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

Overall, in this desktop review inspection, the area had improved levels of compliance across the assessed standards. The service had made significant

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

improvements in reducing the number of unallocated cases from 46% in May 2024 to 26% at the time of this inspection. This meant that there were more children who had a designated social worker coordinating their care needs. There were improved oversight systems in place which supported effective risk management and the delivery of the area's service improvement plan. Further work was required in ensuring statutory visits to children and that the scheduling of child-in-care reviews were completed in line with regulations. Systems in place to mitigate the risk of dual unallocated cases were effective and at the time of the inspection there were no dual unallocated cases. No systems risks were identified and there were no escalations following this desktop review inspection.

## How we inspect

This inspection of the Mid West fostering service was a desktop review inspection which was conducted remotely, that is, the inspection team was not located on-site in social work offices and therefore did not review children's case files. As part of this inspection, inspectors spoke remotely with relevant managers, staff and foster carers. Inspectors reviewed documentation such as policies and procedures and administrative records.

The key activities of this inspection involved:

- the analysis of data submitted by the area
- the review of local policies and procedures, minutes of various meetings, audits and service plans
- the area's self-assessment questionnaire
- interviews with:
  - the area manager
  - the general manager for alternative care
  - the child-in-care reviewing officer
  - the Tusla case management lead
  - the data quality officer
  - the regional quality risk service improvement manager
- focus groups with:
  - six principal social workers
  - 10 front-line staff in post within the previous 12 months
- conversations with:
  - five foster carers.

The aim of the inspection was to assess compliance with national standards of the service delivered to children who are referred to the foster care service.

### **Acknowledgements**

HIQA wishes to thank staff and managers of the service as well as foster carers for their cooperation with inspectors during the course of this inspection.

### **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 & 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 protection and welfare services;
- Educational welfare services;
- Psychological services;
- Alternative care;
- Family and locally-based community supports;
- Early year's services.

Child and family services are organised into 17 service areas and are managed by area managers. The areas are grouped into six regions, each with a regional manager known as a regional chief officer (RCO). The regional chief officers report to the National Director of Services and Integration, who is a member of the 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.

The Mid West is one of six Tusla regional areas and was established as a regional area in its own right in March 2022. The region and service area includes Limerick City and County, Clare and North Tipperary. The region has experienced a steady increase in its population, with the latest census reporting a total of 413,059 people resident in the Mid West.

The most recent census data indicates that there are 96,764 children and young people aged 0-17 years residing in the Mid West Region. This equates to 23.43% of the total Mid West population.

The region has a diverse mix of urban and rural areas. Access to services can be challenging for some people given the centralised location of many services and the lack of rural transport. The level of deprivation in Limerick City and some communities in North Tipperary is significant.

In terms of ethnicity, there is a slighter greater proportion of members of the white traveller community in the region and slightly fewer black/black Irish and Asian/Asian Irish residents than in the national population.

The rate of children in care in the Mid West per 1,000 population is 5.2 which is higher than the national average of 4.6, although there has been a steady decrease in the numbers of children being placed in recent years. However, the area has also seen a reduction in the number of foster carers available to care for children with a 14.2% decline noted between 2016 to 2024.

The Mid West service area is led by an area manager who reports to a regional chief officer. The area manager is supported by a general manager who oversees the day-to-day operations of the alternative care service. Two principal social workers for children in care (one also manages the aftercare services) and a principal social worker for fostering reports to the general manager and oversees the work of the team leaders. The general manager also has line management responsibility for the alternative care coordinator whose role includes the management of the creative community alternatives (CCA) project and gatekeeper for commissioned services such as Extern<sup>3</sup> and the Youth Advocate Programme (YAP).<sup>4</sup> Each fostering and children in care team are led by a social work team leader. Most of the social work team leader positions across these teams were filled at the time of inspection. There were four children in care teams based in Limerick City and County, and Clare and North Tipperary each had two locality teams. The teams have statutory responsibility for children in care and as such carry out duties such as statutory visits, welfare visits, one-to-one work with children, with parents, arranging and attending child-in-care reviews and implementing decisions agreed in the child's care plan.

The fostering team is responsible for the recruitment, assessment, training and support of foster carers. It is made up of a principal social worker, social work team leaders, senior social work practitioners and fostering link workers.

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<sup>3</sup> Extern provides support and advocacy services for children and young people.

<sup>4</sup> The Youth Advocate programme provides intensive direct work with young people to support them achieve their goals and connect with their communities.

The area had two independent child-in-care reviewing officer positions, one of which was filled, and there were plans in place regarding the on boarding to the second position to cover maternity leave.

At the time of the inspection there were 61 children in care cases being held and worked by the child protection and welfare team, with 27 of these ready for transfer to the children in care team. The responsibility for the management of these cases rested with the team leaders and the principal social worker for child protection and welfare. The principal social worker reported to the general manager, with regards to child protection and welfare.

From the data provided by the Mid West service area prior to the inspection, the area had a total of 461 children in foster care. With the exception of 17, all children were living within the service area boundaries and 19 children were placed in private foster care. The vast majority of children (344) were placed in general foster care, and 117 were placed in relative foster care. There were 26 children waiting for a full-time foster care placement, nine of which had been waiting for more than three months. A significant number of children (342) were allocated to social workers at the time of the inspection. One hundred and nineteen children were allocated to other professionals such as social care workers or leaders. There were no children allocated to social work team leaders or principal social workers. Also, there were no dual unallocated cases.

The number of children with unapproved relative carers was 23, while the number of children placed in households that exceeded the *National Standards for Foster Care* (2003)<sup>5</sup> was 33.

The Mid West service area foster care panel consisted of 365 foster care households which included 239 general foster care and 126 relative foster care households. There were 16 foster care placements and 31 respite placements available at the time of the inspection. Twenty-five foster carers had left the service voluntarily in the 12 months prior to the inspection and no foster carers had been removed from the panel during the same period. There were two allegations made against foster carers in the previous 12 months. There was a dedicated team in the service area that provided ongoing support and supervision to foster carers.

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<sup>5</sup> Standard 10.6 outlines that generally no more than two children are placed in the same foster home at any one time, except in the case of sibling group and these are not placed with other foster children. The foster care committee must approve any departure from this practice in advance of the placement.



## Compliance classifications

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

The compliance descriptors are defined as follows:

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

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

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

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

National Standards for Foster Care		Judgment
Standard 5	The child and family social worker	Substantially compliant
Standard 7	Care planning and review	Substantially compliant
Standard 10	Safeguarding and child protection	Substantially compliant
Standard 18	Effective policies	Substantially compliant
Standard 19	Management and monitoring of foster care services	Compliant

**This inspection was carried out during the following times:**

Date	Times of inspection	Inspector	Role
23 September 2025	09:00hrs to 17:00hrs	Bernadette Neville	Lead Inspector
	09:00hrs to 17:00hrs	Sharron Austin	Support Inspector
	09:00hrs to 17:00hrs	Catherine Linehan	Support Inspector
	09:00hrs to 17:00hrs	Lorraine O'Reilly	Support Inspector
24 September 2025	09:00hrs to 17:00hrs	Bernadette Neville	Lead Inspector
	09:00hrs to 17:00hrs	Sharron Austin	Support Inspector
	09:00hrs to 17:00hrs	Catherine Linehan	Support Inspector
	09:00hrs to 17:00hrs	Lorraine O'Reilly	Support Inspector
25 September 2025	09:00hrs to 17:00hrs	Bernadette Neville	Lead Inspector
	09:00hrs to 17:00hrs	Sharron Austin	Support Inspector
	09:00hrs to 17:00hrs	Catherine Linehan	Support Inspector
	09:00hrs to 17:00hrs	Lorraine O'Reilly	Support Inspector
30 September 2025 <sup>6</sup>	10:00hrs to 12:30hrs	Bernadette Neville	Lead Inspector

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<sup>6</sup> This date was added on the request of the Mid West area manager.

## Children's experience of the foster care service

This was a desktop review inspection which assessed the progress the service had made since the previous inspection in May 2024. As a desktop inspection, inspectors completed a review of key governance documents and the area's service improvement plan (SIP) to improve the quality and safety of the service. By its very nature, the desktop inspection did not include a review of individual children's files to find out the experiences of children and the impact of the service on their lives. However, a detailed review of relevant documents, meetings, the area's service improvement plan, and interviews with staff and foster carers provided valuable insights into how the service prioritised children and responded to their needs. Overall, inspectors found the service was child centred and rights based. There was a commitment to place children at the centre of decision-making, to encourage the participation of children in care planning and to support children's sense of identity. There was an emphasis on developing structures to promote the inclusion of children which meant children were likely to experience a service that was open and responsive to their needs and views. The management team were continually looking at ways of improving practice to ensure better outcomes for children.

The alternative care service had developed a service improvement plan, which was underpinned by the values of trust, respect, kindness and empowerment. This plan provided the basis for service planning and its stated objectives showed the priority given to hearing children's voices and the importance of learning from children when planning the service. The area's integrated service improvement plan placed an emphasis on developing the skills and knowledge of front-line staff meaning that children are cared for by a competent staff team who have the ability to effectively plan for their individual needs and keep them safe.

The senior management team were highly experienced and understood the challenges of managing and improving a service that had experienced significant staffing deficits. There was effective workforce planning resulting in an increase of staff across the children in care teams. This meant that there was an increase in children being allocated to a social worker by 20%. As in the inspection in May 2024, 46% of children in foster care in this area did not have a social worker allocated to coordinate their care. The child's social worker is a key person in the child's life as they have responsibility for developing a relationship with the child, visiting the child, managing and coordinating their care and ensuring there are appropriate plans in place that are reviewed, updated and implemented which enable children to get the supports they need.

The service had policies, procedures and guidance in place which staff who spoke with inspectors were familiar with. This meant that children were likely to experience a consistent approach from staff.

The area was committed to hearing the voices of children and using feedback received to improve children's experience of the service. The area had established a children's fora in 2024 which focused on improving the care planning process for children, in line with the alternative care improvement plan 2024. Children were involved in all stages of the process including project design and the identification of end goals. Children's views were sought through consultations and surveys, which provided valuable insights in relation to children's experiences of coming into care, their experience of receiving supports, the difficulties experienced in maintaining relationships with friends as a child in care and supports provided to maintain their identity. Key learnings from the survey included children experiencing difficulties in making contact with social workers, the experience of children having to repeat their life story and the lack of information in relation to their rights. The area had worked with children on addressing these gaps through the creation of a '*Guide to Me*' booklet. This booklet provided children with the opportunity to record key details such as their likes and dislikes, key relationships in their lives, their individual support needs and care history. The booklet lessened the need for the re-telling of children's stories to others, and was very useful for children who had experienced changes in social worker. Following the engagement with the children's fora the area also developed an information pack for all children in care over the age of six, which contained child friendly information on children's rights, advocacy supports available, and the process of giving feedback to Tusla. A copy of the '*Guide to Me*' booklet was also included in the pack. Children were provided with the opportunity of sharing their views with Tusla's Chief Executive Officer (CEO), and in so doing were provided with the experience of self-advocacy at a national level. Plans were in place to build on the success of the children's fora, to increase the representation on the fora so as the diverse voices of children in care are included and inform ongoing service improvements. Training had been provided to staff in relation to seeking the voice of the child in decision-making. In 2025, a group of children participated in a series of meetings which was an action in the alternative care SIP. The theme of empowering children in foster care was the focus and had been selected by children who were part of this fora.

All foster carers spoke positively of the children in their care and of their commitment to provide good quality care to meet their needs. They were clear about the value and importance of decisions being made that are "right for the child" and that relationship building with children needs to be "at their pace" and that children need to be "loved and minded". Foster carers observed positive relationships between workers and children, one foster carer noted that workers "go above and beyond", and "really listened and understood (the) child".

The area had a high reliance on relative carers to provide care to children requiring out of home placements. This meant that children, although separated from their immediate family, were supported to remain in the extended family unit, with their connections and key relationships supported. The placement of children in relative care is especially important for sibling groups as it allows children to have shared experiences and develop shared memories of their childhood. Supporting sibling relationships is very important as sibling relationships are the longest relationships children have. Growing up in relative care allows children to maintain a sense of identity and promotes a feeling of belonging to the family unit. Many staff in the Mid West had received training in lifestory work, and this showed there was a recognition of the importance of providing children with opportunities to reflect on their unique care histories and key relationships in their lives. Staff told inspectors that it was difficult to schedule specific lifestory work with children due to the day-to-day demands of the role. However, if lifestory work is identified and agreed as part of the care plan, it is provided to children. In situations where social workers or social care practitioners are unable to complete the work directly, approval can be got for therapists to undertake the work. This shows that the service values lifestory work and recognises its significance for children in care.

## Summary of inspection findings

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

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

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

- One standard was compliant
- Four standards were substantially compliant

The capacity of the Mid West area to provide a quality, safe and effective foster care service had improved significantly since the previous inspection in May 2024. This was largely due to effective workforce planning, the effective use of local and regional resources to manage deficits in the system and the strengthening of governance structures to ensure good monitoring and oversight of unallocated cases. The area had not been allocated any additional staffing as per Tusla's national compliance plan for foster care services, however, management had been successful in backfilling available positions, thereby increasing staffing levels. This had a positive impact on its ability to reduce the number of unallocated children, especially the number of high priority unallocated children. This meant that risks in relation to unallocated children had reduced as more children had a designated social worker coordinating their care needs. The area demonstrated a willingness to review and analyse practice with a view to increasing compliance with the national standards in foster care. There was a strong culture of continuous improvement driven by a stable and committed management team and embedded in the daily operations of the service. Learnings from practice reviews were shared with staff and incorporated into the area's service improvement plan, which resulted in some improvements in practice which previously had poor levels of compliance, such as the timeliness of statutory visits and child-in-care reviews. However, continued improvements were required to increase overall compliance in respect of statutory visits and child-in-care reviews. The area had an action plan in place to support continued improvement in these areas.

Senior managers had taken appropriate steps to reduce the number of unallocated children. The service area had implemented a local standard operating procedure (SOP) for the management of children awaiting allocation which was aligned to Tusla's national policy on the management of unallocated children. The SOP was reviewed across all different staff and management meetings and its consistent implementation was tracked and reviewed at governance meetings. The number of children allocated to a social worker had increased significantly since the previous inspection from 54% in May 2024 to 74% at the time of the inspection, with the number of children without a social worker allocated to them decreasing from 46% in May 2024 to 26% at the time of the inspection. This meant that the service area was close to meeting the expectation, as set out in the National Service Improvement Plan (SIP), where all service areas were to reduce the numbers of unallocated children to below 25%, albeit they had not achieved this by the target date of December 2024. There were arrangements in place for children without a designated social worker to be supported

by a social care worker or leader with oversight by the social work team leader. The area had no dual unallocated cases in the area.

The area had previously been challenged to complete statutory visits and child-in-care reviews in line with statutory requirements due to staffing deficits. In common with other service areas, the Mid West had expanded its approach to welfare visits for children who did not have a designated social worker. This meant that children were visited once a year by a social worker, and three 'welfare' visits were made to children by social care staff, while they remained unallocated to a social worker. Although there were systems in place where visits were tracked and recorded by social work team leaders, the area were not fulfilling the requirements of statutory visits to children. Improvements were also required in terms of delays in child-in-care reviews and the participation of children in the care planning process. The service area was aware of the gaps in care planning and reviews as they had completed self-audits and had included specific actions in the service improvement plan to improve practice and increase compliance.

There was a focus in the areas SIP on the consistent implementation of *Children First: National Guidance for the Protection and Welfare of Children* (2017) to promote the safety and welfare of children. The area had developed good oversight systems to track and review allegations made against foster carers. However, some improvements were required in the tracking and recording of actions completed to ensure the most up-to-date version was available when reviewing the status of concerns and allegations. There were appropriate arrangements in place to escalate serious incidents. The area had implemented the national practice guidance document on responding to child protection and welfare concerns of children in care.

Overall, the service area had clearly-defined governance and management structures in place to oversee the quality of the service. Managers monitored the service area's performance through a range of trackers, governance reports, audits and service improvement plans. There were quality assurance systems in place which supported compliance with the national standards. The area had a SIP, aligned to the national compliance plan, which was being effectively used to address gaps in practice and service delivery. There were effective communication structures across staff teams and management which helped to reinforce a service wide focus on improving the quality and performance of the service. Local SOPs were aligned with national policy and this supported consistency in the implementation of policies. Organisational risks were reviewed in line with national policy. The area continued to be challenged by the lack of available placements due to the inadequate pool of foster carers.



## Standard 5: The child and family social worker

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

In the SAQ submitted by the management team, the service was judged to be not compliant with this standard. Inspectors did not agree with this judgment and assessed the performance of the Mid West as substantially compliant. This judgment is based on the review of data submitted by the area prior to the inspection, data provided during the inspection, the review of relevant trackers used to monitor visits to children and interviews with staff and foster carers. As children's individual files were not sampled and reviewed, evidence was not gathered in relation to the frequency and quality of statutory visits, the implementation of care plan decisions, specifically the arrangement of assessments and the coordination of input of other professionals and agencies to meet the identified needs of the child.

In line with Tusla's national compliance plan for foster care services, the plan outlined measures to mitigate risks associated with not achieving full compliance with this standard. The Mid West foster care service saw limited impact from this plan, as no additional staffing resources were allocated to the area at the time of this inspection. However, the Mid West foster care service had received some resources such as funding to support social work apprentices and additional funding to recruit additional peer supports for foster carers. The Mid West creatively used resources within its teams and availed of some regional resources on a time limited basis to support it to meet its statutory requirements in respect of this standard. There was effective workforce planning in place which was aligned to the area's business strategy.

This inspection found that the service had made significant progress to ensure there was a designated social worker for each child in foster care as required by the *National Standards for Foster Care* (2003). The area had been successful in reducing the number of children unallocated to a social worker and there had been improvements in the oversight of unallocated cases. In addition, the number of high priority unallocated children had decreased considerably. This meant that more children had a designated social worker who had responsibility for the coordination of children's care, completing visits and supervising the care arrangement. The ability of the area to increase compliance with this standard was facilitated by the increased staffing capacity across the child-in-care teams driven by effective workforce planning, the area's service improvement plan and the range of governance structures in place to strengthen and improve oversight and monitoring of the service. Continued progress was required, however, to ensure statutory visits to children in care were completed on time as data provided by the area prior to inspection showed there were 36 children who had not been visited by a social worker in line with regulations.

At the time of the previous inspection, 250 children (54%) were allocated to a social worker and 211 children (46%) were assigned to a social care practitioner. At that time, out of the 17 Tusla service areas, the Mid West was the second highest area in relation to the numbers of children in its care that did not have a designated social worker. From the review of data provided by the area prior to inspection, the number of children allocated to social workers had increased to 342 (74%), and there had been a decrease in the number of children allocated to social care practitioners, 119 (26%). The decrease in the number of children allocated to social care practitioners showed that the area was making significant progress in coming into line with a target of 25% set out in Tusla's national compliance plan. Furthermore, the area had ensured that children in arrangements which were outside of the national standards had designated social workers. This included children in foster care placed with unapproved relative foster care households and children in households where more than two unrelated children are placed at any one time. Having a designated social worker provided additional safeguards to these children as they were visited by a social worker and their care and placement needs were identified and planned for.

Data returned by the area prior to inspection indicated there were six children that did not have a social worker allocated to them and were prioritised as high priority. Subsequent data provided to inspectors showed some discrepancies in the data as in three of the six high priority cases the children had been allocated to a social worker in the months prior to inspection. In addition, the priority levels of two children were reviewed during the inspection and revised to medium priority. This adjustment to the data meant that overall the area had three high priority cases where the children did not have an allocated social worker at the time of inspection, compared with 89 cases at the time of the previous inspection in May 2024. One case had been unallocated since October 2023 and this was a considerable length of time in view of the fact that the child was deemed as having a high level of need. The case was allocated to a social work apprentice and supported by an Extern worker on a regular and consistent basis. The remaining two high priority cases were allocated to social care leaders and were also supported by Extern workers.

All children in foster care that did not have a social worker allocated to coordinate their care were secondary allocated to a social care practitioner who was supervised by the social work team leader. Staff who spoke with inspectors had a clear understanding of the role of the social care practitioner in respect of children who were not allocated to a social worker. The governance and oversight of unallocated cases had improved with the implementation of the local SOP on the management of unallocated cases, and the tracking and monitoring of unallocated cases across a range of management and staff meetings through the reporting of performance data. Foster carers who cared for children who did not have a social worker allocated to their case and spoke with

inspectors reported mixed experiences in relation to the children in their care being unallocated. For some foster carers the lack of a designated social worker did not put the child at a “disadvantage” and that their respective relationships with social workers and social care staff were positive and supportive. However, some foster carers reported that some children experienced delays in accessing identified supports. Senior managers had taken appropriate steps to ensure there was no dual unallocated cases in the area. There were effective systems in place to support the early identification and escalation of dual unallocated children to the area manager.

There were systems in place to ensure unallocated children were visited. Visits were tracked by social work team leaders and these included three welfare visits and one statutory visit over the year. This schedule of visits had been put in place in response to staffing gaps. While it ensured children were visited over a consistent period, the type and frequency of visits was not in line with regulations. Inspectors were told trackers were updated on a monthly basis. Staff told inspectors that statutory visits were completed by social workers either known to the child, that is, social workers who may be visiting other foster children in the placement, including the link worker, or unknown to the child. This meant that there was the potential for children to experience multiple changes in worker which could increase the risk of children disengaging from the care planning process. One foster carer told inspectors that changes in workers had been a challenge for the child in their care. Statutory visits to the children were completed by professionally-qualified social workers and in most of the high priority cases, children had been visited by a social worker in the previous two months of the inspection. There were 36 children, however, who had not been visited in line with the regulations.

The area had completed a comprehensive review of statutory visits to children in care allocated to the child protection team in August 2025, which included the review of the frequency as well as quality of the statutory visits. This review was a follow on from one completed in December 2024 which identified the regulatory requirements of visiting children had not been met and improvements were required in the recording and analysis of visits to children. The updated review completed in August 2025 found that, of the 54 children reviewed, all had received a statutory visit, however not all visits were up to date. There continued to be inconsistent practices regarding the recording of visits with 30 of the 54 visits recorded on the agreed statutory visit template. This had been an issue identified in the previous HIQA inspection in 2024 and had not been progressed. Where the standardised visit template was used, it was found that the quality of recording of visits was better. There were three additional key areas for improvement identified by the audit which included the viewing of children’s bedrooms by social workers, the recording of children’s views and the need to meet children on their own. There had been a decline in the eight months between

December 2024 and August 2025 in meeting with children on their own. The audit identified four recommendations to improve practice quality and ensure consistency, these included the dissemination of audit findings to the senior management team. Principal social workers, social work team leaders were to review the frequency and quality of statutory visits and ensure the consistent use of the statutory visit template. A follow up audit of statutory visits is planned for Quarter 1 2026 to monitor progress against the recommendations made. Audit findings were shared with the management team and included in the SIP. Documents reviewed at the time of inspection showed that although the frequency of statutory visits was being monitored, there was no evidence of the quality of visits being reviewed or discussed at team meetings. New staff told inspectors that they had not received training on how to complete and record statutory visits but had developed their practice through accompanying social workers on statutory visits.

There were systems in place to ensure children were provided with information in relation to the complaints process. Written guides were included in care packs provided to all children over the age of six which included information on Tusla's '*Tell Us*' complaints process and additional resources on the national advocacy service. The area had created a child-friendly complaints and feedback form for children aged between six and 12 years in which they could record what they were unhappy about and the actions they would like taken to address their complaint. Children were provided with clear information on how the complaint would be responded to and the time frame for this. When provided with clear, accessible information children are likely to experience the complaints process as open and responsive and this supports greater participation and engagement of children. Staff told inspectors that the complaints process was discussed with children regularly when they were visited. No child had made a complaint in the 12 months prior to the inspection.

Overall, inspectors found that there had been significant improvement in ensuring compliance with the national standards with regard to children in foster care being allocated to a social worker. Although the area were not afforded additional staffing resources as per Tusla's national compliance plan for foster care, the area management team was creative in how they managed their existing staffing and resources and this led to an increase to children in foster care being allocated to a professionally-qualified social worker. There were effective escalation systems in place to ensure there were no dual unallocated cases. Children were provided with information on the complaints process and the area had developed additional child-friendly feedback forms to support children express their views. However, there were some gaps in the performance of statutory responsibilities such as visits to children within the specified time frame. The findings of the review of statutory visits found further work was required in relation to the recording of statutory visits and the

engagement with children. It is for these reasons that the standard is judged to be substantially compliant.

**Judgment:** Substantially compliant

## Standard 7: Care planning and review

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

The area management team judged the service to be substantially compliant with this standard. Inspectors agreed with this judgment. This judgment is based on the review of data submitted by the area prior to the inspection, data provided during the inspection, the review of an audit completed in respect of child-in-care reviews, the review of governance and team meeting records, the local area service improvement plan (SIP) and interviews with staff and foster carers. As children's individual files were not reviewed, evidence was not gathered in relation to the quality of child-in-care records, care plans, placement plans or the implementation of care plan decisions.

Since the previous HIQA inspection in May 2024, there had been a focus on the review of practice and compliance in relation to child-in-care reviews with actions from the review included in the area's SIP. While some improvements had been made in relation to the number of reviews held and the increase in the number of children with up-to-date care plans, review findings showed the area continued to be challenged in terms of the timeliness of reviews, the participation of children in reviews and parental involvement. In addition, as per Tusla's national compliance plan for foster care services, the area's SIP did not contain a gap analysis of service provision to children in care with disabilities.

The Mid West operates an independent reviewing officer (IRO) service. The service is delivered by two IROs, however, at the time of the inspection there was one IRO in post with plans in place to backfill the second post. The IRO had responsibility for the scheduling and chairing of reviews in respect of children that did not have a social worker allocated to them, complex cases, and cases where decisions regarding adoption were required. The review of children outside of these groups was assigned to the principal social workers and social work team leaders within the children in care teams. Inspectors were told there was consistency across the chairing of reviews as there was a clear and shared understanding of the requirements in chairing reviews and the updating of care plans. Staff advised there was a SOP in place for

child-in-care reviews to support consistency in practice. There were systems for the tracking of child-in-care reviews with separate trackers maintained by the IRO and social work team leaders. Although trackers were managed separately, the overall performance data was reviewed at the monthly alternative care governance meeting and this supported a consistent approach.

The area had been proactive in reviewing the overall effectiveness of the IRO service to improve the quality of the reviewing process as well as increase statutory compliance. An audit was completed by the IRO service between April 2024 and April 2025 and although there had been some improvements noted, such as the volume of reviews completed, however, there continued to be gaps in the timeliness of reviews, the quality of engagement by children and parental involvement. The learnings and recommendations from the audit were incorporated into the SIP and follow-up actions were being progressed at the time of the inspection.

Data provided to inspectors prior to the inspection showed there were 607 child-in-care reviews held in the previous 12 months. Of these, however, there were 94 (15%) reviews overdue, with 87 (92.5%) of these overdue by up to six months. Delays in reviews were also found in the area's audit of the IRO service with 59% of child-in-care reviews not completed within the required timeframe. This information with regards to delays, was verified by foster carers who spoke with inspectors. Managers told inspectors that the demands of court work and the level of court oversight had impacted on the area's ability to schedule child-in-care reviews. Delays in the scheduling of reviews can lead to drift in the care planning process and the timely identification of and response to children's needs. Staffing capacity in the IRO service had also contributed to delays in the service. However, there were appropriate plans in place to address this at the time of the inspection.

The participation of children in reviews and the recording of their views was also identified in the audit as requiring improvement. Although the majority of children were met with prior to the review, not all children were formally invited to attend reviews and more than half of children (55%) were not provided with written feedback following the review. While most of children's views were recorded in the review record, some were not. The area had continued to provide children with the opportunity of attending reviews in person. However, the findings of the audit indicated that children's attendance at reviews was low and, further to this, data provided to inspectors prior to the inspection showed that of the 607 reviews held in the previous 12 months, only 84 (14%) children attended. Foster carers told inspectors that none of the children in their care attended the child-in-care reviews. There were varying reasons for non-attendance such as children feeling

uncomfortable in only attending part of the review and not being present for all the discussions and some children preferred to get feedback from their foster carers. The area had consulted with some children attending the children's fora on their experiences of the review process. Children said that they did not feel part of the review process, however they did complete the pre-review form. One foster carer acknowledged the efforts of the area to provide an interpreter to support a child's engagement in a review meeting. There had been a consistent focus in the area on supporting the participation of children in child-in-care reviews following the findings of the audit. Existing tools in place to support the meaningful engagement of children had been revised and updated. Staff who spoke with inspectors outlined additional steps taken by teams and management to raise awareness regarding the value and need to encourage children to participate in the care planning process. They told inspectors there had been positive engagement with the national advocacy service to assist staff with the development of practice to support participation and there were further plans in place to continue this engagement. Staff advised that some children with complex or additional needs were accompanied by social care practitioners to review meetings and this provided them with additional supports to express their views. The IRO told inspectors they had met with some children prior to and after reviews to further assist with their engagement in care planning. Changes had been made to the pre-review checklist following the audit. This was to ensure information in relation to the reasons for the child's non-attendance was included and in so doing helped the area understand and respond to the barriers children experience in engaging in the review process.

Through the audit of child-in-care reviews, the area had identified that improvements were required in supporting parental involvement in reviews. Audit findings showed only 35% of parents participated in child-in-care reviews. There was poor recording of efforts made by staff to engage with parents. Efforts had been made by staff to provide parents with alternative ways of sharing their views, however, 10% of parents availed of these options. In addition, the involvement by other professionals, specifically in relation to the sharing of reports on the child, was poor with no reports being submitted in over half of the cases reviewed. There were clear and measurable actions recorded in terms of increasing parental involvement, however there were no actions identified in relation to increasing the participation of other professionals in the care planning process. The participation of other professionals in the assessment of children's needs is important as it supports a multi-agency and a holistic approach to meeting the assessed needs of children.

There had been improvements in the number of children with an up-to-date care plan since the previous HIQA inspection. At the time of the previous inspection, 74.8% of children had an up-to-date care plan. The figure had increased to 84% at the time of this inspection. However, there were some imbalances between children in different

care arrangements. For example, data provided to inspectors during the inspection showed 60% of children placed in foster care households where the number of unrelated children placed exceeded standards had up-to-date care plans. This compares with 35% of children in unapproved relative foster carers. The review and updating of children's care plans is important to ensure there is effective and timely planning in relation to their identified needs.

The area had effective systems in place for the review of placement disruptions. Placement at risk and placement disruption meetings were held in line with national policy to review the factors which contributed to the placement ending and to provide additional learnings to inform care planning. There had been 15 placement disruptions in the previous 12 months prior to the inspection. None of the children who experienced a placement breakdown had two or more moves meaning the children had not experienced multiple placement changes. This is positive as children who experience multiple changes in their care arrangements can find it difficult to form trusting relationships which in turn has the potential to impact on their capacity to settle into a new placement and sustain key relationships. Placement disruptions can impact on children's mental health and academic achievement. Placement stability therefore promotes better outcomes for children in foster care.

Placement-at-risk meetings were held for four of the 15 children who had experienced a placement disruption. Nine of the 15 children had disruption meetings in the previous 12 months. Inspectors reviewed four disruption reports and found all of the disruption meetings were held in line with best practice under the provider's national policy. In two of the four disruption reports reviewed by inspectors, the lack of a designated social worker was identified as a potential factor in the placement breakdown. Other contributory factors included the absence of appropriate therapeutic supports, foster carers being unable to manage behaviour or continue to care for the child in light of an allegation being made against them. There was evidence of supports being provided to help maintain placements at risk. There were systems in place for the tracking of delays to disruption meetings being held and this minimised the risk of drift in decision making for the child. All of the disruption reports reviewed by inspectors had been shared with the foster care committee, which is in line with the national policy. Inspectors were told that of the 15 disruptions, child-in-care reviews were held for eight children following a placement disruption to assess and update the child's needs.

Overall, the service showed increased levels of compliance in respect of children in foster care with up-to-date care plans and placement disruptions were managed in line with national policy. However, there were still some delays in the scheduling of child-in-care reviews which had been impacted by capacity issues in both the IRO service and within children in care teams. The service had strengthened its approach



to the inclusion of children in the care planning process, however, this had not led to the increased participation by children in reviews. The area had identified the continuing need to improve the review process for children in its service development plan. The area had not completed a gap analysis of service provision to children in care with disabilities to inform actions of the SIP, in line with Tusla's national compliance plan for foster care services. It is for these reasons this standard is deemed substantially compliant.

**Judgment:** Substantially compliant

## Standard 10: Safeguarding and child protection

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

The area management team judged the service to be substantially compliant with this standard. Inspectors agreed with this judgment. This judgment is based on the review of data submitted by the area prior to the inspection, data provided during the inspection, the review of an audit completed in respect of safety planning, the review of governance meetings and interviews with staff and foster carers. As children's individual files were not reviewed, evidence was not gathered in relation to the assessment of allegations made by individual children, the specific supports provided to children, the training and guidance provided to foster carers in caring for children who have been neglected or abused.

The service area had strong leadership and appropriate systems in place for the safeguarding of children in foster care and addressing child protection and welfare concerns. There was a focus on ensuring the consistent application of Children First (2017) with plans in place to improve the screening and prioritisation of new referrals, the management of unallocated cases through the local SOP and national policy and the development of improved reporting systems to track the timely notification of reports of abuse to An Garda Síochána. The area had implemented Tusla's guidance on *Responding to child protection and welfare concerns of children in care* (2024). There were structures in place to provide assurances regarding the consistent implementation of the guidance and this included the area's serious concerns and allegations meeting forum, chaired by the general manager for alternative care.

Data provided prior to the inspection showed that 183 child protection and welfare concerns pertaining to children in foster care were received in the previous 12 months, and these related to 67 children. Of these 41 remained open and were at various stages of screening, preliminary enquiry, initial assessment and safety

planning. Similarly, two allegations were made against foster carers, both of which were open.

There were effective governance and oversight mechanisms in place for the monitoring and oversight of concerns and allegations for children in foster care. Concerns and allegations in relation to children in foster care were discussed at serious concerns and allegations governance meetings every two months, chaired by the general manager for alternative care and attended by relevant principal workers, social work team leaders, fostering team leaders and link workers. A standardised template was used to track, record and monitor responses to serious concerns or allegations made by children in care in respect of foster carers. The review of a sample of meeting records by inspectors showed there was good detailed recording of the category of abuse and the details of the allegation or concern. There was evidence of adherence to the guidance on *Responding to child protection and welfare concerns of children in care* (2024) as welfare concerns were referred to the children in care teams and allegations were referred to child protection team or to the child abuse substantiation procedure (CASP) team. Where the dates of referral to the respective children in care or duty teams were recorded, these were in line with Tusla standard business process. Planning meetings were held in a timely manner and the outcome of the meetings noted. Where details of agreed actions were recorded these were found to be detailed and reflected a commitment to keeping children safe. Notifications to An Garda Síochána were tracked and inspectors reviewed meeting records that outlined there were some delays in reporting to An Garda Síochána. Most of the foster carers in the sample of meeting records reviewed were informed of the allegations made against them in writing and within a three day period. This was in line with the national standards. The sample of meeting records reviewed showed a good understanding and adherence to the CASP process. Although meeting records were generally comprehensive, some did not include the detail of the outcome of the work undertaken with children. This meant that the most up-to-date information on the progress of actions was not fully recorded.

There were improved systems in place to enhance governance and oversight of abuse notifications to An Garda Síochána to ensure all the required notifications were completed and sent in a timely way. Staff told inspectors that the new system in place, although still in the early stages, had provided assurances that social work practice was compliant with Children First (2017) and this had been identified as an area for improvement in the SIP. The development of a local SOP for the notification by Tusla to An Garda Síochána provided additional guidance to staff to ensure the consistent implementation of Children First (2017). In addition, a practice learning note had been shared with staff following the audit of compliance with the national

vetting process completed by the area in September 2024 which provided clarity to staff on the criteria and stage in which a national vetting bureau (NVB4)<sup>7</sup> submission was made, in line with the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012. Staff who spoke with inspectors had a clear understanding of their roles and responsibilities as per Children First (2017) and local SOP's in place to keep children safe. New staff told inspectors they had received training on Children's First (2017). The SAQ provided prior to inspection showed 64 staff had completed CASP training. The provision of CASP training for staff and appropriate escalations were in line with Tusla's national compliance plan for foster care.

Safety plans were in place for children where risks to their safety and development had been identified. Data provided prior to the inspection showed there were 27 children in foster care with safety plans; a slight increase from the previous HIQA inspection which found 23 children had safety plans. Of the 27 children with safety plans, 15 were children assessed as high priority. Of the children placed in foster care households where the number of unrelated children exceeded standards, two had safety plans. There were no unallocated high-priority children with a safety plan. Also, there were no children placed in foster care households where the number of children placed exceeded the standards with safety plans. Improving practice in relation to safety planning had been identified as a medium priority in the area's SIP following the findings from two practice reviews completed in December 2024 and August 2025.

The findings of the reviews showed little progress had been made in terms of improving compliance with the requirements of safety planning practice within the national approach to practice. Key gaps identified in the first practice review completed in December 2024 included poor recording of the rationale for the safety plan and a lack of engagement with children using the standardised tools to help them understand the need for and details of the safety plan. In addition, the analysis of risk informing the plan required improvement and there was inadequate monitoring and review of the safety plans. A number of recommendations were made on the basis of these findings which included immediate action to ensure all children who required a safety plan had one in place and the plan was on the child's file. Assurances were provided by the area manager at the time of this inspection that all those that were identified in the review as requiring a safety plan had safety plans in place. Gaps in the training needs of staff were identified and subsequent training on the national approach to practice was provided to improve practice and compliance with safety planning. However, the review of the staff training log by

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<sup>7</sup> Forms used to notify the Garda Síochána National Vetting Bureau, Garda Vetting (police vetting) of concerns about adults.

inspectors showed that attendance at these training events was low and that specific training on the engagement of children around safety plans had not yet been rolled out in the area. New staff who spoke with inspectors reported they had not been provided with specific training focused on engaging and communicating with children in regard to safety plans, but had attended a general workshop on the national approach. The findings of the audits were shared with staff and there was guidance given at team meetings on improving practice. In addition, there were plans in place to deliver training on safety planning to staff in the coming months.

Managers tracked the progress of the audit recommendations made at both management meetings and the quarterly review of the alternative care service improvement plan. There were some improvements noted in the follow up review of safety planning completed in August 2025, for example the detail of the safety plans had improved. However, none of the cases reviewed were fully compliant with safety planning practice, and there continued to be gaps in the review and monitoring of safety plans within identified timeframes. Further learning events are scheduled to address the gaps identified in the review and promote greater consistency in the safety planning practice. A follow up audit of statutory visits is planned for Quarter 1 2026 and this will also review the progress in relation to safety planning.

Managers were vigilant to the risks of children placed with households exceeding numbers and with unapproved relative carers. There were 19 foster care households, caring for 33 children that exceeded standards where at least two unrelated children were placed together. Inspectors were told that due to the lack of placements in the area children were being placed in foster care households that were already at capacity. However, the number of children in placements over the numbers had decreased since the previous inspection from 40 children in 2024 to 33 children at the time of this inspection. There were safeguards in place for children as data returned by the area showed all children had a designated social worker, and all but one child had been visited in line with the regulations. Most of the foster carers had an allocated link worker who had responsibility for providing support and supervision to foster carers. The allocation of a link worker provided additional oversight of the placement. There were 23 children placed with 15 unapproved relative foster care households. All children had a designated social worker and had been visited in line with regulations. Staff told inspectors there was increased support and supervision visits to unapproved relative carers, as well as the regular review of placements in supervision between social work team leaders and principal social workers. All unapproved relative foster carers had an allocated link worker. The assessment of unapproved relative carers was tracked which prevented drift and delay in completing the foster care assessment. At the time of the inspection

the majority of assessments of unapproved relative carers had commenced and were in progress, some of which were due to be presented to the foster care committee following the inspection.

Foster carers were provided with training to support them in their role as mandated persons. Foster care attendance at Children First (2017) training was reviewed monthly at the fostering governance meeting. Inspectors reviewed the most recent meeting records and found there were 13 foster carers who required updated Children First (2017) training in August 2025. There was an agreed action plan recorded with key staff responsible for follow up named. All foster carers who spoke with inspectors had completed training in Children First (2017) and some had attended additional safeguarding training. Foster carers who spoke with inspectors had an understanding of their role and responsibilities in respect of being a mandated person. Staff told inspectors that foster carers were provided with information regarding who to contact if a child went missing from their care. Some foster carers told inspectors they would contact the Gardaí or the out-of-hours service in this instance. Data provided prior to inspection showed there were 10 children who had been missing from care in the previous 12 months. The figure was corrected during the inspection to show that there had been one child missing from foster care in the previous 12 months. Meeting records reviewed by inspectors showed all outstanding Garda vetting renewals were in progress and there were no foster carers who had expired Garda vetting.

There were procedures in place to record and address incidents of bullying experienced by children in care as the area maintained a bullying and racism tracker. The tracker was part of the area's preventative safeguarding practice and used as a tool to develop learning in respect of the experiences of children in care. Managers told inspectors that the tracker had helped to raise awareness amongst staff of the additional vulnerabilities of children in care. The tracker was reviewed four times a year so as to identify trends and service actions required to keep children safe.

Children were advised of their right to access advocacy services. Information in relation to the national advocacy service for children in care was included in information packs provided to children. Although children were visited by social workers, the review of statutory visits completed by the area showed that children were not always seen on their own. Of 54 cases reviewed, only 13 children were met on their own. Having private time with their social worker is important as it provides children with the opportunity to safely speak about their care experiences and to raise issues which may be impacting on their safety and wellbeing.

Data provided by the area prior to inspection showed seven children were awaiting transfer outside of the area and there were no children on a waiting list for transfer into the area. Inspectors were told that there were appropriate protocols in place for the transfer of children and the area was not experiencing any difficulties in this regard.

Overall, the service ensured there were appropriate policies and procedures in place to promote the safety and welfare of children. Tusla's guidance on *Responding to concerns and allegations against foster carers* (2024) was being consistently implemented, as per Tusla's national compliance plan for foster care services. There were some delays in notifications being sent to An Garda Síochána and outcomes in respect of follow on actions were not always recorded in meeting records used to track adherence to the standard business process and Children First (2017). Improvements were required in relation to safety planning to ensure consistent practice in the review and monitoring of safety plans. Further work was required in supporting the meaningful participation of children in the safety planning process. It is for these reasons that this standard is deemed substantially compliant.

**Judgment:** Substantially compliant

## Standard 18 : Effective Policies

Health boards<sup>8</sup> have up-to-date effective policies and plans in place to promote the provision of high quality foster care for children and young people who require it.

In the SAQ submitted by the management team, the service was judged to be not compliant with this standard based on the area's inability to recruit and retain an adequate panel of foster carers to meet the needs of children. However, inspectors found good practice in the management of available resources and disagreed with this determination and judged the service to be substantially compliant with this standard. The service was doing everything within its power to recruit a sufficient number of foster carers so that there were placements available to meet the diverse range of children's needs. The area had up-to-date effective policies in place to promote the provision of high quality foster care for children and young people who require it. The service area had an integrated SIP, as well as a service improvement plan for the alternative care service, both of which complemented each other and had shared strategic goals and priorities. Both SIPs were aligned with Tusla's national

<sup>8</sup> These services were provided by former health boards at the time the standards were produced in 2003. These services are now provided by Tusla.

compliance plan for foster care services. There were a number of local SOPs that guided staff practices and they were in line with and supported Tusla policy. There were regular reviews of SOPs and policies as evidenced in the review of management meetings. There were appropriate systems in place to ensure that staff were aware of practice requirements. A review of the management of serious concerns and allegations against foster carers by the Practice Assurance Service Monitoring (PASM) in the Mid West region, as included in Tusla's national compliance plan for foster care had not been completed at the time of this inspection, nor was it included in the area's SIP.

The area had developed a number of SOPs to support the consistent implementation of national policy. The development of some SOPs such as the SOP for the management and governance of unallocated children was included as an action in the SIP, with its development and implementation tracked by the senior management team. This SOP was designed to ensure staff had a clear understanding of the definition of an unallocated case and supported a standardised and consistent approach to the management, review and monitoring of unallocated cases.

Other local SOPs included the SOP for notifications by Tusla to An Garda Síochána which was developed in June 2025 to support the consistent implementation of Children First (2017). The SOP provided staff with clear expectations in relation to the thresholds for reporting to An Garda Síochána and the steps to be followed when making and recording decisions to notify the Gardaí. The area had also developed a practice learning note in respect of learnings from the review of the timeliness of submissions of notifications to the Garda National Vetting Bureau (GNVB). This practice note provided additional guidance to staff on decision-making in respect of the completion of NVB4 forms. Local guidance and SOPs were discussed across a range of meetings including senior management meetings, alternative care meetings, children in care team meetings and meetings between principal social workers and social work team leaders. Inspectors were told that the area had created a learning repository for staff from which they could access information on SOPs and policies. Staff who spoke with inspectors demonstrated a knowledge of relevant legislation, policies and procedures as well as local SOPs. However, new staff did not have an understanding of Tusla's protected disclosure policy.

The area had a comprehensive fostering recruitment plan and had experienced some success in increasing their panel of approved foster carers. However, the impact of this increase was offset by the number of foster carers leaving the service and this meant that the area had difficulty maintaining a sufficient panel of approved foster carers to meet the identified needs of children in the area. The area's fostering recruitment plan was informed by Tusla's strategic plan for foster care services 2022-2025. Some of the elements of the local plan included the strengthening of

relationships with community groups and services to diversify recruitment, the support of national recruitment campaigns, the identification of foster carers to act as fostering ambassadors to support the recruitment of new foster carers and tailored recruitment efforts to meet local and regional need. The area benefitted from having one regional fostering recruitment coordinator, who was responsible for leading on recruitment initiatives in the area. There was evidence of collaboration and joint working between the area and the national lead for fostering and the national recruitment team to plan and agree targets and review progress. Staffing levels in the fostering team were sufficient to deliver the service effectively.

The review of fostering data from 2024 showed the Mid West had made significant improvements in the recruitment of foster carers with 20 new foster carers assessed and approved by the foster care committee in that year. Relative to the recruitment activities in other Tusla areas, the Mid West had approved the highest number of foster carers in the country and the largest number of general foster carers. The area had continued to add to the panel of approved foster carers with data provided by the area prior to inspection showing there had been 15 foster carers approved from the area's most recent recruitment campaign in the previous 12 months. The data shows the Mid West were recruiting a proportionate number of general foster carers to relative foster carers relative to meet the needs of children in the area. However, the rate at which foster carers had left the service voluntarily had impacted on the ability of the service to generate additional foster placements. Data provided to inspectors prior to inspection showed that 25 foster carers left the service voluntarily in the previous 12 months. The lack of a diverse range of placements has the potential to impact on the quality of the matching of children with suitably-experienced foster carers. This is recorded as a risk in the area's risk register. There were no foster carers who were removed from the fostering panel in the previous 12 months.

The area's recruitment plan also included retention activities, such as appreciation events, to support existing foster carers. Managers told inspectors that the development of peer support for foster carers in the area, as introduced in line with Tusla's strategic plan for foster care services 2022-2025, had a positive impact on the service. Approval had been given to further expand peer support in the area which will further enhance the retention of foster carers and support placement stability.

The ability of a service to build its capacity in terms of foster placements is dependent on quality assessments being completed in a timely way. The area did not have a dedicated assessment team. The local social work team leader in each county supervised all assessments completed by link workers on the fostering teams. However, this did not adversely impact on the area's ability to allocate and progress assessments. External providers were also contracted to complete additional



assessments and this increased the resources available to undertake assessments in general. A national overtime campaign for qualified social work staff to complete fostering assessments is in development and has the potential to further add to the capacity of the area to complete assessments and add to the fostering panel.

The 2024 national compliance plan showed that children with additional needs will continue to be dealt with under the existing Tusla and Health Service Executive (HSE) joint protocol and existing structures. Managers told inspectors that there were effective joint working arrangements in place in the area, quarterly meetings with the HSE disability manager were taking place and there was a clear and established escalation process in place to ensure the needs of children were responded to. Inspectors were told that there were systems in place to support the appointment of independent advocates for children with disabilities if the need arose. Managers described good availability of a range of therapeutic supports for children in the area, including the complex case and therapies team (CCAT) and the assessment, consultation, and therapy service (ACTS) with waiting lists being reviewed on a quarterly basis by the general manager for child protection, general manager for alternative care and therapeutic supports manager. Foster carers reported mixed experiences in relation to accessing services for children in their care with additional needs. Some told inspectors they received a broad range of targeted supports to meet the child's identified needs, however others said "trying to get services is trying to pull teeth", as they experienced long delays in securing what the children required. Some noted there were differences in how the needs of children were responded to, with one county within the Mid West being very responsive and another less so, and foster carers having to "fight for everything for the children".

There was evidence of the area engaging with schools to advocate for and raise awareness of children in foster care. The area maintained a tracker which recorded incidents of bullying and harassment experienced by children in care. Inspectors reviewed this tracker and found that of the six recorded incidents, five related to children in foster care who had reported experiencing bullying at school. The tracker showed there was good follow up by social workers with the school. The intervention of social workers helped to draw attention to the unique experiences of children in care who can experience discrimination and bullying in the school setting because of their care status.

Data provided by the area prior to inspection showed there were 44 children who were being held on the child protection and welfare team, all of whom were allocated to a social worker. This number increased to 61 children during the inspection. Social workers on the child protection team were responsible for supporting children and their families up to the point on agreement of a permanency plan to either place the child in long term care or return the child home, when the outcome of the

assessment showed it was safe to do so. Children had remained longer on the child protection teams due to staffing capacity in the children in care teams with the result that there was a waiting list in place. This waiting list was managed and reviewed by the general managers for child protection and alternative care in collaboration with the principal social workers. Discussions in relation to the management of the waiting list also took place at the senior management team meetings and in meetings between principal social workers and social work team leaders. Managers told inspectors that of the 61 children being held by the child protection and welfare team, only 27 were ready for transfer. Inspectors were told that priority was given to sibling groups and children with high needs whose needs were better met by social workers within the children in care teams. Staff noted that there had been improvements in the transfer of cases with staff increases and that there was increased collaboration across the child protection and welfare teams and the children in care teams.

Overall, the area had effective policies and plans in place to improve the quality of the service being provided to children. A number of SOPs had been developed which were aligned to national policy and supported increased compliance with the national standards. Progress had been made in respect of actions identified and tracked in the area's SIP. There were effective governance and oversight systems in place to provide assurances in relation to the management of unallocated children in foster care, and the tracking of dual unallocated cases and statutory visits to children. This was in line with Tusla's national compliance plan for foster care. Adherence to the national compliance plan was routinely tracked to completion by managers. The area maintained a panel of approved foster carers to meet the needs of children in the service. However, there remained a shortage of available foster carers despite efforts to recruit and retain foster carers. The lack of placements was identified as an organisational risk and included on the area's risk register. It is for this reason that this standard is deemed to be substantially compliant.

**Judgment:** Substantially Compliant

## Standard 19 : Management and monitoring of foster care services

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

In the SAQ submitted by the management team, the service was judged to be substantially compliant. However, inspectors disagreed with this determination and judged the service to be compliant with this standard. The area had been proactive in enhancing oversight and quality assurance systems to ensure the systems risk

identified in the previous inspection had been addressed. There was effective oversight of the foster care service with risk and challenges being appropriately identified, tracked and responded to. The service was well led, organised, managed and sufficiently staffed. The area was managed by an experienced and stable management team. There was a culture of service improvement which had been developed and supported by senior managers. Actions required to achieve service improvements had been clearly communicated across the children in care and fostering teams and this had supported a service wide focus on the management of unallocated cases. Resources were appropriately allocated. Organisational risks were managed and reviewed in line with national policy.

The area was managed by the area manager who had responsibility for the service delivery, under the direction of the RCO for the Mid West region. There were three principal social workers who were responsible for the alternative care service – two principal social workers for children in care teams and one principal social worker for the fostering team. In addition, there was an alternative care coordinator responsible for the management of the creative community alternatives (CCA) project and the management of referrals to commissioned services such as Extern and the Youth Advocate Programme (YAP). Overall, there was a strong emphasis on teams working together and the sharing of information between teams. Staff told inspectors there was improved collaboration between teams and this supported a more timely response to children. Principal social workers were supported in their roles by social work team leaders. There were eight teams in the children in care team across Limerick City and County, North Tipperary and Clare. The fostering service consisted of four teams. At the time of this inspection there was one social work team leader post, and six social worker vacancies in the children in care team, with plans in place to fill two of the social work posts and to provide time specific cover for the social work team leader post. The fostering team had one social work team leader vacancy and one social worker vacancy. There were plans in place to fill the social work team leader vacancy.

There had been significant improvements in staffing levels in the area since the previous inspection with vacancies being filled across the children in care and fostering teams. Between September 2024 and August 2025 there were eight positions filled in the children in care teams, and two in the fostering team. However, none of the positions filled were new positions. The area had not been provided with any additional posts in line with Tusla's commitment in its national compliance plan to allocate an extra 50 posts nationally to increase capacity in areas where resources were most required to address unallocated cases. The area had been creative in how it responded to gaps in staffing using existing resources. A review of management

and team meetings records by inspectors showed the consistent tracking of capacity within the service to allocate cases or to complete statutory visits. An overtime project, drawing on existing staff, was set up in response to significant staff shortages in Clare; the aim of which was to ensure that the statutory requirements relating to child-in-care reviews and visits were met. Managers sought support from the regional office and were provided with a social worker from another service on a part-time, time-limited basis to chair child-in-care reviews.

Proactive steps had been taken by senior management at local and regional level to forward plan in terms of building and sustaining staffing in the area. A local implementation plan to support the delivery of Tusla's *People and Change strategy* and Tusla's *Framework for Integrated Workforce Planning 2024-2025* to meet local need had been developed. Oversight systems in place to track progress, which included the Human Resources (HR) management working group, were effective and also had a focus on staff retention. The area had a dedicated HR manager who attended the HR management working group and this supported the identification and prioritisation of vacant positions within the children in care and fostering teams. As outlined under standard 5, the Mid West area saw limited impact in terms of Tusla's national compliance plan for foster care. However, it was found that social work apprenticeships and career pathways were evident for staff as outlined in Tusla's *People and Change strategy*.

One effective action taken by the area to increase staff capacity had been the roll out of the area's student and apprenticeship plan 2025-2027, the objectives of which are in line with national policy and strategy. These objectives included

- the development of a student placement strategy for statutory placements
- the creation of links between practice teachers and children in care and fostering teams and practice teachers
- consultation with a local college to develop a Masters of Social Work course in the area. The Master's course was launched in 2024
- the provision of bursary funding for students interested in completing formal training in social work practice.

At the time of the inspection there were seven staff completing the Masters in Social work course and five availing of the apprenticeship programme. It is anticipated that that staffing levels overall will increase to 18 by June 2026, with increased capacity for 20 student placements. Furthermore, it is expected the area will experience sustained growth and stability in staffing over the next three years with workers giving a three year commitment to remain working in the service. Through these initiatives, the area had managed to reduce the vacancies across all grades of staff to less than 10%. Such a reduction had a positive impact in reducing the number of

unallocated cases from 31% in December 2024 to 26% at the time of this inspection. Managers told inspectors that there continued to be an interest in social work vacancies from overseas candidates which added to the increase in staffing across the teams. There were contingencies in place to provide cover when staff were attending the Masters programme such as the backfilling of posts. There was a duty roster in place, with cover provided by the social work team leader and social worker, to ensure that key statutory obligations such as statutory visits were met.

Workforce planning also focused on staff retention to support the continued growth and development of the service. Staff were provided with a comprehensive training schedule to support them in the delivery of services to children with complex and diverse needs. Training topics included working with domestic violence and coercive control, cumulative harm, and immediate and interim safety planning. The review of the training log showed attendance at learning events was low and required improvement. Findings from reviews completed by the area were shared with staff and this supported the ongoing development of good practice in meeting children's needs and keeping them safe. Staff who had joined the service in the previous 12 months told inspectors they had professional development plans in place to support them to develop in their role. New staff felt supported in their roles by the social work team leaders and told inspectors the team leaders were "excellent", "very supportive", and were "complimentary and (they) point out good work". Overall they experienced the working environment as "really good" and acknowledged that staff "always have the child as their focus". New staff told inspectors each team had a staff welfare officer and events had been organised to facilitate the development of teamwork.

There had been a focus on building the capacity of social work team leaders, following the systems risks identified on the previous inspection. Concerns had been noted in relation to the capacity of front-line managers to provide effective governance and oversight of children in line with the new national standard operating procedure on arrangements for children awaiting allocation. A review of principal social worker and social work team leader meetings by inspectors showed support being provided to assist the development of practice and knowledge in relation to the application of national policy and local SOPs, specifically in relation to the review of unallocated cases and the review of the prioritisation of cases. There was some evidence of social work team leaders being held to account for their practice, however, as individual supervision records were not reviewed as part of this desktop review, the quality of ongoing supervision could not be assessed. Peer support meetings had been provided to social work team leaders and there were plans in place to complete a training needs analysis for all social work team leaders to inform their professional development plans.

The area had an integrated SIP which identified areas for improvement in both the foster care and child welfare and protection services. The stated aim of the SIP was to improve compliance with national standards and to mitigate the systems risk previously identified in the HIQA inspection 2024 as well as the risks on the area's risk register. There was a strong emphasis within the SIP in relation to building on the learning from the reviews completed in respect of safety planning, statutory visits and child-in-care reviews to improve the safety and quality of the service provided to children. There were 10 areas for improvement included in the SIP, all of which were assigned a priority level, included a specific plan and the required actions to achieve the plan, the identification of a lead person, the resources required to achieve the actions and measurements of success. Actions rated as high priority included the consistent implementation of Children First (2017), the development of area learning plans to include safety planning workshops and the reduction and increased oversight of special emergency arrangements. Other priority areas included building the capacity of social work team leaders as front-line managers to provide effective governance and oversight of children in care, ensuring the service performs its functions in line with relevant policies, procedures and standards and the continued development of effective leadership and governance to support a safe and effective service for children. The SIP was tracked and monitored by the area manager at oversight meetings with updates provided to the regional oversight committee also every two months. The area SIP was included as an agenda item at regional management team (RMT) meetings and the regional operations risk management and service improvement committee (RORMSIC). In addition, the area's performance in relation to the national compliance plan was reported on in assurance reports completed by both the area manager and RCO.

Progress in relation to the completion of actions identified in the SIP were tracked and reported on at area and regional level. This provided additional oversight of the implementation of the area's SIP plan. Inspectors reviewed the tracker maintained by the area and found it was comprehensive and effectively used to record and monitor progress in completing actions identified in the area's SIP. Time frames for the completion of actions were recorded as well as progress review dates and a progress summary. Actions had been assigned to key personnel and barriers to completing actions noted. There was good evidence of actions being progressed and the tracker updated to reflect this progress. Some actions had been completed and these included the implementation of national policies and procedures in relation to the management of unallocated cases, the tracking of HIQA and PASM recommendations to completion and the inclusion of safety planning in the area's learning development plans. A national compliance plan area report was submitted to the RCO and reviewed at regional management team meetings. Area and regional combined assurance reports were submitted nationally and overseen at RORMSIC.

The alternative care service had developed a SIP which was aligned to the area's integrated SIP for the child protection and welfare and foster care services. It contained clear objectives to;

- embed and develop a consistent national approach to practice across all services to work with partner agencies to provide a quality service to children in care and their carers
- support permanency planning for children and young people in care and support carers to provide safe and nurturing homes for children that promote lifelong relationships
- work collaboratively with internal partners to support foster carers
- to ensure learning from and develop future service improvement plans based on the participation of foster carers and children in care to ensure oversight and management of unallocated cases.

The SIP contained clear targets which were in line with these stated objectives. Progress was tracked and reviewed at the quarterly alternative care meetings. There was good evidence of actions being completed and reasons recorded where progress was delayed. There was also good evidence of learnings from the review of safety planning being included in the SIP and tracked to completion.

An integrated business plan was in place for 2025 and this included local priorities which were in line with Tusla's national business plan 2025. Key priority areas in the business plan included strengthening the recruitment and retention of the workforce and foster carers, to embed a culture of improvement and ensure processes and systems were in place to achieve compliance in respect of the national standards and regulations. Evidence of progress in achieving its business objectives was found in the tracker used to review actions within the areas service improvement plan and in management meetings.

The area had effective governance structures in place to support the delivery and oversight of the action plan. These included, for example, alternative care meetings, fostering governance meetings, senior management meetings, county-based meetings between children in care, fostering and aftercare, integrated management meetings and principal social worker/social work team leader meetings. Meeting records reviewed by inspectors were generally of good quality and contained a clear record of discussions and actions agreed. Key performance indicators were reviewed and progress in respect of the SIP considered. There was a team wide focus on the management of unallocated cases with relevant policies and SOPs discussed to support a consistent approach. The management of risks associated with unallocated cases, such as the risk of dual unallocated was discussed at children in care and

fostering business meetings. However, there were inconsistencies in the recording and tracking of actions across some meetings. Improvements were required in the meeting records of those facilitated by social work team leaders as the sample reviewed by inspectors found meetings had no set agenda, contained brief details, did not have an action log and did not reference decisions from previous meetings.

The service area had an established approach to the identification and management of organisational risk. The area manager maintained a risk register which was reviewed in line with national policy. The risk register was also reported on and reviewed at RORMSIC, as well as being shared at the national operations risk management and service improvement committee (NORMSIC). Risks included on the risk register were aligned to the area's business plan. There were five risks recorded on the area's risk register and these related to the lack of available placements, non-compliance with achieving statutory requirements due to the inability to recruit staff, risks associated with the use of special emergency arrangements (SEAs) and the lack of therapeutic services for children in care. The impact of the risks were clearly identified and a comprehensive description of the controls in place to mitigate risks included. There was evidence of the control measures in place being effective in improving some areas of risk such as staffing deficits. However, the shortage of placements for children placed in an emergency situation continued to be a concern. Although the area had reduced the number of children placed in SEAs it had not been able to progress the rapid access centre to respond to the needs of children requiring emergency placements. This was due to difficulties recruiting staff through some commissioned services. Commissioned services such as Extern, had been used to provide additional capacity to support children where placement disruptions had occurred and where immediate placement alternatives could not be accessed. The area also availed of a local Tusla residential respite centre. Managers told inspectors that many of the commissioned services had experienced difficulties with the recruitment of staff and this had had a knock on effect in terms of the resources available to meet the complex needs of children. The area remained committed to establishing the rapid access centre, however, at the time of this inspection there were no plans in place to deliver on this commitment.

Risks in relation to the management and governance of unallocated cases had been well managed. Controls in place to mitigate this risk and ensure compliance with regulations and the national standards had been effective in reducing the number of children without a designated social worker. The number of children awaiting allocation to a social worker had decreased from 211 (46%) children at the time of the previous inspection in May 2024 to 119 (26%) in August 2025. The number of high priority children awaiting allocation to a social worker had also significantly decreased from 89 in May 2024 to three during this inspection. As per Tusla's national



compliance plan for foster care services, the services threshold for cases awaiting allocation was on a downward trajectory and nearing the 25% target.

There were appropriate systems in place to escalate incidents and issues to senior managers. Inspectors reviewed the three 'Need to Know' (NTK)<sup>9</sup> reports relevant to the scope of the inspection and found reports were comprehensively completed and provided good detail in terms of management responses to the incident giving rise to the report. However the outcome of the NTK was not recorded.

Managers monitored the service area's performance through a range of trackers, with learning from the trackers reviewed at management meetings. Inspectors reviewed a sample of these trackers and found they were of good quality and contained the relevant information to provide the area with the required assurances. The area maintained trackers in relation to serious concerns and allegations, bullying and racism, unallocated children in care, complaints and compliments. The tracking of Garda notifications in relation to allegations against foster carers, statutory visits to children in foster care and child-in-care reviews were tracked using Tusla's case management system. There were local trackers used in one county in the area to monitor statutory visits to children that did not have a social worker allocated to coordinate their care. Although the trackers across the teams were not standardised, the information gathered was consistent and used by social work team leaders to monitor compliance with the national standards and regulations. Staff told inspectors the trackers were reviewed on a monthly basis and were used to plan mainly for child-in-care reviews and statutory visits for unallocated children. They reported trackers were reviewed in supervision with the principal social worker and this supported the consistent oversight of unallocated cases. As this was a desktop review, the quality of this oversight was not reviewed.

The area maintained a register of all children in care on Tusla's care management system and this complied with statutory requirements.

Complaints were handled in line with Tusla's '*Tell Us*' complaint process. The area maintained a complaints tracker which was reviewed across management meetings and reported on at team meetings and RORMSIC. The area had worked hard to improve its system of complaints handling and had succeeded in increasing the number of complaints resolved at local level. The review of reports completed by the regional Quality Risk and Service Improvement (QRSI) manager presented to RORMSIC in July 2025 showed that 84% of complaints were resolved via local

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<sup>9</sup> Process of escalating incidents and issues to senior management which might pose a risk to individual children or to the organisation.

resolution. This rated favourably against the national performance indicator of 55%. At the time of inspection there were five open complaints, none of which were from children, with the main issue relating to communication issues with professionals. There were no complaints open longer than 12 months. Training in complaint handling had been rolled out to all principal social workers. There was a service experience and feedback (SEF) lead in post who provided additional support to principal social workers on the processing of stage two complaints. The SEF lead maintained a tracker in relation to learning gained from the processing of stage two complaints and the learnings were shared by the QRSI manager with the staff teams on a quarterly basis. Compliments were also recorded and tracked. A review of compliments by inspectors showed positive feedback from judges, guardian ad litem (GAL)<sup>10</sup> and foster carers in relation to the quality of care and support provided to children and foster carers as well as the responsiveness of the area manager.

The performance of the service was further evaluated through a number of practice reviews completed in relation to safety planning, child-in-care reviews and statutory visits. Additional reviews were completed in respect of identified children who had previously been in foster care placements. Inspectors found that the reviews were of good quality, detailed key areas for improvement and included action plans. Gaps identified in the audits were included as areas for service improvement in the alternative care SIP. Actions were tracked and reviewed as part of the overall monitoring of the integrated SIP and included in agenda items at team and management meetings. Although many of the actions identified in the reviews were completed, the required changes in practice had only been partially achieved with the ongoing need for improvement in respect of the review and monitoring of safety plans, compliance with regulations in respect of statutory visits and child-in-care reviews. The review of governance meetings showed managers were aware of the areas in need of continued improvement and had action plans in place to address these, some of which were due to be implemented in the latter part of 2025 and early 2026. An audit of staff supervision had been completed in December 2024 and showed the area was performing well in terms of the governance of cases and mandatory training. There was evidence of workers engaging in reflective practice and being supported to identify training needs. Supervision was prioritised and there were appropriate arrangements in place for all staff to receive supervision. There were more staff appraisals on file which supported greater accountability. Areas for improvement included the increased use of the caseload management tool and training on Tusla's *Professional practice supervision policy (2023)*. There was a clear action plan in place to address the areas for further improvement.

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<sup>10</sup> A person who supports children to have their voice heard in certain types of legal proceedings, and makes an independent assessment of the child's interests

Overall, inspectors found that the leadership and governance of the Mid West area was strong and was underpinned by a responsive workforce, team working and child-centred practice. Since the previous HIQA inspection in May 2024, the area had worked to address the systems risks and areas of non-compliance through the development of improved governance structures and increased oversight of unallocated cases. While there have been significant improvements in the management and oversight of unallocated cases meaning that more children have a designated social worker there continued to be practice areas which required ongoing focus and improvement such as child-in-care reviews, statutory visits and the review and monitoring of safety plans. There were ongoing action plans in place to improve performance in these areas. The area had not been provided with any additional posts as per Tusla's national compliance plan, with any new staff filling existing vacancies. The management team, however, were creative in the allocation of existing resources and ensured there were contingencies in place to meet statutory and regulatory requirements. There was good governance and oversight of organisational risk with risks being reviewed in line with national policy. Workforce planning was focused on current and future needs of children and the delivery of a safe and effective service. It is for these reasons this standard is deemed compliant.

**Judgment:** Compliant

Appendix 1:  
National Standards for Foster Care (2003)  
and  
Child Care (Placement of Children in Foster Care) Regulations,<sup>11</sup> 1995

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

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<sup>11</sup> Child Care (Placement of Children in Foster Care) Regulations, 1995

# Compliance Plan for Mid West Foster Care Service OSV – 0004403

**Inspection ID: MON-0047877**

**Date of inspection: 23-25 and 30 September 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 Standard(s) 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 have 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 regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **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 regulation 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:

<b>Standard 5: The child and family social worker</b> There is a designated social worker for each child and young person in foster care.	<b>Judgment:</b> <b>Substantially compliant</b>
<p>The following actions will outline how compliance will be achieved in Standard 5:</p> <ol style="list-style-type: none"><li>1. The General Manager for Performance Support and Chair for Child Protection Case Conferences delivered a bespoke training on Child Participation – Through the eyes of the child and "<i>Embedding the voice of children and young people in decision making</i>" on the 06/08/2025 to front-line staff in the current Mid-West structure. This training covered material about promoting child participation practices through the Lundy model, Signs of Safety Practice, Safety Planning and Care Planning processes. It was agreed at this training that all Social Work Team Leaders will bring this presentation back to their respective teams, through their individual team meetings. Each team leader will identify with their team how their team's will evidence and record child participation, including recording of statutory visits, the importance of seeing children alone and observing their sleeping arrangements. Timelines will also be discussed to ensure that statutory visits are completed on time. All Social Work Team Leaders will complete this by the end of Q1 2026.</li><li>2. The Mid-West Children in Care Independent Reviewing Officers audit from 1<sup>st</sup> April 2024 to 1<sup>st</sup> April 2025, which was completed in September 2025 made several recommendations, that continue to be progressed. One of these recommendations specifically targets ensuring that "statutory home visits are completed and recorded before reviews". This will be achieved by the Primary or Secondary Allocated Worker completing the pre-review checklist that will confirm the date of the last statutory visit, in advance of the review. If this is not completed, the IRO's will highlight this to the relevant service manager when the statutory visit falls outside the required timeframe, so the service manager can address this then with the respective Social Work Team Leader. The IRO service targets an improvement of 90 percent of child in care reviews with a statutory home visit being completed within the required timeframe by Q2 2026. A review will be completed by team leaders involved and managed by a Principal</li></ol>	

Social Worker, to be completed by Q2 2026.

- 3.** The second IRO post which is currently temporarily vacant will have a post holder in position by January 2026 which will provide further capacity to progress this action by the end of Q2 2026.
- 4.** PSW's in Child Protection and Welfare services and in Children in Care services have met with their Social Work Team Leaders in Q4 2025 and highlighted that all Social Workers should record statutory visits to children in care on the Area's locally developed Statutory Care form record. The General Manager will complete a follow up audit on statutory reviews in Q1 2026 to review progress.
- 5.** The Mid-West have been operating several recruitment and retention initiatives and forecast increased recruitment of Social Workers to the Area in 2026. The Mid-West are currently sponsoring fourteen individuals to complete their Social Work education, under bursary schemes, upskilling initiatives and the Social Work Apprenticeship programme. These fourteen individuals will qualify in Social Work education in June 2026, and they will all take up Social Work positions in the Mid-West. In recent years, the Mid-West has averaged recruiting eight to ten graduates every year, so if this pattern continued into 2026, the projected graduate numbers combined with the sponsored staff due graduate in June 2026, will lead to a combined total of approximately 22 Social Workers to be added to the workforce in the Mid-West. This would greatly enhance the workforce in the Mid-West, and the Area will consecutively continue to implement other workforce plans for overseas recruitment. This will significantly increase the Mid-West's ability to reduce the unallocated to Social Workers numbers and ensure that statutory visits are completed on time.
- 6.** Tusla has been engaged in an Agency wide reform plan due to commence on the 5<sup>th</sup> January 2026. The current Mid-West Area has been reviewed and will be dispersed into 3 networks, which will be: Clare / South Galway; Limerick North and West; North Tipperary / Limerick South and East. This Action Plan will be overseen by the General Manager reporting to the current Area Manager of the existing Mid-West structure, until the end of Q1 2026, to ensure the Action Plan is implemented across the 3 networks in 2026.

<p><b>Standard 7: Care planning and review</b></p> <p>Each child and young person in foster care has a written care plan. The child or young person and his or her family participate in the preparation of the care plan.</p>	<p><b>Judgment:</b></p> <p><b>Substantially compliant</b></p>
<p><b>Outline how you are going to come into compliance with Standard 7:</b></p> <p>The following actions will outline how compliance will be achieved in Standard 7:</p> <ol style="list-style-type: none"> <li>1. The current temporary vacant IRO post in the Area will be filled in January 2026. There is one other Social Worker Team Leader temporary vacancy on the children in care team, and the post holder returns to this post in February 2026. This will increase the capacity for the Area to ensure statutory reviews are completed on time.</li> <li>2. The Area completed bespoke child participation training in August 2025 with front line staff. The Action agreed from this training was that each Social Work Team Leader will discuss child participation with their team at a team meeting, in the ways that are most central to that teams' operations. Social Work Team Leaders that hold children in care will discuss the importance of all children in care being invited to and attending their care plan meetings. Team Leaders will discuss the importance of recording and including a child's view in the Care Plan, even if the child does not want to attend. The Care Plan should also represent all the aspects of the child's life, which includes parents view and other professionals involved being invited to attend care plans, where appropriate. Team Leaders will complete this with their teams by the end of Q1.</li> <li>3. The Mid-West Children in Care Independent Reviewing Officers audit from 1<sup>st</sup> April 2024 to 1<sup>st</sup> April 2025, was completed in September 2025 made several recommendations, which continue to be progressed that will contribute towards increased compliance in this standard. Some of these recommendations included: <ul style="list-style-type: none"> <li>• Tracking timelines of child in care reviews accepted by the IRO Service. This is being done by reviewing timelines at quarterly operational governance meetings.</li> <li>• Strengthening child participation, by asking that all teams implement use of the locally developed pre-review checklist in advance of each review. The pre-review checklist asks the primary / secondary allocated worker to confirm that the child was invited to the review, that the child was offered the My Meeting / My Review form and given a pre-review meeting.</li> </ul> </li> </ol>	



- Increasing parental participation by requesting that the worker documents their contact attempts with each parent/guardian before the child in care review meeting. If a parent cannot attend, the parent will be offered at least one alternative contribution method (e.g. phone call, written submission).

These actions will continue to be tracked by the IRO service, managed by a Principal Social Worker, with a review of the progress achieved to be tracked at the end of Q2 2026.

4. Tusla has been engaged in an Agency wide reform plan, due to commence on the 5<sup>th</sup> January 2026. The current Mid-West Area has been reviewed and will be dispersed into 3 networks, which will be: Clare / South Galway; Limerick North and West; North Tipperary / Limerick South and East. This Action Plan will be overseen by the General Manager reporting to the current Area Manager of the existing Mid-West structure, until the end of Q1 2026, to ensure the Action Plan is implemented across the 3 networks in 2026.

#### **Standard 10: Safeguarding and child protection**

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

#### **Judgment:**

**Substantially compliant**

#### **Outline how you are going to come into compliance with Standard 10:**

The following actions will outline how compliance will be achieved in Standard 10:

1. The Area introduced a Standard Operating Procedure (SOP) in June 2025 to improve governance and oversight in the Area to ensure that all referrals that record that a Garda Notification is required, are notified without delay. This SOP outlines the process of how Principal Social Workers will run a monthly report on Garda Notifications, which is enabled as a report function on TCM, for the respective teams they manage. The Principal Social Worker will review this report with their respective Social Worker Team Leaders at each supervision and ensure that a Garda Notification is sent for all children who reach this criterion. In addition to this, there are now regional meetings to track timely submissions of Garda Notifications. Assurance reports are now required from the Area Manager to the Regional Chief Officer, on a quarterly basis to track this. Since the implementation of the Area SOP, improvement has been noted.
2. The Area developed a Standard Operating Procedure (SOP) in December 2025 on "Responding to Child Protection and Welfare Concerns for Children that are in the care of Tusla, Child and Family Agency". This SOP outlines

what the appropriate pathway is for concerns for children in care and sets out the different processes that can be followed for welfare concerns for children in care and abuse concerns which warrant a safety planning response for children in care, which is supported with a process map for each pathway. This is to be reviewed and considered by the Senior Management Team on the 18<sup>th</sup> December 2025. When approved, this SOP will be disseminated to all staff and a learning event to share the contents of this will be scheduled for all front-line staff by the end of Q1 2026.

3. Safety Planning has been identified as a training need as part of the Area Learning Plan, which is developed by each Area with their Signs of Safety Learning Development Officer. This training will be delivered before the end of Q2 2026, with a particular emphasis in this training of how to include children in safety planning. This training will also reference the new Standard Operating Procedure (SOP) developed in December 2025 on "Responding to Child Protection and Welfare Concerns for Children that are in the care of Tusla, Child and Family Agency".
4. Tusla has been engaged in an Agency wide reform plan, due to commence on the 5<sup>th</sup> January 2026. The current Mid-West Area has been reviewed and will be dispersed into 3 networks, which will be: Clare / South Galway; Limerick North and West; North Tipperary / Limerick South and East. This Action Plan will be overseen by the General Manager reporting to the current Area Manager of the existing Mid-West structure, until the end of Q1 2026, to ensure the Action Plan is implemented across the 3 networks in 2026.

#### **Standard 18: Effective Policies**

Health boards<sup>12</sup> have up-to-date effective policies and plans in place to promote the provision of high quality foster care for children and young people who require it.

#### **Judgment:**

**Substantially compliant**

#### **Outline how you are going to come into compliance with Standard 18:**

The following actions will outline how compliance will be achieved in Standard 18:

1. As part of the regional PASM audit plan, an audit of the serious concerns and allegations against foster carers PASM audit is scheduled for Q1 2026. This will be completed by the end of Q2 2026.

<sup>12</sup> These services were provided by former health boards at the time the standards were produced in 2003. These services are now provided by the Child and Family Agency (Tusla).

2. The Area Managers office will forward an email to all staff of Tusla's Protected Disclosure Policy and ask all staff to read this policy. This ensures that all staff in the Area have been made aware of this policy.
3. A dedicated regional recruitment and assessment fostering team is currently being configured. This is managed by the regional Professional Support General Manager, with an appointed Principal Social Worker and Social Worker Team Leader. Social Workers for this team are currently being appointed by an Expression of Interest campaign, which closes on the 18<sup>th</sup> December 2025. This dedicated regional recruitment and assessment team will be operational on the 5<sup>th</sup> January 2026.
4. Tusla has been engaged in an Agency wide reform plan, due to commence on the 5<sup>th</sup> January 2026. The current Mid-West Area has been reviewed and will be dispersed into 3 networks, which will be: Clare / South Galway; Limerick North and West; North Tipperary / Limerick South and East. This Action Plan will be overseen by the General Manager reporting to the current Area Manager of the existing Mid-West structure, until the end of Q1 2026, to ensure the Action Plan is implemented across the 3 networks in 2026.

## 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 MM YY) of when they will be compliant.

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

Standard	Judgment	Risk rating	Date to be complied with
<b>Standard 5: The child and family social worker</b> There is a designated social worker for each child and young person in foster care.	Substantially compliant	Yellow	30/06/2026
<b>Standard 7: Care planning and review</b>	Substantially compliant	Yellow	30/06/2026

Each child and young person in foster care has a written care plan. The child or young person and his or her family participate in the preparation of the care plan.			
<b>Standard 10: Safeguarding and child protection</b> Children and young people in foster care are protected from abuse and neglect.	Substantially compliant	Yellow	30/06/2026
<b>Standard 18: Effective Policies</b> Health boards <sup>13</sup> have up-to-date effective policies and plans in place to promote the provision of high quality foster care for children and young people who require it.	Substantially compliant	Yellow	30/06/2026

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<sup>13</sup> These services were provided by former health boards at the time the standards were produced in 2003. These services are now provided by the Child and Family Agency (Tusla).

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**For further information please contact:**

**Health Information and Quality Authority**

**George's Court**

**George's Lane**

**Smithfield**

**Dublin 7**

**D07 E98Y**

**+353 (0)1 8147400**

**[info@hiqa.ie](mailto:info@hiqa.ie)**

**[www.hiqa.ie](http://www.hiqa.ie)**

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