

Health Information and Quality Authority Regulation Directorate monitoring inspection of Child Protection and Welfare Services

Name of service area:	Cork
Type of inspection:	Focused
Date of inspection:	22 April 2025
Lead inspector:	Hazel Hanrahan
Support inspector(s):	Bernadette Neville Lorraine O'Reilly Sharon Moore Nicola Rossiter Susan Geary
Fieldwork ID	MON-0046698

About this inspection

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 8(1)(c) of the Health Act 2007, to monitor the quality of service provided by the Child and Family Agency to protect children and to promote the welfare of children.

The Authority monitors the performance of the Child and Family Agency against the National Standards for the Protection and Welfare of Children 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 the Protection and Welfare of Children* and reduce waiting lists for children. The monitoring programme included onsite inspections and monthly meetings with nominated representatives of Tusla's executive team.

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

HIQA completed 10 inspections of Tusla services between February and April 2024. A single report of the findings across all 10 inspections was published on HIQA's website in January 2025. This '*Overview Report on the Governance of the Child and Family Agency (Tusla) Child Protection and Welfare and Foster Care Services*' can be found at [HIQA Overview Report](#).

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

- Significant systems risks pertaining to an absence of effective governance and oversight and organisational capacity to meet continued high levels of referrals.
- Significant systems risks pertaining the capacity and capabilities of staff.
- Significant systems risks pertaining to information governance and case records not being uploaded to Tusla case management system, TCM.
- Significant systems risks pertaining to the placement of children in a Special Emergency Arrangement's (SEA's).

The regional chief officer's response to some of the systems risks identified did not provide adequate assurance in relation to the immediate actions that were needed to address the issues raised. These included systems risks related to the recognition and assessment of cumulative harm, diversions, safety planning and reviews of unallocated cases. In addition, the response raised a concern with regard to the planned social work apprenticeships. These systems risks were further escalated to Tusla's National Office in June 2024.

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

How we inspect

As part of this inspection, inspectors met with social work managers and staff. Inspectors observed practices and reviewed documentation such as children's files, policies and procedures and administrative records.

The key activities of this inspection involved:

- the analysis of data
- interview with the area manager
- interview with the QRSI lead
- focus group with six principal social workers
- focus group with new social workers
- focus group with new social care staff
- the review of local policies and procedures, minutes of various meetings, staff supervision files, audits and service plans
- the areas self-assessment questionnaire
- observation of the local area Special Emergency Arrangement Oversight Group
- observation of three duty teams
- observation of the Low Harm/High Need team
- the review of 69 children's case files.

The aim of the inspection was to assess compliance with national standards of the service delivered to children who are referred to the Child Protection and Welfare Social Work Service.

Acknowledgements

HIQA wishes to thank those that spoke with inspectors during the course of this inspection in addition to staff and managers of the service for their cooperation.

Profile of the child protection and welfare service

The Child and Family Agency

Child and family services in Ireland are delivered by a single dedicated State agency called the Child and Family Agency (Tusla), which is overseen by the Department of Children, Disability and Equality. The Child and Family Agency Act 2013 (Number 40 of 2013) established the Child and Family Agency with effect from 1 January 2014.

The Child and Family Agency has responsibility for a range of services, including:

- Child protection and welfare services;
- Educational welfare services;
- Psychological services;
- Alternative care;
- Family and locally-based community supports;
- Early years services;

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

Child protection and welfare services are inspected by HIQA in each of the 17 service areas.

Service area

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

The Cork service area is one of 17 service areas in the Child and Family Agency. Geographically, it is the largest county in Ireland with significant urban population (second largest in the country) and rural spread. The Cork area reaches from Youghal in the east of the county, north to Charleville and extends out to the westwards to the Beara peninsula.

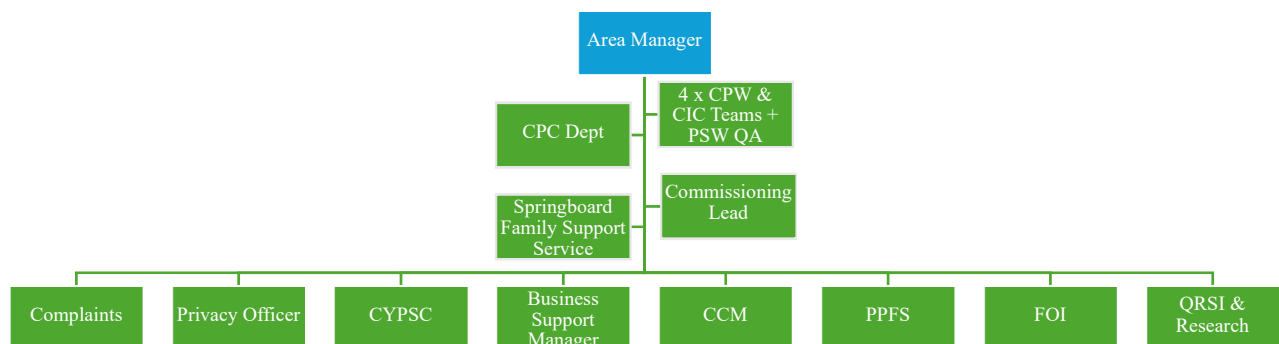
Census figures for 2022 indicated a population of 584,156 representing a population growth of 8% since the 2016 census. The Cork Area has a high Youth population, 0-24, and an extremely diverse population. 20% of the population of West Cork & South Lee were born outside Ireland. Cork had the second largest population increase by county in the 2022 census of 17,218.

In terms of population growth, the greatest increase was seen in the city areas of Farranferris which saw a population growth of 43.5%, City centre 31% and the City Hall area which saw an increase of 35%. According to the Pobal HP Deprivation Index as of 2022 there were 13 small areas classified as extremely disadvantaged in the Cork Area.

The Regional Chief Officer has overall governance for the Region which includes Cork and Kerry. Operational service delivery is managed by the Area Manager. Child Protection & Welfare services is delivered across four geographic teams. This is broken down into

- two teams based in the city and;
- two rural teams in North and West Cork.

Operational Governance Structure



The referral numbers to the Child Protection and Welfare service are increasing, and the service area continues to experience resource deficits. The service area continues to be challenged by recruitment and the retention of staff.

Compliance classifications

HIQA will judge the service to be **compliant, substantially compliant or not-compliant** with the standards. These are defined as follows:

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

Substantially compliant: A judgment of substantially compliant means the service is mostly compliant with the standard 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 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 provider 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 provider must take action within a reasonable time frame to come into compliance.

In order to summarise inspection findings and to describe how well a service is doing, standards are grouped and reported under two dimensions:

1. Capacity and capability of the service:

This dimension describes standards related to the leadership and management of the service and how effective they are in ensuring that a good quality and safe service is being provided to children and families. It considers how people who work in the service are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

The quality and safety dimension relates to standards that govern how services should interact with children and ensure their safety. The standards include consideration of communication, safeguarding and responsiveness and look to ensure that children are safe and supported throughout their engagement with the service.

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

Theme 2. Safe and Effective services	
Standard 2.1	Children are protected and their welfare promoted through the consistent implementation of Children First.

Theme 3:Leadership, Governance and Management	
Standard 3.1	The service performs its functions in accordance with relevant legislation, regulations, national policies and standards to protect children and promote their welfare.
Standard 3.2	Children receive a child protection and welfare service, which has effective leadership, governance, and management arrangements with clear lines of accountability.

Theme 4:Use of Resources	
Standard 4.1	Resources are effectively planned, deployed and managed to protect children and promote their welfare.

Theme 5: Workforce	
Standard 5.2	Staff have the required skills and experience to manage and deliver effective services to children.

This inspection was carried out during the following times:

Date	Times of inspection	Inspector name	Role
22 April 2025	09:30hrs to 17:00hrs	Hazel Hanrahan Lorraine O'Reilly Bernadette Neville Susan Geary	Lead Inspector Support Inspector Support Inspector Support Inspector
	11:00hrs to 17:00hrs	Sharon Moore Nicola Rossiter	Support Inspector Support Inspector
23 April 2025	09:00hrs to 17:00hrs	Hazel Hanrahan Lorraine O'Reilly Bernadette Neville Susan Geary Sharon Moore Nicola Rossiter	Lead Inspector Support Inspector Support Inspector Support Inspector Support Inspector Support Inspector

24 April 2025	09:00hrs to 17:00hrs	Hazel Hanrahan Lorraine O'Reilly Bernadette Neville Susan Geary Sharon Moore Nicola Rossiter	Lead Inspector Support Inspector Support Inspector Support Inspector Support Inspector Support Inspector
25 April 2025	09:00hrs to 13:00hrs	Hazel Hanrahan Lorraine O'Reilly	Lead Inspector Support Inspector

Children's experience of the service

Children's experiences were established through the review of case files, of children who were referred to and in receipt of a child protection and welfare service, or awaiting a service.

Hearing the voice of children is very important in understanding how the service worked to meet their needs and improve outcomes in their lives. The service area experienced significant increase in referrals and staffing difficulties which impacted on the number of children awaiting allocation to a social worker. Data reviewed to determine the number of children awaiting allocation to a social worker showed that;

- 905 children were awaiting allocation to a social worker as of the 22 April 2025. Of the 905, 161 were allocated to other professionals.
- The dataset submitted prior to the inspection indicated that 506 children were waiting for the completion of preliminary enquiries and that;
- 215 children were waiting for the completion of initial assessments

The implementation of Tusla's standard business process was not timely, or responsive to the voice of the child, as children were not always supported in a timely manner to express their views, wishes and feelings to inform the planning of their care. This impacted negatively on the service's ability to deliver a safe and effective service to identify and assess concerns received about a child and whether action was needed to safeguard a child who may be suffering, or is likely to suffer harm. Safety at each stage of the standard business process could not be established for every child. Where risk was identified, safety was either not being established or where safety plans were in place these were not regularly reviewed. Management and staff could not ensure that all children received a timely service in line with '*Children First National Guidance for the Protection and Welfare of Children 2017*'. This is discussed further under standard 2.1.

Inspectors reviewed preliminary enquiries for the purpose of determining the quality of practice in implementing the standard business process timeframes. Significant delays were found that ranged from 21 days, two months, four months, eight months, seven months, ten and 12 months, with some preliminary enquiries not being commenced.

When allegations were made by children or referrals received for concerns of physical abuse, children were not always seen in a timely manner as part of the process. This included children who had a disability and were non-verbal in

communication. Below is a selection of case reviewed that highlight the experiences of children with a disability in having their voices heard;

- For one child with a disability, where there were concerns for physical abuse, it took two months for the child to be seen by a social worker.
- For one child, who had reported violence in the home, the child and their siblings, one of which had a disability, had not been seen by a social worker.
- For one child with a disability, whose parent presented with serious mental health needs, they were not seen as part of the process by a social worker.
- For a third child, with an intellectual disability, where there was uncertainty of accommodation for them, they were not met with by a social worker.

Further improvement was needed from staff and management to meaningfully listen and hear the voices of children with communication, speech and language needs to gain insights into their experiences as this was limited or not happening. Further improvement was needed to provide a range of approaches and alternative means of communication to understand a child's communication style.

There was good practice of social care workers and social workers meeting with children in their school environment or at their family home. Child friendly tools were used to hear their voices and this informed part of the ongoing assessment of their needs. In addition, there was good practice of staff working with families to assess the protective factors and strengths in the family for the child. There was also good practice of staff building positive relationships with children placed in Special Emergency Arrangements and increasing visits to see them if significant events in their life had a negative impact on them.

However, the challenges the service faced in staff turnover and increased referrals impacted on the experiences of children who had to navigate the child protection and welfare service.

When allegations were made by children or referrals received for concerns of physical abuse, children were not always seen in a timely manner as part of the process. This included children who had a disability and were non-verbal in communication. Further improvement was needed from staff and management to meaningfully listen and hear the voices of children with communication, speech and language needs to gain insights into their experiences as this was limited or not happening.

Capacity and capability

This report reflects the findings of a focused inspection of the Cork service area, which looked at five child protection and welfare standards.

In this inspection, HIQA found that, of the five national child protection and welfare standards assessed:

- Four standards were not compliant and;
- One standard was substantially compliant.

Throughout much of 2024, the service had experienced staffing challenges and a significant increase in referrals to the service that had impacted on their ability to consistently deliver a safe and effective service to children. Management tried to ensure that resources were deployed effectively however, the impact was they had an uphill battle to improve service provision. Management and staff continued to be stretched beyond their capacity to develop and put in place actions to mitigate against any risks posed to the service, as much as possible. The impact was that not all children received a timely service in line with '*Children First National Guidance for the Protection and Welfare of Children 2017*' (*Children's First*) and Tusla national standard business process. Despite this, significant improvements had been made by management since the previous inspection in 2024, to strengthen the areas where system risks were identified.

It is recognised that management were waiting for Tusla's national integrated reform programme to come into existence to help alleviate the pressures the service area was facing. But this was a long-term programme that would not come into fruition in the foreseeable future. As a result, management and staff continued to work beyond their capacity to bridge the operational gaps in order to perform the functions of a child protection and welfare service and this was not an effective or sustainable solution.

Managers made progress in 2024 to reduce the number of children awaiting allocation to a social worker, from 25% in May 2024 to 19% in August 2024. However, the service area experienced a 46% increase in referrals from August 2024 to October 2024 which led to significant delays in responding to risks to children. This resulted in an increase in the number of children awaiting allocation to a social worker, to 42% in April 2025, which in turn lead to 506 children waiting for preliminary enquiries to be completed. As a result, the service area could not ensure that all children received a timely service in line with '*Children First National Guidance for the Protection and Welfare of Children 2017*' (*Children's First*) and Tusla national standard business process.

Management were at the initial stages of developing a bespoke project to address cases awaiting allocation, across the service area, in order to reduce the significant number of children awaiting preliminary enquiries and initial assessment. However, this internal control measure to support management to deliver on their purpose and function was slow to materialise.

The child protection and welfare service experienced challenges of staff vacancies across the teams in 2024 and 2025, which caused significant delays in responding to safeguarding concerns and risks to children. As of the 3 April 2025, the child protection and welfare team had 18.8 social worker vacancies and 2.37 social care worker vacancies. Management were left reliant on existing staff, across teams and grades, to share resources and take on additional cases which increased their caseloads, which at times, impacted on their capacity and oversight mechanisms. Management were working hard to develop effective workforce planning systems so that there were sufficient social workers and social care workers to mitigate against the service areas inability to meet current and future service demands. One of these measures saw 46 requests were made by management to Tusla recruit, for backfilling of temporary and permanent positions of social workers within the child protection and welfare service. Out of the 46 requests, all were approved and 32.61 recruited to.

The area had a service improvement plan (SIP) devised in 2024 and 2025. The SIP was aligned to Tusla's national service improvement plan for the management of cases awaiting allocation and were linked to the '*National Standards for the Child Protection and Welfare 2012*'. The SIP was at the initial stages of being embedded into practice with 23 out of the 43 actions completed but further time was needed to assess its effectiveness in the delivery of services to children.

There was mixed practice in implementing the '*Standard Operating procedure for the Management of Unallocated cases, waiting lists*' (SOP) for cases awaiting allocation. The impact of this was that management and staff could not effectively implement the SOP into practice against the backdrop of the increase in referrals and high absenteeism rates. As a result, staff and managers could not always ensure that at each stage of the standard business process that safety could be established for the child. Where risk was identified, safety was either not being established or where safety plans were in place these were not regularly reviewed, if at all, which did not provide accountability and effectiveness in safeguarding children.

A pilot was initiated in one of the teams to address waitlist at the preliminary enquiry stage, cases were allocated across all social workers on the child protection and welfare team and the child-in-care team. Oversight of cases allocated to the child-in-care team required significant improvement as some cases

assigned to the child-in-care teams were closed inappropriately, without oversight from the social work team leader on the child protection and welfare team.

Management had made improvements to strengthen staff knowledge and practice in the identification of cumulative harm through a number of training workshops in 2024 and 2025. However, further embedding into practice was still required. Cumulative harm was becoming a key agenda item discussed at management and team meetings and in supervision.

In addition, improvements had been made in the service area in aligning itself to the '*National Standard Operating Procedure – Special Emergency Arrangements*' (National SOP) by strengthening levels of governance and oversight of these arrangements. Management had reduced their reliance on SEA providers and had a SEA co-ordinator in place who liaised with the providers to ensure that the SOP was implemented and monitored regularly in respect of every child placed, and that systemic issues were identified and improvements made.

Significant improvement had been made by management in strengthening governance and oversight of the Low Harm High Need team¹ throughout 2024 and into 2025 to meet their statutory function. Management had established a steering group that met every two months. Discussions focused on the key metrics of the teams alongside staffing needs, findings from regulatory bodies and a focus on practice improvement. This forum provided continuous monitoring and oversight of the service through a well-defined and supported line of accountability.

There was improved focus on creating good processes for monitoring and regular reporting and analysis of performance data. The service area was strengthening their capacity for robust self-assessment to develop and sustain improvement in service provision. The level of understanding of the risk landscape had strengthened in 2024 with a comprehensive assessment of all risks undertaken.

The local management team were making strides to come into line with '*Tusla's Organisational Risk Management Policy 2022*' to ensure that staff were identifying and managing risk within the context of their work. The level of understanding of the risk landscape had strengthened in 2024 with a comprehensive assessment of all risks undertaken. Regular risk register meetings had been held where consideration was given to the context of the risk and the likely impact on outcomes for children, the potential for impact on service provision, and staff well-being.

¹ The Low Harm High Need response pathway was initiated in February 2022 and was outlined as part of Tusla's Business Plan 2022. The project aimed to target additional resources to priority regions to further enhance the response to children categorised as low and medium priority who were awaiting a child protection and welfare response. The service area was identified as one of these priority regions.

Three system risks were identified following the inspection which required escalation to the area manager for assurances of how management were going to address the risks identified to come back into compliance. These risks related to;

- The lack of accountability arrangements in place for the monitoring and review of intake records assigned to the child-in-care teams.
- Cases where physical abuse, specifically allegations of children being hit or slapped by a parent, was identified, children were either not seen immediately as part of the process, or action not taken, nor the risk appropriately assessed.
- There were significant delays in intake records being completed without adequate safety for children being established and cases being put on the waitlist.

The pressures faced by management and staff, outlined above, and had a negative impact on their ability to fulfil its statutory function effectively. Management and staff were utilising every resource available to them to be able to meet the demands they were experiencing to provide a safe and effective service for children. However, the service area could not meet this task alone and were reliant on the Tusla integrated reform programme in the design of an integrated service-wide front door service.

Standard 3.1

The service performs its functions in accordance with relevant legislation, regulations, national policies and standards to protect children and promote their welfare.

The service area judged themselves to be substantially compliant with this standard. Inspectors did not agree with this judgment and found them to be not compliant.

Managers and staff demonstrated knowledge of legislation, national standards and policies in order to protect children and promote their welfare. Through observations, and speaking with staff across teams and from different roles, inspectors found that staff had good knowledge of the child protection and welfare service in the delivery of services for children and their families. Yet, due to the increase in referrals to the service and staff vacancies experienced in the 12 months prior to the inspection, management and staff continued to be stretched beyond their capacity to develop and put in place actions to mitigate against any risks posed to the service, as much as possible, through the sharing of staff resources. Although staff and managers made strides in 2024 to reduce the number of children awaiting allocation to a social worker, from 25% in May 2024 to 19% in August 2024, the service area experienced a significant increase in referrals in October 2024 which led to significant delays in responding to risks to

children. The impact was that not all children received a timely service in line with 'Children First National Guidance for the Protection and Welfare of Children 2017' (*Children's First*) and Tusla national standard business process. Children were placed on waitlists for significant periods of time for preliminary enquiries and initial assessments.

Data provided by the service area during the inspection documented the increase in referrals to the child protection and welfare service in 2024. The service area gathered this data through Tusla case management system, TCM, as one of the management monitoring mechanisms in place. This data showed that referrals fluctuated throughout the year as follows:

May-2024	871
June-2024	586
July-2024	679
August-2024	614
September-2024	674
October-2024	896
November-2024	750
December-2024	743

This increase in referrals to the service area led to an increase in the number of children awaiting allocation to a social worker from 37% in January 2025 to 42% in April 2025, which amounted to 905 children. Of the 905, 161 were allocated to other professionals. Additionally, information provided prior to the inspection indicated that the service area had 506 cases waiting for preliminary enquiries to be completed and these were outside Tusla's standard business process timeframes. Upon review of a selection of case files, the delays in preliminary enquiries ranged from 21 days to 12 months, with some preliminary enquiries not being commenced. This impacted negatively on the service's ability to deliver a safe and effective service to identify and assess concerns received about a child and whether action was needed to safeguard a child who may be suffering, or is likely to suffer harm, in order to determine the risk and the level of intervention that may be required. As a result, the service area were not able to fulfil its requirements under legislation, Children First, Tusla national policies and guidance, and standards.

The extent of the pressures faced by the service area was evident in the number of open child protection and welfare cases, standing at 2,123 at the time of the inspection. The number of open cases the child protection and welfare service had to manage in 2024 remained at a high figure with the data provided by the service area showing that in:

May 2024 - 2,386
June 2024 - 2,396
July 2024 - 2,340
August 2024 - 2,295
September 2024 - 2,352
October 2024 - 2,533
November 2024 - 2,530
December 2024 - 2,639

Further improvement was required in management oversight of the implementation of '*Children First National Guidance for the Protection and Welfare of Children 2017*' (*Children's First*) related to cases of physical abuse². Weaknesses in practice was found in that management and staff did not always take effective or timely action when an allegation or a report of physical abuse was made known to the service area. Where physical abuse, specifically allegations of children being hit or slapped by a parent, were received by the service area, inspectors found that some children were either not seen immediately as part of the process, or action not taken, nor the risk appropriately assessed. In some cases, children had additional needs or a disability. This practice was not in line with Children's First, in that, a disability may be a complicating factor that may place a child at greater risk of harm. Also, this practice was not aligned to the service areas SIP in developing and implementing child and youth participation practice across teams. Further improvement was needed to ensure a consistent and effective response to cases where physical abuse had been identified.

Management were at the initial stages of developing a bespoke project to address cases awaiting allocation, across the service area, in order to reduce the significant number of children awaiting preliminary enquiries and initial assessment. The service had been experiencing significant pressures for approximately seven months prior to the inspection and this bespoke project was at the scoping stage to understand the project goals, develop project timeline, and identify any risks and to identify key stakeholders. When and if this project was to materialise, it would support the effective implementation of the standard business process through seeking the assistance of Tusla services in the community. This project was due to commence in June 2025. However, this internal control measure to support management to deliver on their purpose and function was slow to materialise.

The service area continued to struggle with staff vacancies and staff capacity to deliver a service. Data provided at the time of the inspection indicated that as of

² Under Children First, physical abuse is when a person deliberately hurts a child physically or puts them at risk of being physically harm. This can occur as a single incident or as a pattern of incidents.

the 3 April 2025, the child protection and welfare team had 18.8 social worker vacancies and 2.37 social care worker vacancies. Management across all levels of the service were aware of the complex challenges facing the service to meet their statutory obligations and to come into compliance with the national standards. Management were left reliant on existing staff, across teams and grades, to share resources and take on additional cases which increased their caseloads, which at times, impacted on their capacity and oversight mechanisms. Tusla recognised these challenges in their *'Performance Framework 2024-2026, Tusla's Child and Family Agency'* and looked to address the challenges to the supply of social workers and related staffing levels appropriate to operational needs.

Management had strengthened performance reporting in order to fulfil their statutory responsibilities. This was achieved through the gathering of data from Tusla case management system, TCM, by the business information unit and the QRSI lead, to measure service progress and areas of concern. The national service improvement plan provided a structured approach to enhancing service quality by targeting specific areas in need of improvement, and the metrics for measuring success, along with an area and regional combined assurance report (Assurance reports). The assurance reports focused on the needs and challenges for the service in relation to workforce planning, along with key data that measured various elements of service performance. This included data on referral rates, open cases, children awaiting allocation and children allocated to a social worker. In addition, management incorporated findings from HIQA inspections and recommendations from the Practice Assurance and Service Monitoring Team (PASM) into the local SIP and these were tracked until completion. This is discussed further under standard 3.2.

Management had incorporated Tusla national supervision policy into practice across all teams in the service. Although there was good practice in the implementation of this policy for those on apprenticeship placements, the quality and frequency of supervision across the teams was mixed.

Tusla documented in the *'Performance Framework 2024-2026, Tusla's Child and Family Agency'*, that an integrated reform programme was being undertaken to design an integrated service-wide front door service *'to ensure that all children requiring access to any of Tusla's services or supports will be assisted to get to the right service in a timely way'*. In this framework, Tusla have documented that the impact in establishing the front door service of the child protection and welfare teams would reduce timelines and resources spent on internal referral processes. However, whilst the integrated reform programme remained at the development stage, the area manager and staff continued to work beyond their capacity to bridge the operational gaps to perform its functions and this was not an effective or sustainable solution.

This had a knock on effect as children and families continued to wait for significant periods of time for preliminary enquiries and initial assessments to be completed and for supports and interventions to be put in place.

The referral rate pressures experienced by the service, along with workforce challenges impacted on management ability to fulfil its statutory function effectively. The service did not have sufficient staff resources to meet service demand which in turn limited management and staff ability to effectively respond to children and families with the right interventions at the right time. As a result, this standard is deemed not compliant.

Judgment: Not compliant

Standard 3.2

Children receive a child protection and welfare service, which has effective leadership, governance, and management arrangements with clear lines of accountability.

The service area judged themselves to be substantially compliant with this standard. Inspectors did not agree with this judgment and found the service to be not compliant.

Significant improvements had been made by management since the previous inspection in 2024, to strengthen the areas where system risks were identified. Management had strengthened governance and oversight of children placed in Special Emergency Arrangements. They had reduced their reliance on SEA providers and had a SEA co-ordinator who liaised with the providers to ensure that the national SOP was implemented and monitored regularly in respect of every child placed, and that systemic issues were identified and improvements made. Significant improvement had been made by management in strengthening governance and oversight of the Low Harm High Need team to meet their statutory function. There was improved focus on creating good processes for monitoring and regular reporting and analysis of performance data. The service area was strengthening their capacity for robust self-assessment to develop and sustain improvement in service provision. Management had made progress to strengthen staff knowledge and practice in the identification of cumulative harm. However, further embedding into practice was still needed. Furthermore, Tusla's national approach to practice required further improvement as management could not always ensure that, at each stage of the standard business process, safety could be established for the child.

Despite these improvements however, inspectors identified a number of risks, which were escalated to the area manager following the inspection.

The service was managed by an area manager who was in position since 2022 and was knowledgeable and focused on their role in providing a safe and effective service for children and their families. The child protection and welfare service consisted of four teams, overseen by principal social workers and social work team leaders for the management of all child protection and welfare referrals received at the front door. The teams were located in four office locations to cover the vast geographical size of the service area. The area manager told the inspector that due to risks from vacancies across the child protection and welfare teams that managers were being pulled in every direction.

The service area had a number of mechanisms in place to ensure the effective leadership, governance and management of the child protection and welfare service. These were;

- A Quality Assurance lead person
- Supervision
- Complex case forum meetings
- Risk management systems
- Dissemination of learning groups
- Quarterly team leader practice forums
- A safeguarding oversight group and
- Health and safety leads.

The area had a service improvement plan (SIP) devised in 2024 and 2025. The SIP was aligned to Tusla's national service improvement plan for the management of cases awaiting allocation, to improve outcomes and experiences for all children and young people across the service. The SIP identified themes to reflect the three pillars of: practice, public confidence and people, as identified in Tusla's corporate plan and these themes were linked to the '*National Standards for the Child Protection and Welfare 2012*'. The SIP aimed to ensure the implementation of the standard operating procedure for unallocated cases across the teams. The SIP also incorporated the actions identified from PASM audits in 2024 and 2025 along with HIQA inspection findings. The SIP had 43 key service objectives identified for implementation with clear targets and timeframes outlined. Twenty three of the 43 service objectives had been completed, including the development of quarterly reports on referrals and screening, analysis of unallocated cases to address risks, monthly monitoring of standard business process timeframes, learning plan related to safety planning and monthly reports monitoring safety plans. The other 20 service objectives were either ongoing or within their target timeframes. This included an audit of safety plans, CPNS audit and prioritised

training in child and youth participation and to continue to implement the social work team leader practice forums. The SIP was at the initial stages of being embedded into practice and further time was needed to assess its effectiveness in the delivery of services to children.

Data reviewed as part of the inspection indicated that 905 children were awaiting allocation to a social worker as of the 22 April 2025. The '*Standard Operating procedure for the Management of Unallocated cases, waiting lists*' (SOP) came into effect in January 2023 and was reviewed in March 2024 to ensure that it aligned with Tusla National Policy and Guidance document. The document provided practice guidance relating to the case management and oversight arrangements in place in the service area. From the review of documents and interviews with staff across different teams and grades, inspectors found there was mixed practice by principal social workers and team leaders in implementing the SOP for cases awaiting allocation. One principal social worker informed the area manager in supervision that the SOP for unallocated cases was being followed until last October 2024 but hasn't been as regular since the social work team leader went on leave. In addition, a social work team leader informed their principal social worker that staff had difficulties in following up on actions agreed in supervision, and that cases may have been open for some months without monitoring.

As part of the SOP for cases awaiting allocation, audits of cases awaiting would be undertaken within required timeframes to ensure appropriate oversight. The effectiveness of the audits across the service area was mixed, where some cases had limited to no action taken on tasks outlined due to the lack of staff capacity to take on additional work. Principal social workers told the inspector that oversight of the waitlist was a challenge and that although business cases had been approved to address the vacancies in the teams, new social workers were not available to join the teams. The impact was that management and staff could not effectively implement the SOP into practice against the backdrop of a 46% increase in referrals from August 2024 to October 2024, together with 3,000 hours lost to absenteeism between August and December 2024. The area manager reported these challenges to the regional chief officer in February 2025 and told the inspector that the effective implementation of the SOP was an ongoing process, and that the service challenges, documented previously, resulted in cases remaining on the waiting list due to the pressures faced by the service area.

Principal social workers and the area manager discussed, at senior management meetings, different strategies to tackle the significant waitlist of preliminary enquiries impacting the delivery of service. A pilot was initiated in one of the teams where 93 children waitlisted at the preliminary enquiry stage were allocated across all social workers on the child protection and welfare team and the child-in-care team. Each social worker was allocated two cases from the waitlist to carry

out preliminary enquiries. A tracker was developed and managed by an administration person with oversight from a principal social worker, to monitor progress. Upon review of the tracker there was no set timeframe documented to support social workers to stay on schedule, avoid delays and meet project goals. As a result, there was a lack of clarity amongst staff on the timeframes expected for completion of this work. Oversight of cases allocated to the child-in-care team required significant improvement as some cases assigned to the child-in-care teams were closed inappropriately, without oversight from the social work team leader on the child protection and welfare team. Given the lack of experience that the social workers on the child-in-care teams had in relation to the completion of preliminary enquiries, and management of duty referrals, there was a lack of accountability arrangements in place for the monitoring and review of preliminary enquiries assigned to the child-in-care teams from the waitlist.

The accountability arrangements in place for the monitoring and review of intake records assigned to the child-in-care teams required improvement as it presented as a risk to the service. As a result, this was escalated to the area manager to provide assurances that the risks are appropriately managed.

Staff and managers could not always ensure that at each stage of the standard business process that safety could be established for the child. Where risk was identified, safety was either not being established or where safety plans were in place these were not regularly reviewed, if at all, which did not provide accountability and effectiveness in safeguarding children. This practice was not in line with the service area SOP. Data provided prior to the inspection indicated that the total number of child protection and welfare open cases with a safety plan was 199. The implementation of Tusla's national approach to practice continued to require significant improvement in relation to establishing, monitoring and review of safety plans. The capacity of staff to establish safety plans and to monitor and review these was impacted by the high number of referrals received to the service, significant number of children awaiting allocation, together with staffing deficits. In addition, further improvement was needed in the analysis of cumulative harm as information gathered did not always lead to a robust safety plan that included all elements of risk.

The significant delays in preliminary enquiries being completed without adequate safety for children being established and cases being put on the waitlist presented as an operational risk to the service area. As a result, this was escalated to the area manager to provide assurances that the risks are appropriately managed.

The service areas response to a recommendation from a PASM review into '*Unallocated cases, waitlist standard operating procedure*' in March 2024 was that it was '*not possible to ensure safety for all cases awaiting preliminary enquiry*'.

The HIQA inspection found that this remained the case one year after the last PASM inspection, in that, management could not always ensure safety was sufficiently evident to allow cases to be placed on the waiting list and for them to remain on the waiting list.

As discussed under standard 3.1 weaknesses were found in management oversight of the implementation of '*Children First National Guidance for the Protection and Welfare of Children 2017*' (*Children's First*) related to cases of physical abuse³.

This system risk was escalated to the area manager, and appropriate assurances were provide to ensure that the risks are appropriately addressed and managed.

Management had made improvements to strengthen staff knowledge and practice in the identification of cumulative harm. However, further embedding into practice was still required. Inspectors found that management had made progress to support staff development in this area through a number of training workshops in 2024 and 2025. This was in line with the service areas SIP to continue to provide training in cumulative harm across the child protection and welfare service that looked at the assessment of whether a number of low level risk factors combined could place a child at risk of significant cumulative harm. These training workshops were informed by HIQA findings, PASM recommendations and internal audits to equip staff to develop a cumulative harm perspective in the re-examination of each report made to the service. Cumulative harm was becoming a key agenda item discussed at management and team meetings and in supervision. However, the impact of service challenges documented above impacted on the meaningful consideration being given at the preliminary stage, to past history of Tusla involvement that may be indicative of cumulative harm. This is discussed further under standard 2.1. Recognising and responding to the impact of cumulative harm was identified as an area of continued learning by the management team and action plans had been developed.

Improvements had been made in the service area in aligning itself to the '*National Standard Operating Procedure – Special Emergency Arrangements*' (National SOP) by strengthening levels of governance and oversight of these arrangements. The National SOP was implemented on the 10 July 2023. The service area used special emergency arrangements in the form of unregistered houses, to ensure that children who needed an immediate placement that could not be sourced through fostering or a regulated children's residential centre could be accommodated. Management had reduced their reliance on SEA providers and at the time of the

³ Under Children First, physical abuse is when a person deliberately hurts a child physically or puts them at risk of being physically harm. This can occur as a single incident or as a pattern of incidents.

inspection there were four children placed in SEA's. The service area had a SEA co-ordinator who liaised with the providers to ensure that the SOP was implemented and monitored regularly in respect of every child placed, and that systemic issues were identified and improvements made. Inspectors found that there was frequent communication between the service area and the SEA providers. There were several oversight arrangements in place through the different forums that included area governance meetings, regional governance meetings and Regional Operations Risk Management and Service Improvement Committee (RORMSIC) meetings. The governance of SEA's was part of the service area SIP under action 14 that stated 'the area will continue to implement the governance structures and SOPS for SEA's'.

The area governance meeting was introduced in 2024 and from observation and review of meeting minutes inspectors found that these meetings discussed each child's placements needs, the standard of compliance by the provider in delivering a safe service, any risks, and forward placement planning. In addition, discussion was had to ensure the operational oversight of data protection requirements in the retrieval of all relevant records from the provider and confirmation that no duplicate records were being retained by providers. From document review, observation and interviews, the SEA provider was engaging with Tusla's Alternative Care Inspection and Monitoring Service (ACIMS) to commence the process of application for registration as a children's residential centre. The management of records of children placed in SEA's were held on Tusla case management system, TCM. Inspectors found that these records held key details of any ongoing child protection and welfare concerns were known to the relevant Tusla teams. The improved governance structures ensured that children placed in SEA's were monitored closely by management at all levels to ensure that the unregulated SEA provider was providing good quality, safe care to this cohort of vulnerable children.

Significant improvement had been made by management in strengthening governance and oversight of the Low Harm High Need team⁴ throughout 2024 and into 2025 to meet their statutory function. Management had established a steering group that met every two months. Discussions focused on the key metrics of the teams alongside staffing needs, findings from regulatory bodies and a focus on practice improvement. This forum provided continuous monitoring and oversight of the service through a well-defined and supported line of accountability. In addition, a standard operating procedure on the transfer of cases to the team was in place. The team was managed by a social work team leader who had

⁴ The Low Harm High Need response pathway was initiated in February 2022 and was outlined as part of Tusla's Business Plan 2022. The project aimed to target additional resources to priority regions to further enhance the response to children categorised as low and medium priority who were awaiting a child protection and welfare response. The service area was identified as one of these priority regions.

commenced in their role in July 2024. The social work team leader provided much needed structure and grounding to the team when they commenced in the role. The social work team leader was knowledgeable and focused on developing the skills of the team to deliver a safe and effective service. Staff told inspectors that there was a focus on learning and developing staff skills in the past year.

From June 2024 to December 2024 the Low Harm High Need team had closed 93 cases. PASM undertook an assurance review of the implementation of the 'Low Harm High Need' from 23 February 2024 to 13 May 2024 which reported substantial staffing and service priority challenges that impacted the work. At the time of the inspection, the Low Harm High Need team had 53 cases open to the service with 19 of these cases placed on a waitlist. From document review and interviews, the team experienced staffing challenges in the latter part of 2024 into 2025 which resulted in the team lacking the capacity to take on new referrals for a period of time. To stabilise the team, referrals were put on hold for a short period of time while staff were recruited into the positions. Referrals to the team recommenced two months prior to the inspection which helped to alleviate the waitlist at the front door.

Management had strengthened the implementation of *'Tusla and An Garda Síochána Children First – Joint Working Protocol for Liaison between both Agencies'* since the previous inspection. Although some delays were found in notifications to An Garda Síochána overall where Tusla had suspected that a crime had been committed and a child had been wilfully neglected or physically or sexually abused, timely notifications were made to An Garda Síochána. The business information unit produced monthly reports that reviewed abuse categories across all the standard business process stages, where no garda notifications had been sent in line with the Joint Protocol. These monthly reports were one of the strategic actions under the service areas SIP. These monthly reports were reviewed and discussed at management meetings with the area manager and quality assurance lead to identify areas of good practice and areas for improvement. It was also documented in the service areas SIP that the monthly reports would be adapted to come into line with Tusla national compliance plan when the national An Garda Síochána report is developed and implemented.

There was improved focus on creating good processes for monitoring and regular reporting and analysis of performance data. The service area had a dedicated quality assurance person who was responsible for overseeing the quality assurance process, by providing oversight and input on quality assurance practices, conducting quality tests and analysis and gathering metrics. Oversight of the quality assurance lead was provided by the area manager who ensured that the set processes were followed as required. A quality assurance plan was

developed to guide the completion of quality assurance initiatives and this was flexible to adapt to changes in scope and constraints for example; findings from HIQA report and PASM report in 2024 were included in the quality assurance plan.

The service area was strengthening their capacity for robust self-assessment to develop and sustain improvement in service provision. Part of this saw the quality assurance lead develop a schedule of audits for 2024 with a tracker in place to monitor the completion of these within agreed timeframes. This would allow for the examination of the actual performance of a process against the expected results. This tracker was reviewed quarterly with the area manager, quality assurance lead and principal social workers. The audits in 2024 focused on immediate safety planning, cumulative harm, safety planning and the child protection notification system. Senior managers were clear that improvement in practice and service delivery was a long-term process that required the consistent application of a long-term strategic plan. The audit plan for 2025 was aligned to the actions set out in the 2025 SIP. These included safety planning, review of cases closed at preliminary enquiry stage and cumulative harm. To strengthen the service areas audit plan, management worked with PASM in the formation of a PASM review plan for 2025 for the service area as an additional oversight mechanism. This plan included cumulative harm, supervision, child protection notification system (CPNS) and unallocated Cases Review related to the review of safety and safety planning on cases awaiting allocation.

The quality and frequency of supervision was mixed across the teams. For some there were gaps of four months without supervision and for others the vacancies experienced across the teams in 2024 impacted on management not having the capacity to regularly maintain supervision frequency. The impact documented by staff was they missed the guidance and would welcome the return of supervision. When supervision occurred, there was good quality recording of discussion and oversight of cases and key data related to children awaiting allocation to a social worker. The impact on the child was clearly considered and recorded in supervision with actions outlined and child focused rationale included. Consideration was given to cumulative harm at supervision sessions. Discussions were taking place with staff on the identification of service risks and quality assurance activity. Supervision records documented discussion around the new national SOP for the management of children awaiting allocation to a social worker, standard business process, safety planning, key metrics, garda notifications, oversight arrangements, development of staff, staff well-being and welfare initiatives, along with staffing needs and measures to alleviate pressure on teams. Furthermore, staff discussed blockages to cases transferring from the child protection and welfare teams to the child-in-care teams. Staff discussed the staff vacancies and the impact on the teams and looked at solutions to this with their supervisor. Staff told inspectors that management were available to staff to

discuss cases and seek advice outside of supervision sessions. In addition, cases assessed as suitable for closure were discussed in supervision to ensure that the decision-making was appropriate. Upon document review and interviews, the caseload management tool was completed at supervision sessions as part of the ongoing process of monitoring. Safety planning was discussed regularly to examine whether practice was being implemented in the teams and if the plan was working to safeguard the child

A sample of supervision records for new apprentices were reviewed to determine the quality. Supervision was taking place in line with the new supervision policy, every two weeks for the first six months and monthly for the remainder of the first 12 months. Supervision was structured and offered a supportive environment for the student. Supervisors guided students through any challenges faced in practice ensuring that they were supported through training, shadowing and mentoring to meet professional standards. In addition, students received feedback and guidance that helped them translate their academic learning into practical skills. Furthermore, the area manager had group supervision for principal social workers along with group supervision with teams. Group supervision involved the use of a group setting that enabled principal social workers and teams to reflect on their work and to improve the skills and capability of both social workers and social care workers. These were of good quality and entailed receiving peer feedback, solving problems, planning work resources and setting priorities that included plans to combat the delays in standard business processes. However, the impact of staff vacancies resulted in group supervision being put on hold temporarily in some teams.

The local management team were making strides to come into line with '*Tusla's Organisational Risk Management Policy 2022*' to ensure that staff were identifying and managing risk within the context of their work. The level of understanding of the risk landscape had strengthened in 2024 with a comprehensive assessment of all risks undertaken. Inspectors found, through interview and document reviews, that management and staff had begun to grasp the dynamic nature of crisis the service had experienced. In-depth discussions were had at senior management meetings, risk management meetings and risk register meetings. The service area had 18 risks recorded on the risk register and three of these related to the remit of the inspection. These were the significant increase in the number of unallocated cases, some staff on social work teams were unable to drive, and this impacted their ability to respond to situations that arose when transport was required to follow up on cases, and children placed in unregulated and unregistered settings. Good control measures were in place to mitigate against this risk at a local level. These included standard operating procedures, SEA Co-ordinator, regional oversight groups and detailing the social work requirements in the job description for recruitment campaigns. However, staff vacancies across the child protection

and welfare teams was not part of the risk register even though this risk was identified through different forums.

Regular risk register meetings had been held at local level across the management team in 2024 and 2025 where consideration was given to the context of the risk and the likely impact on outcomes for children, the potential for impact on service provision, and staff well-being. Consideration was given to the most appropriate course of action necessary to control, reduce or transfer the risk. Following HIQA inspections of the child protection and welfare services in 2024, Tusla developed an 'unallocated case project for preliminary enquiries' in 2024 for a different service area that required support. The project was designed so that a vast amount of referrals awaiting allocation for preliminary enquiries could be completed and any risks assessed to determine the appropriate response pathway. This project required the assistance from staff outside service areas to complete this work. The area manager told the inspector that the Tusla executive team offered this support to this service area in January 2025 but the area manager declined the assistance, at this stage, to see whether the risk could be managed within the service areas own resources. However, management plans to implement alternative control measures had put significant pressure on the staff and the management team who were already clearly stretched in attempting to stabilise the service. The local management team alone would not be able to reduce the risk to a level that was acceptable and safe without national office support and resources.

Regional Operations Risk Management and Service Improvement Committee (RORMSIC) meetings occurred on a regular basis, in 2024 and 2025. The RORMSIC forums had become more focused in examining the issues and challenges facing the service area and facilitated good discussion and informed decision-making to better understand the context within which the service area was operating. Risk management was a key feature for discussion at these meetings that included children awaiting allocation. This was in line with Tusla national compliance plan. Management and staff capacity constraints to manage unallocated cases was discussed at each meeting along with key metrics for the service area. The other agenda items at these meetings were SEA's, regional risk register, integrated reform programme, updates from NORMSIC meetings and actions related to PASM and HIQA inspection findings. Actions were assigned to key professionals for completion within required timeframes and tracked through to completion at the next meeting.

Management and staff worked hard to strengthen the different governance and oversight mechanisms in place. Management took a proactive approach to leadership in implementing actions to mitigate against risks identified from previous HIQA inspection and PASM reports. Although areas for further

improvement were identified in specific areas outlined above, the service area were on a journey of improvement and management were working hard to achieve this. Despite this risks remained that related to the lack of accountability arrangements in place for intake records assigned to the child-in-care teams, cases where physical abuse was identified, action was not taken, nor the risk appropriately assessed and the significant delays in intake records being completed without adequate safety being established.

As a result, this standard is deemed not compliant.

Judgment: Not compliant

Standard 4.1

Resources are effectively planned, deployed and managed to protect children and promote their welfare.

The service area judged themselves to be substantially compliant with this standard. Inspectors agreed with this judgment.

Management were working hard to develop effective workforce planning systems so that there were sufficient social workers and social care workers to mitigate against the service areas inability to meet current and future service demands. This approach was also aligned to the service areas SIP to strengthen recruitment and retention of a multi-disciplinary workforce so that the child protection and welfare service could better meet the needs of children and their families and provide a more supportive environment for staff.

Management in the service area had identified that the main challenges was the recruitment and retention of social workers. The area manager highlighted the issues impacting the effective delivery of service to the Regional Chief Officer in February 2025. This included a 46% increase in referrals to the service, 19 new graduates in positions since August 2024 which impacted negatively on allocation of cases, with 3,000 hours lost to the service due to absenteeism between October and December 2024. The child protection and welfare service had experienced significant challenges in staff retention and absenteeism across the teams in 2024, which caused impact on the ability of management to effectively plan their workforce to respond to safeguarding concerns for children. From February 2024 to February 2025, the overall absenteeism rate was 6.83% with the highest months being October 2024 9.05 %, November 2024 9.57 %, December 2024 9.86 % and January 2025 7.72 %. As of the 3 April 2025, the child protection and welfare team had 18.8 social worker vacancies and 2.37 social care worker vacancies. All of these combined issues impacted on the allocation of children's cases in order to protect and promote their welfare.

However, management put plans in place to address the presenting issues. Management had completed a workforce plan for 2024 into 2025 for the Southwest that analysed and forecasted the regions workforce supply and demand, and then made adjustments as necessary to meet service needs. The workforce plan was of good quality with key targets and goals to be achieved and the service area SIP was aligned to support the implementation of the plan. The Southwest comprises of two service areas that includes this service area. This was the first workforce plan for the Southwest region and was aligned to the national workforce plan to address the current and future workforce challenges across the 17 service areas. The Southwest workforce plan assessed the current staffing, future needs of the region, to determine the gaps between the existing workforce and future requirements. This also took into account agency staff directly employed in the region. The workforce plan looked at the contract type, grade group, gender, absenteeism and staff turnover. The workforce plan looked at solutions to address this by developing a workforce action and monitoring plan. This plan was broken down into four key areas:

- recruitment plan
- retention
- induction and;
- organisation reform.

Each key area had identified actions, with timeframes for completion and assigned to a designated professional. The HR Regional Team had responsibility to ensure that the workforce action plan was progressing and that actions were being achieved and a review of the plan was scheduled for 30 June 2025.

To support the recruitment and retention of staff in the service area, the creation of the Southwest regional human resource department (HR) was established in 2024. This new development intended to support the service areas response to presenting challenges, strengthen performance management, streamline operations and support staff engagement. The induction process was co-ordinated and tracked by the regional HR department to increase retention and reduce staff turnover. The HR department introduced full probation processes that was managed by the regional HR team. There was also regional HR learning events scheduled throughout the year. These included but were not limited to the 'Everyday Personal Effectiveness Programme'⁵, foundation of the Tusla Leadership Academy People Management Legal Framework - First Time Managers Course, work related stress risk assessment form, grievance procedures and dignity at work.

⁵ Leadership and Management course

Management were more focused on their approach in addressing the recruitment and retention challenges the service area had faced. Management discussed the issues of new HR policy, absenteeism, staffing vacancies and the need for teams to look at patterns and how to support staff on return to work at regular senior management and team meetings. In addition, management looked at feedback from exit interviews of staff experiences and reasons for leaving the organisation to help identify patterns and areas for improvement. Management were looking at all available information to better understand the experiences of staff to gain insights that could enhance staff satisfaction and retention strategies. Part of these strategies included the introduction of Tusla social worker and social care worker graduate programme to recruit staff nationally to support service areas to deliver a safe and effective service. The service area attracted new graduates to the team and management had committed, through their SIP, to support new workers to understand the National Approach to Practice in their assessment, analysis and decision making. This would be achieved through both the area and regional induction programme.

In addition, Tusla had developed the apprenticeship in social work programme with local university where management in the service area and the local university worked closely together to provide training and learning opportunities. This was a two-year apprenticeship programme with learning taking place onsite and with blended delivery of online learning and face-to-face sessions. Tusla Workforce Plan 2024 – 2025 documented that 10 social work apprentices were availing of the programme in the South West region. At the time of the inspection, the service area child protection and welfare team had six social work apprentices.

In order to effectively plan, deploy and manage resources to protect children and promote their welfare, the service area utilised local community services in responding to the needs of children. A standard operating procedure was developed and in place to divert a referral to another service more appropriate to meet the needs of the children or family. Diversions took place when the service area determined that there was no evidence of harm to a child, but there were unmet needs within the family that may benefit from additional community supports. Inspectors found that the service area were utilising Tusla's Prevention, Partnership and Family Support Service (PPFS)⁶ that included family supports through the following community based services, Meitheal, Child & Family Support Network (CFSNs), Area Based Childhood Programmes (ABC), Child Youth & Participation, Parenting and the National Childcare Scheme.

⁶ The Prevention Partnership Family Support (PPFS) Programme is a Tusla-led programme which aims to engage with and support families around family support issues at Prevention or Early Intervention levels, in partnership with relevant Tusla-funded community-based services.

Management had also deployed staff resources to the Low Harm High Need team to meet prioritised needs and enhance the response to children assigned low and medium priority awaiting a child protection and welfare service. A steering group was established by the area manager to support decision-making in the delivery of the service for children and their families.

In response to these challenges, Tusla was in the process of developing a new allocation framework that would identify a range of suitably qualified staff that could be the authorised key worker for a child. Other professionals included professionally qualified social care leaders, social care workers and family support workers. The area manager reported to the regional chief officer in April 2025, that deficits in staffing was having an impact and that the allocation framework would support management to effectively plan the available staffing resources in the service area to meet the increased demands in referrals received. Furthermore, to address the changing needs and demands of child protection and welfare service, Tusla was undertaking an integrated reform programme to improve the delivery of services for children, families and staff. The integrated reform programme was in development and would have a significant impact on the child protection and welfare service, as it aimed to develop a multi-disciplinary front door service.

Management were doing everything within its own resources to meet the growing needs and challenges it was facing across the different teams and locations. Management had demonstrated a good understanding of the levels of need and demand for child protection and welfare services in the area and a number of resources were deployed to meet the prioritised needs. However, the resources available to management could not always meet service needs to provide a quality service for children and their families. Further support was required and management were left reliant on Tusla integrated reform programme to address the service challenges. As a result, this standard is deemed substantially compliant.

Judgment: Substantially compliant

Standard 5.2

Staff have the required skills and experience to manage and deliver effective services to children.

The service area judged themselves to be substantially compliant with this standard. Inspectors did not agree with this judgment and found it to be not compliant.

There was a wide range of skills and experience in the child protection and welfare service. Management had made significant improvements in developing the skills and experience of staff across the different grades and teams. Management had provided opportunities for new graduates and apprenticeships to develop their learning through direct practice as part of an integrated approach to learning. There was an increased focus on professional development where knowledge was generated and shared amongst staff and teams through informal and formal learning with other staff and external agencies. This supported learning the specific nuances of practice. However, the turnover of staff within the service presented a challenge to management and remaining staff in that the skill set in teams was not constant.

Management were knowledgeable and competent in their roles. Management at all levels and grades had vast experience in their roles and had the skills needed to perform their duties in overseeing a team, communication and problem solving. Some managers had completed the Leadership and Management training course with others enrolled onto the course. The course provided managers the opportunity to further develop their skills and acquire new knowledge in change management and how to co-ordinate and motivate their teams. However, as outlined under standard 4.1 the service had 18.8 social worker vacancies and 2.37 social care worker vacancies and had experienced a high turnover of staff in 2024. Between April 2024 to April 2025 data provided indicated that the recruitment and retention issues for the area were;

- 29 social workers were recruited to the service,
- 19 social workers had left the service,
- 3.4 social care workers were recruited and;
- 3.4 social care workers had left the service.

In spite of this, management in the service area had developed a number of initiatives to combat this. Management had developed a SIP that was aligned to promoting and developing the skills and experience of staff, across all grades, to ensure that a safe and effective service was delivered. The SIP identified opportunities to strengthen recruitment and retention of a multidisciplinary workforce, to better meet the needs of children and their families and provide a more supportive environment for staff.

Management had in place an area induction programme and this was undertaken bi-annually for all new staff. This ensured a smooth transition into the workplace. The area induction programme was reviewed and found to provide new staff the opportunity to get a clear understanding of their role and learn about daily tasks and responsibilities at an early stage. The policies and procedures were discussed and delivered by different professionals in the service, to ensure that new staff

had an understanding of how to comply with legal and regulatory requirements. Meeting colleagues from different disciplines and learning about their roles helped staff to understand how different roles interlinked and how they support each other in the service. The induction programme also included initial training sessions to support staff to develop the required skills and understand best practices. These training sessions included Tusla's child protection and welfare practice framework to ensure the safety and well-being of children and cumulative harm. Thus, creating a foundation for further professional development. New social workers who had gained employment in the child protection and welfare teams told inspectors that they had participated in the area induction programme, had been assigned a mentor or had shadowed very experienced staff when they joined. The new social workers said that no cases were assigned to them initially to allow time for them to have shadow opportunities with other staff and to familiarise themselves with the service.

There was a regional staff retention plan in place at the time of the inspection to attract and retain staff. The area manager had implemented measures that included strengthening relationships with local colleges as part of student work experience and graduate programme, recruitment of additional social care workers and social care leaders. The service area had other recruitment initiatives in place that included the following;

- strengthened links with the local university to accept social care students,
- summer programme in place which accepted students over the summer period,
- accepted students as part of the national traveller and roma initiative⁷,
- attended careers events, with the next one scheduled with a local university in May 2025
- facilitated staff to avail of the social worker conversion course through the university in Scotland and;
- availed of the apprenticeship programme.

In October 2024, the service area had requested five social work apprentices in 2025. At the time of the inspection, the child protection and welfare team had six social work apprentices and would be accepting another group in June 2025. This was in line with the service areas SIP. A regional well-being project was in development to consolidate well-being initiatives undertaken by the service area in order to develop a regional health and well-being plan. The vision was to improve staff retention, employee morale, have healthier and more resilient staff and to empower staff that in turn, would result in improved delivery of services for children and their families. The service area held staff well-being events throughout 2024 and into 2025 and had a range of supports in place. These

⁷ National Traveller and Roma Inclusion Strategy II 2024 - 2028

included welfare days, coffee mornings, Employee Assistance Programme (EAP), and wellness week. Health screenings were planned throughout the year and discussed regularly at team and management meetings.

Management had in place a mentorship for student apprentices that involved guidance, reflection, and support from a dedicated professional, team leader or senior social work practitioner, to help bridge the gap between learning and practical experience. Mentors supported the development of practical skills in a supportive environment where the student or apprentice shadowed other social workers and or social care workers. This included family reunification meetings, consideration of cumulative harm, meeting parents, Tusla case management system and the importance of quality recording of notes. Mentors and mentees discussed progress and any challenges at supervision and how they navigated the difficulties of handling their first caseloads, balancing compassion with professionalism, areas for further development and managing stress. New staff told inspectors that they had participated in cumulative harm training in quarter 4 2024 and reported positive impact on their practice. All demonstrated a very good understanding of cumulative harm and gave examples of consideration of cumulative harm in practice.

Management had introduced monthly skills and development meetings, across teams, to promote a continuous effort to build knowledge, expertise and capabilities in specific areas of work to meet the demands in the service. These were of good quality and encompassed how to develop good safety plans, how to interview children in a child friendly manner, how to develop good quality initial assessments and network meeting process. Teams used different methods such as case studies, videos and in person practice that offered the opportunity for staff to acquire new skills and knowledge and enhance existing ones. This process helped to identify areas where improvement could be made and align staff skill development. This initiative played a vital role in supporting management to develop a skilled and competent workforce. However, due to changes in staff and not having a full team, these meetings at times were put on hold.

Management utilised the skills and experience of social care workers to be assigned as secondary worker to cases that were awaiting allocation. This work included visits to schools and family homes to speak with children, completing safeguarding visits and liaising with other professionals involved in a child's life. Social workers remained the primary allocated worker to child protection and welfare cases in the service.

As discussed in the previous section under standard 4.1, Tusla were in the process of developing an integrated reform programme. To support the reform programme, management had appointed change champions in the service area to

serve as a bridge between management and staff to address staff concerns and to ensure effective communication throughout the transition process. To ensure change champions were equipped with the right skills, coaching was being sourced for them to facilitate successful organisational change. From inspector's review of documents, staff from all grades and teams were provided with information on progress made and opportunities for feedback were provided.

In general, the service did not have sufficient staff resources to meet service demand. Although management had contingency plans in place to mitigate against staff shortages, these were not fully effective as the allocation of staff resources had not been increased instead, vacancies in the service were recruited to. The impact, the skills and experience of staff across teams could not contain a consistent level for long periods of time. As a result, this standard is deemed not compliant.

Judgment: Not compliant

Quality and safety

Overall, the child protection and welfare service could not keep all children safe from harm as outlined under '*Children First National Guidance for the Protection and Welfare of Children 2017*'. This inspection found that the front door of the child protection and welfare service had experienced a significant increase in referrals along with a high staff turnover, which impacted on the ability of the teams to operate a good quality, safe and effective service.

Referrals made to Tusla were immediately screened and prioritised on the same day. This was the first point where social workers showed a cumulative harm perspective in identifying previous reports known to the service area prior to the next stage of the standard business process.

However, at the preliminary enquiries stage these were not being completed in a timely manner and within the required timeframe of five days. Information provided prior to the inspection indicated that the service area had 506 cases waiting for the completion of preliminary enquiries. Significant delays were found that ranged from between 21 days, and 12 months, with some preliminary enquiries not being commenced. The impact was that due to the significant delays children were not always seen by social workers or social care workers to assess the concerns raised and or to establish their safety.

While management in one office had implemented a bespoke process to try to reduce the number of PE's on their waiting list, this was not effective. Concerns were identified that related to management oversight of practice and case actions. After the inspection, two cases were escalated to the area manager for assurances to be provided that the risks identified would be responded to and managed appropriately.

The service area had 215 cases awaiting initial assessments to be completed. The initial assessment process was not timely, safe, child-centred or responsive to the voice of the child as children were not always supported in a timely manner to express their views, wishes and feelings to inform the planning of their care.

Some referrals categorised as high priority required significant improvement in practice as management and staff were not always proactive in their approach in assessing information and taking immediate actions to improve the immediate safety and wellbeing of a child or children in need of protection.

There was improved monitoring of the SEA arrangements where vulnerable children were placed by the service. There was evidence of reports being submitted, for each child placed in a SEA, from the care staff to the social worker that provided an update of the child's ongoing circumstances. Each child had a placement plan, absence management plan and a care plan in place and this was shared with the service provider. There was good practice of social workers and social care leaders meeting with the children in person and the frequency of visits reviewed and increased due to the presenting risks of missing in care episodes.

There was poor practice in the management of cases categorised as physical abuse, in line with Children's First. When allegations were made by children or referrals received for concerns of physical abuse, some children were not seen in a timely way as part of the process even when children had a disability and were non-verbal in communication. Further improvement was needed from staff and management to meaningfully listen and hear the voices of children with communication, speech and language needs to gain insights into their experiences as this was limited or not happening. Further improvement was needed from the managers in the service area to provide training in a range of approaches and alternative means of communication to understand a child's communication style.

Management had strengthened the effective implementation of '*Tusla and An Garda Síochána Children First – Joint Working Protocol for Liaison between both Agencies*', in relation to the identification and completion of formal notifications of suspected cases of abuse to An Garda Síochána in a timely manner. Good practice was seen where strategy meetings were held at the earliest opportunity with An

Garda Síochána and other agencies in order to protect the child or other children from the risk of suffering significant harm.

There was a mixed finding across the teams in the use of safety plans and the timely response to putting safety plans in place for children. The monitoring of safety plans in some cases were not taking place to measure their effectiveness and to determine whether changes needed to be made. The impact was that the service area did not know if the child or family were able to follow an agreed safety plan without a review to determine the parent's continuing capacity to meet the child's needs and to consider whether additional support could be provided.

During the inspection, potential risks in relation to 12 child protection and welfare cases were identified. These cases were escalated to the area manager to provide assurances that the risks were appropriately recognised and managed. Satisfactory assurances were provided.

Management and staff were challenged to come back into compliance with the national standards, to deliver a safe service to children and their families. Staff and management were dedicated and worked beyond their capacity to support one another to ensure that children received a service. Staff and management were passionate about their role in providing a child protection service to children and their families. Despite this, there were areas of good practice in improved monitoring of the SEA arrangements, consideration being given to cumulative harm and practice within the Low Harm High Need team had been strengthened. However, some areas continued to require further improvement that included strengthening the use of the national approach to practice, adhering to standard business process timeframes and in the management of cases related to physical abuse in line with Children's First.

Standard 2.1

Children are protected and their welfare is promoted through the consistent implementation of *Children First*.

The service area judged themselves to be not compliant with this standard. Inspectors agreed with this judgment.

By and large, management and staff could not ensure that children and families received a timely, safe and effective service in line with Children First. There were significant delays in preliminary enquiries and initial assessments being completed within the required timeframes. The impact of the delays resulted in mixed practice of cumulative harm being routinely considered and assessed. For cases categorised as high priority management and staff were not always proactive in

taking immediate actions to improve the child's immediate safety. There was poor practice in the management of cases related to physical abuse in line with Children's First. In addition, there was a mixed approach in the use of safety plans and the timely response to putting safety plans in place for children. The voices of children with communication, speech and language needs were not always sought in order to gain insights into their experiences. Significant improvement was required to ensure that all children are protected and their welfare is promoted.

During the inspection, potential risks in relation to 12 child protection and welfare cases were identified. These cases were escalated to the area manager to provide assurances that the risks were appropriately recognised and managed. Satisfactory assurances were provided.

Inspectors reviewed 69 children's case files on this inspection. The files sampled included, allocated cases, cases sent in from the national out of hour's service, special emergency arrangements, garda notifications, unallocated cases, and closed cases, cases diverted to the Low Harm/High Need team and cases where safety plans were put in place.

Of the 69 children's case files, 33 of these were reviewed for the purpose of determining the quality of practice of the service area in implementing the standard business process when screening referrals. When a referral is received to Tusla indicating concerns for a child's safety and or wellbeing, Tusla have 24hrs to determine what type of response is required. The screening and intake team operated a duty rota system and an informal enquiry service for all professionals and members of the public.

Inspectors found that in the main, referrals were appropriately screening and prioritised in a timely manner. Of the 33 case files reviewed, 31 referrals made to Tusla were immediately screened and prioritised on the same day. Tusla gave the same level of attention to detail to all reports of a concern no matter the source, mandated person or a member of the public. For two case files there was a short delay of five days and one day. Tusla social workers began their investigations by conducting initial checks through Tusla case management system, TCM, to determine whether the child or family was known or had previous involvement from Tusla. Twenty of the 33 children's case files examined had previous involvement with Tusla services, with 13 not previously known to the service. This was the first point where social workers showed a cumulative harm perspective in identifying previous reports known to the service area prior to the next stage of the standard business process. Inspectors observed the three duty area teams as part of the inspection and staff were aware of their role and accountabilities and had insight into cumulative harm. Staff told inspectors that there was a positive drive across the area to bring about improvements in practice and the service area

was working hard to embed Tusla's standard business process and service area SOPs. Significant improvements had been made in staffs understanding and giving consideration to cumulative harm at the screening stage of referrals.

The challenges that the service area faced, discussed previously under capacity and capability, resulted in preliminary enquiries not being completed in a timely manner and within the required timeframe of five days. Information provided prior to the inspection indicated that the service area had 506 cases waiting for the completion of preliminary enquiries. Of these;

- 57 were beyond 24 hours but less than a week
- 73 were more than a week
- 170 were more than a month and
- 199 were more than three months.

Inspectors reviewed preliminary enquiries for the purpose of determining the quality of practice in implementing the standard business process timeframes. Significant delays were found that ranged from 21 days, two months, four months, eight months, seven months, ten and 12 months, with some preliminary enquiries not being commenced. The impact was that progressing the case for further evaluation through an initial assessment that would take into consideration all aspects of the child and family's circumstances, was hindered. Furthermore, due to the significant delays in preliminary enquiries being commenced, children were not always seen by social workers or social care workers in a timely manner to assess the concerns raised and or to establish their safety. For example, a referral was received relating to historical concerns for sexual exploitation and while categorised as high priority, this was placed on a waitlist for two months, for preliminary enquiries to be commenced. Staff capacity to recognise and respond to cumulative harm and identify the probability for future harm to the child could not meaningfully be implemented. As a result, there was mixed practice of cumulative harm being routinely considered and assessed at the preliminary enquiry stage and an analysis undertaken of the impact of these referrals on the child. Staff documented in supervision that timelines were impossible as the workload has increased which impacted on staff feeling some pressure from the increase in demands.

When preliminary enquiries were completed however, inspectors found evidence of good practice by social workers conducting network checks with external professionals and agencies, such as schools, An Garda Síochána, and domestic violence organisations, to explore whether there were any concerns known by these parties about the child and their family. This practice also included contacting family members. Where language barriers was identified, interpreters were provided. The information gathered was a key process for Tusla social

workers understanding of the child's history and circumstances to determine whether there was a risk of harm to the child. Thus, supporting the social workers decision-making on the most appropriate response to be taken.

Management in one office created a bespoke arrangement in March 2025 that involved the allocation of preliminary enquiries on the waitlist to social workers across teams and departments including the child-in-care team. This plan identified how cases would be allocated, worked and managed and a tracking mechanism was in place. Governance of this pilot is discussed earlier under standard 3.2.

Inspectors reviewed nine cases to determine effectiveness of the pilot. Three of these cases were assigned to the child protection and welfare teams in March 2025. In two out of the three cases no work had commenced since its allocation to a social worker even though children had already experienced significant delays of six and four months. In the third case, the referral was opened in February 2024, categorised as physical abuse and placed on a waitlist that same day. However, a number of actions had already been carried out in 2024 and therefore, when the case was allocated in March 2025, the parent questioned Tusla's rationale for making contact after a prolonged period of no contact. The impact, of cases being put on waiting lists after initial contact was made by them or with them, was that some parents were waiting long periods of time for an outcome to their children's case. In all three cases, reviews were undertaken by the principal social worker in line with the SOP for cases awaiting allocation and consideration was given to any new referrals and actions continued to be delayed for completion.

Where cases were allocated to the child-in-care team for the completion of preliminary enquiries, concerns were identified that related to the management oversight of practice and case actions. Inspectors reviewed two cases where they were closed after the preliminary enquiry stage where risks were not fully assessed and continued to exist due to unknown factors. The impact was that the safety of the children had not been established.

After the inspection, both cases were escalated to the area manager for assurances to be provided that the risks identified would be responded to and managed appropriately. The assurances provided were satisfactory in that the cases were reopened and assigned to a social worker for set tasks to be completed that included the completion of a notification to An Garda Síochána, home visit to be conducted and for the child/ren to be met.

If, as a result of a referral, Tusla determines that there are indicators that a child is in need or there are concerns for their safety, Tusla will conduct an initial assessment. The aim of an initial assessment is to gather information and analyse the needs of the child and their family and the nature and level of any risk of harm

to the child or children. It will also determine if there is existing safety present to address this harm.

Information provided prior to the inspection indicated that the service area had 215 cases waiting for the initial assessments to be completed and outside Tusla's standard business process timeframes. Of these;

- 19 were waiting for less than one week.
- 59 were waiting for more than one week.
- 81 were waiting for more than one month and;
- 56 were waiting for more than three months.

Inspectors reviewed 10 cases to determine whether initial assessments were completed within the required timeframe of 40 days, from date of initial referral, and the quality of these assessments. Of the ten cases reviewed, there was varied practice in the review by a manager of cases awaiting allocation, with all cases not being reviewed in line with the SOP. The timeframes within which the initial assessments were completed varied from six, eight and 10 months. When the initial assessments were completed they were of good quality, with children met with as part of the process, along with the participation of parents and family members. Also included was the establishment of safety and protective factors and there was good evidence of cumulative harm being considered as part of the assessment of the child's needs and next steps in planning. Staff documented in supervision that initial assessments were not generally completed within timelines as the team had a large waitlist. The impact was, where particular needs and interventions for a child was identified, actions could not always be progressed to provide early support or identify community services to support the child and their family.

Inspectors examined five high priority cases to determine the quality of practice in the midst of a challenging environment. These five cases had become allocated weeks prior to the commencement of the inspection however, the inspectors assessed the quality of practice when the cases were awaiting allocation to a social worker. Inspectors found that management and staff were not always proactive in their approach in assessing information and taking immediate actions to improve the immediate safety and wellbeing of a child or children in need of protection. This included delays in safety being established, timely visits to speak with the child not taking place and delays in responding to cumulative harm in cases of neglect.

After the inspection, one high priority case was escalated to the area manager for assurances to be provided that the risks identified would be responded to and managed appropriately.

The service area had renamed the Low Harm/High Need team to 'Droichead', an Irish word meaning Bridge. The Low Harm High Need team was originally developed by Tusla National Office to respond to delays specifically related to cases:

- at the end of intake stage that required an initial assessment
- had been assigned as low to medium priority
- not allocated to a social worker or;
- not progressing in a timely manner.

The service area were operating in line with their standard operating procedure for the Low Harm High Need team. In the dataset provided prior to the inspection, it indicated that the Low Harm/ High Need team had 53 cases open to the team.

This was broken down into:

- 48 cases medium priority
- 5 low priority.

The Droichead team operated a waitlist for cases due to the impact of staff vacancies on the team. This was in line with the standard operating procedure (SOP). The dataset submitted prior to the inspection indicated that 19 cases were on the waitlist, 17 of these were categorised as medium priority and two as low priority. The length of time these cases were awaiting allocation to the Droichead team was; one case less than a week, three more than a week, four more than a month and eleven more than three months.

Inspectors reviewed six cases from the Droichead team for the purpose of determining the quality of practice of the service. Three cases reviewed showed that the initial assessments were ongoing having commenced in March and April 2025. There was evidence of reviews undertaken of cases awaiting allocation in line with the SOP, the priority levels discussed, with clear decisions for the cases to be transferred to the Low Harm High Need team in line with the standard operating procedure. These reviews were undertaken by the principal social workers and the social work team leader. Where initial assessments had commenced there was good practice of seeking the voice of the child, parents and professionals as part of the process. The team undertook home visits to speak with children and parents. Consideration was given to previous referrals in assessing the impact of cumulative harm. All cases were allocated to a social care leader to complete the initial assessment process and were categorised appropriately to be referred to the Low Harm High Need team. Upon document review, good practice was seen whereby when physical abuse was not identified or assessed in a case before it was transferred to the Low Harm High Need team, this case was appropriately transferred back to the duty team for reassessment.

Inspectors reviewed two cases to determine the quality and effectiveness in the implementation of the national SOP for SEA's. These cases were broken down into one placement breakdown and one emergency placement request. Both children were placed under a full care order. As outlined in the national SOP, the overall responsibility for the child and or young person placed in a SEA arrangement "remains with the placing area and region" and from interviews with the area manager, the QRSI lead and staff, they were clear of their roles and responsibilities. There was improved monitoring of the SEA arrangements where vulnerable children were placed by the service. For example; where a child was reported as having multiple missing in care episodes from the SEA, these were reported to An Garda Síochána and strategy meetings were arranged. This approach was in line with the 'Children Missing From Care, A Joint Protocol between An Garda Síochána and the Health Service Executive Children and Family Services' (Joint Protocol). In addition, meetings took place between management and the social care leader, in advance of meeting with the child, where a plan was put in place on how to develop the child's knowledge of how to keep themselves safe, how to build safe connections for the child and to explore what was happening for the child when they went missing in care.

Care staff, provided by an external provider, were assigned to the two children for the duration of their placement in the SEA as a supportive and safeguarding measure. The area manager told the inspector that the care staff used by the SEA were cleared by the Central Staff Screening Compliance Team and this was in line with the national SOP. Whilst the SEA provider is responsible for the day-to-day care and protection of the child, oversight and overall responsibility for the child's care remains with the relevant social work department. There was evidence of reports being submitted, for each of the two children, from the care staff to the social worker that provided an update of the child's ongoing circumstances. Upon review of Tusla case management system, TCM, each child had a placement plan, absence management plan and a care plan in place and this was shared with the service provider. There was good practice of social workers and social care leaders meeting with the children in person. Of the two cases reviewed, both children had been met with by a social worker and or a social care leader. There was good practice whereby the frequency of visits to a child in a SEA was reviewed and increased to weekly visits by the social care leader, due to the presenting risks of missing in care episodes.

Inspectors examined eight cases where the referral was categorised as physical abuse, for the purpose of determining the quality of practice in the implementation of '*Children First National Guidance for the Protection and Welfare of Children 2017*' (*Children's First*). There was poor practice in the management of cases related to physical abuse in line with Children's First. For one child, who alleged physical abuse by their parent, the child was seen not seen as part of the process.

The Low Harm High Need team transferred this case back to the duty team as the physical abuse concern was not addressed, and the child had a disability. In a second case, a referral related to a domestic abuse concern where a baby was potentially impacted by the altercation, staff had not seen the baby or mother in the seven months prior to the inspection. Staff and management could not assure themselves that the mother and child were safe. For a third child, aged under 10yrs, a referral was received concerned bruising in several places on the child's body. The child had a disability and was not seen as part of the process nor discussion had whether medical assistance was sought or required.

Further improvement was needed from staff and management to meaningfully listen and hear the voices of children with communication, speech and language needs to gain insights into their experiences, as inspectors found from files reviewed, that this was not happening. Further improvement was needed from management to provide staff with a range of approaches and alternative means of communication to understand the child's communication style.

Good practice was seen where a young person made an allegation of physical abuse in their foster care placement. These allegations were managed in line with Children First and the Child Abuse Substantiation Procedure (CASP) 2024. Inspectors found that the allegation was screened appropriately by the duty social work team and that the details of the report were given due consideration in determining decision-making. Actions were taken related to planning meetings, safety planning and the child was part of the planning process to ensure their care planning needs were met.

Following the inspection, potential risks and or issues in relation to five child protection and welfare physical abuse cases were identified. These cases were escalated to the area manager to provide assurances that the risks were appropriately recognised and managed. The response was satisfactory, one case was reopened after a review was undertaken and visits were made to children.

Management had developed and implemented a standardised An Garda Síochána monthly notification reports as part of the national compliance plan to strengthen governance and oversight of the Joint Protocol. These reports were detailed and provided oversight into practice. Inspectors examined 14 cases for the purpose of determining the quality of practice in the implementation of the *'Tusla and An Garda Síochána Children First – Joint Working Protocol for Liaison between both Agencies'*. Management had strengthened the effective implementation of the protocol in relation to the identification and completion of formal notifications of suspected cases of abuse to An Garda Síochána in a timely manner. Of the 14 cases reviewed, eight were found to have been notified to An Garda Síochána in a timely manner. For four cases slight delays of up to two weeks were found in

making a notification to An Garda Síochána. In two cases, no notification was made to An Garda Síochána even though there was an allegation of physical abuse. Upon review of the child's file, the social worker had not consulted with An Garda Síochána as to whether a notification may have been appropriate as per the protocol. As outlined in the Joint Protocol the social worker must not await confirmation of such abuse.

Good practice was seen where strategy meetings were held at the earliest opportunity with An Garda Síochána and other agencies in order to protect the child or other children from the risk of suffering significant harm. Strategy meetings consisted of the sharing of available information between agencies and agreement of what action was required immediately to safeguard and promote the welfare of the child, and or provide interim services and support.

An essential part of the safety planning process is to ensure that children and parents understand the reason for Tusla intervention, what was to happen initially and what was going to happen next in the safety planning process. Inspectors examined nine case to determine the effectiveness of the safety planning process. In seven of the cases reviewed children were awaiting allocation to a social worker and the remaining two cases were allocated to a social worker. Inspectors found that there was a mixed approach across the teams in the use of safety plans and the timely response to putting safety plans in place for children. Not all children received a timely response with safety plans being devised and put in place. In three cases reviewed all three were closed without adequate safety being established. In one case, already discussed previously in the report, a case relating to physical abuse, safety had not been established and the children had not been seen by a social worker. In a second case, also related to domestic abuse, the case was closed without safety being established for the children and the children were not seen by Tusla. Further improvement was required to ensure that the national approach to practice was understood by staff for it to be identified and meaningfully implemented consistently across teams.

Good practice was found whereby in two cases sampled, upon receipt of the referral, social workers assessed that there were dangers that placed children at risk of harm in the short to long-term and social workers worked collaboratively with the parents, family members and children to identify a family network and to develop an immediate safety plan to address these dangers. There was regular contact with children to explain and discuss their understanding of the safety plan. These safety plans included conditions of engagement in support services, supervised access, and safety and for a network of safe people to be identified for the child.

The safety planning process involves the monitoring and review of the safety plan over time so that Tusla is satisfied that the safety plan is working to provide ongoing safety for the child. Of the nine cases reviewed, the monitoring of safety plans in six of these cases was not taking place to measure the effectiveness and to determine whether changes needed to be made. The impact was that the staff and managers did not know if the child or family were able to follow an agreed safety plan without a review to determine the parent's continuing capacity to meet the child's needs and to consider whether additional support could be provided. Some cases reviewed had previous referrals known to Tusla where consideration was given to cumulative harm. The analysis and recording of cumulative harm as part of the safety planning process continued to be poor and required improvement. This finding was reflected in an audit report on immediate Safety Plans completed in December 2024 by the Learning and Development Practice lead.

Tusla's National Out of Hours Social Work Service (OHS) aims to ensure the safety and welfare of children not receiving adequate care and protection in out of hour's circumstances. The OHS provides emergency placements for children as required and operates 365 days a year from 6pm to 7am daily and from 9am to 5pm at weekends and bank holidays. Inspectors reviewed three cases transferred from the OHS to the service area for the purpose of determining the quality of practice. In the three months prior to the inspection, the service area had received 181 referrals from the OHS. Inspectors reviewed two cases to determine the quality and effectiveness in the implementation of standard business process and Children First. There was good practice of joint working and information sharing between the OHS and social workers in the service area. Both services worked together to support a vulnerable child over a weekend, with key information provided by the social worker to the OHS about the child. Consideration was given to previous referrals known to the service when referrals were received to the service area from the OHS. Social workers were prompt in their response in making contact with a parent due to concerns for their mental health needs whilst caring for their child who had a disability.

Data provided as part of the inspection indicated that from the 16 January 2025 to the 16 April 2025 the child protection and welfare team closed 1,071 cases to the service. Inspectors examined 13 children's case files to determine the appropriateness of Tusla ending their involvement with a child and their family. Of the 13 cases reviewed 10 cases were closed appropriately, with three cases closed inappropriately. These three cases have been discussed in previous sections of this report. Following the inspection, the above three child protection and welfare cases were escalated to the area manager to provide assurances that the risks were appropriately recognised and managed. The response was satisfactory in

that the three cases were reopened and allocated to a social worker, children were met with in person and home visits scheduled.

For the remaining 10 cases these were appropriately closed. The decisions made included no child protection and welfare concerns were identified, closed with safety plan put in place, no further action was required from Tusla or the child and family required ongoing support through external agencies with no role for Tusla. Examples included five cases reviewed which were diverted to community agencies for further support and intervention.

There was mixed practice in letters sent to parents and or guardians of children that outlined the reasons for the case being closed to Tusla services. There was also a lack of consistency across teams in case closure records being completed when the involvement of Tusla came to an end.

Management and staff had an uphill battle to come back into compliance with the national standards, to deliver a safe service to children and their families. Staff and management were dedicated and worked beyond their capacity to support one another to ensure that children received a service. Staff and management were passionate about their role in providing a child protection service to children and their families. However, due to the increase in referral rates and workforce challenges, management and staff could not ensure that they could deliver a safe and effective service for children in line with Children's First or to meet the timeframes outlined in standard business process. As a result, this standard is deemed not compliant.

Judgment: Not compliant

Appendix 1 - Full list of standards considered under each dimension

This inspection was carried out to assess compliance with the National Standards for the Protection and Welfare of Children (2012). The standards considered on this inspection were:

Standard Title	Judgment
Capacity and capability	
Standard 3.1 The service performs its functions in accordance with relevant legislation, regulations, national policies and standards to protect children and promote their welfare.	Not compliant
Standard 3.2 Children receive a child protection and welfare service, which has effective leadership, governance, and management arrangements with clear lines of accountability.	Not compliant
Standard 4.1 Resources are effectively planned, deployed and managed to protect children and promote their welfare.	Substantially compliant
Standard 5.2 Staff have the required skills and experience to manage and deliver effective services to children.	Not compliant
Quality and safety	
Standard 2.1 Children are protected and their welfare is promoted through the consistent implementation of <i>Children First</i> .	Not compliant

Compliance Plan for Cork Child Protection and Welfare Service OSV – 0004383

Inspection ID: MON-0046698

Date of inspection: 22 April 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 the Protection and Welfare of Children 2012 for Tusla Children and Family Services.

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 3.1 The service performs its functions in accordance with relevant legislation, regulations, national policies and standards to protect children and promote their welfare.	Judgment: Not Compliant
Outline how you are going to come into compliance with Standard 3.1: <ol style="list-style-type: none">1. The area will continue to monitor referral rates monthly and quarterly supported by the Business Information Unit (BIU) Person responsible: Business Information Unit Timeframe: Ongoing on a monthly and quarterly basis until 31/12/25 <ol style="list-style-type: none">2. The area has developed a bespoke project with its Social Work colleagues in the Liberty Street House service who will undertake Preliminary Enquiries from across the area on medium and low abuse and welfare cases. This is a 6-month pilot project which has an established Terms of Reference and Standard Operating Procedure with a designated manager. Referrals to this project will be based on the priority and length of time awaiting allocation. Commencement Date: 15th June. Review September 2025 Person responsible: Principal Social Workers and Team leaders Timeframe: June to December 2025 <ol style="list-style-type: none">3. The area will audit a number of physical abuse category cases that following Preliminary Enquiry proceed to Initial Assessment, to identify adherence to best practice regarding interviewing of children, and the robustness of the assessment process. The Learning from this audit will be shared at team meetings, the team leader practice forum and other relevant forums.	

Person responsible: Principal Social Worker Quality Assurance in conjunction with Area Teams.

Timeframe: 30/9/25 for the Audit, report to issue and learning to be shared: 31/12/25

4. The area will request the Signs of Safety practice leads to deliver a workshop on "Collaborative work in Initial Assessment" where the referral indicates multiple issues including physical abuse.

Person Responsible: Signs of Safety lead in conjunction with the Professional Support manager.

Timeframe: 30/9/25

5. Where capacity exists on duty teams the Area will allocate a social care leader to meet with children who make a disclosure of physical abuse to provide assurance on immediate safety.

Persons responsible: Principal Social Workers and Team leaders in Child Protection and Welfare teams

Timeframe: 30/6/25

6. All high priority physical abuse referrals where harm is suspected will get an immediate response and will be prioritised for allocation.

Persons responsible: Principal Social Worker and Team leaders in Child Protection and Welfare Teams.

Timeframe 13/5/25 Completed

7. The area will endeavour to prioritise the meeting of a child in medium priority physical abuse cases where the abuse is from a parent. This will determine the next steps and safety planning requirements.

Persons responsible: Principal Social Workers and Team leaders in Child Protection and Welfare teams.

Timeframe: 31/5/25

8. The guidance document for team leaders on standard business process forms on the Tusla Caseload Management system (TCM), devised in April 2024 will be re-circulated, this includes governance/practice requirements for team leaders in signing off Tusla Caseload management forms---team leaders will be reminded to consider the adequacy of safety, and if children have been met as part of the assessment when signing off physical abuse cases.

Persons responsible: Principal Social Worker Quality Assurance and Child Protection and Welfare Principal Social Worker's

Timeframe 31/5/25 complete

9. The management of physical abuse cases will be discussed at the next meeting of the Cork City Duty subgroup to examine standards of practice across the area.

Persons Responsible: Child Protection and Welfare Principal Social Workers

Timeframe: 30/9/2025

10. The teams will immediately discuss the management of physical abuse cases with their teams and any training needs will be addressed.

Persons responsible: Child Protection and Welfare Principal Social Workers

Timeframe: 31/5/25

11. The area will continue to monitor the monthly average timeframe from referral to allocation for Preliminary Enquiry and Initial Assessment per team. In Q1 2025, the average timeframe for allocation for Preliminary Enquiry was 76 days and for Initial Assessment it was 66 days.

Person responsible: Business information Unit

Monitoring: Principal Social Workers, Area Manager and Business Information Unit

12. The area is developing a project with our Tusla social care colleagues external to the Child Protection and Welfare teams, who will meet with children to ensure the area provides a safe and effective service to children known to the service, and to ensure the voice of the child is appropriately captured; and to progress assessments and interventions in a timelier manner. These staff will work jointly with the allocated social worker on these cases. This project will be piloted in one team initially. Terms of reference, Standard Operating procedure and governance arrangements will be confirmed

Commencement date: 31st July 2025

Monitoring: Principal Social Worker's and Team Leaders

13. The area will continue to seek approval for the filling of vacancies in a timely manner. The area will continue as part of the Regional Workforce plan to seek and support the ongoing rolling campaigns for social work and social care, the bespoke campaigns and the student summer scheme initiative.

Person responsible: Area manager and Principal Social Workers in conjunction with Regional Human Resource Department

Timeframe: ongoing

14. The area has developed strong working relationships with the Higher Education Institutions (HEI's) in the area and will continue to promote bi-annual student placements in social work and annual social care placements. In addition, since its inception in June 2024 the area has taken on 11 social work apprentices and will continue to support the apprenticeship scheme.

Person responsible: Principal Social Worker -Student placement co-ordinator

Timeframe: ongoing

15. The area will continue to support the Reform programme objectives and vision to create more equity capacity and quality of service provision.

Persons responsible: Regional Chief Officer, Regional implementation lead and Area management team.

Timeframe: January 2026

Standard 3.2 Children receive a child protection and welfare service, which has effective leadership, governance, and management arrangements with clear lines of accountability.	Judgment: Not Compliant
<p>Outline how you are going to come into compliance with Standard 3.2:</p> <ol style="list-style-type: none"> 1. In relation to the number of cases allocated for Preliminary Enquiry but awaiting completion. The area will recirculate the guidance on what constitutes a Preliminary Enquiry to all staff to ensure that only the required work is done as part of this process. <p>Persons responsible; Principal Social Worker Quality Assurance and Principal Social Workers area teams Timeframe: 31/5/25 complete</p> <ol style="list-style-type: none"> 2. All future bespoke projects will have a Terms of Reference and Standard Operating procedure developed to ensure the project scope and process is clear and that there are clear governance and monitoring arrangements in place. (All bespoke arrangements consider the current workload of staff by using the caseload management tool or other relevant caseload information) <p>Persons responsible: Area manager and Principal Social Workers Timeframe: 31/5/25</p> <ol style="list-style-type: none"> 3. The area has put in place additional support for the area teams to audit and review the waiting list as per the Standard Operating Procedure. This support is provided by two team leaders external to the Child Protection and Welfare teams. <p>Persons responsible: Principal Social Workers Area Teams and Designated Team leaders Timeframe: Immediate with a review in three months.</p> <ol style="list-style-type: none"> 4. The area has prioritised a review of adherence to the professional practice supervision policy which is due to be undertaken by Practice Assurance and Service Monitoring team in Q4 2025.* This will identify compliance with policy in the area. 	

Persons responsible: Practice Assurance and Service monitoring officer and Area Management Team

Timeframe: 30/11/25

5. The area will review the risk register at the next risk management meeting to ensure all operational risks are appropriately recorded and escalated where necessary.

Persons responsible: Principal Social Worker and risk management team

Timeframe: 30/9/25

**(deferred from Q1 due to national priorities for PASM)*

Standard 4.1

Resources are effectively planned, deployed and managed to protect children and promote their welfare.

Judgment:

**Substantially
Compliant**

Outline how you are going to come into compliance with Standard 4.1:

1. To mitigate the challenges for the area of the current and future workforce demands the following actions will be undertaken. The impact of staff vacancies will be risk escalated.
 - a. **Person responsible: Principal Social Worker Quality Assurance**
 - b. **Timeframe: 15/7/25**
2. The Cork area will continue to review its commissioned services quarterly to ensure that they are meeting the Agency needs.
 - a. **Person responsible: Commissioning lead and Area manager**
 - b. **Timeframe: Quarterly to 31/12/25**
3. Diversions will continue to be monitored monthly to ensure the deployment of the most appropriate service to meet the need.
 - a. **Person responsible: Area Teams and Child and Family Support Network co-ordinators**
 - b. **Timeframe: Monthly**
4. The area will continue to examine opportunities to create and develop a systems approach to the deployment of area resources to the areas of greatest need such as the bespoke projects developed with our internal community services.
 - a. **Person responsible: Area manager in conjunction with the senior management team**
 - b. **Timeframe: Ongoing to 31/12/25**

Standard 5.2 Staff have the required skills and experience to manage and deliver effective services to children.	Judgment: Not Compliant
<p>Outline how you are going to come into compliance with Standard 5.2:</p> <ol style="list-style-type: none"> 1. Tusla Child and Family Agency apply a best practice approach to the recruitment, induction and ongoing training and development of skills and experience of all employees. This is evidenced via: <ol style="list-style-type: none"> I. Pre recruitment Induction "Ustart" Initiative – prior to commencing, all employees are provided access to our "Ustart" link that provides information on policies and processes etc. This will continue for all newly hired employees. II. Induction – All newly hired employees receive local and regional inductions which provides further information specific to each employees' role and relevant department. III. Supervision – all professionals receive supervision in relation to their professional registration. IV. Supporting Performance Development Plan – In 2025 Tusla rolled out its Supporting Performance Development Plan that aligns each department and profession to the relevant associated objectives of the area/department needs. The Area is committed to ensuring 25% have completed same by the end of Q4 with a view of increasing completion rates in 2026. V. The organisation has a comprehensive leadership academy that provides all new and existing managers with management and leadership training to ensure the objective of effective services is at the core of employee's duties. The leadership academy comprises of the following incremental courses: <ol style="list-style-type: none"> a. Every Day Personal Effectiveness Training b. An Introduction for First Time Managers c. People Management Legal Framework d. Social Work Team Leader Supervision Skills e. Social Work Team Leader Development Program f. HR Policies for Social Work Team Leaders. g. Coaching Conversations for Managers. <p>The area will continue to ensure all relevant employees have the relevant access to the above training.</p> <p>Person Responsible: Regional HR in conjunction with Area Management. Timeframe: Ongoing</p>	

2. In addition to the above organisation wide commitment to supporting employees to enhance existing skills and experience the Cork area assisted the South West Regional HR department in the completion of a manager's training gap analysis to identify those who have completed the differing stages of the leadership academy training. A targeted approach in partnership with Work Force Learning and Development will be applied in Q4 and in 2026 to ensure each department has an equitable allocation of skilled, trained managers and leaders to support the workforce to achieve its goals. Ongoing monitoring of manager's training data will be coordinated by the Regional HR Department.

Person Responsible: Regional HR Office in conjunction with Area Management.

Timeframe: Ongoing

3. To mitigate the impact of staff resource deficits and consequential impact on the skills and experience across the teams the area will continue to promote and support training for staff. Training initiatives are supported by Workforce learning and Development (WLD) and can be tailored to meet the needs of the service.

Person responsible: Principal Social Worker Quality Assurance in conjunction with Workforce Learning and Development and Area teams

Timeframe Ongoing to 31/12/25

4. The area continues to promote skills development through team meetings, team days, and the team leader practice development forum. Skills development and practice have been supported and promoted in multiple ways including Induction; Cumulative Harm training and Coaching, as identified through Personal Development Plans.

Person responsible: Area teams and Workforce learning and Development

Timeframe: ongoing to 31/12/25

5. The area will review the findings of the Pilot "*Training needs analysis of social Care staff undertaking Child Protection and Welfare work*" completed by Workforce Learning and Development as part of the National HIQA Action Plan in May 2025; to inform the training programme for this staff group as part of the implementation of the case allocation framework.

Person Responsible: Principal Social Workers in conjunction with Workforce Learning and Development

Timeframe: 31/10/25

6. The area under its South West Regional workforce plan will continue to support the continuity of staffing by supporting the rolling campaigns for difficult to fill roles and the bespoke campaigns where required for upcoming vacancies.

Person responsible: Regional Human Resource Dept in conjunction with the Regional Management team and the Area managers

Timeframe: 31/12/25

Standard 2.1

Children are protected and their welfare is promoted through the consistent implementation of *Children First*.

Judgment: Not Compliant

Outline how you are going to come into compliance with Standard 2.1:

1. The area will continue to monitor monthly the average timeframe for referrals to be allocated for Preliminary Enquiry and Initial Assessment across the area, with a view to reducing the average timeframe for allocation. Our average timeframe for allocation for Preliminary Enquiry in Q1 was 76 days and our average timeframe for completion of Initial Assessment was 66 days.

Person responsible: Business Information Unit and Area Teams

Timeframe: Monthly to 31/12/25

2. The area will continue to monitor the progress of Standard Business Process timelines using the published reports which reflect our performance nationally.

Person responsible: Business Information Unit and Principal Social Worker, Quality Assurance

Timeframe: Monthly to 31/12/25

3. To mitigate long waiting lists the area is focused on increasing its "Active on Duty" intervention to ensure safety is assessed whilst on a waiting list. Active on Duty metrics are evaluated monthly. The average percentage of unallocated cases that are active on Duty from January to April inclusive was 48% with both March and April being at 54%.

Person responsible: Business Information unit and Principal Social Workers

Timeframe: Monthly to 31/12/25

4. The area has recently assigned two team leaders external to the social work departments to review the waiting list as per the Standard Operating procedure for the management of unallocated cases.

Person responsible: Principal Social Worker and Team Leaders

Timeframe: Weekly*, to be reviewed in September 2025

5. The area will continue to promote the use of its Standard Operating Procedure for "*Ringling the referrer at Screening*" devised in 2023 to inform next steps where the information is insufficient to determine thresholds for intervention. This will help provide information on existing safety.

Person responsible: Principal Social Workers and Duty Teams

Timeframe: Ongoing-- in Supervision to 31/12/25

6. The area will continue to monitor monthly the number of cases awaiting allocation based on priority and will endeavour to allocate all high priority cases as soon as possible.

Person responsible Principal Social Workers

Timeframe: Monthly to 31/12/25

7. In relation to safety planning the area will continue to monitor the following monthly:
 - Cases at safety planning stage per Department
 - Cases at Safety planning stage with no approved safety plan or network meeting form
 - Cases at Safety planning stage where the Safety Plan is > than 6 months old
 - In June we commenced collating the number of cases at Child Protection Conference Safety Planning stage where there is no Child Protection Conference Safety plan form.

Person Responsible: Business Information Unit and Area Teams

Timeframe: Monthly

8. The area as part of its Service Improvement Plan will audit a sample of cases at safety planning stage for more than 3 years to consider if any

further actions are required.

Person Responsible: Principal Social Workers Child Protection and Welfare and Principal Social Worker Quality Assurance

Timeframe: 30/9/25

9. Safety Planning is considered as a priority in the Signs of Safety Action Learning Plan for 2025. Four safety planning days were planned for team leaders, one took place in June, and two more are scheduled for September and November.

Persona Responsible: Signs of safety Practice lead in conjunction with Principal Social Workers

Timeframe: 31/12/25

10. The voices of children with Learning and communication difficulties will be strengthened by the following:
- The dissemination of various “tools” and tips on communication to the teams which have been sourced through Speech and language therapists in the Tusla Therapy team.

Person Responsible: Principal Social Worker Quality Assurance and area teams

Timeframe: 30/6/25

- The development of a resource on the hub for staff, which is currently in development by Practice Assurance and Monitoring service, Workforce Learning and Development and Tusla Therapy.

Person responsible: National Quality and Regulation team

Timeframe: 31/12/25

- The development of a workshop for frontline staff which will be a collaboration between Area Based Therapeutic Team, Workforce Learning and Development and the Signs of Safety Lead Practice Lead.

Person responsible: Principal Social Workers, Area Based Therapy team and Workforce Learning and Development

Timeframe: 30/9/25

11. Practice Assurance will undertake a review of safety and safety planning on Unallocated cases (To include cumulative harm).

Person Responsible: Practice Assurance and Monitoring and Area management

Timeframe: 31/12/25

12. Examination of Cumulative Harm is now a standing item in all Practice Assurance and Service Monitoring reviews.

Person Responsible: Practice Assurance and Service and Monitoring Team

Timeframe: Commenced in 2024 as part of the National Compliance plan to continue to 31/12/25

13. Tusla are co- facilitating training on Hidden Harm with the Health Service Executive (HSE); this will include the impact and cumulative impact of parental substance misuse on children. There is also a HseLand training to complement this training. Staff have been encouraged to register for this training.

Person responsible: Workforce learning and development

Timeframe: 1/7/2025 and 6/10/25

14. All future bespoke projects will have a Terms of Reference and Standard Operating procedure developed to ensure the project scope and process is clear and that there are clear governance and monitoring arrangements in place.

Person responsible: Principal Social Worker Quality Assurance and area management team.

Timeframe: 31/5/25

Section 2:

Standards to be complied with

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

Standard	Judgment	Risk rating	Date to be complied with
Standard 3.1 The service performs its functions in accordance with relevant legislation, regulations, national policies and standards to protect children and promote their welfare.	Not Compliant	Orange	31/12/25
Standard 3.2 Children receive a child protection and welfare service, which has effective leadership, governance, and management arrangements with clear lines of accountability.	Not Compliant	Red	30/11/2025
Standard 4.1 Resources are effectively planned, deployed and managed to protect children and promote their welfare.	Substantially Compliant	Yellow	31/12/25
Standard 5.2 Staff have the required skills and experience to manage and deliver effective services to children.	Not Compliant	Orange	31/12/25
Standard 2.1 Children are protected and their welfare is promoted through the consistent implementation of <i>Children First</i> .	Not Compliant	Red	30/09/2025

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