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:	Dublin South West Kildare West Wicklow
Type of inspection:	Focused
Date of inspection:	6 - 8 October 2025
Fieldwork ID:	MON-0047776
Lead Inspector:	Grace Lynam
Support Inspector(s):	Sharron Austin Caroline Browne 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)[1] and to report on its findings to the Minister.

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

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

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

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

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 the HIQA website.

The inspection in Dublin South West Kildare West Wicklow (DSW KWW) in 2024 found that within the foster care service:

- there was evidence of some good advocacy on behalf of children in care
- the active on duty (AOD) system for the foster care (children in care) service was a robust, efficient and well-governed system which ensured that unallocated children were visited and had good quality care plans in place
- all unallocated children in care cases sampled by inspectors were assigned to a secondary worker (not a social worker) who visited children and followed up on actions from care plans
- there was evidence of active case management by the principal social worker (PSW) for AOD
- care plans for children in foster care were of good quality and, overall, reviews of children's care plans for the cases sampled were in line with regulatory timeframes. Children participated in the reviews of their care plans and their views were sought on the plans for their care
- there were no cases where both the child and the foster carer did not have an allocated social worker, that is, no dual unallocated cases.

Areas for improvement included:

- that all children in foster care should have an allocated social worker in line with the standard
- there was an inadequate number of appropriate placements for children coming into care
- supervision records required improvement
- there was no service improvement plan in place for the management of unallocated cases, but the area did have standard operating procedures
- Tusla's electronic case management recording system (TCM) was not up to date for all children in care.

In addition, due to the numbers of unallocated children in care, the area was in breach of court orders directing them to allocate children to a social worker. There were 81 such children in DSW KWW in February 2024.

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 February 2024. The key issues that were followed up in this inspection related to the DSW KWW foster care services' progress with:

- the actions outlined in the Tusla's National Compliance Plan for foster care
- the area's service improvement plan (SIP) to reduce the number of children without an allocated social worker
- and compliance with the five standards which relate to allocation of a social worker to coordinate the child's care, care planning and review, safeguarding and child protection, effective policies and management and monitoring of the foster care service.

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 compliant in four standards and substantially compliant in one standard. The SAQ provided analysis of organisational priorities and areas of practice they were working to continually improve which will be further commented on in this report.

This inspection found that the area had maintained the positive practice found in the previous inspection in 2024 and had made progress in further strengthening both its governance arrangements and practice. The area's compliance with the standards had improved across all the standards inspected against in this inspection and, significantly, had achieved the Tusla target of having 25% or less children in foster care not allocated to a social worker. In addition, there were systems in place to ensure that all children were receiving a service whether or not they had an allocated social worker.

How we inspect

This inspection of the DSW KWW fostering service (which includes children in care) was a desktop 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, child care professionals and with foster carers. Inspectors observed practices remotely and reviewed documentation such as policies and procedures and administrative records. Inspectors also remotely reviewed some monitoring and oversight tracking systems maintained by the management team of the fostering service. The findings of this inspection are based on the activities of the inspection as outlined below.

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, trackers and service plans
- the area's self-assessment questionnaire
- interviews with:
    - the area manager
    - the TCM lead and data quality officer together
- focus groups with:
    - five principal social workers for fostering, children in care and child protection and welfare
    - seven social work team leaders who chair child-in-care reviews
    - six new front-line staff
    - three foster carers
- observations of:
    - active on duty team handover and handback meetings
- Telephone conversations with:
    - four foster carers.

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

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

Profile of the foster care service

The Child and Family Agency

Child and family services in Ireland are delivered by a single dedicated State agency called the Child and Family Agency (Tusla), which is overseen by the Department of Children, Disability & 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 years services.

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

Service Area Profile

Dublin South West Kildare West Wicklow (DSW KWW) is a diverse area. It comprises of four county boundaries: County Kildare, Wicklow, South Dublin and Dublin South City with a wide range of needs reflected across the area. The area comprises a mix of rural communities (such as Balltinglass Wicklow), large rural towns (such as Naas Kildare), commuter belt towns (for example Leixlip) and Dublin south city areas (such as Crumlin and Tallaght). It is the second largest of the 17 Tusla areas. The overall population for the entire area was 402,436 people, with 27% of the population under 18 years inclusive, totalling 108,186 children and young people (Source: CSO 2016 &

AIRO 2017). Of the service areas in Dublin Mid Leinster, this area has the highest number of every age range of children including highest number of 0-4s, 5-12s, 13-17s, under 18s and under 24s. Of the 17 Tusla areas, this area had the 3rd highest level of deprivation (Pobal HP Deprivation Index (Haase and Pratschke, 2012).

Of the service areas in Dublin Mid Leinster, this area has the highest number of every age range of children including highest number of 0-4s, 5-12s, 13-17s, under 18s and under 24s. 11,788 people were residing in areas classed as most disadvantaged in 2016, which was 10.8% of the area's population. Of this group, 29.2% or 53,446 were under age of 18. There was one area of extreme disadvantage (Athy West Urban) and 39 small areas that are very disadvantaged, including Crumlin, Athy, Tallaght and Newbridge.

The service area is under the direction of the regional chief officer for Tusla Dublin Mid Leinster region. There is one area manager and three principal social workers with the responsibility for fostering and children in care services. Each of these teams comprised a combination of social workers, senior social work practitioners, social care leaders, social care workers and access workers. They are each managed by a social work team leader who reports to their respective principal social worker.

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	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
6 October 2025	09:00hrs to 17:00hrs	Grace Lynam	Lead inspector
	09:00hrs to 17:00hrs	Sharron Austin	Support inspector
	09:00hrs to 17:00hrs	Lorraine O Reilly	Support inspector
	09:00hrs to 17:00hrs	Caroline Browne	Support inspector
7 October 2025	09:00hrs to 17:00hrs	Grace Lynam	Lead inspector
	09:00hrs to 16:00hrs	Sharron Austin	Support inspector
	09:00hrs to 17:00hrs	Lorraine O Reilly	Support inspector
	09:00hrs to 17:00hrs	Caroline Browne	Support inspector
8 October 2025	09:00hrs to 17:30hrs	Grace Lynam	Lead inspector
	09:00hrs to 17:00hrs	Sharron Austin	Support inspector
	09:00hrs to 17:00hrs	Lorraine O Reilly	Support inspector
	09:00hrs to 17:00hrs	Caroline Browne	Support inspector

Children's experience of the foster care service

This was a desktop review inspection which included a review of governance documents rather than a review of children's files. The inspection sought to assess the quality of the service children were receiving, and to assess progress since the last HIQA inspection in February 2024 as well as the impact of the Tusla national compliance plan for foster care on the Dublin South West Kildare West Wicklow (DSW KWW) foster care service. Inspectors did not speak with children or their parents to establish their experiences of the foster care service but used all the activities of the inspection as outlined in this report to determine the expected or likely experiences of children receiving a foster care service. The review of complaints and feedback from children through surveys completed also provided evidence on their experiences. Inspectors spoke with a total of seven foster carers who between them cared for 11 children, none of whom had an allocated social worker.

This inspection found that although some children in foster care in DSW KWW did not have an allocated social worker, staff worked cooperatively to reduce any potentially negative impact of this on children. The service had systems in place to ensure that every child received a service. Children's care was coordinated and their care plans were reviewed. This meant that the people entrusted with their care – such as their foster carers and staff – knew what children's needs were and provided the appropriate care and services to support the child to meet their full potential.

Foster carers were very positive about children's experiences of the foster care service and they spoke highly of the workers such as social care leaders and their link workers who provided services to them and their foster children. One foster carer told the inspector that the link worker worked outside of their hours to ensure the child had access to supports. Another said the worker visited the child all the time. Foster carers said that children's care plans were kept up to date, and one commented on a student social worker who visited the child in their home to prepare them for their child-in-care review: "she is amazing at explaining things to her in a child-friendly way". This foster carer said that they got copies of the child's care plan and that the actions agreed at the care plan reviews were put in place. Children were invited to attend their child-in-care reviews in person but some chose not to. Children in relative foster care did not necessarily feel part of the care system. One foster carer told the inspector that a child in their care had made a complaint, which shows that children are aware of how to make complaints about the service if they were dissatisfied.

Feedback from foster carers indicated that being unallocated a social worker did not have a negative impact on the children in their care. One said they could not see a difference from being allocated or unallocated. The children in their care had lived with them for long periods of time and were well settled in their placements. The foster carers

described good support work undertaken by workers and regular visits. It was clear they advocated for children and told the inspector that children were provided with additional resources as required. Foster carers said they understood their role in keeping children safe and had completed training in this regard. Foster carers felt well supported by their link workers.

Practice in the DSW KWW foster care service was child centred and children's opinions were valued. Children had been consulted with regard to their experiences of not having an allocated social worker. The area had commissioned a survey in October 2024 to hear directly from children that did not have an allocated social worker about their experience of the service. The consultation was completed by the regional participation officer for the area. Twenty children and young people participated in the consultation; 17 were allocated to a social care worker and three were receiving a service from the active on duty (AOD) team. This represented a small sample of children that were unallocated at that time. The children were in general and relative foster care placements. Overall, the report highlighted that while children had good relationships with their social care worker and felt supported, they wanted a social worker as they believed that would help them get resources. In the report, children made the following comments about their social care workers:

- "They help to organise visits with my siblings"
- "We have a worker now and we have a great relationship but I need a social worker as well to help with important decisions"
- Two children noted the difficulties in not having a consistent point of contact "it can be difficult dealing with so many different people"
- One child said, "court dates are not going ahead because I don't have a social worker."

Children were further contacted following their participation in the survey, as some children had reported that they felt strongly that they needed an allocated social worker. The area was keen to identify these children so that they could be prioritised for allocation. Participating children were offered the opportunity to contact a named worker to provide further information on their experiences of not having an allocated social worker. This demonstrated that staff listened to children and were committed to improving their experiences.

Compliments and complaints received by the service also provided some insight into children's experiences. There were six compliments from children recorded for 2025 to date. Their comments included:

- "Tusla helped me and my brother"

- "Well do you know something, any of those children will be very lucky to have you be their social worker."

An adult who was in care as a child complimented their social worker for the support they received as a child. Another compliment related to a young person and their family expressing their gratitude for the very positive work and engagement a social worker completed with the family. The judiciary commented on workers' professionalism and deep understanding of a case, their work on unallocated cases, and progression of cases through the courts, evidence and casework. Complaints included one about not having an allocated social worker for over a year, and there were two complaints about care plans. These complaints related to a parent not being invited to a child-in-care review and communication of a child-in-care review to a parent.

Managers had good oversight of the service provided to children who were managed through the AOD system. Inspectors' observation of the AOD meetings and oversight mechanisms found that these children received a good service. Staff were child centred and were attentive to the individual needs of children.

Inspectors found that staff they spoke with respected and promoted children's rights. Staff were respectful when speaking about children and supported children's participation in decisions about their care through preparation for and attendance at their child-in-care reviews.

All of the above meant that children were likely to receive a safe, effective foster care service that was responsive to their needs and which supported them to meet their full potential, whether they were allocated to a social worker or not.

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 desktop, inspection of the Dublin South West Kildare West Wicklow (DSW KWW) fostering service, which looked at the service's compliance with the *National Standards for Foster Care* (2003). The standards focused on the allocation of social workers to children in foster care, care plans and reviews, safeguarding and child protection, policies and management and monitoring of the foster

care service. The inspection also reviewed the service's progress with its service improvement plan to reduce the number of children in care without an allocated social worker, based on Tusla's national compliance plan for foster care developed following the 2024 programme of foster care inspections, and the impact of the actions in the national compliance plan on the service.

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

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

This inspection found that children in foster care in DSW KWW received a service that valued their contribution and participation, and which met their individual needs and kept them safe. The inspection found strengthened governance in many areas of the foster care service, and therefore, positive outcomes for children would be expected. The service was well-led by experienced managers who were committed to continuous quality improvement. Overall, the good practice found in the last inspection had been maintained and improved upon. Many of the non-compliances in this service from the 2024 inspection were due to staffing capacity issues. The national compliance plan for foster care had included an additional 50 posts for the service areas inspected in 2025. The DSW KWW service area had not received any additional new permanent social work posts to increase its complement of staff, so the progress made by the service was achieved within its current complement of staff, which was not sufficient to meet service demands.

The national standards require that all children in care should have an allocated social worker to coordinate their care. At the time of this inspection, of the 334 children in foster care, 251 (75%) were allocated to a social worker, and 83 (24.85%) were not. Of these, 58 children were allocated to another professional, which meant that 25 children had no allocated worker. This inspection found that the area had effective contingencies in place for these children through the AOD service, which provided statutory services to children who did not have an allocated social worker. Significantly, the area had achieved the national objective of having 25% or less of children in foster care without an allocated social worker. Children were being visited regularly. However, it was not always a qualified social worker who conducted the visits as required by the standard. Foster carers were supported to provide trauma-informed care to the children in their care, and there were no families in the area where both the child and the foster carer were unallocated (dual unallocated). The area was committed to ensuring that children's voices were heard and focused on maintaining accurate records.

This inspection found that, in the absence of a child-in-care reviewing officer, there were systems in place to provide oversight of statutory requirements for care plans so that children without an allocated social worker had care plans, which were regularly reviewed and updated in line with the standard. However, 20% of children in foster care

did not have an up-to-date written care plan at the time of the inspection. The care planning process respected and promoted the right of the child to be heard, and staff who spoke with inspectors were passionate about encouraging children's participation. Children's participation in decisions about their care was actively encouraged.

The safety and welfare of children in foster care was promoted and protected in DSW KWW. Concerns about children in foster care were managed in line with Tusla policies and procedures. There were a number of mechanisms in place to support effective managerial oversight of the safety of children in foster care. There was good management oversight of children living with unapproved (relative) foster carers while their assessments were in progress. Foster carers were trained in *Children First: National Guidance for the Protection and Welfare of Children* (2017), and they understood their role in keeping children safe.

The national issue in relation to transfers of cases between service areas had not been addressed since the 2024 inspection, and this had an impact on the local DSW KWW area which still had to provide services to children placed in other service areas. The implementation of the transfer policy was expected to be aligned with Tusla's reform programme commencing in January 2026. The DSW KWW service had a plan in place for the development and delivery of a range of foster care services for children in care. The area was committed to placing children within their own family networks where possible and relative carers made up 51% of their panel of foster carers. There is, however, a national shortage of foster carers. Staff in the DSW KWW fostering service advocated on behalf of children with disabilities.

The DSW KWW fostering service had effective structures in place for the management and monitoring of foster care services. There were strong management systems in place to ensure the delivery of a safe, rights-based and high-quality service that is committed to continuous improvement. There were effective monitoring and quality assurance systems in place. Managers demonstrated strong leadership and maximised the use of available resources to provide the best possible service to children in foster care and foster carers. Strategic plans and good information systems supported the delivery of a good-quality fostering service. The service area had an established approach to the identification and management of organisational risk and prioritised staff retention and support.

Standard 5: The child and family social worker

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

In its self-assessment questionnaire (SAQ), the management team of the fostering service deemed the area to be substantially compliant with this standard. Inspectors agreed with this judgment based on the findings of the desktop inspection. The inspection found that all children in foster care received a service, whether or not they had an allocated social worker.

At the time of the HIQA inspection in February 2024, there were 125 children without an allocated social worker. Sixty-seven children were receiving services from the AOD service at that time. Tusla published performance reports for February 2024 reflected that, in DSW KWW, 32% of children in foster care were without an allocated social worker. This was the third-highest rate in the country. The February 2024 HIQA inspection found there was a lack of sufficient appropriate placements for children with disabilities. Inspectors also found that children with disabilities were not consistently allocated to a social worker, but this did not negatively affect the service they received.

Information provided for the HIQA inspection in 2025 indicated that there were 334 children in foster care at the time of the inspection; 211 children in general foster care and 123 (36%) with relatives. There were 192 foster care households caring for these children. Ninety-three were general foster carers and 99 (51%) were relative carers, that is, family members of the child who have been assessed and approved as foster carers for the child. There were 108 children placed outside the geographical area of the DSW KWW; 62 of these children were placed with foster carers from private agencies and, as such, are not subject to the current transfer policy. Thirty-one children were placed with relative foster carers, and 15 were with general foster carers. Twenty-three out of 31 relative foster carers and five of the general foster carers were living in the greater Dublin area. The area had no foster care placements available for children requiring alternative care and had two placements in which the number of children placed exceeded that allowed by the standards.

There were 25 children who required a foster care placement at the time of the inspection. Of these, 12 were deemed high priority for placement, and 13 were medium priority. These children were living at home, in private family arrangements, in residential care, special emergency arrangements (SEAs) or had been placed through the out-of-hours service and required alternative care. The principal social worker (PSW) for fostering had good oversight of these children, knew their circumstances and their needs. The PSW was developing a process whereby requests for placements were recorded and tracked to conclusion. A tracker was maintained by the PSW in which all placement requests were recorded. It included details of the child and their needs, priority level for placement, where the child was currently placed, and whether a

placement was found or deemed to be not required. This log was reviewed by the inspector, who found that 71 children had been tracked through the system from when a placement had been requested until a placement had been sourced for the child.

Based on the information provided, this inspection found that the DSW KWW foster care service had achieved the national objective of reducing the number of children in foster care without an allocated social worker to below 25%. This was a significant achievement for the service. The data submitted for this inspection reflected how statistics can change over time and are a reflection of how the service was well managed, with a focus on reducing the number of children without an allocated social worker. The data indicated that, of the 334 children in foster care, 251 (75%) were allocated to a social worker and 83 (25%) were not. Of these 83 children, 58 were allocated to another professional, which meant that 25 children had no allocated worker.

Information provided for the inspection in 2025 indicated that there were 43 children in foster care with a disability. Eleven of these children did not have an allocated social worker, but all had a secondary allocated worker, that is, another grade of worker.

This inspection found that the AOD service for children in foster care was an effective way of providing statutory services to children who did not have an allocated social worker. The SAQ submitted prior to the inspection reflected that there were 335 children in foster care. One hundred and twelve of these were not allocated to a social worker; therefore, 223 (66.5%) children were allocated to a social worker. Of the 112 (33.5%) who were not allocated to a social worker, 61 were secondary allocated to social care staff, and the other 51 received a service through an AOD system.

The AOD is an interim solution to the limited capacity of the service to allocate a social worker to every child in foster care. The AOD service is provided by a senior social work practitioner supported by social workers and social care staff from the child-in-care teams who rotate into a weekly duty roster. The weekly duty team consists of two social workers and one social care staff. Two team leaders manage the service, and they, in turn, are managed by a PSW for children in care. Weekly meetings are held to handover and handback cases and tasks to the team coming onto the duty roster. An inspector observed the weekly AOD meetings and found that staff demonstrated care and concern for children in foster care. When children come into the care of the state, Tusla acts in place of the parent (Child Care Act 1991 amended). The inspector who observed the AOD meetings noted that when staff talked about children, the concern they expressed about the child and their knowledge of each child's individual needs was similar to that of a parent. Foster carers who spoke with an inspector confirmed that children got a good service from the AOD.

The recording of the case notes and work in the AOD service was supported by business support personnel, who updated TCM system with updates on individual children. This meant that when children were not allocated to a named social worker as required by the standard, they still received a service whereby their care was co-ordinated.

The AOD service was consistently refined and developed to ensure that children received the right service at the right time for them. Staff told inspectors that when the AOD was first developed, there was a mix of children on it, but the system had developed to ensure that only children in long-term settled placements received the AOD service. DSW KWW had a standard operating procedure (SOP) for the governance of cases awaiting allocation to a social worker within the children-in-care teams, which outlined the purpose, scope and governance of this service. Principal social workers maintained oversight of the AOD through audits and a tracker of unallocated cases to determine their suitability for the AOD. The tracker was an electronic record of all children who were not allocated a social worker. The information recorded in the tracker included the dates of each child's care plan and last statutory visit, and all the information required to provide good oversight to managers. In addition, there was a connections column which recorded the names of staff members known to the child so that every effort could be made to ensure that any actions or visits were completed by a staff member known to the child. This reflected the care and consideration given by staff to promote consistency for the child.

Children in foster care should be visited by an authorised person as often as is deemed necessary, but there is a minimum requirement as set out in the Child Care (Placement of Children in Foster Care) Regulations, 1995 (the regulations), based on the date the child was received into care.

The HIQA inspection in 2024 found that, in general, children were being visited regularly. However, it was not always a qualified social worker who conducted the visit as required by the standards. Visits to children completed solely by social care staff were being inappropriately recorded as statutory visits. This finding was escalated to the regional chief officer (RCO) for the Dublin Mid Leinster region following the inspection as part of an information governance escalation. The RCO provided assurances that visits completed by grades of staff other than social workers would be recorded as safeguarding visits rather than statutory visits.

The data provided for the 2025 HIQA inspection indicated that 53 children in foster care had not been visited by a social worker in line with the standard. However, 49 of these children had received a visit from other grades of worker. This inspection found that safeguarding and statutory visits to children in foster care were completed and recorded on two similar templates, with additional information included in the safeguarding visit template. Safeguarding visits were additional visits conducted for children:

- in unapproved relative fostering placements (while the foster carers assessment was in progress)
- in placements where a serious welfare concern had been identified and was being assessed and
- in dual unallocated placements.

Principal social workers for children in care maintained oversight of statutory visits to children in foster care by means of a tracker. The inspector reviewed this tracker and found the date of the last visit to the child was recorded, but required improvement to include the date of the last statutory visit – that is, a visit conducted by a social worker. The PSW told the inspector they would add this information to the tracker to ensure dates of statutory visits were recorded. Principal social workers told the inspector they also tracked statutory visits in individual supervision sessions with each staff member. Supervision records were not reviewed by inspectors as part of this desktop review, but templates for recording of supervision reflected that the last statutory visit was included in the template.
The practices described above meant that the visiting of children was not in line with the standard. However, visits to children were conducted and therefore, children's needs were known to the service. All children in foster care received a service and the supports they required based on their assessed needs in line with their care plan.

Managers were committed to ensuring that every fostering family received a service. There were no dual unallocated cases reported in DSW KWW at the time of the 2024 and 2025 inspections. There was a system in place to prevent such an occurrence, and this was described by managers who spoke with inspectors. Principal social workers for children in care and fostering regularly liaised with each other to identify any potential for cases to be dual unallocated, such as a worker leaving their position, and plans were put in place to mitigate this where possible. This meant that if a child or a foster carer was likely to become unallocated, actions were taken to ensure that at least one of them had an allocated social worker.

In 2024, the foster care service was in breach of court orders directing them to allocate children to a social worker. There were 81 such children in DSW KWW in February 2024. At the time of this HIQA inspection, 26 of these 81 children were still in breach of court directions. However, further cases had been added throughout the year. The area was conducting audits on these court breaches in order to provide oversight. There was a PSW who held particular responsibility in this regard.

Foster carers were supported to provide trauma-informed care to the children in their care. The SAQ submitted by the area for the inspection indicated that foster carers were supported by a qualified counselling psychologist to understand and meet the needs of children in their care. The psychologist facilitated courses for foster carers throughout the year on the subject of developmental trauma. Having an understanding of the impact of trauma on a child's development would support a foster carer to provide appropriate care to a child. The area provided information that 14 carers attended the course in May 2025, and seven were signed up for the course running throughout September and November 2025. One foster carer told the inspector they were currently attending the course.

The area was committed to ensuring that children's voices were heard in relation to their experiences of the service. It was routine practice to inform children about the complaints process. When the AOD team visited children, they included information on the complaints process in their visit with the child, and they were reminded to do so at their AOD meetings. A foster carer confirmed that when the child in their care is visited, they are informed about how to make a complaint. Inspectors reviewed the log of relevant complaints as submitted by the area and found that the area received both complaints and compliments about the service. These have been reported on in the previous section of this report.

The area put an emphasis on maintaining accurate records for each child. Although inspectors did not review children's case records, they spoke with the two staff members responsible for data quality and recording in TCM. Both understood the importance of maintaining an accurate record of each child's experience of the service. They demonstrated a commitment to maintaining accurate records and information on children, so that if a child wished to exercise their right to view their records, they could do so, and the record would be an accurate and complete account of their engagement with the service.

The impact of Tusla's national compliance plan for foster care on DSW KWW was mixed in that some actions had an impact locally and some did not. The national compliance plan, which was developed following the 2024 programme of inspections, set out a number of actions under this standard. These included:

- providing additional resources to the areas where there were 25% or more children without an allocated social worker
- completing a resource profiling and gap analysis for community services
- implementing the case allocation framework effectively and consistently for children in care
- implementing the actions in the people and change strategy that focus on recruitment and retention for foster care and
- to continue the development and review of regional workforce plans.

Some of these actions were relevant to the local areas. In relation to these actions, the area manager told the inspector that:

- DSW KWW had not received any additional new permanent social work posts to increase their complement of staff, but new apprenticeship social work posts had been approved.
- DSW KWW has had 15 such new positions since the apprenticeship scheme was introduced in 2024. The area had not received any additional funding to provide additional supports.
- The area had provided estimates for the resource profiling and gap analysis.
- The DSW KWW standard operating procedure for the AOD service was based on *Tusla's case prioritisation Guidance document* 2022.

- The case allocation framework was being implemented in the area, and the regional management team maintained oversight of this.
- There was a fostering service plan for 2025, which included recruitment and retention of foster carers.
- DSW KWW has a workforce plan, and monthly reports are provided by Tusla's Human Resources Department to the area manager. The area manager told the inspector that this information supported their oversight of staffing capacity in the area. This plan was provided for the inspection and is discussed under standard 19.

It was clear from the documents reviewed, the observations of inspectors, information provided by staff and comments from foster carers that the AOD service coordinated the care of children in foster care. This meant that although these children did not have an allocated social worker, the AOD was fulfilling the responsibilities of the social worker as outlined in the standard.

Based on the evidence above, it is likely that the 25% of children in foster care who did not have an allocated social worker at the time of the inspection received care which is well coordinated and of good quality. The inspection found that children got the supports they needed to help them reach their full potential. Children could be assured that care plans were in place to meet their assessed needs, and the actions agreed to meet these needs were implemented. Children were visited, but not always by a social worker. Children reportedly had good relationships with their allocated social care staff, which was very positive. Children should be aware they have a right to raise issues and the service has a process to ensure they knew how to make a complaint. Some children had exercised that right and had also complimented the service. The DSW KWW foster care service strived to ensure children's information is kept up to date, accurate and of high quality. However, the tracker for statutory visits required further development. Attempts were made to ensure consistency of worker, but this was not always possible to achieve. Twenty-five per cent of children did not have a social worker, but the impact of this was minor and all children in foster care received a service that likely met their needs. For these reasons, this standard is deemed 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.

In the SAQ returned for this inspection, the management team of the fostering service deemed the area to be compliant with this standard. Inspectors did not agree with this but deemed the service to be substantially compliant with the standard based on the findings of this inspection. The inspection found that the majority of children in foster care had a written care plan and their participation in the care planning process was encouraged and supported. However, 20% of children in foster care did not have a written up-to-date care plan in place at the time of this inspection.

The HIQA inspection in 2024 found that children being worked by the AOD system, whose cases were sampled, had up-to-date care plans, which were comprehensive. Children were invited to attend their care plan review meetings, and their views were actively sought, captured and reflected in all the care plans sampled. Parents were invited to attend their child's care plan review meeting, and considerable efforts were made to facilitate parents' attendance. Children's wellbeing was promoted through appropriate referrals to therapy and support services. However, there were some areas for improvement. It was not clear from the case records reviewed what information was provided to children and parents after the child-in-care review meeting if they had not attended. There were some delays in the approval of the updated care plan by team leaders. The tracker for care plans did not reflect the reasons for delays in the reviews of children's care plans.

There was a position for a full-time child-in-care reviewing officer, but it was vacant at the time of this inspection. As an interim measure, principal social workers and team leaders were reviewing children's care plans to ensure they were updated in line with the requirements of the national standard.

This inspection found that there were systems in place to provide oversight of statutory requirements for care plans, so that children without an allocated social worker had care plans, which were regularly reviewed and updated in line with the standard. The data provided for the inspection in 2025 indicated that 259 children in foster care had an up-to-date written care plan, and 75 (22%) did not, but noted that this number did not accurately reflect the amount of care plans that are up-to-date and that there was a plan in place to work through the backlog of minutes and care plans. An updated figure provided for the first day of the inspection indicated that 68 (20%) children did not have a written up-to-date care plan. Monthly reports were provided by the data quality officer to managers, which identified the dates of care plans that required updating and the dates of care plans that were coming due for review. This prompted team leaders to ensure that

the care plans reviewed were approved, signed off and that care plan review meetings were scheduled. Any deviation from the statutory requirements was reported to the courts for children subject to care orders in line with court directions. Of the 43 children with a disability in foster care, 39 had an up-to-date care plan.

Managers completed quarterly audits on the files of children who did not have an allocated social worker for compliance with statutory obligations, and the information from the audits was recorded in the tracker for the AOD service. This tracker also tracked actions from child-in-care reviews so they could be implemented. The inspector reviewed the AOD tracker and found that most care plans were in date and where they were not, the reasons were recorded. Five care plans were overdue, and there were plans in place to progress them. Managers also used staff supervision sessions to monitor care plans. The template for the recording of supervision was provided for the inspection and reflected that this was an agenda item.

Children's participation in decisions about their care was actively encouraged.The care planning process respected and promoted the right of the child to be heard, and staff who spoke with inspectors were passionate about encouraging children's participation. It is important that children's views are heard in relation to decisions made about their care and that they are given the opportunity to attend meetings where their care will be discussed. Children should, therefore, be invited to attend their child-in-care review meetings in line with their stage of development and capacity to meaningfully participate in that process. Information provided for the inspection showed that in the four months prior to this inspection, 233 reviews of care plans were held. One hundred and thirty-eight (59%) of these meetings were held in person, and 57 (24%) children attended. It is worth noting that of the 334 children in foster care, 124 (37%) are under the age of eight and, therefore, attending their child-in-care review might not be appropriate or meaningful for them. Children's views and opinions were sought through the completion of forms developed for this purpose with a staff member, and their views were then represented by staff and foster carers at their child care review meeting. Foster carers told the inspector that they advocate for the child's needs and that they "now have a seat at the table" when it comes to discussions this. The area manager confirmed that foster carers advocate strongly on behalf of the children in their care.

Foster carers who spoke with inspectors said that the children in their care who were in long-term stable placements were asked to attend but chose not to attend their reviews, and were happy to receive feedback from foster carers. A foster carer told the inspector that the staff who met with the child used the child's language, which shows staff were able to connect with the child and communicate with them in a meaningful way. One team leader told the inspector that when children attended their reviews, "it was magical" to have them there. They explained that although there was not a child-friendly version of the care plan, the decisions made at the review would later be explained to the child either by a staff member or their foster carers, in a child-friendly way appropriate to their age and understanding.

As care planning is an ongoing process and children's needs can change over time, ongoing multidisciplinary meetings were held to ensure assessments were completed and plans to address identified needs were implemented. A foster carer of an unallocated child with additional needs told inspectors that a multidisciplinary meeting was planned to ensure the coordination of the child's care. Foster carers told the inspector that children receive assistance and support when required, whether or not they have an allocated social worker. In addition, the area manager told the inspector that children with disabilities were discussed at case reviews to ensure all services were sourced and provided to meet that child's individual needs.

The standard requires that when a placement ends in an unplanned manner, a child care review is held to bring the placement to a formal conclusion and to amend the care plan to reflect the changed circumstances. Information reviewed by the inspector showed that there had been three unplanned endings so far in 2025, and one disruption meeting had been completed. Two were yet to be scheduled. The PSW for fostering told the inspector that a child-in-care review would not automatically be convened following a disruption unless one was due, but that this would normally be looked at in a disruption or strategy meeting. Principal social workers in the focus group told the inspector that a child-in-care review meeting would be held within two months of a child moving into a new placement, in line with the regulations. The PSW maintained a tracker for disruptions (unplanned endings), which reflected that strategy meetings were held following a disruption, and were appropriately reported to the Foster Care Committee and noted whether a review of the foster carer was required. It did not record the date of the child's care plan, but that was included in another tracker. Inspectors viewed evidence that disruptions were also appropriately reported through the Need to Know (NTK) reporting system, which was used to escalate incidents and issues to senior management, which might pose a risk to individual children or to the organisation.

The Tusla national compliance plan for foster care, developed following the 2024 programme of inspections, set out a number of actions under this standard. These included:

- a learning event to be arranged to examine the services that were substantially compliant (in the inspections in 2024),
- to consider the feasibility and suitability of replicating their approach in other areas to support compliance with care planning standards
- to consider the additional needs of children in foster care through the completion of a gap analysis of service provision to children in care with disabilities.

In relation to these actions, the area manager told the inspector that:

- the learning event had not yet happened, but was still in the planning stages, and therefore the feasibility study was also not completed
- locally, the area considers the needs of children in foster care who have disabilities and the associated additional needs. The area maintains a register of children with disabilities,

which was provided in an anonymous manner for inspectors to review. Children with additional and complex needs were discussed at case reviews, and where appropriate, were escalated to the regional chief officer. Joint protocol meetings with disability services provided by the Health Service Executive (HSE) had re-commenced following a period of restructuring in the HSE. Dates were scheduled for the discussion of gaps in services for children in foster care with disabilities. Furthermore, where children had additional needs, foster carers received enhanced payments and supports.

This inspection did not assess the quality of care plans or review placement plans, as these are contained within children's case files, which were not reviewed. These had been found to be of good quality in the 2024 inspection.

The evidence above suggests that in DSW KWW, children in foster care have their needs assessed and met in a timely manner through the care planning process. The majority of children had a written up-to-date care plan in place. Children are encouraged to be involved in their care planning process. Details of their care plans are shared with children in foster care in a way that suits them. Care plans are regularly reviewed, which means that the child receives a well-coordinated, integrated and consistent service. Whether children had an allocated social worker or not did not affect the status of their care plan. There was good oversight of children with disabilities to ensure they received the additional supports and services they required. However, 20% of children in foster care did not have a written up-to-date care plan in place, which is a statutory requirement. For these reasons, this standard is deemed to be substantially compliant.

Judgment: Substantially compliant

Standard 10: Safeguarding and child protection

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

In its SAQ, the management team of the fostering service deemed the area to be compliant with this standard. Inspectors agreed with this judgment based on the findings of this desktop inspection. The inspection found that the safety of children in foster care was promoted and protected.

In February 2024, the HIQA inspection found that child protection concerns relating to children in foster care were managed in line with *Children First: National Guidance for the Protection and Welfare of Children* (2017). Appropriate actions were taken to protect and safeguard children. Comprehensive assessments were completed in line with Tusla's national approach to practice, and notifications of suspected abuse were appropriately made to An Garda Síochána. Management oversight of safeguarding was strengthened.

There was a safeguarding tracker in place since 31 January 2024, which facilitated management oversight of situations where safeguarding of children in foster care was required. There were a few areas where practice could be improved upon, namely, unannounced visits were seen as the exception and are not generally considered, and the safeguarding tracker could have been further improved to explain any significant gaps in safeguarding visits.

The management of individual child protection concerns was not reviewed as part of this desktop inspection as children's case files were not sampled.

The SAQ submitted for the 2025 inspection indicated that:

- the area continued to follow Children First (2017) for all child protection and welfare concerns relating to children in foster care
- all foster carers were trained in Children First (2017) and the PSW maintained oversight of this training and the refreshers required by means of a tracker
- a tracker was maintained for allegations and concerns made about foster carers
safety plans were in place where required
- where placements ended on foot of a serious concern or allegation, a disruption meeting takes place.
- Where the child concerned is subject to a court order, the court is notified of the disruption
- foster care reviews were carried out following an allegation or serious concern
- absence management plans were in place for all children in foster care and foster carers were aware of what to do if a child went missing from their care.
- Missing in Care Joint Protocol meetings took place as appropriate
- any children placed outside the approval status of the foster carers or where the number of children placed exceeded that allowed by the standard were notified to the Foster Care Committee.

Concerns about children in foster care were managed in line with Tusla policies and procedures. Information provided for this inspection reflected that there had been 108 child protection and welfare referrals relating to 70 children in the 12 months prior to this inspection. Of these 108 referrals, four were at the screening stage of the process, five were at preliminary enquiry stage, two had been diverted, 26 were closed and 71 were either closed but the assessment was ongoing or required no further action. None were at the safety planning stage. There had been two allegations made about foster carers, both of which were closed at the time of the inspection. Neither had been upheld. There had been six serious concerns relating to foster carers all of which had been dealt with by Tusla's national approach to practice. No foster carers were referred on to the child abuse substantiation procedure (CASP) that is, none reached the threshold for being managed through that procedure. This process is required if the foster carer is also working or volunteering within a role that would indicate a risk to other children based on what has

been alleged by the child in foster care, and that information needs to be shared to safeguard those children from harm. The information provided suggests that the DSW KWW foster care service was continuing to manage child protection and welfare concerns about children in foster care in line with Children First (2017) and the findings of the 2024 HIQA inspection.

The principal social worker (PSW) for fostering had good oversight of children living with unapproved foster carers. Such placements are governed by the Child Care (Placement of Children with Relatives) Regulations 1995 and Standard 14(b) of the *National Standards for Foster Care* (2003), which allow for children to be placed with relatives prior to a fostering assessment being completed. The assessment must be completed within 12 weeks. Information provided for the inspection reflected that there were 27 children in unapproved placements, that is, placements with relatives, which were at various stages of the assessment process. The PSW told the inspector that relative carers undergoing fostering assessments were recorded on a safeguarding tracker and that foster carers were visited every six to eight weeks and children were visited every four to six weeks. The safeguarding tracker is further described below.

The DSW KWW fostering service promoted children's welfare and safety. In the 12 months prior to the inspection, two children had been removed from foster carers due to child protection and or welfare concerns. Two children had been missing from care and there had been 16 notifications made to An Garda Síochána in relation to children in foster care. At the time the data was submitted for the inspection, there was one child with a safety plan in place, but the risks had been managed and the foster carers supported such that there was no safety plans in place for children in foster care at the time of this inspection. There is a joint protocol between Tusla and An Garda Síochán for when children are missing from care. None of the foster carers in the focus group had experienced a child going missing from their care.

The area reported in the data submitted to HIQA prior to the inspection that there had been no incidents of bullying or discriminatory incidents reported by children in foster care in the 12 months prior to the inspection.

Foster carers had a pivotal role in keeping children safe and the foster carers who spoke with an inspector understood their roles and responsibilities in this regard. The foster carers who attended the focus group said they had all received training in Children First (2017) and they were aware of their role as mandated persons under the Children First Act 2015 to report child protection concerns to Tusla. The PSW for fostering had oversight of foster carers training and told the inspector that if refreshers were due, every effort was made to support the foster carer to complete the relevant training. Training events were facilitated and one-to-one sessions completed with foster carers to ensure their training was up-to-date as required. Foster carers were supported in caring for children who have been neglected or abused, in practicing safe care practices, and in understanding and managing behaviour that challenges. Evidence provided for the inspection included the training plan for the foster carers for the last quarter of 2025,

which included training on managing transitions for a neurodivergent child, developmental trauma and training for relative carers to help them manage and support contact with family and how best to work with Tusla and their family in caring for their family member. The SAQ submitted by the foster care service indicated that a psychologist was available to support placements. The psychologist also provided training to staff and carers to ensure they could better support children in care. This training included such topics as trauma-informed care and 'developmental trauma'. There was also training specifically for relative carers on building relationships with Tusla and family members. Foster carers told the inspector they had attended these training events. As already outlined, 14 foster carers had attended this training and seven had signed up for the September 2025 course. In addition, foster carers could access courses to support their learning and development, provided online by Tusla. Other supports to foster carers included enhanced payments for children with additional needs and the services of a national mediation service, which was there to help support placements that were at risk of ending in an unplanned manner.

The area had additional safeguarding measures in place where certain circumstances pertained. A practice guidance document for staff set out the circumstances in which these visits should take place and how they should be recorded. Safeguarding visits were described as additional visits to children in certain circumstances including:

- children in emergency approved foster placements
- children who were not allocated to a social worker where their foster carer were also unallocated (dual unallocated)
- children where there is a significant welfare concern related to the care they are receiving
- children who have made an allegation against an adult in placement, where they remain in that placement.

The guidance set out that children should be visited at intervals of four-to-six weeks unless a decision was made for a child to be visited at a different frequency. The guidance also instructed staff on what to include in the record and where to save it in TCM. There was a standard template for the recording of the visit. The new staff inspectors spoke with were clear on the purpose of these visits and how to correctly record them.

There were a number of mechanisms in place to support effective managerial oversight of the safety of children in foster care. These included a tracker for Garda vetting, a safeguarding log and an allegations and welfare concern log. The Garda vetting log was a record of the dates of the vetting of foster carers and all adults in their households. The inspector reviewed this log and found a colour-coded system, which alerted the PSW in advance of when an updated Garda vetting was required and included any relevant commentary. It provided the PSW with good oversight of the Garda vetting of foster carers and all adults in their households. There was also a safeguarding tracker. This was used to record all the additional visits to children fitting specific criteria, such as being placed with relatives who were undergoing fostering assessments. These children were visited every four-to-six weeks, and their foster carers were visited every six-to-eight weeks. The safeguarding tracker noted who undertook these visits and when these occurred. These

were in line with the standard operating procedure for frequency of visits. Children's names were removed from the safeguarding tracker once their foster carers had been approved by the Foster Care Committee. The log was also used to record visits to other categories of children, including those who had made an allegation against their foster carers. At the time of the inspection, there were no children on the tracker due to allegations or serious concerns made against foster carers. The inspector noted that the tracker had been developed since the previous inspection and was used to track children through the system, that is, throughout their involvement with the service from the point of referral to being taken into care and beyond.

An allegations and welfare log was maintained by the PSW for fostering. The inspector reviewed this and found it corresponded with the information provided for the inspection. There had been six reports, two of which were reported as allegations about when they were screened in line with Tusla's procedures; they were re-categorised as welfare and were therefore managed in line with Tusla's national approach to practice.

There were two families in which the number of children placed exceeded that which is allowed by the standard. The PSW for fostering maintained oversight of these placements and was assured that the placements had been made with the approval of all relevant parties and that the families and the children were well supported to maintain the children's placements. These foster carers spoke with the inspector and confirmed that they had all the supports and services they required.

The staff inspectors spoke with were knowledgeable about their role in protecting children and promoting their safety. New staff who attended a focus group with an inspector were all familiar with the process for the management of allegations against foster carers. They said that foster carers are reminded about these processes and also referenced an event taking place during the inspection where foster carers would receive information about the process. These staff confirmed that they had completed training in Children First (2017) and the child abuse substantiation procedure (CASP). Information provided for the inspection reflected that training in CASP had been provided for all staff in July and September 2024 and that further sessions were scheduled for November 2025.

The DSW KWW foster care service had systems in place to manage serious incidents and promoted the safety of staff and children. There was a National Incident Management System (NIMS) in place, through which serious incidents could be reported to Tusla's national office. Information provided for the inspection reflected that there had been no such incidents in the 12 months prior to the inspection.

Violence, harm and aggression were experienced by staff in the course of their work. The DSW KWW foster care service promoted the safety of staff. A health and safety workshop was held in September 2025 and an email was issued to staff in August 2025 on risk assessments for the service user, a home visit checklist and the template for the NIMS. There was a practice memo regarding staff safety, which was developed to ensure that staff had a basic understanding of how to deal with people using services who presented as hostile or aggressive. The document set out how staff should deal with various

potentially abusive situations, including the need to complete a risk assessment or a home visit checklist prior to engagement with a client, and the process for recording and reporting any serious incidents. Health and safety was also discussed at regional operations risk management and service improvement committee (RORMSIC) meetings.

Some progress had been made with the actions in the Tusla national compliance plan for foster care as they impacted this area. The national compliance plan, developed following the 2024 programme of inspections, set out a number of actions under this standard. These included:

- ensuring the revised CASP was implemented effectively and consistently
- implementing revised guidance for responding to concerns of children in foster care effectively and consistently by the end of February 2025.

In relation to these actions, the inspection found that:

- training on the revised CASP had been provided as outlined above
- all staff who spoke with inspectors for this inspection were familiar with procedures for managing allegations and concerns about foster carers.

In the DSW KWW foster care service, children's safety and wellbeing were promoted. There were effective safeguarding practices and robust oversight systems in place to support staff and managers to protect children. Foster carers were trained and supported to provide safe care to children. Safety plans were in place where required, and all appropriate actions were taken to promote children's safety. Based on the evidence gathered on this inspection, this standard is deemed to be compliant.

Judgment: Compliant

Standard 18: Effective Policies

Health boards[2] have up-to-date effective policies and plans in place to promote the provision of high-quality foster care for children and young people who require it.

The area, in its submitted SAQ, deemed itself to be compliant with this standard. Inspectors did not agree with this and judged the service to be substantially compliant.

The HIQA inspection in February 2024 found that the DSW KWW service area had a standard operating procedure and risk management plan for the management of children awaiting allocation to a social worker, which was fully implemented in practice and well

[2] 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).

governed. The area provided an effective AOD service for children in foster care. There was a standard operating procedure in place for the transfer of cases within the teams in DSW KWW and an agreed local transfer policy. However, cases were not transferred out from child protection and welfare (CPW) teams to children-in-care teams due to vacancies, therefore, there was a blockage in the system. At that time, the CPW teams were holding 37 children-in-care cases, 36 of which needed to be transferred to the children-in-care teams. The area had a high number of children in private foster care services who were not eligible for transfer. There were national issues in relation to transfers of cases between service areas.

The SAQ submitted for this inspection stated that the area implements all national policies and guidance with respect to children in care and foster care. It noted that the DSW KWW fostering service plan was aligned with Tusla's three-year strategic fostering plan. In addition, the area had developed local guidance documents, aligned with national and regional guidance, for how the AOD service operates, including how children in care are prioritised for allocation, a local case transfer from CPW to children-in-care teams, and the area also held a centralised tracker for placement requests. The SAQ also noted that the national transfer policy for cases transferring out to other service areas had been approved and required an implementation plan. This was to be aligned with Tusla's reform programme commencing in January 2026.

Regarding the national shortage of foster carers, the SAQ referenced the national recruitment strategy and plan. The DSW KWW area has one regional recruitment worker and a fostering recruitment subgroup who organise recruitment events. The principal social workers for fostering in the region met weekly to scope out the availability of foster carers within the region. The SAQ noted their commitment and skill in identifying relative placements, with relative carers making up 51% of their panel of foster carers.

The HIQA inspection in 2025 found that the area had maintained and improved the positive practice found in 2024, in relation to children who did not have an allocated social worker, as reported on above under standards five, seven, and 10. In addition, they had improved their practice in relation to transferring children from CPW teams to child-in-care teams. They had also improved the timeliness with which the transfer was completed from 12 weeks to eight weeks. Data submitted prior to the inspection showed there were 13 children waiting for transfer between teams in DSW KWW. The care of these children appropriately remained under the CPW team as some were within the 8-week transfer timeline, some were recently received into care and may be returning home, and others required tasks to be completed prior to their transfer to child-in-care teams. The area also continued in its commitment to keep children within their family networks with a large percentage of its carers being relatives of the child in care.

The Tusla transfer policy was not being fully implemented, as it required all areas to receive transfers. The Tusla transfer policy states that children should be transferred from one service area to another, so that the social work department (SWD) in which they reside is responsible for fulfilling the statutory requirements pertaining to that child's care

and providing them with all the services they require. Currently, the responsibility for the child's care rests with the placing service area. When children are placed at a distance from the SWD which placed them, it results in staff having to spend time travelling to and from the child's location to fulfil their statutory responsibilities. This is not an efficient use of resources. At the time of the inspection, the data provided reflected that there were eight children awaiting transfer out of the area and three awaiting transfer into DSW KWW. Transfer requests had been made to the local SWD in line with the national transfer policy, but to no avail. The area manager told the inspector that other service areas were not accepting transfers.

There was a suite of national policies to guide staff in providing foster carer services to children in care. There were also policies relating to the safety of staff including a policy and operational guidance on managing work related violence, harassment and aggression. The DSW KWW area maintained a panel of foster carers in line with this standard. An inspector reviewed the register of foster carers and found it provided good oversight by the fostering PSW. The register was a live document which was kept up to date on a monthly basis, it provided information on crucial aspects of each foster care household including whether they were allocated to a link social worker, the children they had in placement and whether they had an allocated social worker or a secondary allocated worker, dates of visits to the foster carers, and dates of each health and safety checklist and the last review of the foster carer. However, the area did not have sufficient foster carers to meet the demand for placements. This is further discussed under standard 19.

The DSW KWW service had a plan in place for the development and delivery of a range of foster care services for children-in-care, which took account of the unique characteristics of relative foster care. The inspector reviewed this plan and found it included actions relating to staff recruitment and retention, appreciation and retention of foster carers, recruitment and training of foster carers and actions to fulfil statutory functions. The plan had been developed in February 2025 and reviewed in June 2025. The mid-way review reflected that work was ongoing to progress and achieve some of the targets.

The area took a partnership approach and included foster carers in facilitating training for foster carers. Training was provided for foster carers to support them to provide good-quality care to children and managers maintained good oversight of their attendance. Foster carers assisted with the facilitation of training.

DSW KWW had dedicated foster care teams to deliver services to children in foster care in line with the standard. The area manager line managed four principal social workers: one for fostering and three for children-in-care teams. There were seven children-in-care teams, four fostering teams and one team for the AOD service. The fostering teams were fully staffed. One PSW for children in care post was vacant at the time of this inspection, but there were arrangements in place to cover their work. There was one social work vacancy on the children-in-care teams and the child care reviewing officer post was vacant.

The Tusla national compliance plan for foster care developed following the 2024 programme of inspections set out a number of actions under this standard. These included:

- a national review of the management and oversight of dual unallocated children or cases
- assurance about the management of unallocated children in foster care to be provided by regional chief officers and area managers, to be achieved by including metrics on dual unallocated children and statutory visits to children in care
- the national Governance and Oversight group to track and monitor the implementation of actions in regional service improvement plans
- children with additional needs to be dealt with under existing Tusla HSE Joint protocol and existing structures, which would be revised to enhance the collaboration and coordination between Tusla and the HSE
- to implement the transfer policy in foster care by the end of June 2025.

Some of these actions did not relate to the DSW KWW foster care service. For example, those relating to dual unallocated cases, as there were none in this area. However, this was an area they were monitoring and had measures in place to ensure there were no dual unallocated cases. In addition, this inspection did not review records relating to the national governance and oversight group's monitoring of regional service improvement plans. This inspection found, from a review of reports from the area manager to their regional chief officer, that the area manager was reporting the necessary metrics on dual unallocated children and statutory visits, however, the regularity of these reports had been reduced from monthly to quarterly. The two reports provided to inspectors for April 2025 and May 2025 indicated there were no dual unallocated cases in the service at that time.

Staff in the DSW KWW fostering service advocated on behalf of children with disabilities. Children with additional needs were being dealt with under the existing Tusla HSE Joint protocol. The area manager explained that meetings under this Joint Protocol were held to discuss gaps in service provision for children in foster care with specific requirements for services. There had been a pause in this procedure for a period of time in 2025, but meetings had recently been reinstated. Inspectors reviewed the minutes of recent meetings and found the discussions centred around reviewing the terms of reference for the group, reviewing existing and required structures and any templates that would be helpful for discussions and to aid decision-making. Individual children's cases were discussed at subsequent meetings. Children with disabilities were also discussed at case reviews and escalated to the regional chief officer as appropriate. The area manager said a gap analysis had not been completed, but there was a lot of work ongoing with children who had disabilities and additional needs. Foster carers received enhanced payments and additional supports where required.

There were national and local policies, procedures and guidance in place to support the delivery of safe, effective services to children in foster care. The good practice found in the last inspection had been maintained and improved upon. The DSW KWW foster care

service implemented local policies in their practice but, similar to the finding in 2024, there were challenges in implementing some national policies, such as the policy for transferring children to other service areas. Despite the area's best efforts they had not been successful in transferring all cases to other service areas that required transfer. This is a national issue for the provider. For this reason, 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.

The area, in its self-assessment questionnaire (SAQ), deemed itself to be compliant with this standard. Inspectors agreed with this judgment.
The HIQA inspection in February 2024 found that the DSW KWW foster care service:

had clearly defined governance arrangements and structures in place, but did not have adequate resources to deliver the service in line with statutory requirements. At the time of the inspection, 125 children in care were unallocated. Staffing capacity issues necessitated the development of the AOD as an interim measure to ensure that children in care received services. The AOD system was a robust interim system which was proactively supporting unallocated children in care. Sixty-seven children were receiving services from the AOD service at the time of the 2024 HIQA inspection. The AOD was effective at minimising the impact of staffing deficits for children in foster care.
had not yet developed its service improvement plan in line with the national plan for the management of unallocated cases. DSW KWW service area was in breach of a court order directing that 81 unallocated children in care be allocated to a social worker.
the risk register included risks relating to difficulties recruiting social workers, unprecedented numbers of children in care not having an allocated social worker and the risk that the Dublin Mid Leinster (DML) region would not have sufficient pay budget to cover the posts required and approved to meet the needs of the service in the region.

In addition, an audit conducted by Tusla's practice assurance and service monitoring (PASM) audit of the foster care service conducted from June to July 2023, identified that actions by Tusla as an agency were required 'to develop a strategic plan in supporting areas with the highest numbers unallocated, specifically those areas facing work force challenges.'

The self-assessment questionnaire submitted for this 2025 inspection reflected that:

- the area has continued with the oversight and governance arrangements in place for unallocated children in foster care, including regular management meetings
- there is a consistent children-in-care and fostering management structure in place, but there was one team leader vacancy for fostering
- management meet on a six-monthly basis with private providers of foster care
- there is a local staff retention group, which is developing resources to support new line managers
- PASM had not conducted any further audits of the service since the last inspection, but would be asked to audit the quality of care plans
- the difficulties experienced in allocating cases and the reasons for this including the fact that a third of staff are newly qualified workers; the number of children before the courts; the number of foster care reviews, and assessments of relative foster carers required; and the number of children placed outside the area at significant distances
- the area maintains good oversight of all the activities of the child-in-care and fostering teams
- the area identifies and manages risks in the service, including the difficulties in recruiting social workers; the difficulty in identifying appropriate placements for all children requiring alternative care; the numbers of children who cannot be allocated to a social worker; implementation of the case transfer policy; overdue foster care reviews and the risk associated with the area not having sufficient pay budget to cover the number of posts required to meet the level of demand
- work to recruit new foster carers is ongoing and in line with the national strategy
- foster carers' training needs were identified and training provided.

The SAQ further set out the structure of the fostering and children-in-care teams, noting two social work vacancies in the children-in-care teams (one of which was filled by the time of the inspection) and one vacancy for the child-in-care reviewing officer post.

This inspection found that the DSW KWW fostering service had effective structures in place for the management and monitoring of foster care services. There were strong management systems in place to ensure the delivery of a safe, rights-based and high-quality service that is committed to continuous improvement. There were effective monitoring and quality assurance systems in place. Managers constantly reviewed and refined their oversight systems to strengthen their governance of the service. There were a number of strategic plans in place, including a service improvement plan for unallocated cases developed in May 2025, which was aligned to Tusla's national compliance plan for foster care. There was also a fostering service plan for 2025.

The DSW KWW foster care service comprised an area manager and three PSWs, with the responsibility for fostering and children-in-care services. There were four fostering teams and seven children-in-care teams, plus the AOD team. Each of these teams comprised a combination of social workers, senior social work practitioners, social care leaders, social care workers, and access workers. They were each managed by a social work team leader,

who reported to their respective principal social worker. Staff who spoke with the inspector in the focus group were newly appointed staff. They reported positive experiences of their induction and training and were aware of their roles and responsibilities in regard to children in foster care.

There were strong management systems in place. Oversight and management systems were in place to support governance of the foster care service. These included a number of trackers in the form of Excel sheets, which detailed information on regulatory requirements or aspects of practice. There were trackers for the safeguarding visits as outlined under standard 10, and one to provide oversight of the AOD service. There were trackers for court directions, the foster care register, reviews of foster carers, Garda vetting for foster carers and adults in fostering households, fostering assessments of relatives, allegations against foster carers, placement requests, and disruptions. There was also a register maintained of all children in foster care with a disability. These trackers were constantly reviewed and revised to improve management oversight of the service. Inspectors reviewed a number of these trackers and found they supported good oversight of various aspects of the service. They were up to date and alerted managers in advance of when, for example, garda vetting was due for updating, or when safeguarding visits or child-in-care reviews were due for unallocated children.

Other management systems included a variety of meetings held at different levels of the service, including management meetings, AOD team meetings, fostering team meetings, pillar meetings, area management team meetings and strategic senior management team meetings. Inspectors sampled records of these meetings and found that all aspects of the service were reviewed at the various meetings held. Actions were identified to address items discussed, but while the records did not always assign named individuals in the samples provided, updates on the progress with identified actions were provided at subsequent meetings. The inspector noted, however, that some improvements could be made to the records of the fostering management meetings as they did not always follow a standard agenda or refer to actions from previous meetings. Overall, these meetings provided good oversight to managers.

Managers demonstrated strong leadership and maximised the use of available resources to provide the best possible service to children in foster care and foster carers. The area had good oversight of the availability of fostering resources through the work of the Dublin Mid Leinster regional fostering recruitment group and the national fostering recruitment team (NRFT). The latter of these groups was established in December 2023 to strengthen foster care recruitment and awareness, in line with *Tusla's National Strategic Plan for Foster Care Services* (2022-2025). The regional fostering group worked in line with national strategic objectives and focused on regional actions aimed at supporting and acknowledging the valuable contribution of foster carers. The area also had a local foster care recruitment plan which set out the actions to be taken at local level to support the national fostering strategy. These actions included:

- promoting fostering through engaging in local recruitment activities, such as information stands and information sessions for the public
- local teams to continue to support fostering through establishing networks of potential carers for children who are newly placed in care
- DSW KWW to continue to link in with the regional recruitment coordinator to plan and coordinate recruitment events.

There were effective quality assurance mechanisms in place for the DSW KWW foster care service, and managers were committed to continuous quality improvement and learning from incidents. Quality assurance mechanisms included the trackers referred to above, internal and external audits of the service and other mechanisms as described by PSWs in their focus group. Management meetings, case reviews, feedback from children at their child-in-care reviews on their experiences, foster care reviews, supervision with staff and the complaints and compliments processes all contributed to improvements in the service.

Management provided information on audits completed on unallocated cases. This included the audit templates used for when a case is becoming unallocated to a social worker, and the audit form used for the quarterly audits of all children not allocated to a social worker. The first of these was used to determine whether the child would be suitable for allocation to the AOD service. The other audit was used on a quarterly basis to review all children without an allocated social worker. This audit included details of the last statutory visit, care plan and review and other pertinent details on the child. Members of the management team told inspectors that they used their individual supervision with staff to support their oversight of cases. They provided an amended supervision template, which prompted the recording of important dates, such as the date of the child's care plan, and when the next review of the care plan was due, the date of the most recent statutory visit and, where relevant, the date of the last safeguarding visit.

An external audit of the foster care service had been completed in June 2025 by an external accounting agency, focusing on financial aspects of the service. This audit found that the adequacy and effectiveness of the internal control system in the area reviewed were unsatisfactory. However, many of the findings related to administrative shortfalls, which could be easily remedied. There was an action plan in place to address all the recommendations. The inspector reviewed the action plan, which had been updated for quarter three of 2025. Actions were recorded as being 'in progress and continuing', 'ongoing' or, in the case of overdue reviews of foster carers, the majority of these were scheduled for completion.

Management focused on learning from incidents, identifying learning and improving practice. Some examples of this included an external expert report relating to one child's case. Learning had been identified for the children-in-care teams, and action was being taken to ensure the learning was embedded into practice. Another example was the learning identified in a rapid review of a child's death, which was shared at the May 2025 meeting of the regional operations risk management and service improvement committee (RORMSIC) for dissemination to local areas by their area managers.

The area had a local service improvement plan (SIP) in place for the management of unallocated cases aligned with the national compliance plan for foster care. This plan outlined the measures to be taken to decrease the number of unallocated cases, both in child protection and welfare and children in care within the area. The plan stated that it incorporated the actions outlined in Tusla's business plan 2025 and the Dublin Mid Leinster workforce plan 2025, as well as considering actions from recent HIQA inspections and other audits of the service that pertain to reducing the numbers of unallocated children in the service. The plan was linked to the workforce plan, as the inability to allocate cases is directly related to staffing capacity. The outcome of the SIP was to achieve the national target of having less than 25% of open cases unallocated by the end of December 2025. As already outlined in this report, the area had achieved this target for children in foster care at the time of the inspection, based on the statistics provided for the inspection. In addition, all unallocated children in foster care were also receiving a service through the AOD service. A Dublin Mid Leinster regional unallocated cases oversight group was set up to provided governance, oversight and support with the local implementation of their SIP. The SIP identified that the DSW KWW area operated under the *National Policy and Guidance for the management and oversight of unallocated children and young people* (2023) and its own SOP for the AOD system. The plan described how children without an allocated worker would be supported by the AOD system, and how some children who had been receiving a service from the AOD would be allocated in the short term to the senior staff member on the AOD to provide some consistency to them. The plan included building staff capacity across the area through initiatives such as the apprenticeship scheme, summer employment, and induction of new staff.

Monthly progress reports on the implementation of the SIP were to be provided by the area manager to the regional chief officer (RCO) in Dublin Mid Leinster. Inspectors reviewed two of these reports for April 2025 and May 2025, and found they were completed on a standardised template which provided data about the numbers of open cases, allocated and unallocated and staff vacancies in the area. It also included information in relation to specified actions in the national compliance plan. There was a section for completion by the RCO on their evaluation of the effectiveness of the SIP. However, as the documents provided for the inspection were those submitted to the RCO these sections were not yet completed, so it was not possible to determine the extent to which the RCO was assured that the actions were being implemented. In addition, at the time of this inspection, the regularity with which these reports were to be submitted to the RCO had been reduced to quarterly, so it was not clear how the RCO and Tusla's national office were informed of local area progress with implementation of the actions in the national compliance plan for foster care.

There was a plan in place for the fostering service for 2025. This plan set out its objective to provide the highest-quality fostering service to foster carers, and to maximise the use of resources available to provide the best possible service. The actions focused on staff recruitment and retention, appreciation and retention of foster carers, foster carers

training, recruitment of new foster carers and statutory functions. Actions were outlined and assigned for completion. A mid-year review in June 2015 reflected that the majority of the actions were ongoing.

The area used the Tusla Case Management (TCM) system to record the information required under the regulations for each child in foster care.

The DSW KWW service had good information systems in place to provide data on the foster care service, and to inform planning and evaluation of the services provided to children in care and to foster carers. Reports were generated from the system on a regular basis to support managers to effectively and efficiently manage the service. These included reports on dates that care plans and reviews were due for children in care. There was also a monthly data quality report generated to ensure the data in the system was correct. The TCM system was also used to generate the monthly metrics required for Tusla's published performance reports. The TCM system had been developed since the inspection in 2024 to include the fostering service in October 2024. Prior to this, case notes for foster carers were in hard copy. This involved a significant amount of work to ensure the system supported the governance of the fostering service and to ensure staff were familiar with the recording processes and requirements. The data quality and TCM lead personnel had specific responsibilities relating to the information systems. They were supported through fortnightly meetings with the national office in relation to the efficient use of the system and the quality of the data produced. Advanced finds were developed and trialled in local areas to support the use of the system in strengthening governance.

There was a comprehensive regional workforce plan in place for the Dublin Mid Leinster region, which considered an analysis of the current status of each service area within the region and the organisational reform planned for 2026. An action and monitoring plan focused on four key areas:

- recruitment and attraction initiative
- retention initiatives
- increased focus on the induction process at regional and area level
- support of the integrated reform programme.

Clear deliverables were set out with agreed time frames and assignments noted. It was clear from the staff focus group that the actions relating to induction had been successfully implemented in DSW KWW. Information provided for the 2025 inspection reflected that a total of 24 staff were hired, of which 18 were in 2025 and six in 2024. However, a total of 21 staff had left the service: four in 2024 and 15 in 2025.

The area was creative in relation to promoting employment opportunities at Tusla. Staff members gave a presentation to students at a university and a recruitment video was developed to encourage applications for positions in Tusla.

Staff retention was a priority in the area, and a number of initiatives had commenced under a working group developed for this purpose and in line with the national workforce

action plan. Records of the working group reviewed by inspectors reflected the past achievements of the group and their current focus, which included:

- continuing to strengthen networking events to improve communication and team working opportunities, with an increased focus on staff appreciation and wellbeing opportunities
- cultural diversity and inclusion initiatives
- short webinars to help support line managers, and
- the attraction of new staff to the area through the summer student employment scheme and
- engagement with universities and colleges.

In addition, comprehensive training was provided to staff to support and develop their practice. Topics included training on safety planning, Garda notifications, correct use of the TCM, voluntary consent, neurodiversity, statutory visits and safeguarding, cultural awareness and permanency planning for children. Information on attendance of training that was provided for the inspection reflected that these events were well attended by staff.

The area was keen to support new managers and had completed a survey with 15 staff who had taken up team leader positions across the organisation, with a view to identifying their experiences and how best to support them in the transition to leadership roles. The area manager told the inspector that, as a result of this survey, mentoring of newer staff had been developed and that further supports would be identified for new managers.

Risk was managed in the area in line with Tusla's risk management policy and procedures. The area manager maintained a risk register, which was reviewed by the inspector. The risks relating to foster care and children in care included:

- the difficulty recruiting social workers, which resulted in work not being completed with children in care, inability to comply with court directions, and increased placement breakdowns
- unprecedented numbers of children in foster care not allocated to a social worker
- implementation of the case transfer policy, which meant that children placed with private fostering agencies are not eligible for transfer. This meant that children in foster care were not in receipt of a local community-based service
- the information and data on TCM may be inaccurate or incomplete
- a number of overdue reviews of foster carers.

The consequences of each risk were clearly outlined, and the control measures in place to mitigate these risks were set out. There was evidence of the control measures in place being effective in improving some areas of risk, such as the AOD service mitigating the risk associated with children-in-care not having an allocated social worker. Significantly, the risks relating to unallocated children had effective controls in place, these included the AOD service, quarterly reviews by principal social workers of the children receiving the AOD service and regular meetings of fostering team leaders to discuss children in care

with complex needs. Risk management was also discussed at regional operations risk management and service improvement committee the (RORMSIC) meetings. Inspectors reviewed the minutes of a meeting in May 2025, where an action was agreed regarding risk descriptions, and at which it was noted that the risk and incident management policies would be updated later in 2025. This meeting further noted that there was a need for a clearer understanding of mitigations in terms of risk and that work was completed on defining risk ratings.

There was a national reporting system in place, the need to know (NTK) system. Inspectors reviewed 10 NTK reports that fell within the scope and timeframe of this inspection and found they centred around the lack of appropriate, safe placements for children. NTK reports were comprehensively completed and outlined the management response to the incident. However, the outcome of the NTK was not recorded.

The area used available information to plan for the current and future needs of children. Tusla produced an annual report for 2024 in line with the requirements of this standard. The area provided reports by the Dublin Mid Leinster regional assessment fostering team (RAFT) report and the DSW KWW Foster Care Committee for 2024. The RAFT report reflected that there were eight approvals of general foster carers in the region in 2024, and noted the ongoing challenge in approvals within Dublin and, in particular, approval in Dublin for anything other than respite care. Statistics on enquiries about fostering were included and analysed, and this information was used to inform the fostering service plan for 2025 as outlined above. The Foster Care Committee report noted that the DSW KWW area had the fourth highest number of relative carers per Tusla area nationally at that time, reflecting the area's practice of seeking placements within the child's network. The report identified trends and learning from the work of the Foster Care Committee in approving fostering assessments, and made some recommendations for 2025. The report acknowledged that adequate staffing is required to support foster carers and children in care, and the urgent need for more foster carers, and that the support of the link worker and the children-in-care social worker is critical to the retention of existing carers.

There were policies and procedures in place for dealing with complaints, and these also provided some insight into children's experiences. Inspectors reviewed information submitted relating to both complaints and compliments received by the service and found that of 103 compliments received, six were from children complimenting the work done with them by staff. Complaints included one about not having an allocated social worker for over a year, and four complaints about communication issues. Compliments were also received from foster carers, solicitors, the judiciary and other professionals involved with children. These included comments about how well a staff member worked with children who trusted and responded well to the worker. The judiciary commented on workers' professionalism and understanding of a case. Complaints and service user experiences were also discussed at RORMSIC meetings.

The national compliance plan for foster care developed following the 2024 programme of inspections set out a number of actions under this standard. These were: to commence a review of governance structures to be agreed by 30 July 2025 and implemented by 30 September 2025.

The impact of these actions on local areas was not assessed during this inspection, as the planning for the implementation of the Tusla reform programme was ongoing at the time of the inspection.

The DSW KWW foster care service demonstrates many of the criteria of a rights-based quality service, including appropriate systems and best use of available resources to meet the needs of children, effective leadership of managers, and a focus on learning and quality assurance. Based on the evidence gathered for this desktop review, it is likely that children in foster care received an appropriate, well governed, good-quality service that met their needs in a timely way. Children who did not have an allocated social worker were consulted about their experience of the service and benefitted from a quality improvement approach to the delivery of foster care services. It is for these reasons this standard was deemed compliant.

Judgment: Compliant

Appendix 1:
National Standards for Foster Care (2003)
and
Child Care (Placement of Children in Foster Care) Regulations,[3] 1995

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

[3] Child Care (Placement of Children in Foster Care) Regulations, 1995

Compliance Plan for
Dublin South West Kildare West Wicklow
Foster Care Service
OSV – 0004420

Inspection ID: MON-0047776

Date of inspection: 06 – 08 October 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:

Standard 5: The child and family social worker There is a designated social worker for each child and young person in foster care.	**Judgment: Substantially compliant**

Outline how you are going to come into compliance with Standard 5:

- DSW/KWW have been operating several recruitment and retention initiatives and forecast increased recruitment of Social Workers to the Area in 2026. The area currently has 4 social work apprentices in their final year of apprenticeship and are due to qualify in June 2026. There are a further 3 apprentices due to qualify in June 2027 and 5 further apprentices are due to commence in the area in June 2027, graduating in June 2028. This equates to a further 12 social workers to be added to the workforce from this initiative alone.

- The area has also continued to keep a cohort of student in employment in a part time capacity following completion of their placement each year in social care/ family support practitioner/ business support role. These students then have taken social work positions once CORU registered in the area due to their continued involvement in the area. There is one student currently due to qualify in June 2026 as part of this initiative. The area is very proactive in the provision of student placements each year and these students continue to move into the PQSW (professionally qualified social worker) positions once qualified. From March 2026, a targeted campaign will be advertised, directed at social work graduates. This will significantly increase our ability to allocate cases to Social Workers and ensure that statutory visits are completed on time.

- All social care workers/ leaders will now be accompanied by a PQSW to ensure all children will have a statutory visit undertaken in quarter 1 and 2 2026. From January 2026 a separate column will be entered on our tracker to monitor safeguarding and statutory visits.
- Recruitment is underway for a psychologist who specifically works with children in care in the area. This post has been vacant since December 2025 and the aim is to backfill by the end of Quarter 1 2026.

- Tusla has been engaged in an Agency wide reform plan which commenced on the 5th January 2026. DSW/KWW as previously known has now been spilt into three smaller networks – DSW, Kildare South and Kildare North (also encompassing Dublin West). This Compliance Plan will be overseen by the Area Manager for the current DSW area to ensure implementation across these networks also.

- As part of the reform a case assignment exercise is underway which aligns all cases open on TCM (Tusla's caseload management) CPAC (child protection and alternative care) to the new Network and Team Structure. The time frame allowed for the assignment of cases is from 1st January 2026 to 28th February 2026. Early indications from this exercise in the area are that we are transferring out more cases than will be transferring in. Once this exercise is completed by the end of February 2026, we are anticipating that additional capacity will be created.

- From 1/3/2026 the New National Transfer Policy comes into effect which allows for the transfer of children in long term foster placement including private foster placement in another area if the child's placement is over 100km from the transferring areas most central point. This will also assist in creating additional capacity in the area and will ensure that the number of cases that social workers manage outside the area will be greatly reduced.

- On a monthly basis unallocated foster care and children in care lists are reviewed to ensure that there are no dual unallocated cases. This is reviewed by the fostering and Local Integrated Team (LIT) PSW's and will be ongoing throughout 2026.

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.	**Judgment: Substantially compliant**

Outline how you are going to come into compliance with Standard 7:

- The reviewing officer post in DSW is currently vacant due to maternity leave. Backfill for this post has been sought and the recruitment process is currently underway.

- A new reviewing officer post for Kildare South is currently in the recruitment process also and to be filled by the end of Quarter 1 2026.

- A business case for additional business support for DSW is currently being considered by the Regional Chief Officer. This will also allow for appropriate business support to be provided to the reviewing officer for all aspects of reviews.

- PASM will be requested to complete an audit of care plans in DSW in 2026 with a view to commencing in quarter 2 2026.

- *Quality of care planning* and *child in care reviews* will be included for the schedule of training/information sessions for the area in 2026.

- Social Work Team Leaders has been requested to chair monthly CIC Reviews and will assist in supporting their completion. This support has commenced and will continue for 2026.

Standard 18: Effective Policies Health boards[4] 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:

- Tusla has been engaged in an Agency wide reform plan which commenced on the 5th January 2026. DSW/KWW as previously known has now been spilt into three smaller networks – DSW, Kildare South and Kildare North (also encompassing Dublin West). This Compliance Plan will be overseen by the Area Manager for the current DSW area to ensure implementation across these networks also.

- In respect to the transfer of children in care the Local Integrated Service Delivery Standard Operating Procedure (SOP) for Case Assignment for Children in Care is currently in place. The period for application of this SOP is from January 1st, 2026 – February 28th 2026, and will be stood down thereafter. We are working with other areas nationally to progress these transfers prior to 28/2/2026.

- Work is currently underway in the area with the HSE (Health Service Executive) in respect of the implementation of the revised Joint Working Protocol. We will seek by the end of quarter 1 to re-establish formal local processes under the protocol and to ensure that timely and appropriate supports are provided. The Area Manager will lead out on this action.

- Will we continue with the monthly review of children in care and foster carers to ensure that there are no dual unallocated cases. This will be reviewed by Principal Social Worker (PSW) and reported to the Area Manager. This will continue throughout 2026. Where a worker is leaving post, teams will continue to liaise and plan around ensuring no dual unallocated cases.

- Under the reform programme a regional PSW will hold responsibility for fostering recruitment in the region. In line with the Regional Recruitment Plan, a Regional Recruitment Group has also been established and involves existing foster carers. This will continue throughout 2026.

[4] 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).

- The Fostering Peer Support Programme is being expanded in 2026. Currently there is a half time peer support worker (also a foster carer), and this will be extended with two more half time posts for the region. Therefore in 2026 in the DML (Dublin Mid-Leinster) region we will have 3 experienced Peer Support Foster Carers in post (equivalent to 1.5 whole time equivalents (WTE)). It is anticipated that this will be in place by the end of Quarter 2 2026.

- Training for foster carers will be co-ordinated across the region in 2026 and in line with the national strategy for foster carers and involves foster carers delivering training also.

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
Standard 5: The child and family social worker There is a designated social worker for each child and young person in foster care.	Substantially Compliant	Yellow	30 June 2026
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.	Substantially Compliant	Yellow	30 June 2026

Standard 18: Effective Policies Health boards[5] 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 June 2026

[5] 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).