

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

Name of service area:	Waterford Wexford
Type of inspection:	Focused
Date of inspection:	9 – 11 June 2025
Lead inspector:	Rachel Kane
Support inspector(s):	Bernadette Neville Hazel Hanrahan Lorraine O'Reilly
Fieldwork ID	MON-0046781

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 desktop review 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 March 2024. The key issues that were followed up in this inspection related to:

- Children and families awaiting significant periods of time for initial assessments to be completed and for supports and interventions to be put in place.
- Management were left reliant on existing staff to share resources which reduced their capacity and effectiveness of oversight mechanisms.
- Management were plugging gaps by redistributing current staff resources between teams which in turn had a negative impact on other areas in the service.
- Not all children received a timely response to safety plans being devised and put in place.

The inspection in March 2024 also identified a number of strengths in the service including:

- Screening of new referrals was timely.
- Governance and oversight systems in the area had begun to be strengthened.
- New forums had been put in place to support more effective lines of accountability and to support the reduction in risks and improve decision making.

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 all five standards. The SAQ provided analysis of organisational priorities and areas of practice they were working to continually improve which will be further commented on in this report.

How we inspect

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

The key activities of this inspection involved:

- the analysis of data
- interview with the area manager
- focus group with five principal social workers
- focus group with seven social workers and social care workers
- interview with the Special Emergency Arrangements (SEA) co-ordinator
- interview with Tusla Case Management (TCM) lead
- interview with data quality lead practitioner
- interview with regional Quality Risk and Service Improvement (QRSI) manager
- interview with regional retention officer
- the review of local policies and procedures, minutes of various meetings, audits and service plans
- the area's self-assessment questionnaire (SAQ)
- observation of meetings relevant to the standards being assessed
- individual phone calls with one social worker and two family support workers.

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

Acknowledgements

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

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.

Waterford Wexford is one of the 17 areas within Tusla's Child and Family Agency. It is situated in the south east of Ireland, while Waterford and Wexford are the main counties in this area it also encompasses parts of South Kilkenny. With a total population of 307,352 people according to the 2022 Census, this service area plays a crucial role in addressing the needs of its 67,239 children aged between 0-17 years. The area population grew by almost 10% between 2016 and 2022.

Relative to the State, the South East Region has a high level of deprivation. The relative affluence and deprivation score for the State is 0.6, while the corresponding value for the South East Region is -3.2. Waterford is the fifth most deprived local

authority area in the country, recording a rate of -4.8 and Waterford County recording a rate of -0.6. Wexford is also rated at -4.8.

Wexford is the fourth most disadvantaged local authority in the country. The majority of Wexford's population live in areas classed as 'Marginally Below Average' (56% or 84,039), this is followed by areas 'Marginally Above Average' (21.2% or 31,703), 'Disadvantaged' (16.4% or 24,612), 'Very Disadvantaged' (4.4% or 6,651) and finally 'Affluent' (1.8% or 2,717).

Under the guidance of the regional chief officer for Tusla, South East, the area is managed by an area manager, overseeing ten principal social workers responsible for various operations, including child protection and welfare, children in care, fostering, and quality assurance. The child protection and welfare teams, children in care teams, and foster care teams operate from offices throughout the service area in both Waterford and Wexford.

The area is currently undergoing a National Reform programme. The Waterford Wexford area will be realigned under a revised regional structure and Waterford and Wexford will be managed by separate Network managers. An integrated front door¹ structure and local integrated teams will provide the team structures across Child Protection and welfare services.

¹ The front door service was where staff responded to initial contacts made by professionals or members of the public who were concerned about a child.

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
9 June 2025	09:00hrs to 17:00hrs	Rachel Kane	Lead Inspector
	09:00hrs to 17:00hrs	Bernadette Neville	Support Inspector
	09:00hrs to 17:00hrs	Hazel Hanrahan	Support Inspector
	09:00hrs to 17:00hrs	Lorraine O'Reilly	Support Inspector
10 June 2025	09:00hrs to 17:00hrs	Rachel Kane	Lead Inspector
	09:00hrs to 17:00hrs	Bernadette Neville	Support Inspector
	09:00hrs to 17:00hrs	Hazel Hanrahan	Support Inspector
	09:00hrs to 17:00hrs	Lorraine O'Reilly	Support Inspector
11 June 2025	09:00hrs to 17:00hrs	Rachel Kane	Lead Inspector
	09:00hrs to 17:00hrs	Bernadette Neville	Support Inspector
	09:00hrs to 17:00hrs	Hazel Hanrahan	Support Inspector
	09:00hrs to 17:00hrs	Lorraine O'Reilly	Support Inspector

Children's experience of the service

This was a desktop review inspection which included a review of governance documents rather than a review of children's files. As inspectors did not review children's files for this type of inspection, due to the sensitive nature of the issues that families referred to the child protection and welfare (CPW) service may have experienced, it was not appropriate for inspectors to contact these families. Inspectors reviewed policies and procedures, standard operating procedures, audits, a variety of governance meeting minutes as well as talking with staff and managers and observing meetings to assess the quality of the service that children were receiving and to assess progress since the last inspection in March 2024.

Overall, the inspection found that the Waterford Wexford child protection and welfare (CPW) teams were working hard to ensure that all children and families referred to the service were provided with the right service as soon as possible. Due to staffing vacancies and a high level of referrals, some children and families could not be allocated to a worker and were put on waiting lists. Therefore, not all children referred to the service were receiving a timely service. These delays could potentially affect the timely provision of necessary support, access to services and the overall well-being of children and families.

The senior management team were highly experienced and understood the potential impact of delays which was why all high priority cases and all children listed on the Child Protection Notification System (CPNS) were allocated to a professionally qualified social worker. This meant that the children who were most at risk were getting the right service at the right time.

The inspection found that the management team were continually trying to learn and to improve the service. The service initiated a dedicated CPNS team in 2022 and had carried out a review of this team in 2025. As part of this review the service gathered feedback from families on their experience of the service. The feedback from families was very positive. Some parents and children commented on being able to build trusting relationships with social workers as they had one consistent worker. Some parents also commented on the help and support they received from their social worker and the positive impact that this has had on their families.

The service was child-centred and staff and managers were committed to trying to improve outcomes for children and families. The service were in the process of developing a system to gather the views of families on their experience of the front door. The service hoped that this feedback from families will help them to improve the service. In addition, as part of the service's overall service

improvement and business plan for 2025 the service area had a focus on improving meaningful engagement with children and families.

The service was well-managed and child-centred, this meant that children were more likely to be safe and have their welfare promoted when they engaged with the service. The service had policies, procedures and guidance in place which staff who spoke with inspectors were familiar with. This meant that children were likely to experience a consistent approach from staff. However, staff who spoke with inspectors acknowledged that due to some children and families being on waitlists they did not always get to engage with a consistent staff member. This was because different staff may be delegated different tasks to complete with these families while they awaited an allocated worker.

In the SAQ submitted by the area in advance of the inspection, the service indicated that LÁMH² training has been provided to some staff in the service to help them to communicate with children with additional needs. This showed the service's commitment to supporting all children's right to participate in decision-making. However, some staff who spoke with inspectors identified that teams would benefit from further training in supporting them to communicate with children with additional needs. Not all social workers had this training which meant that at times, they were reliant on children's parents or other professionals working with the child to communicate on behalf of children with communication difficulties. Further training to support all staff to be able to communicate with children with communication difficulties should be prioritised in the service.

Children and families who engaged with the Waterford Wexford service were likely to experience a service that learns from its successes and mistakes and uses these as opportunities to continually develop and improve.

Capacity and capability

This report reflects the findings of a follow-up desktop inspection of Waterford Wexford Child Protection and Welfare (CPW) service, 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:

- two standards were compliant
- two standards were substantially compliant
- one standard was not compliant.

² LÁMH is an augmentative and alternative system of manual communication used in Ireland by developmentally disabled and neurodivergent children and adults.

The inspection found that the Waterford Wexford child protection service had robust and effective governance and management systems in place. Managers demonstrated strong leadership and a commitment to quality improvement in the service. The governance systems in place supported a safe and effective service for many children and families, despite the service's challenges with staffing vacancies.

There was a learning culture in the service, where management were continually striving to improve the service in order to achieve positive outcomes for children. Over the last 12 months, a key focus for the service had been on the management team reclaiming their management role by dedicating space and time to forensically analyse the data in relation to waiting lists to enable them to have robust oversight of the cases awaiting allocation. The management team were also focused on driving service improvements and reviewing service improvement plans (SIPs) on an ongoing basis. The majority of the actions outlined in the SIPs for 2023-2024 were completed or ongoing.

The quality assurance (QA) team in the area were well integrated into the service. There was a schedule of audits in place and audits were carried out on a regular basis to further embed the learning culture and drive quality improvement. Comprehensive action plans were put in place following audits. The QA team also supported the operational management team to increase the number of audits and improve the quality of case audits that they carried out.

The service was working to minimise the length of time children and families stayed on waiting lists and to provide them with a service as quickly as they could. While the service did not have the capacity to allocate all children to a professionally qualified social worker, they aimed to allocate as many children as possible to other professionals so that they could receive some level of service. Managers were aware of the demand for their service and were constantly reviewing and allocating cases as capacity allowed.

The service area had clear strategic and operational plans in place which were aligned to Tusla's national compliance plan and Tusla's Corporate Plan 2024 - 2026.

The service improvement and business plan for 2025 was focused on attracting, supporting and retaining staff in the service area. It was also focused on an area wide data cleanse to ensure all systems were up to date and accurate and improving compliance with Tusla's standard business process.

There was an effective risk management framework and supporting structures in place for the identification, assessment and management of risk in the service which was aligned with the regional risk framework. Risk was appropriately managed and escalated with control measures in place to mitigate risk. Staffing vacancies and a high level of referrals were a challenge for the area. Information provided before the inspection indicated that 11 staff had left the service and eight staff had joined the service in the last 12 months. Retaining staff was a key focus for the service and they were implementing various initiatives to try and support staff such as group supervision and reflective practice which were really valued by staff.

The service had good structures and systems in place to effectively plan and manage resources to protect children and promote their welfare. The service were doing everything within their power to use the resources available to them effectively.

Staff who inspectors spoke with demonstrated knowledge of the legislation, standards, policies and procedures that underpins their work. However, the service did not have sufficient staff to enable it to fully fulfil its statutory obligations to deliver timely and consistent services to all children, in accordance with relevant legislation, national policies, standards and Tusla's standard business process.

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.

In the SAQ submitted by the service area, the management team deemed the service to be substantially compliant with this standard which inspectors agreed with.

This inspection found that the management team were making significant efforts to improve the service and reduce waiting times for children and families, however, due to staffing vacancies and a high level of referrals, the service was unable to fully discharge its statutory obligations to deliver timely and consistent services to all children, in accordance with relevant legislation, national policies, standards and Tusla's standard business process.

The service were striving to deliver timely services to children and families, however, due to staff vacancies, there were delays at most stages of the CPW process. The data submitted prior to the inspection showed that there was 898 cases open in the CPW service. The data indicated that overall, most referrals were being screened within 24 hours which was in line with Tusla's standard

business processes. All high priority cases were allocated to social workers. The data indicated that there was 39 cases awaiting initial checks, referred to by Tusla as preliminary enquiries, 23 were waiting less than a week, 12 were waiting more than a week, one was waiting more than one month and three were waiting for more than three months. Delays in carrying out initial checks in line with *Children First: National Guidance for the Protection and Welfare of Children*, (2017) can potentially lead to increased risks to children and missed opportunities for intervention and support. That said, all high priority cases were allocated to social workers. Inspectors reviewed the waiting lists for children awaiting intake and there were no high priority cases on the lists.

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 (IA). The aim of an IA 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. The previous inspection in March 2024 found that children and families were waiting for long periods of time for IAs to be completed and for supports and interventions to be put in place. During that inspection, two cases sampled were waiting for one year for an IA to commence.

This inspection found that there was some improvement in the time that cases were awaiting an IA. The data submitted before this inspection indicated that there were 73 cases waiting at IA stage. The length of time that these cases were waiting were as follows;

- 19 cases were waiting less than one week
- 17 cases were waiting more than one week
- 29 cases were waiting for more than one month
- seven cases were waiting for more than three months
- one case was waiting for more than six months.

Tusla had a national policy for the management of unallocated cases to guide all service areas. This policy outlined that high priority children, who are deemed to be at most risk of harm, will always be prioritised for allocation. The policy stated that each team must have a system in place, led by a principal social worker, for the ongoing oversight and governance of all unallocated children. At the time of this inspection, the service were adhering to this policy. In addition, the service had standard operating procedures (SOPs) in place for cases awaiting allocation and the service also had a SOP for the review of cases awaiting allocation. These SOPs were also in line with the national policy for the management of unallocated cases.

While some delays were still evident, all IAs in the service were completed by social workers, in line with Children First (2017). There were no high priority cases awaiting an IA. The service tried to minimise the risks that come with families being placed on waiting lists for IAs. Managers told inspectors that many of the cases that were awaiting an IA had secondary workers allocated to them until the family could be allocated to a social worker. The SAQ indicated that 38% of cases were compliant with the 40 day timeframe for the completion of IAs stipulated in Tusla's standard business processes.

There were robust oversight and governance arrangements in place to monitor cases that were on waiting lists. During this inspection it was clear that the CPW service was working to minimise the length of time children and families stayed on waiting lists and to provide them with a service as quickly as they could. While the service did not have the capacity to allocate all children to a professionally qualified social worker, they aimed to allocate as many children as possible to other professionals so that they could receive some level of service.

Tusla had developed a national service improvement plan (SIP) in 2023 to address the challenges facing service areas in meeting their statutory obligations and in achieving compliance with the standards. The objective of the plan was to reduce the number of children awaiting CPW assessment while ensuring children and families receive an appropriate response. The SIP set out actions that were required at national, regional and local level, to reduce the number of children on the waitlist to below 25% and to ensure that children had access to an allocated key worker. This would not necessarily be a social worker as required by the standards and Children First (2017).

At the time of the inspection in March 2024, the Waterford Wexford CPW service had service improvement plans (SIPs) in place that were aligned to the national service improvement plan. The aim of the SIPs was to ensure that the implementation of the area SOPs for unallocated cases was embedded in the service. The majority of the actions outlined in the SIP for 2023 and 2024 had been completed or were ongoing and the service had developed a new service improvement and business plan for 2025, which will be discussed further under standard 3.2.

The service had established a child protection and welfare taskforce in 2023 due to experiencing acute resource challenges. This taskforce was still in operation and senior managers met weekly to enable them to maintain close oversight of the waiting lists in the service and to effectively allocate resources where they were most needed. A key finding in this inspection was that managers had greater ability to focus on their managerial duties such as maintaining oversight of unallocated cases and auditing to drive quality improvement and adherence to

Tusla's standard business processes. Although children were on waiting lists at various stages of the CPW service, managers had oversight of the lists, were aware of the demand for their service and were constantly reviewing and allocating cases as capacity allowed.

There were policies, procedures and guidance documents in relation to practice in the area which included;

- SOPs for the intake and assessment teams
- SOPs for the child protection and welfare teams
- SOPs for the child protection notification system (CPNS) team
- Guidance on transfer of cases to another team.

Staff and managers spoken to during the inspection demonstrated a good level of knowledge of national policies, national standards and best practice. Staff and managers who spoke with inspectors were aware of the process and procedure for the review and transfer of cases in order to enable joint working between teams. In addition, staff and managers showed good knowledge and understanding of their responsibilities under Children First (2017).

In the previous inspection in March 2024, good practice was found in the service area of working in line with '*Tusla and An Garda Síochána Children First – Joint Working Protocol for Liaison between both Agencies*' in submitting formal notifications of suspected cases of abuse to An Garda Síochána in a timely manner. This inspection found that this good practice had continued. The QA team carried out an audit in November 2024 to assess the service's compliance with the need to notify An Garda Síochána of referrals of abuse and if no notification had been made that the reason for this was recorded. This audit found that 89% of abuse referrals were appropriately notified to An Garda Síochána or had the reason for not notifying recorded. A quality improvement plan was put in place following this audit and a follow-up audit to monitor progress was scheduled for July 2025.

The service area reviewed new and existing legislation, regulations and national policy to determine how it will impact on the service provided to children and their families and address any gaps in compliance. In 2024, Tusla developed a national compliance plan following on from the 10 HIQA inspections of Tusla services between February and April 2024. Overall, the service were implementing the actions they had responsibility for in the plan. In line with the actions outlined in the compliance plan, the area had an updated service improvement and business plan in place. The service had ensured that the local SOPs in relation to unallocated children were in line with the national unallocated cases policy. However, at the time of the inspection only 19 staff had completed cumulative harm training which was not in line with the national compliance plan which stated

that this would be implemented by the end of March 2025. The rest of the staff team were due to complete the training in the weeks following the inspection.

There was one child placed in special emergency arrangements (SEAs) at the time of the inspection. The lack of alternative care placements was acknowledged as a risk on the service's risk register. SEAs were used as a last resort to ensure children's safety; where no mainstream placements were available in the service. These placements were staffed by private providers, however, the overall responsibility for the child remained within the Tusla placing area and with the child's allocated social worker. There was a national standard operating procedure in place regarding the use of SEAs and this was supported by a suite of documents. This inspection found that the service were adhering to Tusla's national policy with respect to the governance and oversight of SEAs.

Improvements were required to ensure that all staff understood the procedures in place when a child in a SEA makes a complaint, as not all staff who spoke with inspectors were clear on this. This was brought to the attention of the area manager during the inspection who told inspectors that Tusla managers have responsibility for managing any complaints made by a child living in a SEA. The area manager informed inspectors that he would send a communication to all staff in the service to ensure they were clear on the procedure.

Staff and managers were committed to fulfilling their functions in line with all relevant legislation, regulations, national policies and standards to protect children and promote their welfare. The CPW service was being rigorously managed to reduce the length of time children and families were awaiting a service and to ensure that all children who needed an immediate response or intervention by a social worker received one. However, despite these significant efforts, the service was unable to fully discharge its statutory obligations to deliver timely and consistent services to all children, in accordance with relevant legislation, national policies, standards and Tusla's standard business process. For this reason this standard is judged to be substantially compliant.

Judgment: Substantially 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.

In the SAQ submitted by the service area the management team deemed the service to be substantially compliant with this standard. There was a multi-layered senior management oversight system in place. Management demonstrated

effective leadership and there were clear lines of accountability. The governance systems in place supported a safe and effective service for many children and families, despite the service's challenges with staffing vacancies. Therefore, inspectors judged the service to be compliant with this standard.

The Waterford Wexford service area had clearly defined governance arrangements and structures in place which aimed to support overall accountability in the service. The service was managed by an area manager who reported to a Regional Chief Officer (RCO). There were three Principal Social Workers (PSWs) with responsibility for the teams within the child protection service including; the screening and intake team, the initial assessment teams, assessment and safety planning teams, the Child Protection Notification System (CPNS) team and the family welfare team. There was also a PSW who was the chairperson for child protection conferences and a PSW with responsibility for quality assurance and service improvement across the area. The intake and assessment teams and CPW teams were overseen by social work team leaders (SWTLs). Teams were comprised of senior social work practitioners, social workers, social care workers, social care leaders, family support workers and a domestic violence worker. Some referrals were allocated to grades other than social work. Inspectors found that the staff they spoke with were clear on their roles and responsibilities.

Management demonstrated effective leadership and were committed to the continuous improvement of the service. Staff said that they felt supported by managers, they were helpful and there was a sense of community in the service. One of the main findings from the last inspection in 2024 was that the management team were stretched managing service gaps which reduced their capacity for oversight. Over the last 12 months, a key focus for the service has been on the management team reclaiming their management role by creating an environment where they have the space and time to forensically analyse the data in relation to waiting lists to enable them to have robust oversight of the cases awaiting allocation. They were also focused on driving service improvements by reviewing SIPs on an ongoing basis and carrying out regular audits.

In the previous inspection, HIQA found that concerted effort had been taken by the area manager to support and stabilise the CPW service. In 2022, the area manager commissioned a change management project to address the immediate issues that existed. The change management project initiated a plan for the coordination and delivery of integrated services to help improve outcomes for children and families. This entailed the creation of a new assessment, intervention and safety planning team by amalgamating the CPW North and South teams and the aligning of screening teams to enhance capacity at the front door.

This new structure was now embedded into the service and was operating effectively. The low harm high need team that was being piloted during the last inspection had ceased operating as a separate team and had merged into the

screening and intake team. This inspection found that the robust governance and oversight mechanisms which had been initiated in 2023 were now ingrained in the service.

The service established a CPW taskforce in 2023 which was still in operation. This forum, which comprised of the area manager and principal social workers including the principal social worker for quality assurance and service improvement, met every week to review the data in relation to cases awaiting allocation at each stage of the child protection process. In addition, safety plans, safeguarding visits and child sexual exploitation reports were tracked in these meetings along with the service's compliance with court directions. The findings from audits were also reviewed in this forum. The senior management team used all of this information to identify areas where the service could potentially be vulnerable or need improvements. The area manager described the task force forum as an "early warning system". These meetings helped the senior management team to prioritise where resources were most needed. These meetings also focused on staff teams, reviewing vacancies and the impact of these on teams in addition to staff training and development. It was clear that the taskforce forum was effectively mitigating against risks posed by children being placed on waiting lists. Through this forum senior management were able to identify where improvements were needed in service delivery and put plans in place to address these. The impact of this was that children and families were more likely to experience a well-managed, good quality and child-centred service.

Senior management meetings for the area were effective and held on a monthly basis. Inspectors reviewed the minutes from the last four months. The metrics in relation to unallocated cases for the child protection service were also reviewed at these meetings. Additionally, these meetings also focused on staff training, findings from audits, risks that may need to be escalated, reviews of SOPs, staff welfare and the Tusla structural reform. Actions and persons responsible were identified in these meetings, which meant that they were effective in progressing whatever actions were agreed in a timely way.

The management team demonstrated that they were effective and competent leaders. All of the service managers except for one new SWTL had undertaken bespoke management training, and the new SWTL had completed Tusla's first time managers training. Most of the management team had completed supervision training and it was part of the business plan for 2025 that all managers would have this completed by the end of quarter two 2025. The service area were implementing the Tusla 2023 supervision policy. Tusla's Practice Assurance Service Monitoring team (PASM) had completed an audit of supervision in the service in February 2025, the service were awaiting the report at the time of this inspection. All of the staff who spoke with inspectors said they were receiving regular

supervision and were happy with the quality of it. The newer staff told inspectors that when they first started they received supervision every two weeks, which is good practice.

The service were making significant efforts to try and address staff vacancies. A central focus of the service's 2025 business plan was the critical issue of staff recruitment and retention. The first objective of the plan was to strengthen staff support and development. The QA team carried out an audit on professional development plans (PDPs) in June 2024. The audit found that only 40% of staff had a PDP on file. A comprehensive quality improvement plan was put in place to address this area for improvement and a plan was in place for another audit of PDPs to be carried out in July 2025 to assess progress. The audit also highlighted that the PDPs that were on file were of high quality. The staff who inspectors spoke with said that they had PDPs in place but they were at different stages of the process.

The quality assurance (QA) team in the area were well integrated into the service. The service had a dedicated PSW for quality assurance and service improvement and a data performance lead practitioner in place. The service also had a TCM lead, however, this post had become vacant the week before the inspection. A new TCM lead was due to start in July 2025. There was also a regional QRSI manager in place. In line with the national compliance plan, there was a schedule of both internal and PASM audits in place for the year.

Inspectors reviewed four audits including;

- CPNS audit
- Garda notification audit
- Safety planning audit
- Professional development plans.

The quality of the audits carried out was very good. The findings from audits were clear and comprehensive action plans were put in place to drive quality improvements. Inspectors found multiple examples of actions coming from audits being implemented. For example, the audit on safety plans found that although 96% of the cases reviewed had governance and oversight in place, the decisions about monitoring of safety plans on unallocated cases were not being consistently recorded. The trackers maintained for the review of unallocated cases were updated to include a section for recording updates in relation to the monitoring of safety plans. The CPNS audit carried out found that there were delays in safeguarding visits taking place and being recorded. A quality improvement plan was put into place which included the review of CPNS trackers and governance at the CPW task force meetings.

The QA team also supported the operational managers in the audits of case files. In recent months, the QA team facilitated training to managers in carrying out audits and developing corresponding quality improvement plans. There was a focus on managers prioritising time for carrying out audits and meeting minutes noted that there had been an increase in the number of case file audits being completed in recent months. The SAQ submitted in advance of the inspection, indicated that there was an auditing structure in place to monitor IAs that were allocated over three months to mitigate against case drift. A tracker system for reviewing audits had recently been developed in the service to help operational managers keep track of the actions to be completed following case audits. A finding from a recent audit on case files was that improvements in recording were required. In response, workshops with frontline staff were carried out to re-focus them on the importance of good quality and timely recording of case notes.

Management systems effectively tracked how SIPs were being implemented. The CPW service had service improvement plans in place from 2023 and had since developed a new service improvement and business plan for 2025. In the last inspection, the SIPs were at the initial stages of being implemented. This inspection found that the majority of actions from the 2023 to 2024 service improvement plans were completed. One task in the service improvement plan for managing unallocated cases at screening and intake was to develop a tool to gather feedback from clients on their experiences of front door services that will help to inform further developments of the team. This plan was in progress but at the time of the inspection was still to be implemented. In the 2023 - 2024 service improvement plan for unallocated cases awaiting assessment, intervention and safety planning there was one task identified in relation to resource management that was overdue. This was the planned development of pod systems across business support to help ensure each team has an adequate allocation of business support that can develop an expertise in the teams' functions. At the time of the inspection, this had not been implemented due to the need for resource mapping for Tusla's Reform programme to be completed.

The service area had clear strategic and operational plans in place which were aligned to Tusla's national compliance plan and Tusla's Corporate Plan 2024 - 2026.

The service improvement and business plan for 2025 was focused on attracting, supporting and retaining staff in the service area. One of the actions in the plan was for all staff to have completed training in Tusla's child protection approach to practice to ensure consistency in understanding and implementation across the whole service area. The plan aimed to ensure that children and families have timely access to integrated services. Another key focus of the plan was in relation to data cleanse and quality improvement to ensure that the service area was well prepared for the implementation of the Tusla Integrated Reform programme.

Tusla's national compliance plan for actions to address the deficits found in the inspection programme of 2024 included a resource allocation framework model which was due for approval by February 2025. This was not implemented across Tusla service areas at the time of this inspection. The allocation framework included allocating certain referrals to various grades other than social work and reporting this in their published metrics. Tusla had begun in 2025 to publish data for referrals allocated to other grades. The CPW service in Waterford Wexford collated the data for referrals allocated to other grades. The data lead practitioner prepared a report for each weekly taskforce meeting with a breakdown of the percentage of cases allocated to social workers, the percentage allocated to other grades of staff and the percentage who were not allocated to a social worker or another professional. This meant that the senior management team had a clear picture on a weekly basis of how cases were allocated in the service.

Despite the extensive efforts of the management and staff in the service to reduce waiting lists, referrals had increased since 2023 and staffing challenges persisted. The extent of the pressures faced by the service was evidenced in the number of referrals, 7,283 that they received in the 12 months prior to this inspection. This is an increase of 880 more referrals than those received in 2023. The data that was submitted by the service in advance of the inspection showed that, in May 2025, the service had 898 open referrals. This was broken down into:

- 567 children allocated to a professionally qualified social worker
- 158 children were allocated to another professional
- 173 children were awaiting allocation.

63% of children were allocated to a professionally qualified social worker. However, 37% of children were not allocated to a professionally qualified social worker, which is not in line with the national standards and Children First (2017). Where the service could not allocate a social worker to a child they endeavoured to allocate another professional, 18% of children were allocated to this cohort of staff which included social care leaders and social care workers. The information submitted in advance of the inspection indicated that allocating these children to other professionals was appropriate as they did not require a social work intervention. 19% of children had no allocated worker at all, however, managers told inspectors that many of these cases were allocated a secondary worker who was assigned to do certain tasks or pieces of work with children and families while the referral awaited allocation to a social worker. That said, the service area ensured that those that required intervention the most were allocated. For example, all high priority cases were allocated to a social worker. There were 33 children listed on the CPNS all of whom were allocated to a social worker.

At the time of the inspection, the Prevention, Partnership and Family Support Programme (PPFS) had a high number of children and families on their waiting list in the Wexford area. This was being tracked closely at the taskforce meetings. A business case for additional resources had been previously made in 2024 but this had not been approved at the time. The area manager told inspectors that they are planning to submit another business case for further resources for the service, this is discussed further under standard 5.2.

Although there were waiting lists at each stage of the CPW process, there were robust oversight systems in place to prevent unnecessary delays and drift in cases. The service had an auditing structure in place which assisted SWTLs to monitor initial assessments that are allocated over three months to mitigate against case drift. In the SAQ submitted prior to the inspection, the service indicated that 38% of cases were completed within 40 days as per Tusla's standard business processes. Inspectors reviewed the trackers that were in place for cases awaiting allocation at the intake stage, initial assessment (IA) stage and cases awaiting allocation to the child protection team. Overall, these trackers showed that there has been an improvement in the length of time that cases were on waiting lists in comparison to the findings from the inspection in March 2024 where there were significant delays in children awaiting initial assessments. This is discussed further under standard 2.1.

There was an effective risk management framework and supporting structures in place for the identification, assessment and management of risk in the service. This was aligned with a regional risk framework. The area maintained a risk register which described the risks in the service, their impact on children and the control measures in place to mitigate against them. There were 12 risks listed on the local risk register. The challenges recruiting and retaining professionally qualified social workers has been on the local risk register since 2022 and was also recorded on the regional risk register. Management told inspectors that this was one of the highest risks to the service. The service had controls in place to mitigate against the risks arising from social worker vacancies such as; having workforce retention initiatives in place and assigning social care staff to carry out work not being undertaken by social workers.

Another significant risk for the area was the lack of available alternative care placements for children. This was reflected in both the local and regional risk registers. This had also been raised through the national reporting system in place to escalate incidents and issues of concern to senior managers: the '*Need to Know*' (NTK) system. Information provided for the inspection indicated that there were 22 NTK reports in the previous 12 months, however, this was clarified during the inspection to reflect that eight were relevant to the CPW service. The management team identified service and individual issues of concern which they

escalated to the RCO. Four of these reports were in relation to the lack of available placements. A number of innovative and forward thinking initiatives had been put in place in the service area in relation to the lack of placements, for example;

- the service commissioned a weekend respond project which includes overnights to minimise the use of SEAs and assist placement breakdowns
- the commissioning of an intensive support project for vulnerable parents of at-risk babies
- reunification pilot project with the aim of freeing up placements, where children who can go home, will be facilitated with support to return home.

As previously referenced under standard 3.1 of this report, there was one child placed in a SEA at the time of the inspection. This inspection found that the service were adhering to Tusla's national policy with respect to the governance and oversight of SEAs. Inspectors found from a review of governance meeting minutes and speaking with staff and managers that there was good oversight arrangements in place to monitor SEAs at a local and regional level. SEA assurance meetings took place weekly which were led by the QRSI manager and the SEA coordinator. In addition, SEA monitoring meetings chaired by the RCO took place monthly.

There was good oversight of risk management as well as progress with service improvement plans at a regional level. Monthly regional governance meetings which were attended by area managers, quality assurance leads and the RCO monitored risk management and the service's progress with SIPs. In these meetings the service also provided a detailed breakdown of data in relation to the number of unallocated cases each month. A key risk raised for the service area in these meetings in recent months was the risk in referrals awaiting allocation at intake stage in the Wexford area due to staff vacancies. Plans to mitigate this risk such as other teams taking some of the cases to complete the intake records (IRs) were implemented. The area manager informed inspectors that they had almost daily contact with the RCO and continuously keeps them updated in relation to areas of risk.

In addition to the monthly regional governance meetings, Regional Operations Risk Management and Service Improvement Committee (RORMSIC) meetings took place every quarter. Inspectors reviewed the minutes from two of these meetings. The regional risk register was reviewed at these meetings and discussion included any updated information in relation to those risks. For example, during the meeting in May, the risk in relation to a lack of therapeutic services in the Waterford Wexford area was discussed and a plan was made to ensure that staff were aware of the services that Waterford and Wexford can access. Incident

management, health and safety, complaints, service improvement plans and audits were all discussed in these meetings also.

The Waterford Wexford CPW service had effective leadership, governance and management systems in place with clear lines of accountability. Management demonstrated leadership and were committed to continually improving the service they provided to children. Managers allocated resources as effectively as they could, trying to ensure that all children and families referred to them received the right service as soon as possible. There were strategic and operational plans in place for the service. The service was audited by the national PASM team and internally by managers and there was a risk management framework in place. It is for these reasons the standard is judged to be compliant.

Judgment: Compliant

Standard 4.1

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

In the SAQ submitted by the service area the management team deemed the service to be substantially compliant with this standard. However, inspectors found good practice in the service area in their management of their available, albeit limited resources and disagreed with this determination and judged the service to be compliant with this standard. The service were doing everything within their power to use the resources available to them effectively.

The service had good structures and systems in place to effectively plan and manage resources to protect children and promote their welfare. The service area commissioning manager led the planning and coordination of project and service developments with the community and voluntary organisations on behalf of the area manager. In the SAQ submitted by the service, they described how emerging needs in the area were considered by the senior management team on an ongoing basis and proactive responses were developed as required. New projects were developed through the reassignment of existing budgets. As previously referenced, some examples of these commissioned services included; an intensive support project for vulnerable parents of at-risk babies and an expansion of a weekend respond project to include overnight provision which was designed to minimise use of SEAs and to prevent placement breakdown. The service area were also at the initial stages of implementing a new reunification pilot to try and support children in care to return home where appropriate. The service made a business case for an additional PSW post to lead this pilot project which was approved. The service

area were also successful in securing a social care manager post to support social care staff working on the children-in-care team.

The service effectively monitored the levels and demand for services in order to inform planning and allocation of resources. During 2024, the Children and Young People's Services Committees (CYPSC) in both Wexford and Waterford completed demographic profiles based on the 2022 census and consultations. These profiles contributed to the analysis of need conducted by the service to inform their service improvement and business plan for 2025. The service area also based the business plan on information gathered from; audits, task force meetings and the area blueprint which helped inform service improvement plans over the last two years. The 2025 business plan was developed in alignment with Tusla's Corporate Plan 2024 - 2026. The 2025 plan also aimed to support the implementation of the upcoming Tusla Integrated Reform programme.

Since 2023, the service area had begun making structural changes to help them maximise their resources. Some of the changes that were made included; the creation of a new assessment, intervention and safety planning team by amalgamating the CPW North and South teams, the creation of an area wide screening team to strengthen the screening process and the alignment of priorities and commissioned resources. The inspection in 2024 found that these changes were working well and this had continued into 2025. The area manager told inspectors that the service was in a good place to adapt to Tusla's Reform programme when it is implemented.

The reform programme is described in Tusla's Corporate Plan 2024 - 2026 as a restructuring of the service from 17 service areas into 30 networks to provide consistent, quality and integrated responses to those who use Tusla services. This would include designing and implementing local integrated service delivery models inclusive of screening to provide consistency in response. Tusla's compliance plan for actions to address the deficits found in the inspection programme of 2024 included a resource allocation framework model which was due for approval by February 2025. This was not implemented across Tusla service areas at the time of this inspection. The allocation framework included allocating certain referrals to various grades other than social work and reporting this in their published metrics. Tusla had begun in 2025 to publish data for referrals allocated to other grades.

The service effectively deployed resources to meet prioritised need. Given the shortage of professionally qualified social workers, the service had contingency plans to try to provide a timely service to children and families. As previously outlined, this included allocating some referrals to other professionals. In the taskforce meetings the service area were tracking cases allocated to professionally qualified social workers, cases allocated to other professionals and cases that were

not allocated to any professional. High priority cases and children on the CPNS were allocated to social workers. Only cases which had been assessed as not requiring a social work led intervention were allocated to social care staff. Some of the cases awaiting allocation to a social worker were secondary allocated to other professionals with specific pieces of work assigned to them to be carried out, such as one-to-one work with children or family support work. However, the management team were clear that these were not counted as allocated cases as they were awaiting social work assessment or intervention.

There was effective joint working and collaboration between teams in the service area in order to provide a timely service to children and families. Inspectors observed effective collaboration and joint working between teams to maximise resources and to support teams that were stretched. An example of this was evident between the Waterford and Wexford intake teams during the week of the inspection. At the time, there were no cases in Waterford on the intake waiting list but there were 26 referrals in the Wexford area awaiting an intake so the Waterford team were due to commence intake records on eight to ten of these cases.

The service were also working to address gaps in services externally which impacted on the children and families they worked with. Both the local risk register and the regional risk register identified the lack of a therapeutic and assessment service for children presenting with allegations of sexual abuse as a risk for the area. The service had a number of controls in place to mitigate this risk such as; assessments being conducted by services in a different catchment area. Staff who spoke with inspectors identified that there can be delays in getting other types of assessments and access to community services also. In 2018, in order to address gaps externally, the service had established their own internal multidisciplinary therapeutic team. This team helped with sourcing external services for children as well as providing direct support to children themselves. The service adhered to the *Joint Protocol for Interagency Collaboration Between the HSE and Tusla*. The area manager informed inspectors that the service funded therapeutic assessments and services for children when they were required and if there were delays these were escalated through the Joint Protocol. The 2025 business plan included an action to put a plan in place to ensure that the HSE and Tusla are working together in a more cohesive manner to ensure that children who are in need of a service from both parties are in receipt of same.

At the time of the inspection, the PPFS in Waterford had 46 children and families on their waiting list and the PPFS in Wexford had 202 children and families on their waiting list. This meant that many of these children did not receive a service in a timely way. However, the management team were doing everything within their power to resolve this issue. This will be discussed further under standard 5.2.

In 2022, the service established a CPNS specific team to see if the pressure on the CPW teams would alleviate and if the targeted approach would lead to better outcomes for children and families on the CPNS. In 2025, the service carried out a review of this team to evaluate how effective it had been. The review found that the establishment of the team has allowed for a smoother process moving children and families through the system, clearly and quickly identifying those children who required a more focused social work response. A significant change was noted once the CPNS team was established, cases moved on, waiting lists decreased, and social workers were able to engage with the families in the community that they had not been getting to. The review also identified that there have been some challenges for the effective operation of this team including staff vacancies - this will be discussed under standard 5.2. Despite the challenges the CPNS team have faced, having a dedicated CPNS team overall, had proven to be an effective use of resources.

The service area effectively monitored the levels and demand for services in order to inform planning and allocation of resources. The service area had clear strategic plans in place to utilise all available resources to best effect, in order to ensure that all children referred to them received an appropriate service as soon as possible. It was for these reasons that this standard was deemed to be compliant.

Judgment: Compliant

Standard 5.2

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

The management team judged themselves to be substantially compliant with this standard in the SAQ they submitted prior to the inspection. Inspectors did not agree with this and judged this standard as not compliant. Although the service were making significant efforts towards many of the requirements of this standard, the CPW service in Waterford Wexford did not have sufficient staff in place to meet the needs of all children referred to the service in a timely manner.

Despite the substantial work by the management team to retain staff and recruit new staff, there were high percentages of children not allocated to social workers. The impact of this was that some children did not receive the right service at the right time for them, and many children had to wait for services. The challenge of recruiting and retaining social work staff was a risk recorded on both the local and regional risk registers. While many children did not have an allocated social worker, the service tried to allocate as many children as possible to other

professionals such as social care leaders and social care workers so that they were receiving some level of service.

Information provided for the inspection indicated that in the 12 months prior to the inspection, 11 staff had resigned from the CPW service, eight new staff had started in the service and the overall staff turnover rate was at 8.6% in April. The information provided also showed that there were six vacant social worker posts and one vacant senior practitioner social work post. Inspectors were informed by management that there were two new social work graduates onboarding and also two internal social workers were due to transfer to the CPW teams in the coming weeks. There were also two family support practitioner vacancies in the service.

The task force forum closely tracked the unallocated cases. Inspectors reviewed these meeting minutes and the percentage of cases that were not allocated to any worker was consistently under 25%. However, from January to April 2025, the total number of cases not allocated to a social worker was consistently above 40%. Although these cases were not allocated to a social worker, over half of the 40% were allocated to other professionals. The waiting list for intake had increased during this period due to staff vacancies. At the time of the inspection, these vacancies had been filled and by May 2025 the percentage of cases not allocated to a social worker had reduced to 36%. Managers told inspectors that there were another four new social workers due to start on the CPW teams in July and they were hopeful that this would further reduce waiting lists.

As previously referenced, at the time of the inspection the PPFS in Waterford had 46 children and families on their waiting list and the PPFS in Wexford had 202 children and families on their waiting list. This meant that where the child protection service deemed that a family or child did not need a child protection service but instead required other types of support, in many cases they did not receive that support in a timely way. Staff who spoke with inspectors said that they were seeing some families who were waiting for PPFS being re-referred to the service. A business case for additional resources for the PPFS team was made by the service in 2024 but had not been approved. The service area had redeployed two staff members to the PPFS service, however, further resources were required to adequately reduce the waiting list in the Wexford area. At the time of the inspection, the area manager was making plans to submit another business case for additional staffing for the PPFS.

Staff retention was a key focus for the service. There was a regional staff retention policy in place since the end of 2023. This policy defined the framework to promote staff retention and set out key actions. There was also a regional retention group chaired by the RCO who met on a monthly basis. A regional action plan for retention had been developed with many of the actions either being

completed or in progress at the time of the inspection. Various initiatives had been rolled out in the service area to try and improve staff retention, some of which included;

- a health and well-being group
- group supervision
- monthly group reflective practice sessions as well as additional debriefing sessions when required
- individual reflective practice sessions offered to staff
- induction and mentoring programme for new staff.

The management team supported staff to develop their competencies through provision of training and other supportive mechanisms. As listed above, reflective practice sessions facilitated by an external clinical supervisor were being provided to staff on a monthly basis. An evaluation of this support was conducted in April 2025. Overall the feedback was very positive, with staff identifying that it was supportive and built morale which is important when working in an environment which can be stressful.

The service area were proactive in their approach to staff retention, and had sought feedback from employees both past and present to further learn how they could improve staff retention. The regional retention officer engaged with staff to assess overall employee experience based on staff feedback in 2024. Feedback was sought from leavers, new starters and staff who have stayed in the organisation. Learning was taken from this report about the factors staff identified as being supportive such as, reflective practice and peer supervision. Staff also identified challenges such as, high or unmanageable caseloads and workers being requested to do additional hours. The staff who spoke with inspectors said that overall, caseloads were manageable but that at times when crises happened they could be challenging. The staff told inspectors that they were well supported by management during these challenging periods.

The service had contingency plans to address the shortfall in social workers and promoted continuity of staffing to achieve better outcomes for children, in line with the standard. The service regularly facilitated student work placements and offered them summer work to help support service provision during the summer months. The service area has recruited four new staff under the overseas campaign in the last six months. The apprentice scheme is part of Tusla's People Strategy and is a Level 9 Masters of Social Work programme designed to equip participants with the skills and knowledge they need to excel as a social work professional. In the SAQ submitted by the area in advance of the inspection, the service indicated that by June the area would have a total of nine staff availing of the Tusla social work apprentice programme. In addition, the area have sponsored seven staff to gain a qualification in social work from a university in the United

Kingdom. Nationally, Tusla have rolling recruitment campaigns in an effort to fill social work vacancies.

The staff who spoke with inspectors demonstrated appropriate knowledge of Children First (2017) and of the policies and procedures that underpin their work. Although the staff in the focus group were new to the service since the last inspection, they had a good level of experience in the social care and social work field and some had previously completed work placements in the service. There was an induction programme in place in the area which included a 'buddy' system to support new staff. Staff who spoke with inspectors were positive about the induction and the support that they received. Overall new staff described how their caseload gradually increased in numbers and complexity to give them time to gain experience. However, two staff members told inspectors that they were assigned to complex cases not long after they started but that they received adequate support and did not feel alone in managing these cases.

Continuous professional development of staff was a key focus for the service. Strengthening staff support and development was set out as an objective within the business plan for 2025. Staff training and development was reviewed regularly at the taskforce forum. The service had a plan in place outlining the list of key priorities for training in 2025 which were identified through a training needs analysis and findings from audits. There was a focus on end-to-end case learning in workshops for 2025. Staff engaged in continuous professional development and so far in 2025, some of the training and workshops facilitated included; court room skills, safety planning, record-keeping, training on the new domestic violence guidance and cumulative harm. At the time of the inspection, 19 staff had completed cumulative harm training with dates set for more staff to complete it over the coming weeks and months. There was however a delay in implementing this training in the area as the national compliance plan had set the date for this to be completed as the end of March 2025.

Staff who spoke with inspectors identified that teams would benefit from further training in supporting them to communicate with children with additional needs. Due to some social workers not having this training, at times they were reliant on children's parents or other professionals working with the child, such as support staff from schools to communicate on behalf of children with communication difficulties. In the SAQ submitted by the area in advance of the inspection, the service indicated that LÁMH training has been provided to some staff in the service. Further training to support all staff to be able to communicate with children with communication difficulties should be prioritised in the service. This is especially important for staff who are working with vulnerable children which may place them at greater risk of abuse.

Tusla's 2023 supervision policy was being implemented in the service. The staff who spoke with inspectors said that they received regular supervision and newer staff told inspectors that for the first six months they had received fortnightly supervision. The staff who spoke with inspectors described how managers were approachable and very supportive.

Managers had appropriate qualifications, skills, training, practice and management experience to manage the service, and meet the service's objectives. The quality assurance team facilitated training for managers in conducting audits to support them with this important aspect of their work. Furthermore, in the SAQ submitted before the inspection, the service indicated that additional training is offered to managers such as coaching skills and mediation skills for managers which there is good uptake of in the area. The managers who spoke with inspectors presented as competent and confident in their roles and were very clear about their responsibilities to children and to their staff teams. They demonstrated good collaborative working relationships in order to promote positive outcomes for children. The management team recognised the significant impact that the taskforce forum has had in fostering strong cooperative relationships across the service.

Overall, staff and managers had the required skills, competencies and experience to meet the needs of the children using the service. There was a focus on the ongoing development of all grades of staff so that children and families received a good quality service and better outcomes can be achieved for them. In addition the service were proactively trying to implement multiple initiatives aimed at supporting and retaining staff. However, despite these significant efforts, the service did not have sufficient staffing to meet the needs of all of the children and families referred to them in a timely way.

Judgment: Not compliant

Quality and safety

The Waterford Wexford CPW service were making substantial efforts to allocate children at highest risk to a professionally qualified social worker promptly, to reduce waiting times for children and families who were placed on waiting lists and to provide an effective and safe service to all children and families who were referred to them. However, due to staff vacancies in the area and a high level of referrals, the service could not implement Children First (2017) consistently for all children. Not all children and families referred to the service received a timely service.

The staff who spoke with inspectors understood Children First (2017) and they demonstrated appropriate knowledge of the national and local policies and procedures that support their day-to-day practice. Both managers and staff endeavored to meet the timelines as set out in Tusla's standard business process for the various stages of processing a referral.

Overall, screening of new referrals were completed in a timely manner in line with Children First (2017). The data set submitted before the inspection indicated that 81% of referrals were screened within 24 hours, as set out in Tusla's standard business process. The service area were proactive in establishing the reason why the information system was not reflecting that all screenings were completed in 24 hours. The QA team conducted an audit in relation to this during the inspection which showed that although referrals were screened in practice in 24 hours, improvements were required to ensure that all screening forms were accurately recorded on the information system. The systems that were in place indicated that new referrals were appropriately screened and considered the immediate needs of the child.

There were delays in preliminary enquiries (PEs) for some children and families referred to the CPW service. Data submitted in advance of the inspection indicated that only 13% of PEs completed in the previous 12 months were completed within five days. The service area had experienced staffing shortages in recent months which led to delays in the completion of PEs and the waiting list for PEs had increased. The majority of the delays were by less than a week, however, three cases were awaiting allocation for PEs for more than three months. At the time of the inspection, staff vacancies had been filled on the screening and intake teams and waiting lists for PEs had reduced. Trackers reviewed during the inspection showed that there were no children awaiting PEs in the Waterford area and there were 26 children awaiting PEs in the Wexford area. The management team made a plan for the Waterford team to start work on some of the PEs for the Wexford team to help reduce the waiting list.

The data submitted before the inspection indicated that there were 73 children awaiting an IA. In the last inspection of this service in 2024, some children and families were waiting for significant periods of time for initial assessments to be completed. Some improvements had been made in the length of time IAs were taking to complete. In the SAQ submitted by the service before this inspection, the management team indicated that 38% of IAs were completed within 40 days, in line with Tusla's standard business process.

Data that was submitted before the inspection showed that there were 58 children awaiting allocation at the safety plan or child protection stage. The SAQ submitted before the inspection stated that 60% of the cases awaiting allocation for safety planning had a secondary worker allocated to provide oversight and support to the children and families until they could be allocated a social worker.

There were robust oversight systems in place to monitor children and families that were on waiting lists. There were no high priority cases on the waiting lists and all children listed on the CPNS were allocated to a social worker. The service was adhering to the local SOPs for managing and reviewing unallocated cases.

The last inspection in 2024 found that some safety plans were not regularly reviewed. This inspection found that improvements had been made in relation to the monitoring and reviewing of safety plans. An audit had been carried out on the monitoring of safety plans on unallocated cases by the QA team. The audit found that safety plans were being monitored as checks with safety networks were happening but that these were not consistently being recorded as part of a monitoring plan. There was oversight of these cases but improvements were required in relation to recording the monitoring of actions. A quality improvement plan had been implemented by the area in relation to this.

There were good oversight structures in place to ensure that children on the CPNS were being visited and their cases reviewed in line with Tusla's standard business processes. Safeguarding visits and reviews for children on the CPNS were tracked at the weekly taskforce meetings. Where there were delays, a plan was put in place at these meetings for senior management to follow up with staff and updates were provided at the next meeting.

The service had an effective oversight system in place to monitor their compliance with formally notifying all cases of suspected abuse to An Garda Síochána in line with Children First (2017). Overall, suspected cases of abuse were being reported to An Garda Síochána in a timely manner.

There was a management and oversight system in place for cases that were awaiting allocation which was in line with the national policy and guidance on management of cases awaiting allocation. Reviews of unallocated cases considered safety planning and the need for any review, history, the possibility of cumulative harm and the length of time on the wait list.

Despite the staffing challenges, the service continued to strengthen governance and oversight of cases awaiting allocation. However, the Waterford Wexford CPW service could not implement Children First (2017) consistently for all children due to staffing shortages and a high number of referrals. Some children and families

were not receiving a timely service which could increase the potential for families' situations to deteriorate which could put children at further risk.

Standard 2.1

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

The area management team deemed the service as substantially compliant with this standard, which inspectors agreed with. The Waterford Wexford CPW service could not implement Children First (2017) consistently for all children. Some children were put on waiting lists, however, there were robust oversight systems in place to monitor waiting lists and management made significant efforts to allocate children to workers as soon as possible.

Staff demonstrated knowledge of Tusla's policies, procedures and guidance documents with respect to screening, preliminary enquiry, safety planning, initial assessment and further assessment. These guided staff to appropriately manage referrals from the point of referral through to completion of assessment and implementation of all necessary interventions to support children and families.

Although the service did not have the capacity to allocate all cases, where possible, managers and staff strove to implement Children First (2017) in their practice. The staff who spoke with inspectors understood Children First (2017). From a review of SOPs in place in the service it was clear that as a whole, the CPW service was striving to meet the timelines as set out in Tusla's standard business process for the various stages of processing a referral. The first stage is screening which should be completed within 24 hours, and preliminary enquiries within five days of receipt of the referral. Following this, if the referral is deemed to require an initial assessment, this process should be completed within 40 days of the receipt of the referral.

Overall, screening of new referrals were completed in a timely manner in line with Children First (2017) and in line with the timeframes set out in Tusla's standard business process. Information provided for the inspection indicated that the area had received 7,283 referrals in the previous 12 months and that 5,896 (81%) of these were screened within 24 hours. Inspectors queried why the dataset did not indicate that all referrals were screened within 24 hours. The area manager gave inspectors verbal assurances that screenings were happening within 24 hours and arranged for the QA team to carry out an audit on the referrals that were coming up on the database as not screened within 24 hours. The findings from the audit showed that in practice, referrals were screened within 24 hours but there were some issues with recording this accurately on the information system. For example, some forms had the wrong date on them, there were delays in some screening forms being approved and some screening forms were kept open while additional information was sought. The service area put a quality improvement

plan in place to ensure that improvements were made to ensure that all screening was accurately recorded.

Through the SAQ that was submitted prior to the inspection, the review of local SOPs and from speaking with staff and managers as part of the inspection, the systems that were in place indicated that new referrals were appropriately screened and considered the immediate needs of the child. The service had an integrated area screening team which comprised of two dedicated screening SWTLs, who examined referrals and determined those that required an immediate response, those that required notification to An Garda Síochána, whether the report met the threshold of harm for child protection and welfare social work services and diverted referrals where this threshold was not met. The screening team were closely aligned with the PPFS team and referrals were diverted directly to this service once received. This meant that where appropriate, referrals transferred to the PPFS team promptly.

There were delays in preliminary enquiries for some children and families referred to the CPW service. Data submitted in advance of the inspection indicated that only 13% of preliminary enquiries completed in the previous 12 months were completed within five days. The service area had experienced staffing shortages in recent months which led to delays in the completion of preliminary enquiries and the waiting list for them had increased. The majority of the delays were by less than a week, however, three cases were awaiting allocation for preliminary enquiries for more than three months. The potential impact of this was that the prioritisation of the case was based on very limited referral information and the delays in completing preliminary enquiries could mean that children remained in at risk situations.

During the inspection, trackers that were in place in order for managers to have oversight of cases awaiting PEs were looked at by inspectors. These trackers were reviewed monthly by PSWs and SWTLs. At the time of the inspection, there were no children awaiting PEs in the Waterford area and there were 26 children awaiting PEs in the Wexford area. The longest referral on this waiting list was from May 2025. There were no high priority cases on the waiting list. The area had made plans for the Waterford team to take eight to 10 referrals from the Wexford team to commence the PEs.

In the last inspection of this service in 2024, some children and families were waiting for significant periods of time for initial assessments to be completed. In the SAQ submitted by the service before this inspection, the management team indicated that 38% of IAs were completed within 40 days, in line with Tusla's standard business process. All IAs were completed by qualified social workers and social care staff supported this process.

While reviewing the trackers with PSWs, inspectors observed that they had a good understanding of what was going on for the children and the families on the waiting lists and that cumulative harm was being considered when deciding on next steps for families. Data submitted in advance of the inspection indicated that 73 cases were awaiting allocation at IA stage. Nineteen cases were waiting for less than one week, 17 cases were waiting for more than one week, 29 cases were waiting for more than one month, seven cases were waiting for more than three months and one case was waiting for more than six months. The impact of social work deficits in the service area led to delays in initial assessments being undertaken.

Inspectors looked at the trackers that were in place for managers to monitor cases awaiting initial assessments. At the time of the inspection, in the Wexford area there were 20 referrals on the waiting list for an initial assessment, the longest referral on the waiting list was from March 2025. In Waterford, there were 29 cases awaiting allocation at IA stage. The referral waiting the longest was from September 2024. As initial assessments are used to determine the interventions that are required to help children and families these delays mean that the children and families on waiting lists are not getting the help they need in a timely manner.

Data that was submitted before the inspection showed that there were 58 children awaiting allocation at the safety plan or child protection stage. The SAQ submitted before the inspection stated that 60% of the cases awaiting allocation for safety planning had a secondary worker allocated to provide oversight and support to the children and families until they could be allocated a social worker. Inspectors also looked at the trackers the service had in place to monitor the children awaiting allocation to the child protection team. There were 32 children on the waiting list for the child protection team in the Waterford area and there were 19 children on the waiting list for this team in the Wexford area. There were no high priority cases on these waiting lists. Despite the mitigations that the service had in place to reduce the risks to children on waiting lists, these children and families were not receiving a timely service which could increase the potential for families' situations to deteriorate which could put children at further risk.

The last inspection in 2024 found that some safety plans were not regularly reviewed. This inspection found that improvements had been made in relation to the monitoring and reviewing of safety plans. The service area tracked safety plans on a weekly basis at the taskforce meetings. The quality assurance team in the area carried out an audit of safety plans on cases awaiting allocation in April 2025. The audit examined the monitoring and oversight of safety plans for 25 cases. Safety plans had been launched for all 25 cases, however, only four of these safety plans had been approved by management. The audit found that only

two cases had a monitoring plan recorded on the child's file although network checks had been carried out on the majority of the plans. There was management oversight recorded for all but one case through the review of unallocated cases meetings. One case had not yet been reviewed as it had only recently become unallocated. Following this audit the area put a quality improvement plan in place which included mechanisms to ensure that actions agreed when unallocated cases were being reviewed were more effectively monitored and to ensure that the recording of monitoring of safety plans was consistently recorded. Inspectors reviewed the oversight trackers that were in place for cases awaiting allocation and the updated SOP for safety planning which demonstrated that the quality improvement plan had been implemented.

There were good oversight structures in place to ensure that children on the CPNS were being visited and their cases reviewed in line with Tusla's standard business processes. At the time of the inspection there were 30 children listed on the CPNS and all of these children had an allocated social worker. There were good oversight structures in place to ensure that children on the CPNS were being visited and their cases reviewed in line with Tusla's standard business processes. Safeguarding visits and reviews for children on the CPNS were tracked at the weekly taskforce meetings. At the taskforce meeting at the beginning of June, there were 11 safeguarding visits overdue from May. A plan was put in place for PSWs to link in with staff in relation to completing these and to get an update on these overdue visits at the taskforce meeting the following week.

The service had an effective oversight system in place to monitor their compliance with formally notifying all cases of suspected abuse to An Garda Síochána in line with Children First (2017). The business support team maintained a tracking system which SWTLs and PSWS had oversight of. Inspectors examined these trackers and overall, notifications of abuse were being sent to An Garda Síochána in a timely manner. The QA team also carried out audits to assess compliance with notifying An Garda Síochána. There was a new reporting function on Tusla's information system for notifications to An Garda Síochána, which was an action arising from the national compliance plan. However, the service were at the early stages of planning how they were going to use this function going forward.

There was a management system in place in line with the national policy and guidance on management of cases awaiting allocation. Cases were regularly reviewed by PSWs and SWTLs. These reviews considered safety planning and the need for any review, history and the possibility of cumulative harm and the length of time on the wait list.

During the previous inspection in 2024, the service area was impacted by staffing shortages in effectively managing cases awaiting allocation to a social worker. At the time, management had made significant improvements to strengthen governance and oversight, however, further embedding in practice was required along with sustainment in the workforce. Staffing challenges for the service have persisted into 2025. Due to staffing shortages and a high level of referrals, the Waterford Wexford CPW service could not implement Children First (2017) consistently for all children. That said, the service area has done everything they can within their resources, to strengthen the oversight, reduce the waiting list, and put in place mitigating factors, such as allocating children to social care staff, where appropriate. It is for this reason that the service was found to be substantially compliant with this standard.

Judgment: Substantially 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.	Substantially 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.	Compliant
Standard 4.1 Resources are effectively planned, deployed and managed to protect children and promote their welfare.	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> .	Substantially compliant

Compliance Plan for Waterford Wexford Child Protection and Welfare Service OSV – 0004386

Inspection ID: MON-0046781

Date of inspection: 9th June 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: Substantially Compliant
Outline how you are going to come into compliance with Standard 3.1: Action 1: The area will continue to use weekly Task force meetings to monitor metrics of cases awaiting allocation Responsible: Area manager chairs the meeting Time frame: Weekly meetings for Child Protection and Welfare Action 2: Operational Principal Social Workers (PSW) are currently auditing referrals that were not screened within 24 hours to establish trends/blockages to referrals within teams that can be addressed Responsible: PSWs Children in Care (CIC) and Child Protection and Welfare (CPW) team Time frame: Aug 2025 Action 3: Cases awaiting allocation are reviewed by Child Protection and Welfare managers as outlined in the Standard Operating Procedures (SOPs) which is in line with the national policy for the management of unallocated cases. These reviews take place every 4/6 weeks and are recorded on the child's file. Responsible: Child Protection and Welfare PSWs Timeframe: Every 4/6 weeks Action 4: Processing Garda Notifications will be monitored at the Task force meeting and metrics shared monthly using the new report on TCM. A yearly auditing report will be carried out by the area QA team to monitor the progress in ensuring all referrals that require a notification to An Garda Siochana are processed in a timely manner Responsible: Professional Support manager QA team Timeframe: Monthly recording of metrics/ yearly auditing report Nov 2025	

Action 5: Cumulative Harm training was run on 17th June 2025 and 22 staff attended. Further training is being run across the area on 16th Sept and 14th Oct and 18th Nov 2025. All staff who have not had the opportunity to attend this training to date will be facilitated in attending.

Responsible: Workforce Learning and Development / Signs of Safety (SOS) Learning and Development Team

Timeframe: Sept/ Oct / Nov 2025

Action 6: A Learning workshop for the area has been planned to enhance staffs' knowledge and understanding of Special Emergency Accommodation (SEAs) including responding to complaints from a child in an SEA. The area has developed two forms to support the social work teams in planning and monitoring SEAs.

Responsible: Professional support manager QA team, SWTLs from Children in Care

Timeframe: October 2025

Action 7: The area is very active in recruiting new staff and engaging in initiatives that will support increasing staffing resources across the area. 9 social work apprentices are currently working in the area, 5 in Waterford and 4 in Wexford. The area has two staff members who are graduating from Robert Gordon University in October 2025; they will apply for vacant positions through the graduate panel and onboard in winter 2025. Five new staff started their social work studies in Robert Gordon University in May 2025; they will start their five month long practice placements in January 2026, 4 of whom are placed with Child Protection and Welfare teams. Two new graduates have joined the Child Protection and Welfare teams across the area. A social worker transferred into the area in August and is on the child protection team in Waterford, a second social worker is transferring into Child protection in Wexford in Sept 2025. Current vacancies on CPW team are three vacant social worker posts and one Senior social work practitioner post. One social worker is returning from Maternity leave in December 2025. Managers continue to support recruitment initiatives and are open to all opportunities to increase the workforce. A qualified, CORU registered social worker from oversea, with whom we have had previous contact has applied for a social work post in the area and another social worker interviewed and panelled in the last month. These additional staff will halve our social work staff deficit in Child Protection and Welfare by the end of 2025. 3 second year Masters in Social Work students will undertake their placements with us in September 2025; a further 5 students who have completed placements with us in 2025 will complete their courses in May 2026. These graduates will be supported by our QA team in applying for vacant posts in our Child Protection and Welfare Teams.

Responsible: HR/PSWs in Child Protection and Welfare Waterford and Wexford/ Professional Service Manager QA.

Timeframe: Ongoing

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Standard 5.2 Staff have the required skills and experience to manage and deliver effective services to children.	Judgment: Not Compliant
Outline how you are going to come into compliance with Standard 5.2: <p>Action 1: The area continues to secondary allocate children who are awaiting allocation for social work assessment or intervention. The secondary allocation will support monitoring of the case and provide up to date information at the unallocated case reviews.</p> <p>Responsible: Child Protection and Welfare PSWs</p> <p>Timeframe: Ongoing built into practice. Reviews held every 4/6 weeks</p> <p>Action 2: The area is very active in recruiting new staff and engaging in initiatives that will support increasing staffing resources across the area. 9 social work apprentices are currently working in the area, 5 in Waterford and 4 in Wexford. The area has two staff members who are graduating from Robert Gordon University in October 2025; they will apply for vacant positions through the graduate panel and onboard in winter 2025. Five new staff started their social work studies in Robert Gordon University in May 2025; they will start their five month long practice placements in January 2026, 4 of whom are placed with Child Protection and Welfare teams. Two new graduates have joined the Child Protection and Welfare teams across the area. In addition a social worker transferred into the area in August and is on the child protection team in Waterford, a second social worker is transferring into Child protection in Wexford in Sept 2025. Current vacancies on CPW team are three social workers and one Senior social work practitioner. One social worker is returning from Maternity leave in December 2025. Managers continue to support recruitment initiatives and are open to all opportunities to increase the workforce. A qualified, CORU registered social worker from oversea, with whom we have had previous contact has applied for a social work post in the area and another social worker interviewed and panelled in the last month. These additional staff will halve our social work staff deficit in Child Protection and Welfare by the end of 2025. 3 second year Masters in Social Work students will undertake their placements with us in September 2025; a further 5 students who have completed placements with us in 2025 will complete their courses in May 2026. These graduates will be supported by our QA team in applying for vacant posts in our Child Protection and Welfare Teams.</p> <p>Responsible: HR/PSWs in Child Protection and Welfare Waterford and Wexford/ Professional Service Manager QA.</p> <p>Timeframe: Ongoing</p>	

Action 3: The area has resubmitted the business case to increase resources within the PPFs team which would address the waiting list.

Responsible: Manager PPFs

Timeframe: Submitted July 2025

Action 4: Metrics on 1/8/25 show that the area has 195 cases awaiting allocation to a SW 21% (31 of these are cases secondary allocated to other professional for support and monitoring). This metric is monitored closely at the weekly Task force meeting. As has been the case in the past resources are realigned from other teams if required to respond to increase in unallocated cases on certain teams during times of staff shortages/increase in referral rate.

Responsible: Child Protection and Welfare PSWs

Timeframe: Ongoing monitoring of metrics weekly

Action 5: The area continues to implement that Area learning plan under SOS across the area.

Responsible: Signs of Safety (SOS) Learning and Development Team & Child Protection and Welfare PSWs

Timeframe: Dec 2025

Action 6: Cumulative Harm training was run on 17th June 2025 and 22 staff attended. Further training is being run across the area on 16th Sept and 14th Oct and 18th Nov 2025. All staff who have not had the opportunity to attend this training to date will facilitated in attending.

Responsible: Workforce Learning and Development / Signs of Safety (SOS) Learning and Development Team

Timeframe: Sept/ Oct / Nov 2025

Action 7: LAMH training has been scheduled for staff for Sept 2025 to support staff to communicate with children who have additional needs. This training is open to all staff. SWTL will highlight staff who benefit from this training due to having a child on their caseload who have additional needs.

Responsible: PSW Reunification team / SWTL

Timeframe: Sept 2025

Standard 2.1

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

Judgment:

**Substantially
Compliant**

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

Action 1: The area has implemented an action plan developed following a Safety planning Audit in April 2025. Outstanding actions post inspection:
Review and update trackers for monitoring unallocated cases.
Responsible: Professional support manager.
Timeframe: June 2025

Action 2: The area is rolling out a Joint learning workshops for Child Protection and Welfare and Children in Care teams to enhance understanding of the Standard Business Process used under each pillar and support collaborative practice. This will also support the integration of Local Integrated Teams under the new reform.
Responsible: SWTLs Child Protection and Welfare and Children In Care
Timeframe: Started July '25 scheduled monthly

Action 3: PSWs for Intake and Child Protection and Assessment Teams to complete a full audit of the referrals which were not screened within 24 hours on their teams, to determine the issues arising for their teams and identify any trends which would inform further actions.
Responsible: PSW Screening & Intake and Child Protection and Welfare Waterford/Wexford
Timeframe: August 2025

Action 4: SOPs for the screening process to be reviewed at management meetings to ensure all are clear of the guidelines regarding screening referrals within 24 hours and update SOPs to reflect the anomalies found from the audit of cases screened outside 24 hours. Business support management will also be included in the review.
Responsible: PSW Screening & Intake and Child Protection and Welfare Waterford/Wexford
Timeframe: August 2025

Action 5: Review of screening timeframe metrics has been added to the set of metrics reviewed at Task force meetings on a weekly basis.
Responsible: Professional support manager QA team
Timeframe: Ongoing

Action 6: The area is very active in recruiting new staff and engaging in initiatives that will support increasing staffing resources across the area. 9 social work apprentices are currently working in the area, 5 in Waterford and 4 in Wexford. The area has two staff members who are graduating from Robert Gordon University in October 2025; they will apply for vacant positions through the graduate panel and onboard in winter 2025. Five new staff started their social work studies in Robert Gordon University in May 2025; they will start their five month long practice placements in January 2026, 4 of whom are placed with Child Protection and Welfare teams. Two new graduates have joined the Child

Protection and Welfare teams across the area. A social worker transferred into the area in August and is on the child protection team in Waterford, a second social worker is transferring into Child protection in Wexford in Sept 2025. Current vacancies on CPW team is three social workers and one Senior social work practitioner. One social worker is returning from Maternity leave in December 2025. Managers continue to support recruitment initiatives and are open to all opportunities to increase the workforce. A qualified, CORU registered social worker from oversea, with whom we have had previous contact has applied for a social work post in the area and another social worker interviewed and panelled in the last month. These additional staff will halve our social work staff deficit in Child Protection and Welfare by the end of 2025. 3 second year Masters in Social Work students will undertake their placements with us in September 2025; a further 5 students who have completed placements with us in 2025 will complete their courses in May 2026. These graduates will be supported by our QA team in applying for vacant posts in our Child Protection and Welfare Teams.

Responsible: HR/PSWs in Child Protection and Welfare Waterford and Wexford/
Professional Service Manager QA.

Timeframe: Ongoing

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.	Substantially Compliant	Yellow	November 2025
Standard 5.2 Staff have the required skills and experience to manage and deliver effective services to children.	Not Compliant	Orange	June 2026
Standard 2.1 Children are protected and their welfare is promoted through the consistent implementation of <i>Children First</i> .	Substantially Compliant	Yellow	December 2025

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