



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

<b>Name of service area:</b>	Dublin South West Kildare West Wicklow
<b>Type of inspection:</b>	Focused
<b>Date of inspection:</b>	20-23 May 2025
<b>Lead inspector:</b>	Grace Lynam
<b>Support inspector(s):</b>	Adekunle Oladejo Sabine Buschmann Saragh McGarrigle Sheila Hynes
<b>Fieldwork ID</b>	MON-0046659

## 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 Foster Care Standards* and *the National Standards for the Protection and Welfare of Children* and reduce waiting lists for children. The monitoring programme included onsite inspections and monthly meetings with nominated representatives of Tusla's executive team.

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

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

This inspection was a monitoring inspection of Dublin South West Kildare West Wicklow child protection and welfare (CPW) service to monitor compliance with the National Standards for the Protection and Welfare of Children. The scope of the inspection included five of the National Standards for the Protection and Welfare of Children (2012).

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

- Screening of new referrals was timely and generally comprehensive.
- There was a good CPW duty system in place – timely response to new referrals, good prioritisation of cases, visits completed, network checks done, safeguarding issues identified and appropriate actions taken.
- Managers were highly motivated to improve the quality of the service.
- There was good evidence of child-centred practice in some cases reviewed.
- Actions from audits were clearly evidenced.
- There was some evidence of good interagency working both with An Garda Síochána and with disability services.

The inspection also identified a number of areas requiring improvement:

- Staffing capacity was the single biggest issue impacting on service delivery.
- The CPW service was not in compliance with Children First National Guidance for the Protection and Welfare of Children 2017(Children First). Social care grades of staff were completing tasks - albeit signed off by a social work team leader – which are the responsibility of qualified social workers as outlined in the standards.
- There were delays in completing preliminary enquiries.
- The area was not meeting Tusla's own timelines for completion of processes for managing new referrals.
- There were delays in families receiving support services/waiting lists in operation.
- The quality of safety planning in the CPW service required improvement.
- Cases transferred to CPW for intervention were put on a waiting list and receive a duty response with limited proactive actions taken.
- Supervision records required improvement.
- There was no service improvement plan in place for the management of unallocated cases, but the area did have standard operating procedures for both CPW and foster care.
- The Tusla case management system (TCM) was not up to date in that it did not always contain contemporaneous records to reflect all the work completed with children and their families.

There were also some systems risks identified during the inspection which were escalated following the inspection. These included:

- that the threshold for determining neglect was very high. Cases were deemed to be welfare which should have been neglect in line with Children First (2017).
- one referral that underwent screening, but no further action was taken, and it remained unallocated. None of the existing oversight systems detected it until the inspector identified the case and brought it to the attention of the service area. This was potentially a systems risk.
- a disparity in practice in how cases were deemed to be allocated. In the CPW service cases were considered as allocated when assigned to a social care worker and in the children in care teams a case was recorded as allocated when assigned to a professionally qualified social worker.
- team leaders did not have the appropriate authority on TCM to be able to access previous referrals on a child from other service areas. This was an information governance issue.

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

This inspection found that progress had been made in addressing the systems risks outlined above and governance and oversight of the service had been strengthened. Inspectors did not find similar systems risks during this inspection as had been identified in the inspection of February 2024. However, the capacity of the service area to continue to ensure the safety of children - including being in a position to allocate children on the Child Protection Notification System (CPNS) to a social worker - was impacted by insufficient resources, increasing numbers of referrals and complexity of cases. Therefore the service would not achieve the national objective of reducing the number of unallocated cases to below 25% without additional resources. This inspection found that some deficits found in the previous inspection remained, namely: the Tusla case management (TCM) electronic recording system was still not up to date, and improvement was still required in the regularity with which staff received supervision from their managers.

## How we inspect

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

The key activities of this inspection involved:

- the analysis of data
- interview with the area manager
- focus group with three principal social workers
- interview with TCM user liaison officer and data quality personnel
- focus group and individual conversations with 12 staff including social workers, social care staff and a team leader
- the review of local policies and procedures, minutes of various meetings, staff supervision files, audits and service plans
- observation of meetings relevant to the standards being assessed: duty handover meetings
- observation of practice relevant to the standards being assessed: social workers providing a duty service for new referrals
- the analysis of the SAQ submitted by the area
- sampling 95 children's case files
- conversations with three parents
- a conversation with one child.

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

### **Acknowledgements**

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

## Profile of the child protection and welfare service

### **The Child and Family Agency**

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

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

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

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

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

### **Service area**

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

Dublin South West Kildare West Wicklow (DSW/KWW) is a diverse area. It comprises of four county boundaries: County Kildare, Wicklow, South Dublin and Dublin South City with a wide range of needs reflected across the area. The area comprises a mix of rural communities (such as Baltinglass Wicklow), large rural towns (such as Naas Kildare), commuter belt towns (for example Leixlip) and Dublin south city areas (such as Crumlin and Tallaght). It is the 2nd largest of the 17 Tusla areas. The overall population for the entire area was 402,436 people, with 27% of the population under 18 years inclusive, totalling 108,186 children and young people (Source: CSO 2016 & AIRO 2017). Of the service areas in Dublin Mid Leinster, this area has the highest number of every age range of children including highest number of 0-4s, 5-12's, 13-17s, under 18's and under 24's. Of the 17 Tusla areas, this area had the 3rd highest level of deprivation (Pobal HP Deprivation Index (Haase and Pratschke, 2012).

11,788 people were residing in areas classed as most disadvantaged in 2016, which was 10.8% of the area's population. Of this group, 29.2% or 53,446 were under age of 18. There was one area of extreme disadvantage (Athy West Urban) and 39 small areas that are very disadvantaged, including Crumlin, Athy, Tallaght and Newbridge.

The service area is under the direction of the regional chief officer for Tusla Mid-Leinster region. There is one Area Manager and three principal social workers with the responsibility for the delivery of child protection and welfare services. There is also a senior manager in place for Prevention Partnership and Family Support (PPFS). At the time of the inspection there were two principal social workers posts for the four intake and assessment teams and one principal social worker post for four child protection and welfare teams. Each of these teams comprised a combination of social workers, senior social work practitioners, social care leaders, social care workers and family support practitioners. They were each managed by social work team leaders who reported to their respective principal social worker. Prior to the inspection there were a number of staff vacancies across the CPW teams and particularly at social work team leader level. The area had also submitted a number of business cases to the Regional Chief Officer outlining additional resources required in order to meet current demand. In the 12 months prior to the inspection the area had received almost 10,000 referrals which was amongst the highest nationally.

## 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:**

<b>Date</b>	<b>Times of inspection</b>	<b>Inspector name</b>	<b>Role</b>
20 May 2025	09:00hrs to 17:00hrs	Grace Lynam Adekunle Oladejo Sabine Buschmann Saragh McGarrigle Sheila Hynes	Lead inspector Support inspector Support inspector Support inspector Support inspector
21 May 2025	08:30hrs to 17:15hrs 09:00hrs to 17:15hrs	Grace Lynam Adekunle Oladejo Sabine Buschmann Saragh McGarrigle Sheila Hynes	Lead inspector Support inspector Support inspector Support inspector Support inspector
22 May 2025	08:30hrs to 16:45hrs 09:00hrs to 16:00hrs 09:00hrs to 15:30hrs 09:00hrs to 16:45hrs 09:00hrs to 16:40hrs	Grace Lynam Adekunle Oladejo Sabine Buschmann Saragh McGarrigle Sheila Hynes	Lead inspector Support inspector Support inspector Support inspector Support inspector

## Children's experience of the service

Hearing the voices of children and their families is at the heart of understanding how a service is meeting children's needs and improving their lives. Children's experiences of the service were established through the review of their records and through speaking with a sample of children and their parents. Only families who had an allocated social worker at the time of the inspection were contacted.

This inspection found that when children were allocated they received a good quality child-centred service which placed an emphasis on their safety and quality of life. The service responded in a timely way to high risk, and responded to immediate safety concerns through the duty service provided, and the potential for cumulative harm was considered when children were re-referred to the service.

Inspectors sampled from the case files of children and families who had received a good quality service from the DSWKWW child protection and welfare service. These included:

- A comprehensive pre-birth assessment completed for an unborn child, which also included a parenting capacity assessment and a decision to list the unborn baby on the child protection notification system (CPNS). At the time of the inspection the baby had been de-listed and was being cared for at home.
- A child who disclosed physical abuse was immediately protected and placed in alternative care where they were safe and protected from harm.
- A young child who had been in alternative care was returned home to their parent and was receiving a high level of support services to maintain them at home.

Parents and children who spoke with inspectors were positive about the child protection and welfare service they received which they said helped them, both in practical ways and by improving their family life. Their comments included:

" .. the help I got has been absolutely amazing. I do not know where we would be without their help"

"she (social worker) is so kind, doesn't judge me"

"[social worker] became a listening ear so supportive to me, I could call her any time"

"so supportive with the children, they like having their check-ins with [social worker]"

"still have check-ins once a month, used to be once a week, we are in a better place now"

"My experience was brilliant. All [social worker] wants is for me and daughters lives to be better"

"..[social worker] good to keep in touch and get back to me, regularly checks in on us both"

"I feel listened to"

"They explain everything to me"

"Yes, I have a social worker, she organises everything"

"I can text social worker if I need anything".

However, a large number of children were on waiting lists and therefore did not receive a timely and effective child protection service to ensure their welfare and protection needs were met. This was due in part to the consistently high volume of referrals to the service on a monthly basis, the complexity of concerns being reported and staffing deficits in the area. These factors resulted in children having to wait for service at various stages throughout their engagement with the CPW service. Despite this, inspectors found that children's safety was established at a very early stage in the process and cases on waiting lists were regularly reviewed to ensure those at highest risk, or where there was a risk of cumulative harm, were either allocated or received a service from the duty team.

The fact that children did not always receive the service they required when they needed it had the potential for a negative impact on them and further compounding of the concerns for their welfare as indicated by the referral.

Such children included:

- a child with additional needs displaying very challenging behaviour at home including physical violence,
- a child being groomed online for sexual exploitation
- an older child being threatened with physical violence by unknown adults.

These cases were escalated following the inspection and satisfactory assurances were provided that appropriate actions were being taken to ensure the children's safety and welfare.

Other children on waiting lists sampled included:

- A referral of possible child sexual abuse of a child unallocated since September 2024. A comprehensive initial assessment was completed and a safety plan put in place with the child's safety network. The child was put on waiting list and the case was being managed by duty who conducted network checks. The plan at the time of the inspection was to close the case.

In this case, the child was not put on a waiting list until their safety was established and a network of protective people had been identified. In this way the child received the service they required – albeit the initial assessment was not completed within the timeframe set out so there was a delay in the assessment of their needs.

- A referral from a professional about a two year old child reported to be home alone. A home visit was completed on the day of referral and the child's safety was established. Other professionals were contacted had no concerns about the child's care, but their parent required supports for a mental health issue. This child had been on the waiting list for an initial assessment since early 2025.

This meant that although this child was safe and there were no concerns about their care, the full impact of their parent's mental health issues on their ability to meet all the child's needs had not been fully assessed and appropriate supports provided to the family.

- A concern of a parent, early in 2025, about a child under one year of age being in the other parents company when possibly using drugs. Preliminary checks were completed within five days as required, previous referrals were considered and child's safety was established. This child was on the list for an initial assessment.

This meant that although the child's safety had been established at the time, further work was required to ensure the sustainability of the arrangements with the child's safety network.

Children who needed to come into the care of the state were not always provided with appropriate out-of-home placements. There was a severe shortage of alternative placements for children, and, when the service did not have available placements locally, they often relied on the national out-of-hours service to source a child's placement. These placements could be located anywhere in the country and might only be available for a short period of time, meaning the child might have to move several times before a stable placement could be sourced. By way of example, during the inspection one young person was placed over 250 kilometres away from where they lived, in a placement that was available for one night. There was evidence also of a sibling group that had moved many times in a short period of time as there was no suitable stable placements available for them.

Overall, whilst children's safety was being established following referral, there were delays in the preliminary enquiries and initial assessments being completed. This demonstrated the limited capacity of the service to fully assess children's needs in a timely manner in order to provide the appropriate ongoing supports and interventions.

## Capacity and capability

This report reflects the findings of a follow-up inspection of Dublin South West Kildare West Wicklow Child Protection and Welfare (CPW) service, which looked at five child protection and welfare standards. In this inspection, HIQA found that, of the five standards assessed:

- One standard was compliant
- One standard was substantially compliant
- Three standards were not compliant.

The inspection found the child protection and welfare service in the DSWKWW service area had effective leadership, governance and management arrangements in place. Activities were managed and directed by competent and confident managers who modelled child-centred principles to staff teams. Managers demonstrated leadership and a commitment to continuous quality improvement in the service. They demonstrated that they understood the needs of children and families and used this knowledge to inform their allocation of resources, which had to be constantly redeployed to meet prioritised need. Good business practices, accountability and integrity was a feature of their management style. The governance structure was effective and staff were clear about their roles and responsibilities, and were held accountable for their practice. The governance systems in place supported a safe and effective service for many children, despite insufficient resources to meet the consistently increasing demand. Waiting lists were rigorously managed to minimise the impact on children of not receiving timely services. The service acted on national policy, standards and recommendations from audits, regulatory bodies and special reviews of the service. There was an established risk management framework and supporting structures for the identification, assessment and management of risk. Risk was well managed and appropriately escalated and control measures were in place to mitigate risk. However, there were risks in the service that could not be mitigated without significant additional resources.

When there were performance issues these were identified and addressed rigorously in a professional manner to minimise the impact on the service.

Staff demonstrated knowledge of legislation, standards and policies and applied them in their practice and referenced them in their records. There were insufficient staff to meet the demand for the service in a timely way. This meant that while some children received a timely service others did not. Staff were competent and confident and demonstrated their care and concern for children's safety and wellbeing. The service promoted continuity of staffing as best they could so that children who needed to re-engage met someone they knew. The service endeavoured to retain

staff and supported them to develop their skills and knowledge. Staff received good quality supervision from their managers but it was not provided with the regularity required by Tusla.

Following the inspection six cases were escalated to the area manager. The area manager provided satisfactory assurances that the appropriate actions would be taken to ensure these children's needs would be fully assessed and the appropriate actions taken.

### **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 themselves to be substantially compliant with this standard. Inspectors did not agree with this and deemed the service to be not compliant with this standard.

The inspection in February 2024 found that the CPW service did not have the staffing capacity to consistently provide timely services in line with the legislative requirements, national policies and guidance and Tusla's own policies, processes and procedures. At that time, due to consistently high numbers of referrals, there were waiting lists at every stage of the processing of new referrals and the service could not meet Tusla's timeframes for completion of certain processes in the management of new referrals. There was a national standard operating procedure (SOP) dated October 2023 for the management of cases awaiting allocation to provide guidance to each service area regarding the management of unallocated cases, including the mechanisms to ensure that children are appropriately prioritised for allocation; have sufficiently identified safety around them and that this is being appropriately reviewed and effectively monitored. The area also had a local SOP based on the national guidance and the national standards, which outlined that all unallocated cases should be appropriately prioritised for allocation, children should have sufficient safety around them and this should be appropriately reviewed and effectively monitored. The area was in the process of implementing this guidance at the time of the previous inspection, and it would take time to become fully embedded into practice. For example, in some cases reviewed there was insufficient monitoring of safety for children or no safety plans in place as required. In other cases the safety plans were good.

This inspection found that - despite the resourcing challenges, increasing numbers of new referrals and increased complexity of cases - all new referrals were screened according to Children First and Tusla policy, which require that referrals are screened for appropriateness to the service and to determine the immediate safety for the child. Referrals were placed on waiting lists according to their prioritisation and categorisation. Whilst some children were on waiting lists, all cases reviewed by

inspectors reflected that safety for children had been ascertained and was being monitored by managers. Managers used the available resources well to ensure maximum efficiency and throughput of as many new referrals as possible. There was also a new special project team developed in the month prior to the inspection to progress unallocated medium and low priority referrals and to ensure children were being seen to fully ascertain their needs and identify the correct services for them. This is further discussed under standard 2.1. The impact of these measures meant that, 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 assigning cases as capacity allowed. Some children's needs were not being assessed by social workers as required by Children First, but they were allocated to other grades of staff and therefore were receiving some level of service and, importantly, their safety was established and was being monitored.

Overall, this inspection found that staff demonstrated a knowledge of legislation, regulations, policies and the standards which underpinned their work with children and this was reflected in their practice. Inspectors spoke with staff both regarding their work on individual cases, and in focus groups, and found they demonstrated knowledge appropriate to their roles and responsibilities. In addition, inspectors' review of children's case files found that some staff records referenced the policy or guidance on which they were basing their practice. This was an example of good practice in relation to recording the rationale for actions and very important in terms of the child's future right to question decisions made and the rationale for actions taken in relation to them. Inspectors also noted from their conversations with staff, review of files and observations of meetings that staff demonstrated good knowledge of relevant legislation and policies and procedures relevant to their roles and responsibilities. Inspectors found evidence from file reviews that the standard operating procedure regarding cumulative harm was being followed. However, some newer staff, who attended the focus group, and who had received training on recognising and responding to cumulative harm had yet to put this information into practice over time, thereby fully embedding their knowledge into practice.

The area did not have the capacity to consistently allocate all new referrals. Data submitted for the inspection showed that of 1675 open cases, 779 (46%) were not allocated to a professionally qualified social worker. However, 391 of these cases were allocated to other professionals on the CPW teams. A trend analysis of referrals submitted for the inspection provided an analysis of numbers of referrals and allocated cases for the previous twelve months. This reflected that in March 2024 there were 745 referrals to the service, 23.1% of these were awaiting allocation, in March 2025 there were 872 referrals, and 40.27% were unallocated. The management team were committed to providing good quality, timely services to children but the increasing volume of referrals, the complexity of concerns being reported and continuing staffing issues meant the service could not always respond to



the demand in a timely manner. Children and their families were therefore waiting for assessments and services at various stages throughout their engagement with the child protection and welfare 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 a proportionate and 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 keyworker. This would not necessarily be a social worker as required by the standards and Children First 2017. At the time of the February 2024 inspection the DSWKWW service area had not yet developed its service improvement plan to align with this national plan, but it did have a standard procedure for managing unallocated cases.

In May 2025, the management team in DSWKWW had developed a service improvement plan (SIP) for 2025 which was aligned with the national compliance plan. This SIP incorporated actions that arose from HIQA inspections, and audits conducted by Tusla's Practice Assurance and Service Monitoring (PASM) team, specifically relating to the number of unallocated cases in the area. The aim of the plan, as set out, was to outline the measures to be taken in the area to decrease the number of unallocated cases for CPW and children in care (CIC) to less than 25% by the end of 2025. The SIP sought to ensure the review of every open case to ensure safe movement of cases. The plan also noted that the recruitment and retention of staff in line with the workforce plan was required to address the inability to allocate cases due to staff shortages and capacity levels. The plan set out the planned actions designed to achieve the goal and these included: assigning new graduates to the backlog of referrals awaiting diversion to other services, reconstituting a third duty team, supporting recruitment initiatives and supporting the development of staff and developing a rapid service enhancement plan for reducing unallocated cases. The progress of the SIP would be overseen by a governance group chaired by the regional chief officer which would meet monthly. There was also an evaluation template to be completed to identify the success or failure of actions taken, how these were to be measured and whether there were any unintended consequences of these actions.

Tusla also had a national policy for the management of unallocated cases to guide all service areas. This policy outlined that high priority children and young people, who are deemed to be at most risk of harm, will always be prioritised for allocation. Where there are challenges in allocating all high priority children and young people, the team focus will be on escalating the risk and strengthening safety and other supports until

allocated. Any new information received will be considered and may result in being reprioritised for allocation. The policy stated that safety should always be established for children waiting to be allocated. Furthermore, each team must have a system in place, led by a principal social worker, for the ongoing oversight and governance of all unallocated children and young people.

At the time of this inspection, the DSWKWW service area was following this policy insofar as resources allowed. The SAQ identified that the area complied with the national standard operating procedure for management of unallocated cases, yet also stated that social work team leaders could not consistently complete the audits required due to vacancies and high workloads. This meant they were not fully compliant with the standard operating procedure. They did, however, maintain daily oversight of all open referrals on TCM, but this was not recorded as an audit.

The records of a senior management meeting in January 2025 reflected that team leaders in the CPW teams were overwhelmed with the volume of work. Inspectors reviewed cases for management oversight and found that although team leaders signed off on screening of new referrals, Intake Records (IR) and Initial Assessments (IA) there was little evidence of formal audits being recorded in the child's case file. This bears out the information provided by the area that team leaders had oversight of cases on a daily basis but did not always have time to complete formal audit templates. Inspectors found evidence of team leaders oversight on four cases sampled. There were formal audit templates completed on two unallocated cases which reflected good oversight by team leaders. There were two records of staff supervision found by inspectors, one of which reflected the rationale for decisions made on a case but did not contain plans for further action, the other did not contain clear follow up actions for progressing the service provided to the child. Staff in the focus group told the inspector they found the team leaders audits useful in terms of providing a new perspective and good direction.

The SAQ submitted by the area prior to the inspection further stated that all high priority cases were allocated. Data provided for this inspection reflected that the majority of high priority cases were allocated as per the information provided in the SAQ, except for two cases which were allocated to PSWs and 16 cases allocated to team leaders. Inspectors reviewed these cases and found there were no current child protection and welfare concerns in relation to either of the children allocated to PSW's and all appropriate actions had been taken to ensure their safety and welfare. One case had been closed at the time of the inspection and the other had been allocated to a social worker by the time of the inspection. Inspectors sampled the cases allocated to team leaders and found they were medium and low priority referrals and, where appropriate, actions had been taken to establish safety of children and divert the family to support services.

There were various mechanisms in place to support the area manager's oversight of unallocated cases. These included monthly reports from the PSWs for intake which included their audits, governance and management meetings, reports provided to the regional chief officer and monthly data provided nationally and through staff supervision.

The area acted on recommendations made by regulatory and other bodies in line with the standard. Following the completion of the risk-based programme of inspections in 2024 a composite report was published in January 2025 as outlined above, and Tusla submitted a national compliance plan to address the deficits found on these inspections in all service areas. The service provided a monthly report nationally as an update on its progress with the national compliance plan. The report for April 2025 showed that in March there was 49.2% of cases unallocated and 25.54 social work vacancies across the CPW service. The report also noted that:

- all children on the CPNS were allocated to a social worker
- all high priority cases were allocated
- a special project team had been established at intake to assist in assessing referrals for preliminary enquiries
- the local SIP for unallocated cases was reviewed on an ongoing basis
- learning plans had been completed for 2025 and
- all recommendations from PASM reports had been reviewed for learning.

The report also identified the need for additional resources including alternative care placements for children.

The DSWKWW area had identified a need for staff training on cumulative harm as a result of cases escalated after their inspection in February 2024. This training had been provided to staff at the time of this inspection. In addition, as a result of the escalation of a potential systems risk relating to referrals not progressing from screening stage following the inspection in February 2024, the area had taken action to improve their oversight of team leaders' caseloads. The area manager told the inspector that there was now a system in place to ensure that referrals were assigned in TCM to the correct team leader and that team leaders caseloads were systematically reviewed by the TCM user liaison officer.

The area had also considered the recommendations of a special report completed following the death of a child known to the service, in which a review of the use of the national model of practice was recommended in particular cases. Very specific actions had been identified for implementation both to enhance practice with families with particular circumstances and to improve tracking and recording of decisions and interventions with these families. The aim: to improve the outcomes for specific children and families presenting with very particular circumstances.

There were appropriate policies, procedures, guidance and evidence-based frameworks in place in relation to thresholds, categorisation and prioritisation of cases and, overall, inspectors found that these were being adhered to. One of the findings of the inspection in February 2024 was that the threshold for neglect was high and some cases were categorised as welfare when they should have been neglect. In this inspection, inspectors found there had been improvements in practice in this regard.

The DSWKWW service area was beginning to implement the revised procedure for managing concerns made about children in care. The Tusla procedure for this had been amended in December 2024 and stated that welfare concerns should be screened by the team leader for the child-in-care team, and abuse concerns screened by duty and intake team leaders. Principal social workers who spoke with inspectors were very clear on the amended procedure. Inspectors reviewed six referrals made about children who were already in care and found that four were screened by the correct team and two were not. There were also delays ranging from nine months (one referral) to three weeks (two referrals) in completing the screening. None of these referrals contained new concerns about a child but related to information that was already known to the service and was being assessed. This meant that although there was a delay in the processing of the referral there was no impact to the child as the service was aware of the information and already assessing it.

A new national policy for supervision of staff had been developed by Tusla in September 2023 and the DSWKWW service area was beginning to implement this revised policy with a full implementation date of quarter two 2025.

This inspection found that the service area was unable to 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. For this reason this standard is judged to be not compliant. However, the whole CPW service was being rigorously managed to maximise the safety and welfare of children referred, and to minimise the impact on them and their families of the challenges faced by the CPW service. 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. This was evidenced in how staff presented, how they spoke about the children they worked with and the records they maintained. In addition, managers were taking appropriate actions on recommendations made in a report on an incident in the area and a service improvement plan was developed in response to the 2024 programme of inspections in line with the national compliance plan.

**Judgment:** Not Compliant

**Standard 3.2**

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

The area management team judged the service to be substantially compliant with this standard. Inspectors agreed with this rating of their compliance with this standard.

The DSWKWW service area had clearly defined governance and management structures in place that set out lines of authority and accountability and which specified roles and responsibilities in line with the standard. The service was managed by an area manager with a large portfolio of responsibilities who reported to a regional chief officer. The area manager managed a total of 10 principal social workers and one senior manager for the Prevention, Partnership and Family Support Service (PPFS). Exclusively within CPW service the area manager managed five PSW's, two of whom were chairpersons for child protection conferences and three were the PSWs for the CPW service. One of these PSWs managed the five long term CPW teams which included children on the Child Protection Notification System (CPNS). The other two PSW's were responsible for Intake and Assessment and managed three teams each. The PSW for Kildare West Wicklow managed two Intake and Assessment teams and a team responsible for the child abuse substantiation procedure (CASP). The PSW for Dublin South West managed two Intake and Assessment teams and the Special Project Team - which had been recently created to reduce the number of referrals on the waiting list and is further discussed under standard 2.1 below.

The intake and assessment teams and CPW teams were overseen by social work team leaders. Teams were comprised of senior social work practitioners, professionally qualified social workers, social care workers and social care leaders. Staff who spoke with inspectors were clear on the lines of authority and accountability in the service and wanted all children to receive the services they required when they needed them. As outlined earlier in this report some referrals were allocated to grades other than social work. Inspectors found that staff they spoke with were clear on their roles and responsibilities.

Management demonstrated strong leadership and were committed to continuous improvement of the service. Managers at all levels demonstrated their understanding of children's needs and directed resources as best they could to protect and care for all the children referred. PSW's told the inspector that they wanted to improve the lives of children, to establish their safety and to improve their quality of life. Staff said that managers were effective, and they expressed positive views about the support that they were getting. Staff said that managers were accessible and approachable and new staff felt well supported through formal and informal opportunities for supervision. Staff also told the inspector that there was a strong team culture in the service and that teams worked well together in the best interests of children.

There were strategic and operational plans for the service which set clear direction for improving the service and specifically reducing the number of unallocated cases as outlined under standard 3.1 above. In relation to the service improvement plan, which was aligned with the national compliance plan, the regional chief officer had developed a monitoring and oversight mechanism for tracking the implementation of the actions identified for this area. This would involve monthly meetings with the area managers in the region and recording of progress with the implementation of these actions.

The management team were committed to ensuring the quality of the service and there were a number of quality assurance mechanisms in place, which provided a system of oversight to managers of unallocated cases and their recording on TCM. For example, there was a regular programme of audits completed by the principal social workers to evaluate and improve the service and to ensure the safety of children. Audit templates were completed including a very comprehensive file audit for children listed on the CPNS and one for children deemed to be at ongoing risk of harm. Inspectors reviewed a number of these audits and found they reflected good oversight of cases by managers. The PSWs provided analysis of the information available about a child and the work completed to date such as an audit which identified evidence of cumulative harm to children. The audits prompted an analysis of the safety for the child and the monitoring of same and whether direct work had been completed with a child. The PSWs amended the categorisation and prioritisation of referrals, as appropriate, based on their review and concluded with clear decisions and recommendations for actions. Inspectors reviewed a sample of these audits and found they were good quality, and the template was comprehensively completed with clear rationales recorded.

The management team maintained oversight of the service through monthly CPW management meetings at which all aspects of the service were discussed. These discussions included staffing, staff morale, the lack of alternative care placements for children who needed them, and discussions about duty and unallocated cases.

There were good information management systems in place that assisted the area in identifying issues and challenges in information governance. Ensuring the quality of data and the correct use of the Tusla case management (TCM) system were important quality assurance mechanisms. The SAQ submitted for the area stated that there were staff in place to support managers in overseeing and monitoring the recording of case information and in providing data on an ongoing basis for the area. Whilst the area did not have a quality, risk and service improvement (QRSI) officer in place there was a TCM user liaison officer and a data quality officer in place to ensure that quality data was recorded on the system and to support users of TCM to ensure its correct use, both in terms of following process and also in the recording of their practice. The inspector spoke with these two staff members who explained their role

in supporting good information governance. They generated monthly reports from TCM for all managers to support their oversight of all cases. These reports formed part of the auditing process and set out the number of new referrals created, re-referrals and closed referrals. The TCM user liaison officer also had a role in training new managers in the use of TCM to support their continued oversight of cases. The data quality officer told the inspector they were supported to implement updates to the system, share information and discuss queries with other data quality staff through regular national meetings.

Since the inspection in February 2024 there had been some improvements to TCM in relation to access to information and improved functions. The issue relating to team leaders not having full access to all previous referrals on a child from another service area had been addressed and also the chronology function had been improved. A chronology is a record of events in the order of their occurrence. Previously on TCM the chronology was a list of the process changes in a case, for example, when a child was re-allocated to a different team or when a template form such as an intake record (IR) or initial assessment (IA) were completed. Whilst this was useful to some extent it was not a social work chronology which typically reflects important events in a child's life, in date order, to give an overview of the child's experiences. The TCM user liaison officer told the inspector that the amended chronology provided the user with a different way to read the case, which was a positive development.

The area had also conducted a review of the revised CPW duty system in April 2025 which outlined what was working well and what required improvement. The report on the review reflected that the duty teams were receiving an increased number of calls per week (from between 42-50 up to 72-80). The review concluded with actions identified and assigned to named individuals to improve the service and or address the issues.

The area had contingencies in place and made concerted efforts to reduce the numbers of unallocated referrals on waiting lists. In an effort to progress unallocated referrals through the system and reduce the numbers on waiting lists the area had created a special project team from existing resources, to operate for four months. This team were tasked with assessing medium and low priority child welfare referrals and diverting them to community supports or escalating for initial assessment as appropriate.

The Tusla Practice Assurance and Service Monitoring (PASM) team had completed an audit of the service since the 2024 inspection. The audit was conducted in June 2024 and focused on safety planning for children. This audit found that although there was good practice in supporting children, compliance with the implementation, recording and monitoring of Tusla-led safety plans and the safety planning process was inconsistent and required improvement. The report recommended that a briefing on

safety planning should be conducted with further safety planning workshops planned for all relevant staff, and that a regular programme of file audits be completed by managers. The area was implementing these recommendations and had a programme of audits in place as described above. Information provided for the inspection indicated that a briefing on Tusla's model of care was held in September 2024 with a further briefing planned in July 2025. Separately, intensive workshops were held in October and December 2024 and a planned workshop for April 2025 had been rescheduled for September 2025, due to conflicting priorities. An intensive workshop is a short, focused learning experience that covers a large amount of information and activities over a short period of time with the intention of increasing knowledge and skills.

There was a 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 management framework. The area maintained a risk register which described the risks in the service, their impact on children and families and the control measures in place to mitigate against them. The register was reviewed on a quarterly basis and also included a progress report on the implementation of actions being taken to address the risks and whether these actions were completed or on track or required attention. The inspector reviewed the risk register for risks relevant to the theme of the inspection and found there were 17 risks listed. Six risks were particularly relevant to the theme of this inspection and included risks such as:

- the high number of vacancies within teams,
- the number of unallocated cases and referrals requiring preliminary enquiries,
- insufficient community-based services and
- the risk that the region would not have sufficient pay budget to cover the posts required to meet the needs of the service.

The control measures in place to mitigate these risks included a regional oversight group to monitor compliance, service improvement plans for unallocated cases, a regional workforce plan, a graduate recruitment campaign and funding of additional staff, as well as the introduction of more diverse roles within a resource allocation model. These were all in line with the actions outlined in the Tusla national compliance plan. However, there were risks in the service that could not be mitigated against without significant additional resources to address the staffing deficits which had resulted in waiting lists, and additional placement options to address the lack of alternative care placements for children.

There was a 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 125 of these reports in the 12 months prior to the inspection, but this was clarified during the inspection to reflect that 61



NTK reports were relevant to the theme of the inspection. The management team were identifying service and individual issues of concern which they escalated to the regional chief officer. These reports included the lack of care placements for children who required state care (29 children), the increasing number of children being listed on the Child Protection Notification System (CPNS) and insufficient staff to ensure they could be allocated to a social worker, and the fact that staffing levels were insufficient to meet the demands for the service in the area.

There were also individual reports relating to individual children such as:

- very young children who, having experienced a number of care placements, required a stable placement
- concern for the health and immediate safety of an unborn child who would require services from birth,
- individual reports relating to sibling groups of children on the CPNS who required state care but for whom no placements could be identified,
- older children at risk of suicide
- children with additional needs not receiving adequate supportive services.

The area was innovative in finding potential solutions for these issues such as a project involving a proposal for an external agency to provide intensive support to specific families where children were at ongoing risk of significant harm and were close to the threshold for requiring state care.

This inspection found that the regularity of formal supervision of staff required improvement. The Tusla revised supervision policy of 2023 outlined the four functions of supervision as accountability, support, learning/development and engagement/mediation. The standard for practitioners is that supervision should take place every four to six weeks and new workers should have supervision every four weeks for the first year. The inspection completed in February 2024 found that most staff had regular supervision, but for some staff there were gaps in their supervision records and, in addition, the recording of supervision required improvement.

This inspection found that the quality of supervision was good for the most part. Workers were effectively held to account and practice issues were discussed, as required. Supervision was effectively used to support staff professional development and training needs were regularly discussed. However, improvement was required with regards to the frequency of supervision to ensure that it aligned with the timeframes set out in Tusla's policy. Of six supervision records reviewed by inspectors only one staff member was receiving supervision with the frequency required by the policy. In addition, improvement was needed to ensure that supervision records reflected progress made on matters outstanding from the previous supervision session. Staff in the focus group told inspectors that supervision provided a space to

reflect on practice, and as already outlined above, staff felt supported by their managers.

Principal social workers maintained oversight of the workloads of teams through the use of a caseload management tool, completed on a quarterly basis to monitor the manageability of team caseloads across the area. The inspector reviewed the reports for quarter one of 2025 and found that one intake and assessment team consistently had one unmanageable caseload, while the CPW teams consistently had up to eight unmanageable caseloads at any one time. This consistently high level of unmanageable caseloads is not sustainable over time and this was evidenced by PSW reports of staff resigning. Four staff had resigned from the CPW team in quarter one of 2025. The area manager told the inspector that high caseloads, intensity of the work and complexity of cases were all contributory factors in staff leaving the service. The management team were creative in how they managed the turnover of staff and, to date, had ensured that children at ongoing risk of significant harm who were listed on the CPNS were allocated. Information provided for the inspection indicated that there were 130 children on the CPNS at the end of April 2025 (in March 2025 the DSWKWW area had the second highest number of children on the CPNS in the country) and this was expected to increase by the end of the month. The principal social workers for the CPW service who spoke with the inspector said they ensured these children were allocated by reviewing capacity within limited resources and moving cases between offices.

The area also faced other challenges in providing appropriate and timely services to all children. One of these was the lack of appropriate alternative care placements for some children requiring state care. At the time of the inspection there were 29 such children, including two young siblings who had moved placements 13 times in two months due to the lack of a stable placement for them. This situation had been escalated to senior management through the need to know escalation process and a meeting had taken place to discuss potential solutions. The PSWs explained that when children remained at home, but required state care, intensive packages of support were provided on a daily basis to ensure children's basic care needs were met.

Other options for alternative care includes the use of special emergency arrangements (SEA's) which are short-term non-regulated placements for children in crisis, primarily used when no other suitable care is available. In such cases a child may be accommodated in a non-statutory and or unregulated placement such as a hotel, bed and breakfast accommodation, holiday centre, residential activity centre, Tusla property or privately leased property. The child is supervised by Tusla staff, or staff provided by a private provider, or community and voluntary provider (or combination of those). The overall responsibility for the child remains with the placing service area and region. The DSWKWW CPW service had one child placed in a SEA, a

private residential centre, at the time of the inspection. Inspectors reviewed the child's file and found there was good oversight of the placement. The child was visited weekly by their allocated social worker and senior managers received regular updates regarding the child's placement. The inspector also reviewed the minutes of fortnightly senior management oversight meetings for the Dublin Mid Leinster region of which DSWKWW area is a part, and found that the records were brief but noted that each child in the region who was accommodated in a SEA was discussed along with the plan for their future. Issues relating to the SEAs were also identified and actions to address them assigned to named individuals.

Further oversight of the CPW service at a regional level was provided by a Regional Operations Risk Management and Service Improvement Committee (RORMSIC). Inspectors reviewed a number of minutes from the meetings of this group. These minutes reflected discussions about the regional, thematic learnings from HIQA and PASM audits of services in the region, issues identified with TCM, actions were identified and assigned to named individuals. However the section for recording the status of the action and the timeframe for its completion were blank in the records reviewed which raises the question of how the group were tracking the implementation of these actions.

The DSWKWW 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 understood children's needs and directed resources as best they could to protect and care for all the children referred to the service. 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. However, there were risks in the service that could not be mitigated against without significant additional resources. Incidents and concerns about particular children were escalated appropriately, but there was room for improvement in the supervision of staff who did not receive formal supervision in line with Tusla's policy. In addition, the recording of supervision required improvement so that it reflected progression with actions agreed at previous sessions. For these reasons this standard is judged to be substantially compliant.

**Judgment:** Substantially compliant

**Standard 4.1**

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

The service area management team judged themselves to be compliant with this standard. Inspectors agreed with this judgement of their compliance with the standard.

The service area did all in their power to utilise available resources to best effect for children and their families. Inspectors agreed with this determination - despite the fact that the DSWKWW child protection and welfare service did not have sufficient resources - as the resources they had were well managed. This is further discussed under standard 5.2. This inspection found that resources were planned, deployed and redeployed as the need arose and tightly managed in an effort to protect children and promote their welfare. The area was creative in how it used its limited resources. An example of this was the recent creation of a special project team to reduce numbers on waiting lists. This is discussed further under standard 2.1.

Tusla's compliance plan - developed following the programme of inspections in 2024 - included an allocation of an additional 50 posts for all ten the service areas included in the programme. The area had not been assigned any additional posts at the time of the inspection. The area manager noted that the staffing quota for the Intake and Assessment teams in DSWKWW was designed in 2019 and updated in 2021 to increase the number of Intake teams. The quota was based on referral rates which have significantly increased since then. The area manager told the inspector that it would be difficult to quantify how many additional posts would be required to ensure that all referrals were processed through the system in a timely manner, but the new reform programme included a resource allocation model, which it was hoped would clarify this information.

The management team were very aware of the demand for their services and the fact that many children had to wait at various stages of their involvement with Tusla. As previously outlined, Tusla had a number of policies, procedures and guidance documents in place to guide staff in the management of new referrals. The area manager had expressed the opinion in 2024 that the DSWKWW area would not meet Tusla's target of having fewer than 25% unallocated cases without additional resources. The management constantly escalated the need for additional staffing through the NTK system, the risk register and their monthly reports to the regional chief officer.

In addition, Tusla is planning a reform programme for its services nationally and the area manager had received a report on the needs analysis completed for this re-development. This 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 management team told the inspector that they use their resources as efficiently as possible to achieve the best outcomes for children. The area manager provided one example of how resources are redeployed to those most in need. The area had de-commissioned some services and directed the resources into further developing a drop-in service to prevent young people from coming into care. The area manager said that managers constantly reviewed workers' capacity and moved cases around for allocation, and that transfers of cases to other parts of the service were completed as quickly as possible to aid best use of resources. The PSWs told the inspector that in order to allocate children listed on the CPNS the capacity of workers was reassessed, and staff confirmed this to inspectors. Inspectors also saw some evidence of the re-assignment of cases from one team to another in case files sampled.

Tusla had a workforce plan for the Dublin Mid-Leinster region in line with the national compliance plan which was developed following the 2024 programme of inspections. The DSWKWW service area forms part of this region. This report was submitted prior to the inspection and included an analysis of the current and potential workforce, absenteeism and the turnover rate for the region. The report also identified that the turnover of staff nationally in Tusla was 7.8% at the end of 2024. The rate in the DML region was 8.76%, and 56% of leavers from the service were at social work grade. The report stated that the DML region would continue to analyse and plan data and plan initiatives to help retain the workforce. A trend analysis of referrals was included in this report which reflected that referral numbers for DSWKWW had risen from 494 in January 2020 to 823 in January 2024 and 704 in December 2024, highlighting the significantly increasing workload in the area. An analysis of the numbers of unallocated cases for the years 2020 to 2024 reflected that in January 2020 there were 980 unallocated cases in DSWKWW and 816 in December 2024. The report further reflected that, as Tusla progresses with its reform programme, a gap analysis and prioritisation will be completed through a resource adequacy model which would determine the baseline number of staff required for each network to function effectively and to meet operational goals. Key priorities and actions were

outlined including the need to continue to get feedback from staff in relation to the reform programme and to improve leadership in the agency.

The DSWKWW area had conducted its own trend of referrals for the 12 months prior to the inspection. This reflected that the numbers of referrals received each month ranged from 693 to 908. The number of open CPW cases was 1196 in April 2024 and 1779 in May 2025 reflecting the increased demand for the service. There were rolling recruitment campaigns to recruit staff to the service area and eight staff had joined the CPW service in the last 12 months, six of whom were staff of social care and social work grades.

The area conducted exit interviews with staff who left the service to gather information about staff experiences of working in the service and to identify improvements to support retention. Information provided for the inspection indicated that eighteen staff had left the CPW service in the previous 12 months – these included 10 social work and social care practitioners. Inspectors reviewed three exit interviews conducted with staff who had left the service and found their reasons for leaving included: the nature of the job and its impact on work life balance, not feeling supported, the difficulty of working with some cases, and poor communication in the service. They identified the challenges in the service as staff retention, the lack of alternative care placements for children who needed them, waiting lists and red tape. They suggested that better induction and training was required, and that supervision should include a wellbeing component. They were positive about the support they received from colleagues.

Within the context of the DSWKWW child protection and welfare service having limited resources to meet the demand for the service, the resources that were available were rigorously planned, deployed and managed to protect children and promote their welfare. The service demonstrated an understanding of the levels of need for the service and resources were deployed to meet prioritised need, ensure safety for children and improve their quality of life. For these reasons the standard is judged 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 determination and judged this standard as not complaint. Although the service went a long way towards meeting many of the criteria of this standard, the

CPW service in DSWKWW did not have sufficient staff in place to meet the needs of all children using the service in a timely manner.

Despite the best efforts of management there was a high number of unallocated children on waiting lists in the service. The impact of this was that all children did not receive the right service at the right time for them, and many children had to wait for services. The management team were consistently escalating their need for more staff in order to meet the demand for the service. Information provided for the inspection indicated that there were 12 vacancies for professionally qualified social workers, five vacancies for senior social work practitioners and three team leader vacancies across the service. Staff turnover was at 10.74% with 15 staff having left the service in the 12 months prior to the inspection. However 17 new staff had commenced in the CPW service in that same period, therefore the overall gain was two staff.

Generally, there was a mix of experienced and new staff in the service, but some teams were comprised solely of newly qualified staff who had yet to become familiar with Tusla policies and practices and embed their theoretical learning into good social work practice. Teams also comprised social care workers and social care leaders all of whom shared responsibility for providing services to children. The PSWs told the inspector that, since the inspection in February 2024, the management team had re-focused on building the staff team as the service's main resource. They were providing training to support development of skills and practice, had commenced a reflective practice group and the staff retention group that was in place was continuing to meet. The staff retention group met on approximately a two-monthly basis and discussed practical ways to support the staff such as organising a cultural day, having a wellness group for each office base within the service, supporting team leaders in facilitating good induction for new staff and developing a video for recruitment drives. Other initiatives to support the retention of staff included leisure activities staff could partake in together, thus supporting staff wellbeing and development of relationships.

Staff inspectors met with during the course of the inspection presented as confident and competent, and staff in the focus group told the inspector that there was a good supportive team culture in the service. Inspectors observed how staff marked special cultural and personal occasions within the team, all of which supported team morale. This is very important in stressful working environments.

The service had contingency plans to address the shortfall in staffing and promoted continuity of staffing to achieve better outcomes for children, in line with the standard. For example, the SAQ outlined the "summer and casual worker scheme" which provided additional staff throughout the summer months which also served as a recruitment initiative. It also set out other initiatives such as the overseas recruitment campaign, the apprenticeships scheme and the career pathways

programme. The overseas campaign had resulted in nine new staff, seven of whom had already started in their posts. 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. The apprenticeship includes time spent on the job, a formal contract of employment, peer-to-peer learning, dedicated workplace mentors and full employee supports. This programme added five staff in 2024 and an additional ten were due to start in 2025. Twenty three staff had benefitted from the careers pathways programme under which workers who met the eligibility criteria were upgraded to a more senior position. This also supported retention of staff in the area.

The service promoted continuity of staffing in line with the standard to achieve better outcomes for children. The area manager told the inspector that team leaders were promoting best practice with a focus on the child's experience of the service. This was a priority for the first half of 2025. In practice this meant that, for example, when a child required a visit, workers were identified who had previously worked with the family to re-engage with them. In this way children were visited by staff known to them rather than the child having to meet a new staff member. Inspectors noted this practice through their reviews of children's files and their observation of duty.

The management team supported staff to develop their competencies through provision of training and other supportive mechanisms. One of these was a reflective practice group facilitated by a PSW, which met approximately every two months. Each session has a plan based on themes arising in the group along with systemic theory and Tusla frameworks. Staff told the inspector they attended this group and found it helpful. The area had completed the staff learning plan in line with the national compliance plan and there was a training programme in place for 2025. The training log included a list of 11 sessions planned for the first four months of 2025. Twenty four staff had attended training in cumulative harm in April 2025. Implementing this training would support them in identifying and addressing cumulative harm to children. Inspectors found that staff considered the potential for cumulative harm when screening new referrals. This is further discussed under standard 2.1. Staff told inspectors that they had attended training on taking a particular approach with families experiencing domestic violence and inspectors found evidence that this training was having a positive impact on practice. Staff also told the inspector that the quality of direct work with children had improved since the last inspection and inspectors noted from their file reviews how staff interacted with children in an age-appropriate way and used various methods of engaging with children.

Staff had the necessary competencies and were continually developing their practice through training and reflective practice. Staff in the focus group told the inspector they could take part in online training once a week and had recently received training



in topics such as children and youth participation, cumulative harm, and the Tusla child abuse substantiation procedure (CASP). Inspectors noted how competent staff were both from their file reviews and from the conversations they had with various staff relating to individual cases. For example, inspectors particularly noted that staff were conducting good conversations with alleged perpetrators of domestic violence. This was an example of the beneficial impact of training on practice - as some staff had been trained in a particular approach to working with families experiencing domestic violence - and they were clearly putting their learning into practice to enhance their input with these families.

The inspectors spoke with managers who presented as competent and confident in their roles, and were very clear both about their responsibilities to children and to their staff teams. They demonstrated good cooperative team working and promoted best practice to improve outcomes for children. They were knowledgeable about the children using and requiring the service, they modelled child-centred principles and promoted children's rights. Staff were observed to be professional, competent and child-centred in their approach to their work with children and their families. They were thoughtful and kind too, for example, staff arranged a collection to buy personal items for a baby that had to be taken into care at birth. They also created a memory box for the baby's foster carers to maintain, demonstrating they understood the importance of personal belongings to a child's sense of identity.

When performance management issues arose in the service which were having an impact on the service being provided, this was rigorously overseen by the management team and staff worked hard to minimise the impact on families and ensure practice was not compromised.

The DSWKWW child protection and welfare service had a staff team that was committed to providing good quality effective and timely services to children. However the service did not have sufficient staff to manage and deliver effective services to all children. Staff demonstrated a commitment to providing quality services to children and had a mix of skills and experience. There were new staff in place who needed to consolidate their learning into practice and they were supported in doing so through the various initiatives in place for all staff. The service promoted continuity of staffing in the best interests of the child and as resources allowed. All staff were supported to develop their skills and practice through implementing training provided in all aspects of their work. Managers were competent and modelled best practice at every level of the organisation. However the impact of the resource deficits outweighed the benefits of all of the above as the impact of this was the high numbers of children who could not be allocated to a social worker in line with the standards.

**Judgment:** Not compliant

## Quality and safety

This inspection found that practice in the DSWKWW service prioritised children's safety and strived to improve the quality of their lives. Staff endeavoured to protect children from the risk of harm and appropriately applied *Children First: National Guidance for the Protection and Welfare of Children 2017* (Children First) in their practice. Staff assessed and managed child protection and welfare concerns, identified children's needs, assessed and managed risk and put plans in place to protect children and ensure their safety. This was an integral component of culture and practice in the service and was embedded in their processes. However, for a significant number of children, they were unable to do this in a timely way and children were placed on waiting list as a result.

Appropriate action was taken when children were at immediate risk and all children who were at ongoing risk of significant harm were allocated to a social worker. All reports of child protection and welfare concerns were screened and prioritised and categorised correctly. Preliminary enquiries were completed in line with the standards and Children First. Defined thresholds of harm and neglect - including the potential for cumulative harm - guided staff on the assessment of risk to a child. Suspected cases of abuse were appropriately notified to An Garda Síochána. Everyday practice focused on improving the lives of children and ensuring their safety and protection and the care and concern of staff for the children using the service was evident. Staff demonstrated their knowledge of policies, procedures and standards and applied these in practice. Preliminary enquiries, safety planning and initial assessments were all of good quality. All children listed on the child protection notification system (CPNS) were allocated to a social worker at the time of the inspection. It is crucial that these children have an allocated social worker as they are deemed to be at ongoing risk of significant harm. When children were allocated to a social worker they received a good quality service. Equally when children were allocated to social care staff for specific pieces of work they received a good quality service and child-centred work was demonstrated throughout the service.

However, there were waiting lists for the service which meant that all children did not receive the service they needed in a timely manner. In addition, the electronic recording system used for case management (TCM) was not up-to-date and therefore did not always reflect all the good quality work that staff completed with children.

**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 not compliant with this standard and inspectors agreed with this judgment.

The DSWKWW CPW service implemented Children First appropriately but not consistently for all children. The service was not consistently meeting the timeframes for managing new referrals in line with Tusla's standard business process. A number of factors contributed to this including the consistently high volume of monthly referrals received by the service, the complexity of concerns being reported and resource deficits. The combination of these factors meant that every child did not receive the right service at the right time. Some children received timely services but for others there were delays at various stages of the process when referrals were not progressed in a timely manner.

Children First was implemented by staff who also did their best to comply with the timelines set out in Tusla's standard business process (SBP) for the processing of new referrals. There were timelines set for the various stages of processing a referral. The first stage: screening 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.

All new referrals to the service were initially managed by a duty team based in each of two offices. Social workers were rostered on duty for two weeks at a time supported by social care grades of staff. Duty teams comprised one team leader and three staff, one of whom would be a social worker or senior social work practitioner, supported by social care staff. New referrals came in to the service through a dedicated Tusla online portal and by telephone from referrers.

An inspector observed the staff on duty in one of the offices in the service area. They also attended duty handover meetings at the commencement and completion of the inspection, and reviewed a sample of minutes of meetings where duty cases were planned and discussed. The inspector noted that immediate action was taken to protect children at immediate risk of harm. During the course of the inspection social workers had to take action on foot of An Garda Síochána removing a young child from their home under Section 12 of The Child Care Act 1991. During the observation of duty, the duty team also

- followed up on two referrals where mothers were experiencing domestic violence,
- supported a mother and young person who had alleged a sexual assault

- developed a safety plan with a parent by telephone and followed up by putting the safety plan in writing for the parents to follow
- followed up on concerns for a child living in emergency accommodation and
- were preparing to do a round trip of 500 kilometers on one evening to place a child in alternative care for one night. However an alternative arrangement was made whereby they had to drive half the distance. Their work day ended at 1.30am, and they were still in work the next morning as they were committed to completing the work they had scheduled for that day.

Staff on duty were also responsible for their own allocated caseloads while they were on duty and there was always the potential for an emergency to arise within their caseload while the worker was also rostered on duty. In addition, two workers would often conduct duty visits together and in the case of a new worker they would be accompanied by the team leader.

The inspector observed good examples of new referrals progressing throughout the week of the inspection. Some of the work completed by the duty team included:

- conducting an interview with an alleged perpetrator of domestic violence, a safety plan put in place for children and arrangements made for their safe care
- follow up on an allegation of sexual assault arranging voluntary consent from a parent
- identifying a family placement for child in emergency accommodation including consultation with child's family
- following up a referral from AGS regarding a parent arrested to establish safety or otherwise of children
- arranging parental consent for a child to be placed in alternative care
- following up on a notification by AGS of possible child sexual abuse of a child
- taking action on a physical abuse referral and
- acting to ensure safety for a young person with an intellectual disability who had been left at home unsupervised.

The minutes of the duty handovers reflected that during the course of three weeks there were 54, 56 and 58 referrals respectively which required follow up.

There was a system in place to ensure a seamless transfer of cases from the team coming off duty to the team coming on. One social worker overlapped for a week and handover meetings took place to discuss work completed and what further actions were required to ensure children's safety. The inspector observed these handover meetings for both offices and read the minutes of a sample of these meetings.

The inspector found the duty system was efficient and ensured work was allocated in such a way as to maximise throughput of the new referrals. The inspector also noted the commitment of staff to ensuring people's rights were respected and promoted. By

way of example, in one case recorded in the handover minutes, children were returned to their parents following a Section 12 taken by An Garda Síochána and the parents complained to the social worker about how the experience was managed. The social worker advised them about their right to complain and provided them with the information to make a complaint.

Overall, screening of new referrals was completed in line with Tusla's standard business process. Information provided for the inspection indicated that the area had 9844 referrals in the 12 months prior to the inspection and that 7448 had been screened within the 24-hour timeframe required by Tusla. All new referrals were screened to determine whether they met the criteria for a Tusla service. Screening was of good quality and the next steps were clearly recorded and appropriate. Children's safety was established at this stage and a determination made about the category and priority of the referral. Referrals were appropriately categorised and prioritised for allocation. Inspectors reviewed a number of new referrals and found that of 46 reviewed, 40 were screened within the 24 hour timeline set out in the SBP. This was achieved in the context of having between 700 and 800 new referrals per month. However, referrals were then put on a waiting list based on the priority level assigned to it. This meant that at a very early stage in the process there was a delay in the commencement of the next stage of the process which is the conducting of preliminary enquiries. The immediate safety of children had been established at screening stage in line with Children First, but the delay in the preliminary enquiry stage meant that the social work team did not have a full understanding of the child's circumstances including any unmet needs. This information allows the social worker to decide on the most appropriate response which could be that the family requires support or a formal social work intervention.

Team leaders were constantly balancing competing priorities. They screened new referrals and inspectors found that they always considered previous referrals and the potential for cumulative harm when prioritising referrals. The inspector spoke with a team leader who described a typical working day which began with checking their dashboard on TCM for new referrals requiring screening. There were 16 new referrals on one day during the inspection. The team leader was very clear on the requirement to consider cumulative harm and of the need to carefully consider both the categorisation and prioritisation of each referral. They also considered the capacity and experience of workers when allocating tasks for completion and were cognisant of the need for their timely sign off on all completed actions so that further work could be allocated. Team leaders were also responsible for managing waiting lists, but were also aware that caseloads needed to be manageable. When staff notified their team leader that they were not in a position to carry out actions assigned to them the team leader put cases back on the waiting list as a support to the worker. Monthly audits were completed on waiting lists but this timeline was sometimes

difficult to maintain due to pressure of workloads. Principal social workers supported the team leaders with audits at such times.

The service implemented Children First for some children in that they followed the correct procedures outlined in this national guidance. However for others they were unable to consistently process new referrals in a timely manner. Information provided for the inspection reflected that there were 1675 open cases at the time the data was submitted. Of these 779 were not allocated to a social worker. Three hundred and ninety one children were allocated to other grades of staff.

The area had a standard operating procedure (SOP) for managing unallocated cases which included how the duty system should process new referrals, and this was being followed. The SOP set out how new referrals should be screened in order to determine their priority and category. As it was not possible to allocate all referrals for the next stage of the process: the preliminary enquiry (PE) stage, referrals had to be allocated for PE based on their priority. The SOP set out that all high priority referrals should be immediately allocated and medium and low priority referrals would be allocated in order of priority. Principal social workers explained to the inspector that referrals categorised as welfare should be reviewed every two months and if still unallocated after four months a formal file review should be completed by the team leader. Furthermore, they explained that unallocated referrals of abuse should be reviewed monthly and a full audit sheet completed at three months. At the time of the inspection there were no unallocated referrals of physical abuse.

The PSWs completed audits in addition to the audits completed by team leaders. PSWs were clear that any referral deemed to be abuse would be notified to An Garda Síochána (AGS) once that decision was made. There was a system in place to monitor unallocated cases with safety plans in place, whereby the duty teams monitored them through conducting network meetings and home visits as required, but a team leader told the inspector that this was not adequately resourced at the time of the inspection due to changes in staffing.

Additional oversight mechanisms were being developed in the area. The principal social worker for the three teams in the DSW area was developing a system of oversight of unallocated cases, whereby they maintained a tracker with details of each unallocated referral. The details included the date, category and priority of the referral, the date of the most recent safety plan and home visit, and the next steps required in the case. The tracker was compiled from audits completed by team leaders on the referrals and was reviewed weekly by a social work team leader with a senior social work practitioner. The PSW explained that the next steps required in the case were very clear and supported managers to make decisions about allocating resources to these referrals. This was, they explained, in line with the area's CPW service plan whereby the CPW management team completed monthly rotational audits of CPW cases. These audits would be used to update the tracker, to ensure

management governance and oversight of unallocated cases, and that the next steps required for each case were up to date. The PSW advised the inspector that the tracker would be updated on a weekly basis by the senior staff member overseeing duty, and would also support team leaders to schedule home visits, network meetings and meetings with children as required.

As outlined earlier under standard 3.2 the area had created a special project team in an effort to reduce unallocated cases. The team had only commenced their work in the month prior to the inspection. The standard operating procedure for this team reflected that as of March 2025 there were 182 child welfare referrals awaiting a preliminary enquiry, with the longest on the waiting list going back to November 2024. The area planned that, once this waiting list had been cleared then new referrals screened as low and medium child welfare could be progressed by the special project team. The team comprised five staff managed by a team leader and their team's capacity was deemed to be 100 referrals. Inspectors sampled 10 referrals allocated to this team and found that the team were progressing or following up with preliminary enquiries and diverting cases for support service, for closure or for initial assessments as appropriate. The team leader had oversight of this work and signed off on all IRs.

Inspectors found that Tusla's Case Management (TCM) electronic recording system was not up-to-date and therefore did not fully reflect the good quality work completed with children and their families. The area had identified this and was taking action to address this issue. Documents had been developed to improve and support the correct usage of the TCM. These included a document which clearly set out the minimum requirements required for every case recorded in TCM, and a record keeping support guide compiled in October 2024 to assist staff. The TCM user liaison officer also assisted staff in using the TCM system correctly.

PSWs told the inspector that the service had been in a better position in February 2024 when the waiting time for intake records was four weeks. They cited the reason for this as the continuing staffing capacity issue and the fact that many of the staff team were new, and therefore had lower caseloads. For example, although one team was fully staffed on paper there were five posts vacant as the new staff had not yet commenced in their posts. They stated that even if the service had a full complement of staff it would not have the capacity to progress all new referrals through the system in the timelines required. The principal social workers further explained that referrals were allocated to staff according to their category and prioritisation. All referrals of abuse and all high priority cases were allocated to social workers, while welfare concerns, low and medium priority cases could be allocated to social care staff. Categories and prioritisation of referrals could change as further information was known and in such instances the case would be re-prioritised and categorised as appropriate and re-allocated if necessary. As outlined under standard 3.2, there had

been two high priority cases allocated to PSWs, but at the time of the inspection one was closed and the other was allocated.

When children were allocated - either to a social worker for assessments interventions or to social care grades of staff for specific pieces of work - they received a good quality service. Children First 2017 states that, following screening, initial checks should be completed to establish whether there were previous referrals about a child. These initial checks may also include the worker contacting other professionals to identify if they have concerns about the child. These checks are completed on an Intake Record (IR). Referrals deemed to be high priority were prioritised for completion of the intake record. This inspection found there were delays in completing and recording these preliminary enquiries. Information submitted for the inspection reflected that there were 2041 IRs completed in the 12 months prior to the inspection, only 236 (11%) of which were within the five-day timeframe required under Tusla's standard business process (SBP). At the time the data was submitted for the inspection there were 738 referrals awaiting an IR, 445 of which were unallocated, and 293 were allocated. Inspectors sampled 31 intake records and found that of these 23 were completed and eight were ongoing. Of these eight referrals two were received in February and March 2025 and the remainder were originally referred in April 2025. Of the 23 completed intake records, 11 had been completed within the required five days from the date of referral. Children were on the waiting list for an IR for periods of time from 8 up to 110 days. Intake records were found to be of good quality. Referrals sampled by inspectors were prioritised and categorised correctly, referrers and parents were contacted and children were being met with when appropriate. Overall, there was good evidence of network checks being completed and children's safety being established.

Following preliminary enquiries some referrals will require further assessment of the child's needs in order to determine the appropriate intervention for the family. This is an initial assessment. Information provided for the inspection reflected that, in the 12 months prior to the inspection, 678 referrals required an initial assessment (IA). At the time the data was submitted there were 35 cases awaiting an initial assessment. Eleven referrals had been waiting more than three months for the initial assessment to be completed and 18 were on the waiting list for one month. They were all medium priority referrals.

Initial assessments were comprehensive. Inspectors sampled ten completed initial assessments and found they were, without exception, comprehensive and of good quality. Records of home visits, interviews with children, parents and network support people, clearly demonstrated that social workers and social care leaders were skilled and experienced at applying Tusla's model of care. There was evidence that social workers met with children and used age-appropriate methods and aids to complete their assessments of the child's needs. However, there were delays in the completion



of IAs; only three of the ten sampled were completed within the 40 day timeframe required by the SBP. The possible outcomes of an initial assessment are that:

- the case is closed,
- family support needs are identified and provided for
- the child is found to have welfare needs that require a Tusla social work response and intervention or
- there is a child abuse concern that requires a child protection social work response and intervention from Tusla.

Delays of initial assessments of children's needs meant there were delays in making decisions about the appropriate next steps to ensure the child's safety and welfare. Therefore children were not receiving the support services or social work interventions they required.

This inspection found that safety plans were of good quality and were being monitored. Tusla's Standard Business Process (SBP) outlines how the process of safety planning should take place in practice: a safety planning form should be completed and reviewed on a six-monthly basis. During that six months safety planning is monitored through meetings with the child's safety network, which is an identified group of people known to the child who will take responsibility for ensuring the child's safety at home. This process should be reflected in the records maintained on TCM. A case is at safety planning stage within TCM while the safety planning work is ongoing with the child and their family and support network. The PSWs told the inspector that staff worked exceptionally hard to complete safety planning, that they diligently applied Tusla's model of practice and sought to establish safety for children at every stage of the processing of a new referral.

Principal social workers told the inspector that team leaders maintained oversight of safety plans. At the time of this inspection there were a total of 458 children with safety plans in place. Inspectors sampled nine safety plans and found that safety planning was comprehensive and included other professionals and members of the child's safety network as required by Tusla's model of practice. Children were involved in the development of their safety plans where appropriate and when parents consented. Some safety plans were in draft form, others contained contingency arrangements should the child's circumstances change or the safety plan not be followed. Information provided for the inspection indicated that there were 96 children awaiting safety planning. Inspectors reviewed a sample of these children's cases and found that the number provided related to children who were at safety planning process stage in TCM. This did not mean they were waiting for a safety plan but that safety planning was either in progress or completed. Inspectors sampled six of these cases and found that safety had been established for all the children and

safety plans were either in place, were not required, as sufficient safety was established, or were in progress.

This inspection found that when new referrals were received about children already in the care of the state, these were processed in line with Children First 2017 but were not compliant with Tusla's standard business process. On occasion reports are made to Tusla of concerns about children that are already in state care, and children may also make disclosures themselves. These are new referrals to the system and should be progressed and investigated in line with Children First 2017. Tusla had amended its procedure for managing such referrals late in 2024. The amended procedure outlined that where such referrals related to child welfare they should be managed by the child-in-care teams, referrals of child abuse were to be investigated by the CPW duty service. Information provided for the inspection reflected that there had been 111 such referrals in the 12 months prior to the inspection. Only three of these were re-referrals that were not linked with the reason the child had been taken into care, that is, the information was already known and had been acted upon. Inspectors sampled six of these referrals and found that they all had been screened and directed to the appropriate team in line with the new procedure. However there were delays in completing the screening process in three out of the six sampled. Therefore the timelines set out in the SBP were not being followed. Notably all the work had been completed with children to establish their safety and the referrals did not relate to new concerns about the children but about concerns already known, and therefore already being assessed by Tusla. Therefore, this was a recording issue and did not have an impact on the safety or welfare of the children involved.

At the time of the inspection all children listed on the Child Protection and Notification System (CPNS) had an allocated social worker, formal safety plans were in place and these were being effectively monitored. Information provided for the inspection indicated that there were 130 children listed as active on the CPNS and these children all had an allocated social worker. Children are listed on the CPNS following a multi-disciplinary meeting where it is decided that the child is at ongoing risk of significant harm. Safety planning must be in place for these children as they are at high risk in the home. The inspection sought information on the historical allocation of these children: specifically whether any child had been unallocated for more than a week in the six months prior to the inspection. Thirty five children listed on the CPNS had been unallocated for periods of longer than a week in the previous six months. Inspectors sampled these cases and found that these cases were monitored and the families visited by staff on duty during the periods when they were not allocated to a social worker. Staff prioritised the safety of children – this was demonstrated in one case where staff monitored the safety of children transferred to their service but who in fact had not yet moved into the area.

Inspectors found from their reviews of children's files and from observing duty that the staff team had an awareness of the impact of cumulative harm and considered it when children were re-referred to the service. Cumulative harm refers to a series of acts or omissions that when viewed separately may not indicate significant harm but when viewed together suggest a pattern of harm. Essentially, cumulative harm identifies the potential effect of many adverse circumstances in a child's life that can have a profound impact and can serve to diminish a child's sense of safety and stability. In order to identify potential cumulative harm it is important that the social work screening process includes checks to ascertain whether or not there have been previous referrals on the child. Where there are multiple re-referrals about a child there is potential for cumulative harm to a child. The nature and severity of previous referrals and the impact on the child should be considered when determining the actions to be taken in individual cases.

Inspectors found from their sampling of children's files that referrals of abuse were appropriately notified to AGS, and noted that there was good collaborative work with other professionals such as teachers and healthcare services. Inspectors noted that staff worked closely with AGS to ensure referrals were appropriate and contained all relevant information.

Overall, this inspection found that children and their families were appropriately diverted for family supports and other community services. At any stage in the processing of a new referral a decision can be made that the family requires community support services and not a social work intervention. These cases are diverted to the appropriate services. Information submitted for the inspection indicated that a total of 1882 referrals had been diverted to other services in the previous year. At the time of the inspection there were 191 such cases awaiting diversion to other services. Inspectors sampled six of these cases and found that four had been appropriately diverted, while another - on review by a team leader - had been listed for a preliminary enquiry as the concerns about the child were escalating. The inspector queried one case listed for diversion, and this was escalated following the inspection. The child, who would age out of the service within two months, had been allocated just prior to the commencement of this inspection, and there was already a plan in place for them to be met with, prior to the necessary support services being provided.

There were two International Protection Accommodation Services (IPAS) centres in the DSWKWW area. There were 32 referrals made to the CPW service in 2025 regarding children living in these centres. All of these referrals were categorised as child welfare and all were prioritised as either low or medium priority at screening stage. The area manager told the inspector that these referrals were managed in the usual manner through the duty system. Inspectors sampled five of these and found this to be the case – Children First and the SBP procedures were followed albeit with

some delays involved. In one case – a medium priority child welfare concern - the referral had been made in late December 2024 and action was not taken until April 2025. When the referral was followed up contact was made with other professionals involved with the child. They had no concerns about the child who was already linked in with appropriate services.

Children under two years of age were appropriately screened and appropriate actions taken to address their safety. Following the previous inspection in February 2024 a potential systems risk was escalated on foot of one case of a child under one year of age, which had been screened and no action taken. This is discussed under standard 3.1 above. Inspectors sampled 14 referrals relating to children aged two and under and found that Children First was followed, appropriate action had been taken following screening, safety was established and safety plans put in place as appropriate.

This inspection found that CPW cases in the DSWKWW service area were closed appropriately. Information provided prior to the inspection indicated that there were 33 cases awaiting closure. Inspectors sampled five of these cases and found that sufficient safety had been evidenced and the cases were closed appropriately. Inspectors sampled five closed cases and found that one had been re-opened following a PSW audit as all actions had not been completed prior to the case being closed – at the time of the inspection this case was listed for a preliminary enquiry. This demonstrated the good oversight of managers of cases at every stage of the process. The other four cases were appropriately closed with sufficient safety in place for the children concerned.

The DSWKWW CPW service implemented *Children First: National Guidance for the Protection and Welfare of Children 2017* (Children First) appropriately but were not able to sustain this on a consistent basis for all children. There was an efficient duty system in place with good oversight by managers. Safety was established for children and monitored insofar as resources allowed. All children on the CPNS had an allocated social worker. There was evidence of good child-centred practice throughout the service. However, there were high numbers of children waiting for completion of preliminary enquiries and the service was not able to consistently meet Tusla's timelines for completion of tasks. Because of the impact on children of having to wait for services this standard is deemed to be not compliant.

**Judgment:** Not compliant

## Appendix 1 - Full list of standards considered under each dimension

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

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

**Compliance Plan for DSWKWW  
Child Protection and Welfare Service  
OSV – 0004419**

**Inspection ID: MON-0046659**

**Date of inspection: 20 May 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:**

<p><b>Standard 3.1</b> The service performs its functions in accordance with relevant legislation, regulations, national policies, and standards to protect children and promote their welfare.</p>	<p><b>Judgment:</b> <b>Not Compliant</b></p>
<p><b>Outline how you are going to come into compliance with Standard 3.1:</b></p> <p><b>Action 1:</b> The revised national policy for supervision of staff in DSWKWW service will be fully implemented, with briefings in progress for managers. A PASM audit will be completed in Quarter 4 2025 with a report provided to Area Manager relating to implementation.</p> <p><b>Responsible: Area Manager</b> <b>Completed by in progress and completed by September 2025.</b></p> <p><b>Action 2:</b> In monthly supervision with Team Leaders, Principal Social Workers will complete a review of the Team Leaders' monthly audits of unallocated referrals open to their team. The Service Development Team Leader will also support with audits on a monthly basis to ensure they are completed in line with the SOP.</p> <p><b>Responsible: Social Work Team Leaders and Principal Social Workers for Intake &amp; CPW</b> <b>Completed by: already in place and ongoing on a monthly basis.</b></p> <p><b>Action 3:</b> To ensure full compliance with the SOP (standard operating procedure) on cumulative harm, ongoing training in respect of cumulative harm will continue. A practice workshop on cumulative harm is scheduled for November 2025.</p> <p><b>Responsible: Principal Social Workers for Intake and CPW</b> <b>Completed by: ongoing with workshop planned for November 2025.</b></p> <p><b>Action 4:</b> To ensure improved compliance with relevant processes and procedures, a special project has been established in DSW. The scope of this project is to complete Intake Records on child welfare referrals that have been awaiting allocation with a planned reduction of 20%.</p> <p>Responsible: Principal Social Worker, Intake DSW. Completed by: Project due to complete by December 2025; with a planned review of progress of project team by 30<sup>th</sup> Sept 2025.</p>	

**Action 5:** The Principal Social Workers for the Intake and CPW, will conduct a review of their service plan in September 2025 to ensure continued focus on compliance with national policies/standards.

**Responsible: Principal Social Workers for Intake and CPW.**

**Completed by: September 2025**

**Action 6:** To ensure continued improvement and quality with regard to safety planning, further workshops have been scheduled for 17<sup>th</sup> September 2025.

**Responsible: Signs of Safety Practice Lead**

**Completed by: 17<sup>th</sup> September 2025.**

**Action 7:** The capacity of the service will increase with 8 new staff currently onboarding and planned appointments. This increased capacity will significantly enhance capacity of the service with regard to compliance with this standard.

**Responsible: Regional People and Change Manager**

**Completed by: September 2025.**

**Action 8:** The national SOP for the management of unallocated children will be fully implemented in line with Tusla's national service improvement plan relating to unallocated cases, the regional governance meeting, chaired by the Regional Chief Officer, will continue to monitor progress relating to compliance and service improvement plans. Should any actions be delayed or at risk of completion, this will be escalated through governance structures.

**Responsible: Area Manager and Regional Chief Officer.**

**Completed by: Commenced and ongoing.**

### **Standard 3.2**

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

### **Judgment:**

**Substantially compliant**

### **Outline how you are going to come into compliance with Standard 3.2:**

**Action 1:** To reach full compliance with the standard a workshop will be delivered by the Principal Social Workers on the recording of case decisions at supervision. The content for the workshop will be agreed at the CPW pillar September management meeting.



**Responsible: Principal Social Workers – Intake and CPW.**

**Completed by: October 2025.**

**Action 2:** Principal Social Workers will review frequency of staff supervision in their monthly supervision with Team Leaders, to ensure it is taking place with all staff in line with the national Supervision Policy. PSWs will escalate any challenges to the Area Manager during one to ones, for agreement on mitigating actions and further escalation to the RCO as appropriate.

**Responsible: Principal Social Workers in Intake & CPW**

**Completed by: September 2025**

**Action 3:** In line with Tusla's national service improvement plan relating to unallocated cases, the regional governance meeting, chaired by the Regional Chief Officer, will continue to monitor progress relating to compliance and service improvement plans. Should any actions be delayed or at risk of completion, this will be escalated through governance structures.

**Responsible: Area Manager and Regional Chief Officer.**

**Completed by: Commenced and ongoing.**

**Action 4:** To increase capacity of the CPW service for governance and oversight of children receiving the service, a voluntary service has been commissioned to provide intensive home support for children at home and their families. The impact of this additional resource funding with regard to improved safety and support for children will be reviewed in March 2026.

**Responsible: Regional Chief Officer**

**Completed: Service commencing from August 2025; review March 2026.**

**Action 5:** A regional implementation plan is in place to progress Tusla's Reform Integrated Programme. This programme will result in structural and practice changes with regard to how services are delivered. DSW KWW will move from being one administrative area to networks, (which are smaller in size). This will be reducing the size of this large area significantly with additional governance capacity also with the allocation of two new area managers for the region.

**Responsible: Regional Chief Officer.**

**Completed by: January 2025; new area managers appointed (with delegated responsibility for new networks commencing January 2026).**

<b>Standard 5.2</b> Staff have the required skills and experience to manage and deliver effective services to children.	<b>Judgment:</b> <b>Not Compliant</b>
<p><b>Outline how you are going to come into compliance with Standard 5.2:</b></p> <p><b>Action 1:</b> In line with Tusla's People Strategy and regional/area service improvement plan, training and leadership development will continue. This training includes programmes for 'First Time Manager;' 'Legal Framework for Managers;' and as part of Tusla's reform programme, increased training, and support for change management.</p> <p><b>Responsible: Regional People and Change Manager</b>  <b>Completed by: Ongoing.</b></p> <p><b>Action 2:</b> Continued promotion within the area of the Coaching and Mentoring support programme within the agency to support continued development of skills relating to management/leadership in CPW services.</p> <p><b>Responsible: Workforce Learning and Development DML Manager.</b>  <b>Completed by: Ongoing.</b></p> <p><b>Action 3:</b> A regional induction workshop has been convened for staff joining the agency from overseas. The focus of this is to support orientation and also working within an Irish legal/service context. The regional Professional Support Manager has commenced focus groups and feedback from Principal Social Workers with regard to further learning needs in order to put in place a schedule of learning/support events for these staff.</p> <p><b>Responsible: Regional Professional Support Manager</b>  <b>Completed by: Commenced with one workshop held; ongoing with schedule to be finalised October 2025.</b></p> <p><b>Action 4:</b> In line with the national service improvement plan, the training content for supporting social care staff working in child protection services will be delivered across the region.</p> <p><b>Responsible: Regional Chief Officer</b>  <b>Completed by: Will commence October 2025 (and will be ongoing).</b></p> <p><b>Action 5:</b> The area staff retention group will continue in line with the regional workforce plan. Findings from the national staff survey completed in March 2025 will support future actions of this retention group to ensure continued focus on</p>	

feedback from staff, their support and learning needs to deliver an effective service.

**Responsible: Staff retention officer with oversight from Area Manager and regional People and Change Manager.**

**Completed by: Ongoing with findings and action plan from staff survey in place by October 2025.**

**Standard 2.1**

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

**Judgment:**

**Not Compliant**

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

**Action 1:** All high priority referrals will continue to be allocated and assessed in line with Children First. Child protection referrals are allocated to a Social Worker. Child welfare referrals are allocated to Social Workers and to Social Care Workers/Social Care Leaders under the supervision of Social Work Team Leaders. If it is assessed at screening that there is immediate risk to a child, the child is met with where required and an immediate safety plan is implemented with parents and the identified network by the Duty Service.

Safety Plans are also completed and/or updated in IRs and IAs when the referral is allocated. Ongoing monitoring and review of safety planning will take place as per the Standard Business process.

Principal Social Workers will continue to audit this on a monthly basis to ensure consistency, quality, effectiveness, and impact of this on the safety of children in line with Children First requirements.

**Responsible: Principal Social Workers.**

**Completed by: monthly basis with Principal Social Workers' monthly audits and it is also on the agenda for monthly supervision with each Team Leader.**

**Action 2:** In line with the national service improvement plan, an audit will take place with regard to the implementation of Signs of Safety practice approach. The methodology of this audit has been agreed including staff survey, audit of intake records, initial assessments and safety plans and a review of relevant key data. This will result in provision of an area analysis report that will contribute to future learning and improvement plans.

**Responsible: Regional Chief Officer**

**Completed by: commencing August 2025, completed by December 2025.**

**Action 3:** As part of the current service plan for the CPW service, monthly audits take place on a rotational basis across all teams. This involves members of the CPW pillar management team coming together to complete audits on a specific team to ensure consistency of approach and shared learning. Learning and areas for improvement will be shared at team meetings and as required at supervision.

**Responsible: Principal Social Workers.**

**Completed by: Ongoing on a monthly basis and it is reviewed at each monthly CPW pillar management meeting to ensure compliance with the service plan.**

**Action 4:** Cumulative harm and safety planning workshops are scheduled for Qtr. 4 2025.

**Responsible: Principal Social Workers**

**Completed by: Starting in October 2025 and will take place on an ongoing basis through to December 2025 and in to 2026.**

**Action 5:** The resource capacity for the CPW service will increase with the onboarding of 8 staff by October 2025. However, it is acknowledged that even with this increase in staff this will not meet the current and ongoing need in the CPW pillar in the area. It is unlikely that the required number of staff will be recruited prior to the end of 2025. The area will not reach compliance without a full and increased staffing compliment. While understaffing remains an issue, oversight will continue at area and regional governance forums. Where priorities are agreed and highest need targeted, consideration will be given to redeployment of staff where possible etc.

**Responsible: Regional People and Change Manager.**

**Completed by: The area will not reach compliance without a full and increased staffing compliment.**

**Action 6:** A business case for additional staff within the CPW pillar has been submitted to the Regional Chief Officer. This is being considered in the context of the ongoing reform programme which includes a resource adequacy model to support decision making relating to the allocation of any additional resources provided to the DML region. As part of Tusla's reform programme and the planned structural changes, 2 additional area managers have been recruited and onboarded. This will increase overall capacity for governance, oversight and leadership relating to provision of effective CPW services.

**Responsible: Regional Chief Officer.**

**Completed by 2 area managers onboarded with their delegation for new networks commencing in January 2026.**

**Action 7:** The CPW pillar has a SOP which is aligned to the national one for the management of children awaiting allocation for the three teams in DSW. While understaffing remains an issue, oversight will continue at area and regional governance forums. Priorities agreed and highest areas of need will be targeted including consideration of redeployment of staff where possible etc. A centralised Duty service is in place to endeavour to provide a safe service to the children awaiting allocation within the current staffing resources.

A tracker of children awaiting allocation has been created to support the management of children awaiting allocation. This tracker details each unallocated referral, the category and priority, date of recent safety plan, home visit and next steps. Tracker is updated weekly by the SSWP/Team Leader overseeing Duty and following audits to ensure the management and oversight of unallocated cases.

**Responsible: Principal Social Worker, Social Work Team Leaders.**

**Completed by: Commenced and ongoing.**

**Action 8:** A record keeping policy has been developed within the area and this is used to support staff to have all TCM records up to date. Team Leaders will review TCM records with staff in each supervision to ensure records are up to date and if not, a work plan will be put in place to support the staff member to complete this task. The TCM User Liaison Officer (ULO) will complete independent monthly audits to ensure assessments, safety plans, case notes and all other records are on TCM and will provide monthly reports on these audits to the CPW management team.

**Responsible: Social Work Team Leaders, Principal Social Workers, TCM ULO.**

**Completed by: This will be fully implemented by end of September 2025.**

**Action 9:** In line with Tusla's national service improvement plan relating to unallocated cases, the regional governance meeting, chaired by the Regional Chief Officer, will continue to monitor progress relating to compliance and service improvement plans, with focus on reduction of unallocated cases including sharing of learning between areas as to what initiatives is effective in this regard. Should any actions be delayed or at risk of completion, this will be escalated through governance structures.

**Responsible: Area Manager and Regional Chief Officer.**

**Completed by: Commenced and ongoing.**

***This compliance plan response from the provider did not adequately assure the Health Information and Quality Authority that the actions will result in compliance with the standards.***

## **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).

<b>Standard</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
<b>Standard 3.1</b> The service performs its functions in accordance with relevant legislation, regulations, national policies, and standards to protect children and promote their welfare.	Not Compliant	Orange	31 Dec 2025
<b>Standard 3.2</b> Children receive a child protection and welfare service, which has effective leadership, governance, and management arrangements with clear lines of accountability.	Substantially Compliant	Yellow	Ongoing from August 2025
<b>Standard 5.2</b> Staff have the required skills and experience to manage and deliver effective services to children.	Not Compliant	Orange	1 Jan 2026
<b>Standard 2.1</b> Children are protected and their welfare is promoted through the consistent implementation of <i>Children First</i> .	Not Compliant	Red	30 Nov 2025

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