



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care Inspection and Monitoring Service

### Non-Statutory Foster Care Agency

**Monitoring ID:** 04

**Year:** 2025

Alternative Care Inspection and Monitoring Service  
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## Monitoring Report

<b>Year:</b>	<b>2025</b>
<b>Name of Agency:</b>	<b>Foster Care Ireland</b>
<b>Dates of audit:</b>	<b>16<sup>th</sup> and 17<sup>th</sup> September 2025</b>
<b>Monitoring Team:</b>	<b>Ciara Nangle Janice Ryan</b>
<b>Type of Monitoring Visit:</b>	<b>Announced Themed</b>
<b>Date Final Report Issued:</b>	<b>27<sup>th</sup> November 2025</b>

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## 1. Foreword

The Child and Family Agency is responsible for providing services for children who require care outside of their homes of origin. This care is provided in a variety of settings, and TUSLA is responsible for ensuring that this care is of a high standard for the protection and support of these children. Tusla may also commission the provision of foster care placements by non-statutory, voluntary or private, fostering agencies. The non-statutory foster care agency is required to adhere to the legislation, regulations and standards in respect of the provision of foster care within the state and demonstrate adequate knowledge of same.

Tusla- Child and Family Agency was established on the 1<sup>st</sup> January 2014, legislated under the Child and Family Agency Act 2013, and is now the dedicated State agency responsible for improving wellbeing and outcomes for children. The Child and Family Agency is overseen by the Department of Children, Equality, Disability, Integration and Youth.

Tusla has responsibility for a range of services including provision of alternative care placements for children requiring protection and support including statutory foster care services. For both statutory and non-statutory foster care services Tusla retain their statutory responsibilities to children placed with these services. The approval of foster carers is the responsibility of the Tusla Foster Care Committee. Tusla and non-statutory foster care agencies are accountable for the provision of safe and effective care to these children.

The internal responsibility for governance is the ultimate responsibility of the non-statutory agency providing the foster care service. The non-statutory foster care agency will, however, be subject to the normal monitoring and inspection arrangements as outlined in the regulations and legislation, undertaken by Tusla, the Child and Family Agency and where appropriate by HIQA.

The monitoring of non-statutory foster care agencies by Tusla, Child and Family Agency is required by the Department of Health and Children's "National Standards for Foster Care, 2003" Standard 24.6 to ensure compliance with the Placement of Children in Foster Care Regulations, 1995. The objective of the monitoring process is to provide assurance about the quality of care, challenge poor performance and promote improvement and safeguard the rights of young people in care.

This duty is undertaken by the Alternative Care Inspection and Monitoring Service as part of the Children's Services Regulation which is a sub directorate of the Quality and Regulation

Directorate within TUSLA, the Child and Family Agency. The service is committed to carry out its duties in an even handed, fair and rigorous manner.

As part of the Alternative Care Inspection and Monitoring services schedule of monitoring visits to private foster care agencies in 2025, a thematic review of Standard 16 – training, is being completed from quarter 1 onwards.

This monitoring visit will set out to determine if foster carers participate in the training necessary to equip them with the skills and knowledge required to provide high quality care in line with Standard 16, Training, National Standards for Foster Care (2003).

Information was gathered through reviews of the foster carer files, interviews with relevant people and through a review of questionnaires returned by active foster carers within the agency.

## Acknowledgements

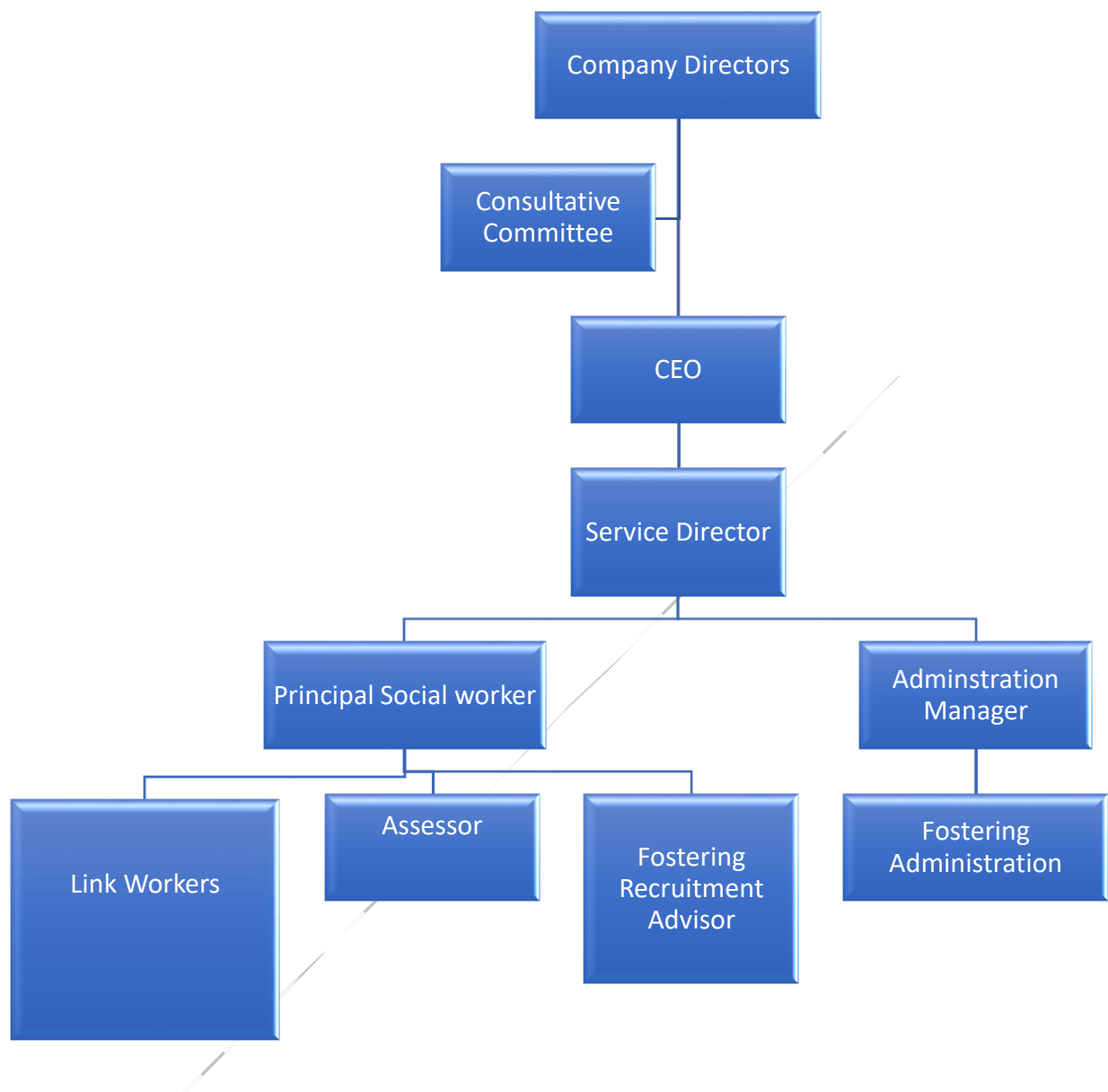
The monitoring officers would like to acknowledge the staff and management of Foster Care Ireland and the foster carers who took the time to complete questionnaires, for their co-operation during the audit process.

## 1.1 Profile of the Foster Care Agency

Foster Care Ireland has been in operation in Ireland since 2016 and receives referrals from Tusla and provides a range of services to include respite, short-term and long-term foster care services. Foster Care Ireland operates as a subsidiary of Sorchá Homes Ltd. After an initial period of assessment and training, Foster Care Ireland began providing placements for children and young people referred to them by Tusla, the Child and Family Agency in 2017. The foster care agency recruits, assesses, trains and provides support to foster carers to enable them to care for children between the ages of 0 – 18 years. Data returned by Foster Care Ireland stated that on the 31<sup>st</sup> August 2025 the service had 34 foster carer households, 27 of these were currently providing placements to children on behalf of Tusla, five were providing respite placements and two were awaiting placements. The placements provided by the agency were short, long term and respite placements.

The organisational chart under Figure 1 describes the management and team structure in place in this service.

**Figure 1: Organisational Structure of Foster Care Ireland**



## 1.2 Methodology

This monitoring report sets out the findings of an announced monitoring visit carried out over two days, 16<sup>th</sup> and 17<sup>th</sup> September 2025, to assess the agency's compliance with Standard 16 of the National Standards for Foster Care, 2003. The agency was notified of the intention to conduct this monitoring visit on the 29<sup>th</sup> August 2025.

The following documents, data sets and information was requested:

1. Organisational chart for the agency
2. Policies and procedures relating to: Training; including mandatory training programmes and additional training, management of carers who do not attend training and training for carers following foster care review.
3. Tracking of training offered and delivered.
4. Data Set for:
  - Number of carers currently with the agency.
  - Number of newly approved carers – within the last year from 31<sup>st</sup> August 2024 to 31<sup>st</sup> August 2025.
  - Number of placement breakdowns that have occurred within the year from the 31<sup>st</sup> August 2024 to 31<sup>st</sup> August 2025.
  - Number of reviews that have occurred in the last year from the 31<sup>st</sup> August 2024 to 31<sup>st</sup> August 2025.
  - Number of reviews that occurred due to Child Protection Concerns/disruptions from 31<sup>st</sup> August 2024 to 31<sup>st</sup> August 2025.
  - Number of carers who do not have up to date mandatory training
5. Training needs analysis.
6. Any internal trackers of training to evidence quality assurance oversight.
7. Any evaluations of training programmes delivered.

This report is based on a range of monitoring activities including review of the documents submitted by the agency and review of the following information on the 16<sup>th</sup> and 17<sup>th</sup> September 2025.

- ◆ A sample of foster carer household records. Monitors reviewed 6 foster carer records- this equated to approximately 17% of the active foster carers within the agency.
- ◆ Relevant policies, procedures, audits and trackers.



- ◆ Foster carer questionnaires completed and submitted during the timeframe of the audit.
- ◆ Interviews with relevant persons that were deemed by the monitoring team as to having a bona fide interest in the operation of the service;
  - Service Director
  - Principal social worker
  - Fostering link worker/Therapeutic Lead x 1

### 1.3 Summary of Monitoring Findings

Overall, the findings of this monitoring visit indicated that the agency was operating in compliance with standard 16 of the National Standards for Foster Care, 2003. This was evidenced in foster carer records such as support and supervision records, foster care reviews and foster carer questionnaires returned as part of this monitoring visit. The agency placed an emphasis on the provision of both individual and group training aligned to the carers presenting needs to support the delivery of safe and effect care for children placed on behalf of Tusla. Monitors found that the agency was operating in line with good practice and relevant standards.

## 2. Analysis of Findings

### 2.1 Training

#### *Standard 16*

*Foster carers participate in the training necessary to equip them with the skills and knowledge required to provide high quality care.*

The agency had a policy in place which set out the requirements for foster carers to engage in training throughout their fostering journey. This included the completion of training prior to approval, and the requirements post approval for the completion of mandatory training in Children's First every three years. The agency had a system in place to track the completion of mandatory training to allow for follow up when this required renewal. Within foster care records there was evidence of follow up with carers in a timely manner to encourage them to complete the required mandatory training which was available online. The agency also had an escalation policy in place should carers not engage with training, with pathways to be followed depending on the type of training i.e. mandatory or non-mandatory.

Each carer within the agency in consultation with their link worker developed a yearly learning plan. They were reviewed annually to determine progress in achieving the set goals. The plan included details of areas of learning need, the training required to meet this need and the timeframe during which this would be completed. The plan also set out potential barriers to achieving these and how the carers would be supported to overcome them. These plans were on file for all carers in the sample reviewed.

The agency offered a broad range of training opportunities to their carers. These trainings were provided both online and in person depending on the training type and carer availability. The agency developed an annual training calendar which offered training throughout the year, in a diverse range of topics relevant to the foster carers needs. There was one link worker within the agency, who was the therapeutic lead and was responsible for the development of the training calendar alongside the principal social worker. The calendar was developed from the collation of information gathered from a range of sources. This included a review of the training plans for carers, foster care reviews, feedback from carers either directly to the therapeutic lead or through the carers board and from link workers and the needs arising from their discussions during support and supervision visits, training evaluations and any other feedback received by the agency. This calendar was shared with

carers each year. To encourage attendance at training events a monthly newsletter was issued to carers which highlighted the upcoming training on the calendar for the month ahead. Additionally, the administration manager also issued an e-mail reminder to carers when training was scheduled and requested confirmation of their attendance. Carers were also provided with membership of Irish Foster Carers Association (IFCA ) so they could access their training events and reminders of the upcoming training events facilitated by IFCA were also included within the monthly newsletter to support attendance.

A record of attendance at each training was maintained by the administration manager which included reasons for non-attendance if provided. A tracking document was also maintained of the training records for each carer which provided an overview of all training completed within the year and included an explanatory note if there was significant non-attendance at group training e.g. carer was engaged with one-to-one work. These trackers were reviewed by the principal social worker and the administration manager on a weekly basis during operations meetings to consider attendance levels, barriers to attendance and any further planning that was required. The information generated during these meetings was also discussed at the weekly management meeting when required. At times, if confirmed attendance levels were low for a particular event, the option of moving the training to online was agreed during these meetings to increase attendance rates indicating a commitment on behalf of the agency to ensure their training delivery was as effective as possible.

Group training was predominantly facilitated online as the agency found that this provided for greater attendance. A survey was completed with carers in relation to training needs in 2024 to inform the 2025 training planning and there was a preference expressed for online training, although some carers did indicate that they preferred in person. The agency aimed to provide some in person training but as detailed above when attendance rates were low, at times these moved to online. The agency had recently facilitated an in-person training session for both children and carers and feedback received from this was positive. An outing had also been facilitated during the summer months for carers and children, and aspects of training were incorporated into this day for both the carers and children in an informal way.

Within the last year the agency had developed a carers board, which consisted of carers with varying years of experience, the service director and one of the agency's proprietors. The board meet bimonthly, and the service director reported in interview that through these meetings feedback was sought from carers in relation to training type and need. At the most recent board meeting the carers had made some suggestions relating to training, and the

service director advised that they were currently considering if the facilitation of this would be possible.

The agency demonstrated a responsiveness to carers needs through the provision of one-to-one training for carers when a specific need arose in relation to a young person in their care. Depending on the nature of the need this training was provided by the therapeutic lead within the agency, or if a specific support was required external professionals were sourced to complete the training through individual work. At times link workers, with areas of specialty in a particular area provided the direct training to the carer to ensure that they had the information in a timely manner to be able to meet the needs of the child. In one file reviewed, monitors noted that the family required a specific training due to a need that arose, this training had been provided by the agency several weeks earlier however the carers did not attend. The link worker facilitated a one-to-one session with the carers which records indicated that they reported to find it extremely beneficial.

The agency had systems in place to evaluate the training provided. This included the dissemination of evaluation forms at the end of each training session which carers were requested to return. The information returned was collated by the administration manager and was used to inform future planning in training sessions. The therapeutic lead, who had responsibility for delivering some of the training advised that feedback was also sought during training sessions, and that the content would be tailored for the cohort of carers in attendance. Overall, on review of a sample of feedback forms returned following training, the feedback was positive. The agency also encouraged their link workers to attend training and they too would provide feedback on the training delivered. The agency aimed to always have a member of the team present for training.

In the last quarter of 2024, the agency had introduced annual visits to carers by the principal social worker and an aspect of this visit was to include a review of training provision: the carers views on same and to explore any barriers to completing training. Five of these visits were completed. However, these visits were put on hold in 2025 due to competing service demands.

Prior to approval carers were required to complete training to prepare them for fostering. This was completed by all carers prior to being approved. Within assessment, training was identified for the carers to complete post approval. Within the sample reviewed, this tended to be training in relation to attachment. The agency facilitated a course on attachment which

was run yearly and carers attended this generally within the first year of a child being placed. The therapeutic lead noted that they found this course to be more effective when carers had their first young person in placement.

Within the sample of files reviewed, monitors did not see where training was provided or identified as being needed prior to the placement of a child in relation to a specific need they presented with. However, in interview the link social worker spoke about additional training being provided relating to safe care practices specifically for one young person prior to their placement commencing in light of their needs and noted the positive benefits this additional training has had on the placement as a result.

On each carers file a record of all training completed was maintained by the link worker, this detailed the trainings completed within the year by the foster carers. Within the sample reviewed, these records were available for all years since approval. As noted earlier, an overall log was also maintained by the agency with all carers training records for the year. Not all trainings facilitated by the agency generated certificates of attendance and as such these were not available for review to confirm attendance however a record of attendance at each session was maintained by the agency. Additionally, when carers completed training external to the agency, certificates of these trainings were not always maintained on file to confirm their attendance.

Training was a standing agenda item for discussion on link workers support and supervision visits. These visits were due to occur every four to six weeks, however at times did not take place due to being cancelled by carers or link workers for a variety of reasons. Monitors found it hard at times to ascertain the reason why a visit did not occur as records relating to this were limited and the records did not indicate that attempts to reschedule visits were made when they were cancelled.

Within some of the support and supervision visit records there was clear evidence of discussions in regard to training taking place. This included discussion in relation to the application of learning into practice when a carer had attended a training or when individual support was being provided by the therapeutic lead. Additionally, within some records there was reference to the carers training plan and the attendance at identified training sessions. However, the recording within the records of support and supervision visits was not consistent across all files reviewed. Within some there was minimal reference to training and

at times the information recorded remained unchanged month to month which made it hard for monitors to ascertain when the discussion had occurred.

The quality of the recording within support and supervision visits had been identified by the service director in an audit they had completed in July 2025 where they noted similar findings regarding repetitive information being captured and a lack of notes for uncompleted supervision visits. The agency planned to complete a training day with their link social workers in relation to this, however due to leave over the summer period this had to be rescheduled and had not been completed with all link workers at the time of this monitoring visit.

Training needs were considered as part of the initial foster care review one year after carers had their first placement and again at subsequent reviews which were scheduled for completion in line with statutory requirements. In the sample reviewed, reviews had been convened within the required time frames, and when there was a delay in the completion of them, there was a clear rationale and documented information provided to the foster care committee to explain this. Within the review report, training completed in the period under review was listed and further training was identified. The identified training within the sample reviewed was generally aligned to the areas identified within the carers learning plan. Decisions from reviews were tracked which would ensure that if a specific training need was identified this would be planned for and facilitated.

A questionnaire was disseminated to all carers in the agency on behalf of the monitors to inform this monitoring visit. 13 carers returned the questionnaire which accounted for approximately 38 percent of carers within the agency. Carers reported that they felt very supported by the agency and their link workers. They noted that training was made available in person and online. Some carers noted that at times they were unable to attend due to the time of day training occurred but that they were supported to access training through external agencies. Overall, carers reported positively of their experience of fostering with the agency and on the availability of training to support them in their role.

## **2.2 Recommendations for service improvement**

- Improvement is required in the recording of support and supervision visits to foster carers to ensure they consistently and accurately reflect the discussions that occur in relation to training.

- Improvement in the recording of reasons for the cancellation of support and supervision visits is required, in addition to improvement in the attempts made to reschedule cancelled visits, to ensure that carers are visited in line with policy requirements and that files clearly reflect all necessary information.

### **2.3. Actions Required to be compliant with the standard**

- None required

