Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of Child Protection and Welfare Service.

Name of service provider:	Child and Family Agency
Name of Service:	National Out of Hours Service
Type of inspection:	Announced
Date of inspection:	24 March 2026
Service ID:	OSV_0008851
Fieldwork ID	MON-0049691

About this inspection

The Health Information and Quality Authority (HIQA) monitors services used by some of the most vulnerable children in the State. Monitoring provides assurance to the public that children are receiving a service that meets the national standards. This process also seeks to ensure that the wellbeing, welfare, and safety of children is promoted and protected. Monitoring also has an important role in driving continual improvement so that children have access to better, safer services.

HIQA is authorised by the Minister for Children, Disability and Equality under section 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.

HIQA monitors the performance of the Child and Family Agency against the *National Standards for the Protection and Welfare of Children* (2012) and advises the Minister and the Child and Family Agency.

This inspection was a monitoring inspection of National Out of Hours Service (NOHS) to monitor compliance with *the National Standards for the Protection and Welfare of Children*. The scope of the inspection included standards 1.3, 2.2, 2.3, 2.5, 2.12, 3.2, 3.4, 5.3 and 6.1 of the *National Standards for the Protection and Welfare of Children*.

This inspection identified concerns about the governance and oversight of the National Out of Hours Service and the inequity of service provision for children living outside the Dublin, Kildare, and Wicklow areas.

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 interim service director
- interview with the area manager
- interviews with two principal social workers
- interview with network area manager with responsibility for Cork city out of hours service
- 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
- observation of practice relevant to the standards being assessed, for example, social workers on duty
- one to one meetings with five social work team leaders
- focus groups with 15 social workers
- focus group with seven external stakeholders
- the review of 34 children's case files.

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

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

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the standards under three sections which are:

1. Views of people who use the service.
2. The dimension of capacity and capability.
3. The dimension of quality and safety.

The standards are organised for ease of reporting under each of these dimensions.

1. Views of people who use the service.

This section of the report describes the experiences of children who have been supported by the service. It provides a summary of responses to the children's surveys received before or during the inspection, our interactions and conversations with children, families and staff, and our observations during focus groups and during the inspection.

It describes in general terms how children describe and talk about their daily lives, what the service is like and how the service provider and staff support them.

2. Capacity and capability of the provider to deliver a safe quality 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.

3. 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.

A full list of all standards and the dimension they are reported under can be seen at the end of this report.

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 have responsibility for a range of services, including:

- child protection and welfare services
- educational welfare services
- psychological services
- alternative care services
- family and locally based community supports.
- early year's services.

Child and family services are organised into 30 networks and are managed by area managers. The networks are grouped into six regions, each with a regional manager known as a regional chief officer. The regional chief officers report to the chief operations officer, who is a member of the national management team.

The National Out of Hours Service has a remit to provide an emergency child protection and welfare service which covers all 30 networks when the local network child protection and welfare services are closed at evenings, overnight and weekends, 365 days a year. The service is managed by an area manager who reports to a service director. The service director reports into the director of services and integration who is a member of Tusla's national management team.

Child protection and welfare services in each of the 30 networks and the National Out of Hours Service are inspected by HIQA.

National Out of Hours Service

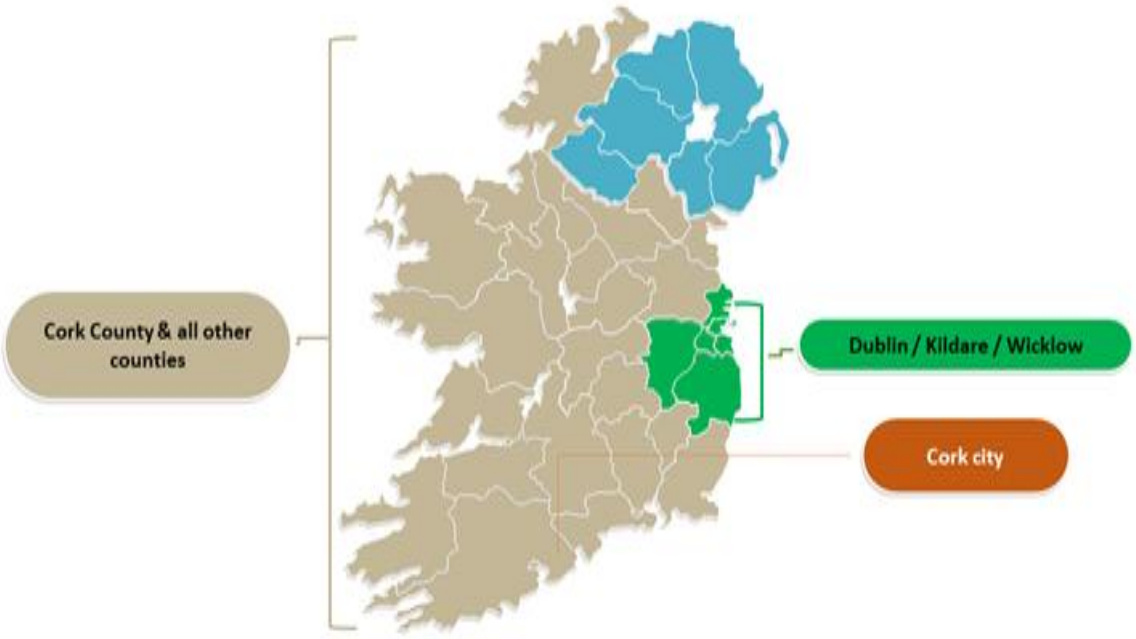
The information in this section of the report was provided by the service area for inclusion in the report.
Tusla's National Out of Hours Social Work Service (NOHS) aims to ensure the safety and welfare of children not receiving adequate care and protection in out of hour's

circumstances. The NOHS provides emergency placements for children as required and operates 365 days a year from 6 p.m. to 7 a.m. daily and from 9 a.m. to 5 p.m. at weekends and on bank holidays.

There are some key standard national components of the service which include the operation of a phone based foster carer support service, out of hours operation of the mandated person's phone line and the out of hours management of the Child Protection Notification System (CPNS)[1]. Whilst these components apply across the service, there are other elements of the service that are inconsistent nationally.

Within the NOHS there are three different categories of out of hour's service provision for children currently in operation across the country, one for counties Dublin, Wicklow and Kildare, another for Cork city and a third for Cork County and all other counties. The catchment area divisions for these three categories of service within the NOHS are shown in the Child and Family Agency (Tusla) map below.

Map of National Out of Hours Service Area Divisions



[1] The CPNS is a secure database that contains a national record of all children who have reached the threshold of being at ongoing risk of significant harm and where there are ongoing child protection concerns. The list helps to support professionals such as An Garda Síochána make decisions about the safety of a child.

1. Dublin, Kildare, and Wicklow area

The out of hour's child protection and welfare service serving counties Dublin, Wicklow, and Kildare. The team is employed on a full time basis and is based in Dublin City. Where a referral is received from An Garda Síochána, hospitals and other professionals out of hour's social workers are available to meet face to face with children, young people, and their families in response to emergency child protection concerns. The team also assists An Garda Síochána in carrying out their duties when Section 12 of the Child Care Act[2] is invoked including face to face meetings with children. Referrals are also received by this team from network area social work teams where there is a need for an emergency placement or monitoring of an agreed safety plan for children outside of working of typical working hours.

2. Cork City

Cork City operates an out of hour's social work service led by a social work manager. There are two staff per shift employed on an on-call basis. In Cork city children have face to face contact with a social worker, when required, to complete an assessment of child protection concerns in emergency circumstances. Staff are also available for face to face mediation between young people and their care givers. In addition there is an onsite presence at hospitals, Garda stations and ports of entry when required. The Cork city service is under the management of the local area manager.

3. Cork County and all other Counties

In Cork County and all other Counties an Out of Hours phone-based social work service is provided. It assists and supports An Garda Síochána in carrying out their duties when Section 12 of the Child Care Act is invoked.

The On Call social worker regional divisions were established in 2015, there are seven regions each with one designated on-call social worker on duty per region. The seven regional divisions are established as follows;

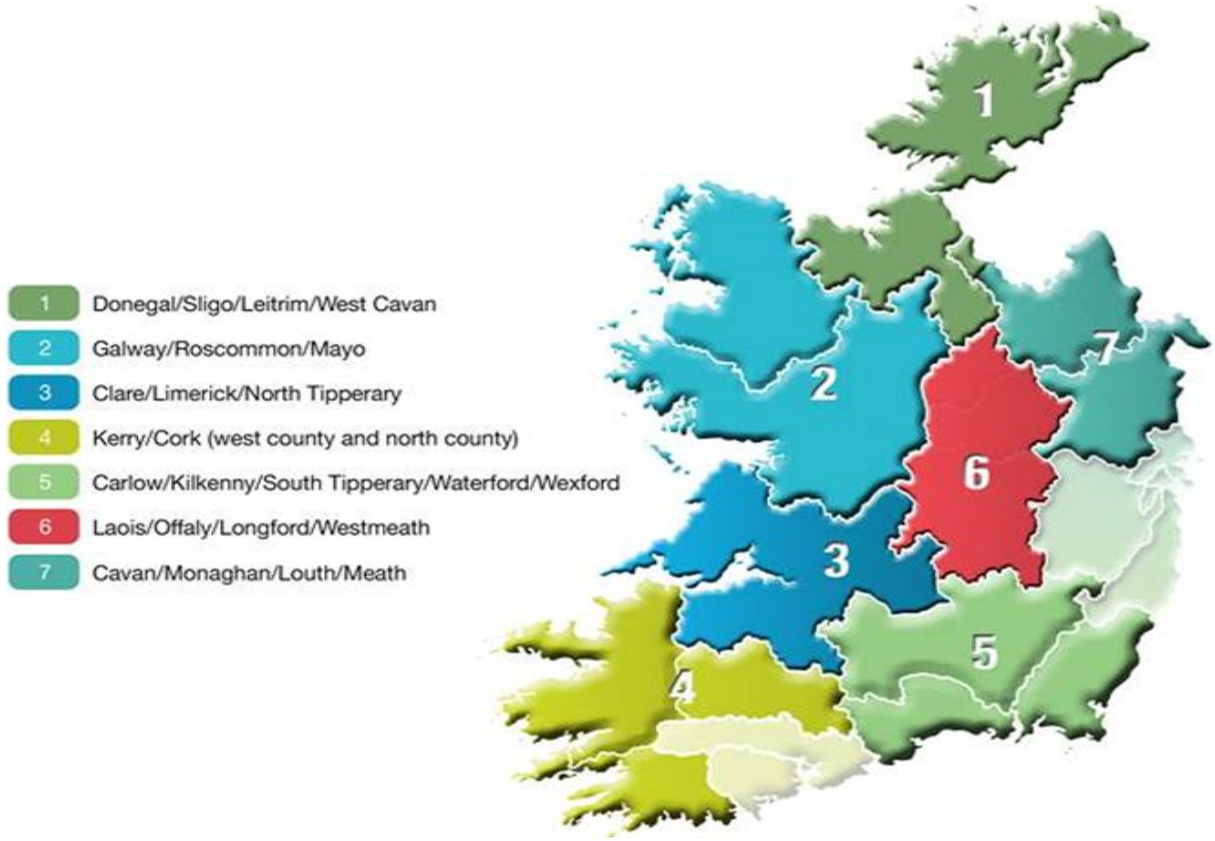
1. Donegal/Sligo/Leitrim/West Cavan
2. Galway/Mayo/Roscommon
3. Clare/Limerick/North Tipperary

[2] Where a member of the Garda Síochána has reasonable grounds for believing that (a) there is an immediate and serious risk to the health or welfare of a child, and (b) it would not be sufficient for the protection of the child from such immediate and serious risk to await the making of an application for an emergency care order by a health board under Section 13, the member, accompanied by such other persons as may be necessary, may, without warrant, enter any house or other place and remove the child to safety.

4. Kerry/Cork (West County and North County)
5. Carlow/Kilkenny/South Tipperary/Waterford/Wexford
6. Laois/Offaly/Longford/West Meath
7. Cavan/Monaghan/Louth/Meath

While there is an on call social work system in place, face to face direct contact with professionally qualified social worker occurs in exceptional circumstances. Only in these exceptional circumstances, such as where the child has suffered extreme trauma and it is in the best interests of the child, will the local On-Call social worker be called to attend to assist the Gardaí. The Tusla 2015 On-call social Work Protocol provides guidance on this. Examples given of circumstances of extreme trauma would include where a child has witnessed a homicide or been subject to or has witnessed extreme physical or sexual violence. Children, young people, and their families within the geographical locations listed above typically experience interventions to ensure their safety and welfare through face to face contact with An Garda Síochána. The National Out of Hours Service On-Call Social Work Areas are illustrated below.

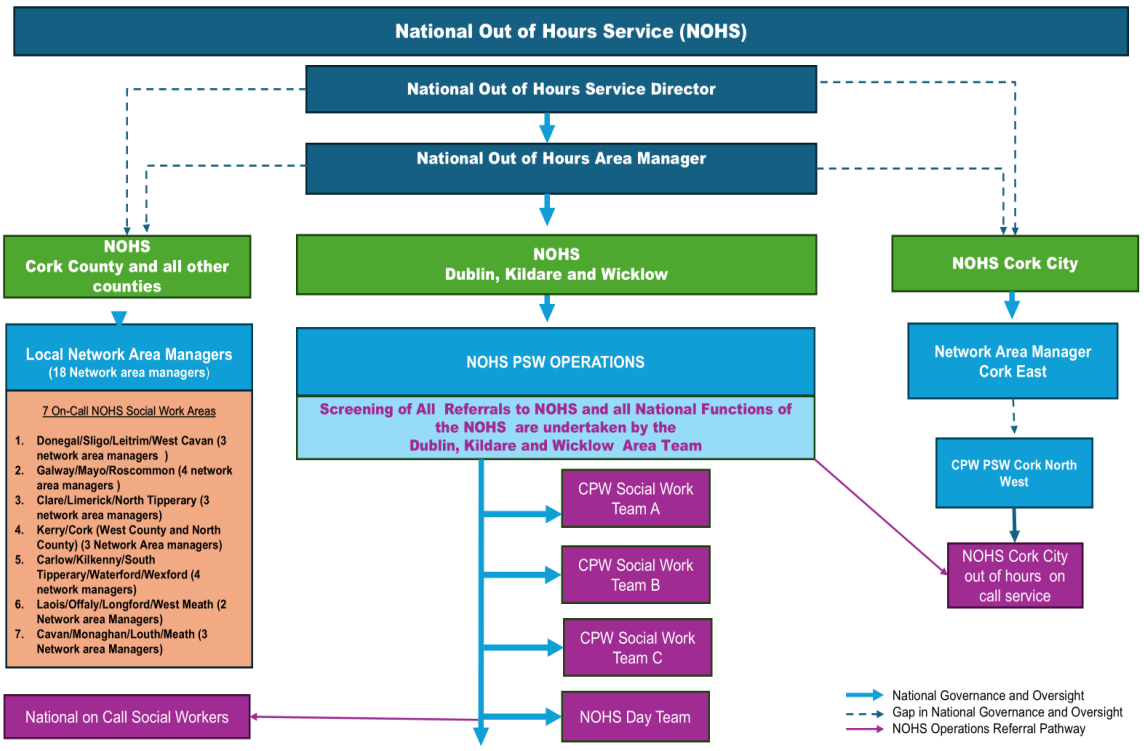
Map of National Out of Hours Service On Call Social Work Areas



NOHS Day Service

There is a NOHS day service team consisting of a Tusla social work team leader, Tusla fostering link social worker, Tusla social care worker along with four project workers employed by a commissioned service. This day service follows up on referrals received and placements made by NOHS overnight and at weekends. The day service operates typical office hours Monday to Friday. The team follow up with the network area teams on all referrals received by NOHS except those managed by the Cork city team, which are managed directly by the Cork City Network area manager. In addition, the day service team respond to requests for out of hours monitoring home visits within the Dublin, Wicklow and Kildare area and requests for emergency foster care placements when all options within the network areas have been explored, and they cannot identify a placement. The fostering link worker on the team supports a small number of Tusla foster carers who provide emergency placements for NOHS on a rotational basis.

Fig 1.1: National Out of Hours Service Governance and Oversight Structure



Compliance classifications

HIQA judges 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 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.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
24/03/2026	10:00hrs to 19:00 hrs 14:00hrs to 21:30 hrs 14:00hrs to 21:30 hrs 10:00hrs to 16:30 hrs	Sharon Moore Caroline Browne Rachel Kane Erin Byrne	Lead Support Support Support
25/03/2026	13:45hrs to 22:45 hrs 15:00hrs to 22:30 hrs 15:00hrs to 22:45 hrs 15:00hrs to 22:45 hrs	Sharon Moore Caroline Browne Rachel Kane Sheila Hynes	Lead Support Support Support
26/03/2026	11:00hrs to 22:20hrs 14:00hrs to 22:20 hrs 14:00hrs to 22:20 hrs 14:00hrs to 22:20 hrs	Sharon Moore Caroline Browne Rachel Kane Sheila Hynes	Lead Support Support Support
27/03/2026 (Remote)	08:00hrs to 17:00 hrs 11:45hrs to 12:30 hrs	Sharon Moore Rachel Kane	Lead Support
28/03/2026	11:00hrs to 19:00 hrs 12:00hrs to 19:00 hrs	Erin Byrne Sheila Hynes	Support Support
2/4/2026 (Remote)	08:30hrs to 10:30 hrs	Sharon Moore	Lead

Views of children who use the service.

Children's experiences of the National Out of Hours Service (NOHS) were established through a review of case files, complaints, feedback and speaking with professionals.

Hearing the voice of children and understanding children's experiences of the service they received through speaking directly with children and their parents or guardians is an important part of any inspection. However, on this inspection due to the sensitive and often traumatic nature of children's referrals to the NOHS it was determined that a review of children's case file, to provide an insight into the child's experience of the service, would be in the best interest of most children. A small number of children who received a service from the NOHS were identified and invited to speak with an inspector about their experiences. However, no child chose to avail of the opportunity to speak with an inspector.

Children's experiences were established through the review of case records and other relevant documents. Inspectors also interviewed frontline staff, managers, and other stakeholders to establish if children and their families had received a good quality, well-governed service that was timely and safe. Overall, inspectors found that, in most cases, children at immediate risk of harm were responded to in a timely manner. In the majority of cases reviewed when referrals were received by the NOHS the immediate risk to children was considered and effective immediate action was taken to ensure that children were kept safe. However, children living outside the Dublin, Kildare and Wicklow area did not receive an equitable service. They generally did not get to meet a social worker in person out of hours and some experienced significant delays in moving to an identified placement. This included one child who had to stay in a Garda station overnight as there was no social worker available to meet the child.

In relation to communication with children referred to the NOHS, there was mixed practice found with regard to social workers meeting with the child in person to gain their views. However, when a social worker did meet with a child there was evidence of good practice in interactions recorded in children's files, where clear and age appropriate information was given. There was evidence on the files reviewed that the NOHS decisions and actions taken were clearly explained to children and their families.

The service had a complaints tracker in place on which all complaints made to the NOHS were tracked. A total of 54 complaints which related to child protection and welfare services provided by Tusla were received by the NOHS in the 12 months

prior to inspection. The majority of complaints received by the NOHS related to services received by children and families from local area child protection and welfare teams across the country and only four complaints were related to the service provided through the NOHS. Sixteen complaints were received directly by NOHS staff from children. A review of a sample of the complaints made to NOHS about local area child protection and welfare services found that they were promptly and appropriately recorded and notified to the Tusla national complaints 'Tell Us' team and relevant local area network teams for follow up. However, two complaints that related to the NOHS, which had been addressed in advance of the inspection, were not dealt with in a timely manner.

Inspectors met with 16 NOHS child protection and welfare staff of all grades as part of this inspection. Overall staff described a team that worked well together, that was committed to keeping those children, who were most at risk nationally, safe out of hours. Staff expressed concern to inspectors regarding the impact on children of the ongoing significant shortage of appropriate placements available for children who needed to come into care out of hours. At the time of the inspection the NOHS had very limited access to emergency residential placements and continued to routinely use hotel rooms known as 'Immediate Places of Safety' (IPOS) for children, supervised by agency social care staff. Staff expressed significant concern with regard to the negative impact on the wellbeing of children of the use of these unregulated IPOS placements rather than being provided with a secure residential care home. Staff also expressed their concern about the inequity of the service provided to children outside of Dublin, Kildare, and Wicklow specifically the absence of in-person contact with a social worker for the majority of children referred to the service outside of these counties. These concerns are outlined further within the next two sections of the report.

Capacity and capability

This report reflects the findings of the inspection of the National Out of Hours Service (NOHS) which looked at nine child protection and welfare standards. HIQA's inspection of the National Out of Hours service area found that of the nine standards assessed:

- Three standards were substantially compliant.
- Six standards were not compliant.

The National Out of Hours Service (NOHS) did not have clearly defined national governance and management structures in place that set out the lines of authority and accountability, and which specified roles and responsibilities. The NOHS did not have a clear purpose and function and the risk escalation procedure for NOHS, outstanding since the previous inspection of the service in August 2024, had yet to be approved. In addition, risks relating to poor governance systems, identified during the August 2024 inspection, had not been fully addressed.

Some positive actions had been taken and completed by the NOHS, in the 12 month period prior to the inspection, which included improvements in communication with children, establishment of a system for auditing casework on referrals and improvements in the recognition and escalation of risk. However, the NOHS risk oversight system in place was not adequate as risks were not always effectively assessed and managed. Controls put in place for the NOHS were not fully effective to address the identified risks. The system failed to identify that some of the risks placed on the NOHS risk register and national services risk registers no longer fitted the definition of a risk as they did not refer to an issue which was likely to cause harm in the future if action was not taken. These were in fact critical ongoing operational issues that had been a concern for staff and managers over a long period of time.

The NOHS did not provide an equitable out of hour's child protection and welfare service to children living outside the Dublin, Kildare, and Wicklow areas. The majority of children living outside these areas had limited in-person contact with a social worker when referred to the NOHS. These children also faced delays in receiving a service, which was not experienced by children living within Dublin, Kildare, and Wicklow. While a provider review of the NOHS undertaken in 2023 recommended a significant restructuring of the service, which would ensure a consistent and equitable out of hours service was available to all children nationally, this had not been progressed. Tusla's National reform programme, implemented in January 2026 to address the increased demand for child protection and welfare

services nationally, did not include the NOHS and out of hours social work provision.

The NOHS was not adequately resourced with appropriate placements for children and had very limited access to emergency residential care placements. This meant that the NOHS had continued to routinely use hotel rooms known as 'Immediate Places of Safety' (IPOS) for children, supervised by agency social care staff where the NOHS could not source a placement for a child. The potential negative impact on the wellbeing of children and additional safeguarding risks for children when placed in unregulated IPOS arrangements, was a significant concern.

Staff were generally aware of their roles and accountabilities and managers were observed to have good oversight of practice during NOHS shifts. The inspection found that NOHS SWTL's worked closely with their frontline teams which routinely involved in-person review of cases, active decision making on cases and directly working cases as needed. However the NOHS monitoring and line management systems in place, for the day-to-day monitoring of individual and team practice and performance of all staff working in the National Out of hours service also required improvement. Risks identified in August 2024 inspection of the service had not been effectively addressed, including gaps in staff supervision and oversight of case records. Supervision was not being provided for all staff working within the service in line with Tusla's national policy. In addition, as supervision was not taking place this impacted on the effectiveness of the NOHS case audit system.

The National Out of Hours Service had good systems in place to monitor and review commissioned services which provided child protection and welfare services on behalf NOHS. The NOHS had in place regular meetings with these commissioned services to monitor for compliance with legislation, regulations, national child protection and welfare policy and standards. The inspection found however that there were risks related to the NOHS use of agency staff that had not been addressed. The NOHS routinely used commissioned services to support the Tusla child protection and welfare service out of hours, this included private agencies to provide staff for IPOS arrangements. However, the NOHS did not have adequate out of hours access to the Tusla Central Compliance Unit so that timely safeguarding checks of agency staff could be undertaken to ensure that children were not placed at additional risk.

The NOHS had a clear procedure in place for the management of complaints and complaints were appropriately tracked within the service. Progress on the management of complaints was monitored at a national service level. The majority of the complaints received by NOHS related to the local network area social work

services and were appropriately notified as required. However, the NOHS response to complaints related to the NOHS was not always timely and required improvement.

The NOHS information system in place to gather all relevant NOHS information, to support the service to effectively plan and deliver a national out of hour's child protection and welfare service, was not effective. There had been improvement in the use of Tusla case management system (TCM) with regard to the recording of screening of referrals. Since November 2025, all referrals to NOHS had been screened on the TCM system. However, the majority of NOHS information systems in place were manual at the time of the inspection and TCM did not adequately support the operational needs of the NOHS. Data and information specific to the out of hours activities relating to children referred to and supported by the service was not easily accessible. This was a systems risk that had been escalated following from the inspection in 2024 and had not been effectively addressed.

Immediately following this inspection of the NOHS, assurances were sought on two key risks identified. Risks related to the national governance and management structures for the service, specifically those areas outside of the remit of the NOHS interim service director, were escalated to Tusla's National Director of Services and Integration (DOSI) for assurances. Additionally, risks outstanding since the previous inspection relating to the governance and management systems in place for the day-to-day monitoring of individual and team practice were escalated to the interim service director for assurance. Adequate assurances were received and accepted.

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 National Out of Hours Service (NOHS) did not have clearly defined national governance and management structures[3] in place that set out the lines of authority and accountability, and which specified roles and responsibilities in line with the standard. Positive action was taken and completed by the NOHS in the 12 month period prior to the inspection which included actions to improve NOHS communication with children, implementation of a system for the audit of casework on referrals, work on the recognition and escalation of risk and NOHS use of TCM

[3] Refer to Figure 1.1 National Out of Hours Governance and Oversight Structure on page nine of this report

for screening referrals. However, the NOHS area manager and NOHS service director did not have governance and oversight of the NOHS for Cork city or the national on call service for Cork County and all other counties. There was a known inequity in the child protection and welfare provided to children living outside the Dublin, Kildare and Wicklow area, identified through the provider's internal review of the NOHS in 2023, that had not been addressed. The NOHS did not have a clear purpose and function and the risk escalation procedure for NOHS had yet to be approved. In addition, oversight and governance systems risks, identified during the August 2024 inspection, had not been fully addressed. These risks were escalated to the Tusla's National Director of Service and Integration (DOSI) for assurances following the inspection and adequate assurances were received with regard to the governance, oversight and accountability structures for the National Service and equity of service delivery for children nationally.

The management team responsible for the National Out of Hours Service at the time of the inspection had been in place since July 2025. The service was managed by a part-time area manager who reported to an interim service director.
At the time of the inspection the part-time area manager had been in post since 2022, and the interim service director had been in post since July 2025. The NOHS interim service director and the NOHS area manager were employed in full time posts however both had responsibility for other provider functions in addition to their NOHS oversight and governance responsibilities. This included the NOHS interim service director having national oversight and governance responsibility for the Separated Children Seeking International Protection service and the area manager was also the National Manager for Foster Care to Adoption.

The interim service director and the area manager reported to inspectors that the significant demands of the NOHS consistently required more than the 0.5 whole time equivalent (WTE) area manager post that was assigned. The area manager had three NOHS staff reports, the National Out of Hours operational principal social worker (PSW), the PSW for Service Improvement and NOHS Business Support Manager. The operational PSW had responsibility for the three NOHS child protection and welfare (CPW) teams and the NOHS day team. Each of these teams were managed by a social work team leader (SWTL). Each NOHS CPW team was comprised of senior social work practitioners, professionally qualified social workers, and social care leaders. The NOHS day team operated in partnership with a commissioned service at the time of the inspection. However, the area manager advised at interview that the service was working towards the NOHS day service becoming a full Tusla service with all Tusla employed staff. In addition, the service had been approved for a part time TCM User Liaison Officer (ULO) and part-time Quality, Risk and Service Improvement post however at the time of the inspection these had yet to be recruited.

The inspection found that while the NOHS had established governance and oversight structures there were significant gaps. When the NOHS was set up in 2015 the functions of the NOHS were managed at a local and regional level. At the time of the inspection there were no lines of authority and accountability to the NOHS senior management team with regard to either the Cork city out of hour's service or the national on call service. Equally, those who were responsible for the management and oversight of out of hours social work services at a local and regional level had no specified roles and responsibilities as part of the NOHS. While a review of the NOHS had been undertaken in 2023, that had recommended a significant restructuring of the service, this had not been progressed at the time of the inspection.

The Cork city out of hours service (OHS) was a smaller 'on-call' out of hours service which could provide a similar in-person service for children and families within the defined service area. The governance and oversight of the Cork city OHS however, was not within the remit of the National out of hour's management team and continued to be managed at a local and regional level at the time of the inspection. In January 2026, as part of Tusla's national reform programme, the local line management structure for the Cork City OHS service and the catchment area for the service were restructured in line with network area reforms. Prior to the reform the Cork City OHS had been managed by the Cork area manager and the PSW with day-to-day responsibility for the Cork city OHS reported to the area manager. Under the reform the Cork area was reconfigured into five new network areas, with two of the networks, Cork East and Cork Northwest, and half of Cork Southwest network within the defined service area of Cork City OHS. Each network had a dedicated area manager within the newly established South West region of Tusla. The network area manager for the newly established 'Cork East Network' was given regional responsibility for the Cork city OHS service. However, line management responsibility for the PSW with day-to-day management responsibility of the Cork city OHS did not transfer to this network area manager and at the time of the inspection the PSW reported to the network area manager for Cork Northwest.

There was a disparity in the NOHS service provided to children across the five network areas in the southwest region. The Cork City OHS provided a service at the time of the inspection to two full network areas and half a third network area. The rest of the region which included the Kerry North Cork and South Tipperary North Cork network areas were covered by the NOHS national on call service, with governance and oversight responsibilities falling to each individual network area manager. The data provided as part of the inspection showed that in February and March 2026 the Cork city OHS had responded to a small number of referrals for children living outside the defined catchment area for the service. However the

Cork East network area manager noted that these referrals were accepted on the basis that the Cork OHS service had capacity to respond at that time, and the service was not available outside the designated area.

The Cork city OHS operated within a different procedure from that of the Dublin, Kildare, and Wicklow team, the 2018 Tusla Emergency Out of Hours service - Cork North and South Lee Procedure. This document outlined the remit and operational procedure of the on call Cork city OHS as part of the NOHS. A full review of this 2018 procedure was undertaken at a local area level in June 2024. A new draft standard operating procedure (SOP) was drawn up in October 2025 by the local area, based on this review, to bring the 2018 procedure in line with the current operating model of the Cork City OHS service. At interview, the network manager with responsibility for the service advised that a new draft operating procedure for the service had yet to be approved. However, the Cork southeast network area manager was clear that any regional measures taken were interim while the region awaited the implementation of the recommended NOHS restructuring, as outlined in the 2023 NOHS review. This planned restructuring would see the existing Cork city services brought fully under the governance and oversight of the NOHS senior management team and ensure equitable service provision for all children living in Cork and the Southwest Region.

All children who were referred to the NOHS did not receive an equitable child protection and welfare service which had consistent and effective leadership, governance, and oversight arrangements in place. The service director and area manager at interview outlined that the NOHS continued to experience significant challenges in effectively meeting the needs of all the children referred to NOHS and were unable to provide an equitable out of hour's child protection service to children outside the Dublin, Kildare, and Wicklow areas. Feedback from staff and managers during the inspection and a review of children's files highlighted the inconsistency and ineffectiveness of the national on-call social work system for some children. NOHS managers reported that it was not always clear to NOHS who was on the locally or regionally agreed on-call rota and NOHS staff were not always able to contact named on-call social workers when they were needed to deal with referrals from their assigned geographical area. In addition, there was significant concerns reported as to the quality of the service some children living outside the Dublin, Kildare and Wicklow areas received out of hours, due to the variation in practice and limited access to in-person social work intervention.

The National Out of Hours service review undertaken in 2023 recommended a significant restructuring of the service to address many of the operational issues and risks identified through this inspection. The review recommended the development of a nationally managed, consistent out of hours child protection and

welfare service with hubs based throughout the country. The review did not define where these hubs would be based. It noted that further consideration and more in-depth data analysis was required to determine the most effective locations for hubs nationally to meet service demand. It also recommended that a revised purpose and function for the NOHS be adopted which would ensure that the service only responds to Section 12's and emergencies in an Out of Hours context. Despite submissions from the previous service director in February 2025, to Tusla's executive management team (EMT), to progress with reform of the NOHS and a business case submitted by the interim service director to the EMT in July 2025 to begin by establishing a second full time NOHS teams located in the south, at the time of the inspection the recommended restructuring of NOHS had not been progressed to address the identified ongoing NOHS operational issues and risks.

Reform of the NOHS had not been included as part of the provider's recent national reform programme and the NOHS operational structure nationally continued to operate without any alignment to the new network areas. The NOHS interim service director and area manager outlined that under the reform programme that the NOHS took referrals for children from all 30 networks, however the NOHS on call service continued to operate in line with the area boundaries set up in 2015. These NOHS on-call area boundaries had no link to the Tusla regional or new area network boundaries.

Governance and oversight of the NOHS was supported through structured regular management meetings. This included monthly NOHS management meetings, governance meetings, the area manager and interim service director meetings and National Services Operational Risk Management and Service Improvement Committee. Governance and oversight at the NOHS senior management level had been enhanced by the interim service director's attending monthly governance meetings with the Area Manager and PSW's. Inspectors found, from a review of management meeting minutes and documents, that the NOHS management team were actively working to address the identified service operational issues and service risks, however the actions taken were not always fully effective.

The review found that the NOHS interim service director and NOHS area manager actively worked in 2025 to put in place alternative placement arrangements so that the NOHS could cease the use of the IPOS arrangements. The creation of these temporary placements for children in hotel rooms staffed with agency staff was an established NOHS operational practice in place at the time of the last inspection in August 2024. At that time, these arrangements were referred to as Special Emergency Arrangement (SEA). The definition of the IPOS arrangements had been separated from SEA arrangements since July 2025, when a decision was made that this NOHS arrangement was not subject to the same oversight and governance

mechanisms as Tusla's Special Emergency Arrangement (SEA) placements. The service put an IPOS SOP in place for staff, which gave clear guidance and outlined clear procedures for initiating an IPOS for a child. These IPOS arrangements were agreed on a daily or nightly basis and could be approved for consecutive nights for children's requiring a place of safety for example over the weekend or when a local social work team cannot find a suitable alternative placement. Inspectors observed that practically the process of securing IPOS daily, was time consuming and often challenging task for social workers and social work team leaders on the NOHS teams, as it required daily liaison with hotels and took them away from their key role responsibilities While the NOHS management team had been actively working to cease the use of IPOS , at the time of the inspection both the interim service director and area manager confirmed that the NOHS had been unable to find a satisfactory solution to address the significant gap in NOHS placements for children. Therefore the NOHS would continue to require the use of unregulated IPOS arrangements.

NOHS compliance with child protection and welfare standards was also placed as a standing agenda item for National Services Operations Risk Management and Service Improvement Committee (NSORMSIC) meetings. NSORMIC held oversight of the risk related to 'Tusla national services' and was distinct from the Tusla National Operations Risk Management and Service Improvement Committee (NORMSIC). NSORMSIC reviewed NOHS risk registers, provider audits, trends in NTK's and complaints on a quarterly basis. At the January 2026 NSORMIC meeting the risk registers were reviewed and minutes noted that the NOHS was still awaiting national approval of the service escalation process. It was noted that the interim service director had spoken with the DOSI in an effort to progress this. However, at the time of the inspection the escalation process had not yet been formally approved.

While the NOHS had a system in place for internal audit and review of the service, NOHS risks and service gaps identified through these audits were not effectively addressed following the audits. Internal audits undertaken by the provider in the 12 months prior to the inspection included the Tusla's Practice Assurance and Service Monitoring (PASM) team undertaking a review of the progress on implementation of the NOHS action plan to a bring the service into compliance with the standards following from the August 2024 inspection. This audit undertaken in September 2025 found that of the 81 actions to bring the NOHS into compliance with the standards 12 actions were either not completed or there was insufficient evidence available to PASM to verify the actions. These actions included the development of a strategic plan for the NOHS, clarification regarding the service's purpose and function and regular review of the service's risk register and oversight of risks at NSORMSIC. A PASM audit to review the management of referrals in NOHS took

place in 2026, this report was in progress and therefore not reviewed as part of this inspection.

There were also number of a service area audit's undertaken in the 12 months prior to the inspection which included an audit of missing children in care, service review of the implementation of the complaint's procedure, service area audit of IPOS and service area audit of supervision. Between July 2025 and September 2025 an internal NOHS Service review of eight cases to assess practices relating to the use of Immediate place of safety (IPOS) for children in NOHS was completed. A significant risk was identified in that in all eight cases reviewed NOHS staff were unable to cross check agency staff assigned for care of young people within the IPOS, against TUSLA's Central compliance list of approved staff, as they did not have access to this service out of hours. The recommendations of this audit included that NOHS staff have access to Tusla agency staff compliance register out of hours. At the time of the inspection the NOHS had not received the necessary access to the compliance register for these basic safeguarding checks on staff.
In December 2025, a supervision audit was undertaken by the operational PSW and findings included that supervision was not in line with supervision policy and supervision records had little evidence of reflective practice, case discussion, or feedback on performance. Findings of the audit had not been effectively addressed by the service as findings of this inspection with regard to supervision were similar.

The NOHS risk management frameworks in place to support the appropriate identification, assessment and effective management of risk were found to be ineffective. There was a NOHS risk register in place which was reviewed and updated on a regular basis. However, reviews of risks and oversight mechanisms did not support effective management and responses to address identified risks. The inspection found that there were longstanding critical operational issues placed on the NOHS risk register and 'national services' risk register where the action taken was not sufficient to address the risk. The NOHS risk register and risk register for national services were reviewed by inspectors. At time of the inspection, there were 16 open NOHS risks of which eight risks were held on the NOHS risk register which included risks related to non-adherence time frame for supervision outlined in Tusla's 2023 supervision policy.

Eight NOHS risks had been escalated to the interim service director and were included on Tusla's 'national services' risk register. Risks that had been escalated included the risk that Tusla was in breach of the Child Care Act 1991 legislation, with regard to when a Section 12 of the Child Care Act[4] was invoked by an Garda

[4] Where a member of the Garda Síochána has reasonable grounds for believing that (a) there is an immediate and serious risk to the health or welfare of a child, and (b) it would not be sufficient for the protection of the child from such immediate and serious risk to await the making of an application for an emergency care order

Síochána. This risk was placed on the NOHS risk register in July 2024 and escalated to the interim service director to be placed on the national services risk register in July 2025. The risk register clearly outlined that the legislation stipulates that when a Section 12 is invoked, An Garda Síochána should, as soon as possible, deliver the child into the custody of Tusla. However, outside of Dublin, Wicklow, Kildare, and Cork City there was no in-person representative of Tusla available to take custody of the child out of hours. The identified consequences included; delays in placing a child at risk, due to the lack of an in depth assessment with the child that a child may be placed in the care of Tusla unnecessarily, and the risk that all children nationally do not receive an equitable service. One of the controls identified with regard to the management of this risk was the implementation of the recommendations of the NOHS 2023 review. However this had not been progressed, at the time of inspection.

Risks associated with the ongoing and daily use of hotels to accommodate children were also clearly documented on the national services risk register. These included, increased risk of children going missing from care, risks to children's rights to privacy and confidentiality and risks associated with children's wellbeing. However, in the absence of adequate emergency residential care placements and foster care placements, this practice continued. Risks associated with this practice had been placed on the NOHS risk register since April 2024 and escalated to national services risk register in 2025 without being effectively addressed.

The risk associated with the providers information governance system TCM not being fit for purpose to support the governance of the NOHS had been opened in January 2026 on the NOHS risk register and escalated to be placed on the national services risk register the day prior to the inspection commencing. However this was a known risk that was previously escalated to the service director following the August 2024 inspection and actions to address this risk had been included in the provider's compliance plan response, despite this there was a significant delay in this being placed on the risk register.

There was no national workforce plan in place for the NOHS that incorporated all aspects of the service. The design of the NOHS meant there were three hours per day, two hours in the morning and one hour in the evening, when there was no child protection and welfare service available out of hours nationally, during the times the local network area child protection and welfare services were closed. The interim service director and area manager both recognised this gap in operational hours as a service weakness and at the time of the inspection were actively

by a health board under Section 13, the member, accompanied by such other persons as may be necessary, may, without warrant, enter any house or other place and remove the child to safety.

working with NOHS staff and managers to develop a workforce plan to address this gap. This included an NOHS pilot of one staff member from the NOHS child protection and welfare team commencing work at 5 p.m. to bridge the gap between the time day services finished and NOHS teams coming on shift. This was positive as it meant that a social worker was available to follow up with regard to tasks identified from the day teams to support children. Another risk on the NOHS risk register included NOHS managers providing a 'management support service' to agency staff used to provide unregulated IPOS placements at nighttime and weekends. In addition, the operation of the NOHS continued to rely on agency staff to stay with children in unregulated hotel arrangements as the service did not have access to sufficient regulated placements for children.

The national risk oversight system in place through Tusla's National Services Operations Risk Management and Service Improvement Committee (NSORMSIC) were not adequate. The system was not robust in ensuring that the controls in place for NOHS were timely and sufficient to address identified risks. The national risk oversight system did not identify that persistent risks ongoing for years were not being effectively addressed through NOHS service. The system failed to identify that some risks on the NOHS risk register and national services risk registers no longer fitted the definition of a risk as they did not refer to an issue which was likely to cause harm in the future if action was not taken. These were in fact critical ongoing operational issues that had not been adequately addressed and had been a concern for staff and managers over a long period of time.

The NOHS had a service improvement plan (SIP) in place, however this SIP failed to effectively support the NOHS to address the significant risks ongoing at the time of the inspection. The NOHS 2025 SIP was in place at the time of the inspection and had been updated in March 2026. Forty-eight of the 60 SIP actions for NOHS were completed and there were twelve outstanding actions that had not yet been completed. Positive action taken and completed by the NOHS since 2025 included actions to improve communication with children, work on the recognition and escalation of risk and NOHS use of TCM for screening. Four of the actions awaiting completion had been part of the compliance plan submitted by Tusla to address the service risks found following from NOHS inspection in August 2024. This included completion of the review of the functionality of TCM for NOHS which commenced in 2025 to ensure it was designed to collect and report the data required to inform the management, governance, and service improvement. Approval from the provider's national operations team remained outstanding for the NOHS purpose and function and risk escalation process above the on-call PSW grade for the management of case related risks outside of normal business hours. The SIP also included outstanding actions in relation to all staff to receive supervision in accordance with the current Tusla supervision policy and the strategic plan for NOHS. The service

improvement plan was reviewed at monthly senior management meetings with regard to the progression of actions. However, while many of the actions of the SIP had been progressed, given the critical NOHS operational risks on the NOHS and national services risk register, these actions were not adequate to support the service area to meet their statutory obligations and achieve compliance with the standards.

The National Out of Hours did not have a dedicated quality, risk, and service improvement (QRSI) team to support the NOHS quality improvements. At the time of the inspection the QRSI functions were shared across two roles, the PSW for service improvement and the NOHS Business Support Manager, each of whom reported directly to the NOHS area manager**.** While QRSI issues were discussed at the NOHS governance meetings on a monthly basis since January 2026 the NOHS QRSI system in place at the time of the inspection was found not to be adequate at supporting the QRSI needs of the service. A part time QRSI post had been approved for NOHS, however at the time of the inspection had yet to be recruited.

The NOHS had a system in place to monitor adverse events including serious incidents, complaints, and concerns, however this was not fully effective. The Tusla 'Need to Know' (NTK) is a process by which an incident or event is notified to senior management to ensure that management are informed in a timely manner. In the six month period prior to the inspection the NOHS had submitted 41 'Need to Know' notifications to the service director. This included NTK's submitted in relation to the risks as referenced above, which had been appropriately escalated through this process.

The NOHS had a clear procedure in place for the management of complaints and complaints were appropriately tracked within the service. Complaints were logged and tracked on the Tusla National Incident Management System (NIMs). The NOHS also had trackers in place for NOHS related complaints and for complaints coming through NOHS that were related to the local network area service. Progress on the management of NOHS complaints was monitored by the area manager and staff at senior management meetings on a monthly basis. Complaints related to NOHS were also monitored at national service level through NSORMSIC. The majority of the complaints received by NOHS related to the local network area social work services these were appropriately managed by the NOHS and notified as required. However, responses to complaints relating to the NOHS were not timely and the system in place to address NOHS complaints was not fully effective as those assigned responsibility for management of complaints did not always have capacity within their role to do so in a timely manner. A total of 54 complaints were received by the NOHS in the 12 months prior to inspection. A review of the complaint log found that four of these complaints related to the NOHS while all other complaints

received by NOHS related to the service provided by local area networks. The four complaints made with regard to NOHS in 12 months prior to the inspection were reviewed by inspectors. Three were closed and one remained open at the time of the inspection. The complaints related to communication with NOHS social work team, delay in the NOHS response where a Section 12 of the Child Care Act was invoked and a placement made that was not considered to be in the child's best interests. Not all complaints were dealt with in a timely manner. Two complaints, which had been addressed by the time of the inspection, had both remained open to the service for over ten months. It was identified by the operational PSW that the significant delay in the NOHS response to these two complaints was due to the NOHS manager assigned to deal with the complaints not having the capacity within their role due to the demands of the NOHS service to effectively undertake this function.

The operational management system in place did not support effective senior management governance and oversight of NOHS service. Staff were generally aware of their roles and accountabilities and managers were observed to have good oversight of practice during out NOHS shifts. The inspection found that NOHS SWTL's worked closely with their frontline teams which routinely involved in person review of cases, active decision making on cases and directly working cases as needed. The NOHS available senior management resources were not allocated to the service effectively to support the NOHS senior management team to have consistent governance and oversight of the NOHS. The total number of NOHS operational hours per week, overnight and at weekends, was a minimum of 107 hours. These were the minimum weekly NOHS operational hours which further increased during holiday periods. At the time of the inspection there were 2.5 WTE (87.5hrs) senior management posts assigned to the NOHS, with the hours of these posts mostly worked typical business hours, Monday to Friday from 9 a.m. to 5 p.m. This inspection found that this arrangement did not support effective governance and oversight of the NOHS. Where NOHS issues or cases required escalation to NOHS senior managers, these managers were reliant on email communication and handover notes available from the NOHS SWTL and NOHS staff team that finished work at 7 a.m. In July 2025, as a senior management response to this governance and oversight issue, the NOHS operational PSW changed their working hours one day a week to 1 p.m. to 9 p.m. This accommodated one three hour period of work which overlapped with the out of hours child protection and welfare team. While this was a positive measure, it was not sufficient and did not adequately support NOHS SWTL's to fulfil all of their management responsibilities, including supervision and auditing. The NOHS SWTL on shift had full responsibility for the NOHS front door screening of all referrals to NOHS from across the country. In addition, they retained responsibility for the immediate action on all referrals apart from those referrals that were sent to the Cork city OHS team and the direct

line management of the Dublin, Kildare, and Wicklow team. However, the crisis nature of the service demanded that SWTL's prioritised the immediate known risks for children referred to the service. This service need limited the capacity of individual managers to undertake the formal governance and oversight duties of their assigned management roles effectively and consistently.

The inspection found that there were long standing information governance risks escalated to the service director following from the August 2024 inspection which remained unresolved. There were significant concerns with regard to the integrity of the service area data available to NOHS as managers told inspectors that NOHS did not have the facility to accurately extract data and information reports from the provider's TCM case management system to inform the governance and oversight of the service. NOHS management team had limited access to data on cases that were both referred into NOHS and those open cases provided with a service through the NOHS service following a network area request. The NOHS continued to use manual trackers to manage service case information and were reliant on daily morning and evening handover documents, completed at the end of each shift, to track cases through NOHS.

There were significant gaps in the information on the providers TCM system with regard to the activities and actions undertaken by the NOHS and data reports provided for the service did not adequately reflect the volume of work undertaken by the team. As only new referrals to the service were recorded through TCM, requests for national out of hours support for children already open to Tusla local child protection social work services, were not recorded and reported in the service area metrics. Examples of requests received on a daily basis, included requests from network areas for placement support and for overnight and weekend monitoring of safety plans by the NOHS. NOHS staff recorded all NOHS activities in a single case note on individual children's records on TCM for each night and weekend shift. Daily handover documents contained comprehensive information on the activities of the NOHS including information on referrals received by NOHS, placements by NOHS, section 12 referrals to NOHS, Garda vetting applications and noted where urgent PSW follow up was required. However, all information from them had to be extracted manually and it was very difficult to track cases that had been provided with a service by the NOHS.

The NOHS did not have clearly defined national governance and management structures in place that set out the lines of authority and accountability, and which specified roles and responsibilities in line with the standard. There was a known inequity in the child protection and welfare service provided to children living outside the Dublin, Kildare and Wicklow area that had not been addressed. In addition, the provider's management, oversight, and governance structures in place

at both service and national level were found to have been ineffective with regard to addressing long standing NOHS operational issues and ongoing significant risks. It is for these reasons that the service has been judged not compliant with this standard.

Judgment: Not Compliant

Standard 3.4
Child protection and welfare services provided on behalf of statutory service providers are monitored for compliance with legislation, regulations, national child protection and welfare policy and standards.

Overall, the National Out of Hours Service had good systems in place to monitor and review commissioned services which provided child protection and welfare services on behalf NOHS. The NOHS had in place regular meetings with these commissioned services to monitor for compliance with legislation, regulations, national child protection and welfare policies and standards. However, as outlined under standard 3.2, the NOHS did not have adequate out of hours access to the Tusla Compliance unit so that timely safeguarding checks of agency staff could be undertaken.

A private foster care agency was commissioned to provide emergency foster care placements for children accessing the National Out of Hours service. There were regular monthly meetings with this service provider reviewing the service provided and meeting emerging needs of the NOHS. To meet these needs the commissioned service had been expanded in 2026. Since January 2026 NOHS has had access to earlier in the day placements for children under 12 or for a child with additional needs. Managers reported that these have been positive measures reducing the number of young children coming through the service at night.

The NOHS had an established review system in place with the main agency which provided agency staff for IPOS placement arrangements. However, registration of agency staff including verification of their Garda vetting was undertaken by the Tusla National Central Compliance Unit. The NOHS had a risk control in place, on the national services risk register to mitigate against risks associated with the NOHS IPOS arrangements, which was the use of the Tusla national central compliance unit to verify individual agency staff. The provider had however failed to ensure that the NOHS had access to the information held by the Tusla Compliance unit overnight so that the NOHS could complete identification and safeguarding checks

of agency staff in a timely manner before children were placed in their care. Safeguarding checks could therefore often only be completed by the NOHS with the compliance unit after a child had already been placed in an IPOS arrangement with the agency staff member. This posed a significant risk to children, and it is for this reason that this standard has been judged to be not compliant.

Judgment: Not compliant

Standard 5.3
All staff are supported and receive supervision in their work to protect children and promote their welfare.

The National Out of Hours service monitoring and line management systems in place, for the day-to-day monitoring of individual and team practice and performance of all staff working in the National Out of hours service required improvement. Supervision was not being provided for all staff working within the service in line with Tusla's national policy. This risk was previously escalated following from the August 2024 inspection and had not been satisfactorily addressed. In addition, as supervision was not taking place this impacted on the effectiveness of the NOHS case audit system. This risk was escalated to the interim NOHS service director following the inspection and adequate assurances were received with regard to the monitoring and line management systems in place for NOHS staff.

The NOHS had a system in place for monitoring of individual practice and team performance, however this was of mixed quality and was not consistent for all staff. The NOHS put in place the NOHS Supervision Guidance Document in July 2025 to support the implementation of a consistent approach to supervision practice across the NOHS. This guidance document outlines that supervision for NOHS staff should take place every six to eight weeks and every four weeks for new NOHS staff. This practice differed from the Tusla 2023 national policy that supervision should take place a minimum every four to six weeks. A review of a sample of staff and manager's supervision records found that overall supervision was not consistent for all staff, and the quality of supervision required improvement. Supervision was not undertaken on a regular basis for all staff, and some staff did not have any supervision in the previous three months. One staff member had only received supervision on one occasion in the nine months prior to the inspection. Another staff member who had received only three supervision sessions in the previous 12

months had five scheduled supervision sessions cancelled. The quality of supervision that was taking place was of mixed quality and actions were not always followed up. Case direction and decision making were not evidenced in supervision files. The majority of cancelled supervision sessions cited lack of capacity of the staff member and or their line manager as the reason for cancellation.

In addition, as part of the NOHS audit system PSW's and SWTLs were tasked with undertaking case audits on NOHS case files which are then reviewed in supervision between the SWTL and the social worker. The inspection found that SWTL's responsible for auditing cases did not always have capacity, due to the crisis nature and workload of NOHS shifts, to undertake these audits and where these audits were completed follow up with individual staff members by managers did not always take place in the absence of regular supervision.

Following from the risks identified in the August 2024 inspection two additional management posts were assigned to the National Out of Hours service, a full time PSW post and a full time social work team leader (SWTL) post. Within the compliance plan submitted by the service area following the pervious inspection it was identified that these posts were put in place to support service improvement including management oversight and the provision of supervision in line with policy. While there had been a significant delay in NOHS filling these posts at the time of this inspection both posts had been filled. The PSW had been in place since July 2025 and the SWTL had been in post since January 2026. However, the available management capacity outside of office hours for the NOHS had not increased significantly with the addition of these two new posts. Both posts were assigned to work during day service hours Monday to Friday. The social work team leader provided some practice support to social workers however all staff and managers interviewed were clear that supervision responsibility remained with the SWTL who had line management responsibility for the social worker during their out of hours shift. In addition the new SWTL post was not scheduled to work in line with the working hours of the out of hours child protection and welfare teams therefore there was no increase in the available SWTL capacity for supervision during out of hours staff shifts.

As cited above, there was no NOHS oversight of the support and supervision provided to the Cork city on call social workers and national on call social workers for Cork county and all other counties regarding their NOHS casework. Relevant procedures and protocols in in place for On-Call Social Workers outlined that they receive supervision within their line management structure, as per the Tusla Supervision policy. There were no systems in place for NOHS to track supervision of on call social workers with regard to NOHS cases and to ensure that any performance concerns or practice issues were addressed. There was also no system

for direct line managers of on call social workers to know which cases these social workers had worked on during their on-call hours with the NOHS.

National Out of Hours service monitoring and line management systems for the day to day monitoring of individual practice and performance of all staff working in the National Out of hours Service required significant improvement. It is for this reason that the standard has been judged not compliant.

Judgment: Not Compliant

Standard 6.1
All relevant information is used to plan and deliver effective child protection and welfare services.

The National Out of Hours service did not have an effective and fit for purpose system in place to gather all NOHS relevant information to support effective planning and delivery of a national out of hour's service. Most systems in place were manual and the providers TCM system did not collate specific data on NOHS activities regarding children referred to or supported by the service. In addition this systems risk had been escalated following from the inspection in 2024 however had not been effectively addressed.

In advance of the inspection data was requested from the NOHS in relation to key service areas to inform the inspection. However at the March 2026 inspection set up meeting the area manager advised that the service was unable to provide all the information requested for the inspection as the NOHS did not have the necessary information technology systems in place to capture this data. This included data on the number of children about whom multiple referrals have been made, number of children referred to out of hours who went missing in care, requests received to access the CPNS Out of Hours and number of children with additional needs. Only referrals to NOHS were tracked through the TCM system, the system did not track requests to NOHS from network areas on open Tusla cases for placement support or monitoring of safety plans from network areas. This was of significant concern as it impacted on the effective oversight and governance of the service as well as the accuracy of data and information available to inform service planning and resource allocation.

The NOHS information system in place did not support care planning for children who are repeatedly referred to the service. When a NOHS referral was received

which was a new referral to Tusla this was put up on the TCM system and it was clear that NOHS had worked with this child. However where the child was already open to Tusla, where an emergency placement was required or where the NOHS was requested to monitor a child safety plan, these were not recorded as referrals to NOHS. In these instances a case note was placed on the child's file related to NOHS activities to support the child. In addition where NOHS was informed that a child had gone missing from care, this information was placed on the child's file in the missing in care section on TCM but not captured in information or data gathered relating to activities by the NOHS. It was not possible for NOHS to electronically collate all NOHS contact with a child, potentially missing key trends, or risks to children, which might inform care and safety planning for the child.

Managers could not effectively and accurately measure the impact the service was having, how efficient the systems and processes were, areas for service improvement and if service resources were adequate to meet the demands on the service. It is for this reason that this standard has been judged to be not compliant.

Judgment: Not Compliant

Quality and safety

Overall, while most children referred to the National Out of Hours Service (NOHS) received a timely out of hours safeguarding response from the service, timely and effective action was not taken in all cases. The NOHS did not provide an equitable out of hour's child protection and welfare service to children who had a home address which was outside the Dublin, Kildare, or Wicklow areas. The majority of children living outside these areas had limited access to face to face contact with a social worker when referred to the NOHS, including when a Section 12 was invoked by An Garda Síochána and children faced delays in receiving a service.

Most children were communicated with effectively and provided with age appropriate information by NOHS staff. Children were listened to and their views considered by NOHS staff. Where required the NOHS used translators to support the communication with children. There was generally good NOHS communication with external stakeholders including Gardaí and hospitals. However children outside of Dublin, Kildare and Wicklow area were generally not met with and communicated with in person. In addition the system in place for telephone communication with

children by on call social workers through the NOHS did not adequately consider that some children referred to NOHS may have additional communication needs.

Screening of the majority of referrals was timely, and appropriate action was taken to safeguard most children referred to the NOHS, assessed to be at immediate risk of harm, in line with Children First (2017). Referrals were found to be screened promptly for immediate risk in line with the Tusla standard business process. While in most cases effective immediate actions were taken, in some cases reviewed there was a delay in NOHS taking appropriate action, following screening. In addition, some improvement was required to ensure that all NOHS referrals were appropriately categorised and prioritised at screening and records were comprehensively completed on TCM.

Overall the majority of child protection concerns referred to the NOHS, were assessed in line with Children First (2017) and best available evidence. However, in some cases reviewed the NOHS assessment of the child protection and welfare concerns was of mixed quality and required improvement. There was also inconsistent practice with regard to safety planning in some cases, with known risks not considered, and appropriate interim safety plans therefore not put in place by the NOHS. In addition some cases lacked evidence of management oversight on TCM.

NOHS did not have access to sufficient emergency care placements for children therefore children were placed in hotels with agency staff overnight. At the time of the inspection these arrangements were known as 'Immediate Places of Safety' (IPOS). The use of these placements did not meet the care needs of vulnerable children referred to NOHS and placed them at additional potential risk of harm. These IPOS arrangements also had no facilities to support the care of the children placed there, such as facilities for cooking. The lack of placements was an ongoing operational issue that had been identified during the August 2024 inspection and had not been addressed.

Standard 1.3
Children are communicated with effectively and are provided with information in an accessible format.

Most children were communicated with effectively and provided with age appropriate information by NOHS staff. Children were listened to and their views considered by NOHS staff. Where required the NOHS used translators to support the communication with children. There was generally good NOHS communication with external stakeholders including the Gardaí and hospitals. However children outside of Dublin, Kildare and Wicklow area were generally not met with and communicated with in person. In addition the system in place for communication with children by on call social workers through the NOHS did not adequately consider the additional communication needs of some children.

During the inspection inspectors observed good child-centred communication with children by phone. The NOHS team endeavoured to speak directly with the child where possible and to provide consistency for the child, the same NOHS social worker stayed in contact with the child during their time with the NOHS, for example throughout the weekend or on consecutive nights if children remained in IPOS. In most cases reviewed by inspectors the decisions made by NOHS staff and the actions that would be taken by NOHS were explained to children. However the majority of children with an address outside the Dublin Kildare and Wicklow area were not met in person by a social worker. The service was in most of these cases reliant solely on the use of telephone calls to communicate with children referred to the NOHS. This included where a Section 12 had been invoked by An Garda Síochána to safeguard a child. There were 18 cases reviewed by inspectors where a section 12 had been invoked by An Garda Síochána. In 11 of these cases the child was met in person by an NOHS social worker, eight in the Dublin, Kildare and Wicklow area, two in the Cork city area and one by an on call social worker. The remaining seven cases the children were living in area known as the NOHS Cork county and all other counties area covered by the national on call service. Five of these children were spoken to by phone and two young children were not spoken to. Where the child was met in person by the on call social worker this was in response to extreme circumstances as outlined in the NOHS 2015 national social work on-call protocol. The use of telephone calling as a mode of communication did not meet the needs of all children referred to the NOHS including younger children, those children with additional communication needs and vulnerable children who may find it difficult to verbalise their views due to trauma.

Staff and managers who spoke with inspectors during the inspection did express concern with regard to the practice requirement of having to explain the complaints process to children in the course of their interaction with them through the NOHS.

Staff outlined that children referred to NOHS are vulnerable and in the midst of a crisis, with most having limited contact with NOHS. There was a concern this may be an overload of information for a vulnerable child in crisis, often given late in the evening or overnight when they are exhausted. Therefore the child may not clearly understand the actions being taken by NOHS or the child may not clearly understand the complaints process.

While most children were communicated with effectively and provided with age appropriate information by NOHS staff, children living outside of Dublin, Kildare and Wicklow area were generally not communicated with in person. In addition, the NOHS communication system in place did not adequately consider children with additional communication needs. It is for these reasons that this standard has been judged substantially compliant.

Judgment: Substantially Compliant

Standard 2.2
All concerns in relation to children are screened and directed to the appropriate service.

Screening of the majority of referrals was timely, and appropriate action was taken to safeguard most children referred to the NOHS, assessed to be at immediate risk of harm, in line with Children First (2017). Referrals were found to be screened promptly for immediate risk in line with the Tusla standard business process. While in most cases effective immediate actions were taken, in some cases reviewed, not all available information was considered at screening and in other cases there was a delay in NOHS taking appropriate action following screening.

The majority of child protection and welfare referrals received by the NOHS since the start of the Tusla reform programme in January 2026 were screened and reviewed for immediate risk by a social work team leader on the day they were received. Similarly, the majority of NOHS referrals reviewed prior to January 2026 were also screened in line with Tusla standard business process in place at that time. The use of the Tusla's case management system (TCM) to record screening activities by the NOHS on a child's file had been in place since November 2025. At that time, the NOHS PSW undertook a 'Thresholds and Screening' workshop with the NOHS Staff. In the case files reviewed as part of the inspection, screening forms on a child's TCM record were found to be consistently commenced by NOHS staff at point of NOHS screening. In line with Tusla standard Business process these

were not closed by the NOHS and were transferred to the local network area social work team for completion.

Screening of 20 referrals received by NOHS were reviewed by inspectors as part the inspection and the majority were found to be screened promptly for immediate risk in line with the Tusla standard business process. In most cases effective immediate actions were taken when children were identified to be at risk of harm. In some cases, reviewed as part of the inspection, there was a delay in NOHS taking appropriate action, following screening. In one case reviewed the child was referred due to concerns related to physical abuse however, there was no medical assessment arranged by NOHS and no clear rationale for this recorded. In a small number of reviewed cases all the information available on the TCM system was not fully considered by the NOHS team to inform the NOHS assessment of the risk of harm and the action to be taken by the NOHS to safeguard the child. For example, in one case reviewed, which related to physical abuse, there was no evidence that three previous referrals recorded on TCM had been given consideration and no action was taken by NOHS following screening. However, appropriate action was taken the following day by the local area social work team. In two cases referred no screening was undertaken by NOHS. In one case where the concern related to physical abuse there was no screening completed and no immediate action was taken by NOHS. While the referral was followed up the following day by the local area social worker there was no rationale on the file regarding the decision not to undertake the screening or any immediate action regarding the allegation of physical abuse. This child was therefore potentially left in an unsafe situation overnight.

The majority of referrals to the NOHS were appropriately managed at screening, however, on a small number of referrals the full screening information was not reviewed and recorded on TCM as required. In the data provided by NOHS as part of the inspection, 824 referrals were received by the NOHS in the six month period prior to the inspection. While most NOHS referrals were appropriately categorised and prioritised, some improvement was required to ensure that this was completed for all referrals on TCM. Of these referrals 20 were not assigned an abuse or welfare category and 32 referrals had not been categorised at NOHS screening as high, medium, or low priority on TCM. In addition the NOHS record keeping practice required some improvement. Recorded screening information on the child's file did not always include information related to the immediate NOHS actions required and or taken to protect children, decisions made by the NOHS SWTL and any further actions required. Therefore all information was not available on TCM to support NOHS and the local service area social work teams to support care and safety planning for children.

The majority of referrals were found to be screened promptly for immediate risk in line with the Tusla standard business process. However, in two cases reviewed screening was not completed and in other cases all available information was not considered at screening. In addition, there was a delay in NOHS taking appropriate action in some cases and records related to NOHS screening on TCM required some improvement. It is for these reasons that this standard has been judged to be substantially compliant.

Judgment: Substantially Compliant

Standard 2.3
Timely and effective action is taken to protect children.

While most children referred to the National Out of Hours service (NOHS) received a timely emergency out of hours safeguarding response, timely and effective action to protect children was not taken in all cases reviewed. The issue of placing children in IPOS as outlined earlier in this report was an ongoing operational issue that had been identified during the August 2024 inspection and no progress had been made to address this, with this practice ongoing on a daily basis.

During the inspection good practice was observed where immediate consideration was given to the safety of the child referred to NOHS and if immediate action was required to safeguard the child. The NOHS response to Dublin, Kildare, and Wicklow network area social work requests for the monitoring of safety plans at night and over the weekend were observed to be child centred and of good quality. However, in some cases reviewed, the information recorded on the child's TCM file was not considered to inform the NOHS assessment and ensure the action taken protected the child from potential further harm. There were also prolonged delays for some children referred to NOHS accessing a social work service, resulting in extended periods of time waiting to be collected from Garda stations and or hospitals.

There was poor decision making in one case reviewed with regard to NOHS placement of a young child. The decision made on this case failed to consider all relevant information relating to safety and welfare concerns for the child and did not adequately consider concerns reported by An Garda Síochána at the time of placement. In addition there was no evidence that the child's safety network had

been contacted or that an emergency fostering placement for the child had been considered by NOHS and no in person assessment was completed by a social worker prior to the placement. Concerns regarding the decision making on this case had been identified by the social work team leader for NOHS and were being appropriately addressed.

In another case reviewed a separated child seeking international protection remained in a Garda station overnight as there was no social worker available to meet with the child. The regional NOHS on call social worker, when contacted to attend the Garda station overnight, informed NOHS staff that the distance was too far to travel. The child remained in the Garda station until child protection and welfare social work team in the local area were available the following morning.

As cited previously, the use of IPOS arrangements at the time of the inspection was a standard practice in the NOHS due to being unable to access sufficient emergency care placements for children referred to the service. The creation of temporary placements for children in hotel rooms staffed with agency staff was an established NOHS operational practice in place at the time of the last inspection in August 2024. These IPOS arrangements were agreed on a daily or nightly basis and could be approved for consecutive nights for children's requiring a place of safety for example over the weekend or when a local social work team cannot find a suitable alternative placement. In a six month period between September 2025 and March 2026 (211 days) NOHS was required to find emergency out of hour's placements for 458 children. Of these 301 (66%) were accommodated in emergency foster care placements, 31 (7%) were accommodated in emergency residential placements and 126 (28%) were accommodated in IPOS. Of these 126 children who were accommodated by NOHS in IPOS arrangements, 22 children spent three or more nights in an IPOS. Managers told inspectors that when the NOHS was set up the service had good access to Tusla emergency residential care placements however the majority of these were no longer available to NOHS.

NOHS staff and managers were clear that these IPOS arrangements for vulnerable children referred to NOHS did not meet their immediate care and safeguarding needs and were concerned around the continued use of IPOS by NOHS. These arrangements overnight in effect only provided accommodation and agency staff to supervise the immediate safety of the child in the hotel. These IPOS arrangements had no facilities to care for children such as facilities for cooking. Inspectors observed staff during the inspection ordering take away food to be delivered to hotels for children. In one example, a NOHS social worker was observed leaving the NOHS office to bring a box of cereal, with a bowl and a spoon to a child placed in a

hotel, who reportedly was not comfortable going to a restaurant to have something to eat for breakfast.

The NOHS IPOS was not a safe care system and put all children placed in these nightly arrangements at additional potential risk of child harm and exploitation. As outlined under the capacity and capability section of this report, the mechanisms in place for completing safeguarding checks on agency staff for IPOS arrangements was not sufficiently safe, as the NOHS did not have access to the Tusla compliance unit overnight to confirm that all safeguarding checks had been completed, and the agency staff had been registered with Tusla.

The impact of this was the NOHS could not be assured regarding the safety of the child. Inspectors reviewed a small sample of cases to ensure identification checks and verification was happening in line with NOHS procedures. Of 11 cases reviewed where the child was placed in an IPOS with agency staff, there was evidence in two cases where agency staff identification was checked by NOHS staff. While it is possible that NOHS staff may be familiar with regular agency staff members, inspectors did review a concerning example in one case examined, where the IPOS agency staff could not provide identification when requested, stating that they had not yet been provided with any identification from their hiring agency. This response was noted by NOHS staff, and the child was still placed in an IPOS in their care. This practice is unsafe and has the potential to place children at further risk.

The NOHS made repeated daily use of the same small number of hotels for IPOS arrangements for vulnerable children. Therefore there was an established local knowledge that NOHS used these hotels for the placement of vulnerable children overnight which placed these children at increased risk of both sexual and criminal exploitation. In one case reviewed a child was placed in a hotel on Thursday night and again placed in the same hotel three days later on Sunday night.

While most children referred to the National Out of Hours service (NOHS) received a timely emergency out of hours safeguarding response, timely and effective action to protect children was not taken in all cases reviewed. The issue of placing children in IPOS as outlined above was an ongoing operational issue that had been identified during the August 2024 inspection, and no progress had been made to address the gaps in service provision requiring the use of IPOS ongoing on a daily basis. It is for these reasons that this standard has been judged to be not compliant.

Judgment: Not Compliant

Standard 2.5
All reports of child protection concerns are assessed in line with *Children First* and best available evidence.

Overall the majority of child protection concerns referred to the NOHS, were assessed in line with Children First (2017) and best available evidence. However, in some cases reviewed the NOHS assessment of the child protection and welfare concerns were of mixed quality and required improvement. The was also inconsistent practice with regard to safety planning in some cases, with known risks not considered, and appropriate interim NOHS safety plans therefore were not put in place. In addition some cases lacked evidence of management oversight on TCM.

NOHS managers and staff had a clear understanding of NOHS role in the assessment of child protection concerns. All were clear when speaking with inspectors, that the NOHS initial assessment undertaken at screening stage was to inform NOHS decision making with regard to their response to immediate safety needs of the child. NOHS managers advised inspectors that it was the local network area's responsibility to complete the screening process on TCM within five working days. NOHS had practice guidance in place for completing a social work assessment which was due for review in August 2026 that clearly outlined the assessment, safety planning and recording procedures for NOHS. There was evidence in some cases reviewed of good assessment practice in follow up contact made directly with children, carers, extended family, and professionals as appropriate. In most files reviewed there was evidence of children being spoken with in person or by phone and in one file reviewed there were comprehensive observations of interactions between a young child and their parents. However in other case files reviewed, on new referrals to the NOHS, the NOHS assessment of the child and protection and welfare concerns were found to be mixed quality and some lacked evidence of management oversight.

There was the inconsistent practice in the files reviewed with regard safety planning by NOHS staff. While there were examples of some good practice in safety planning, including in one case, good safety planning liaison with An Garda Síochána and staff in an emergency residential centre. In another case reviewed, inspectors found that the NOHS staff had agreed a safety plan with an International Protection Accommodation Service (IPAS) accommodation owner where the family resided and there was no evidence on file of any communication with the child's family.

Inspectors also found mixed quality in practice with regard to identifying when a safety plan was needed and with regard to the development and implementation of good quality safety plans where required. This included one case reviewed where

there were clear safety concerns for the child requiring immediate protection and intervention however no safety plan was put in place by NOHS staff. In another case reviewed mental health needs were identified that placed the child at potential risk however the safety plan put in place was limited and had not effectively considered all known risks. In addition, improvement was required in the development of good quality interim safety plans and absence management plans for vulnerable children seeking international protection referred to the NOHS when they arrived into the country. It is for these reasons that this standard has been judged to be not compliant.

Judgment: Not Compliant

Standard 2.12
The specific circumstances and needs of children subjected to organisational and/or institutional abuse and children who are deemed to be especially vulnerable are identified and responded to.

While in most cases children who were deemed to be especially vulnerable were identified and responded to, in some cases the immediate safety plans for these children did not always consider the risks of exploitation or organised abuse. NOHS also made repeated and ongoing use of IPOS arrangements for children out of hours which placed these children at increased the risk of being targeted for exploitation and organised abuse. In addition, NOHS did not have an effective system in place to monitor and track children who went missing from care out of hours.

In 2025, NOHS staff received training on child sexual exploitation and child trafficking. NOHS staff had also attended Tusla National Approach to Practice in Child Protection and Welfare workshops to support the development of comprehensive safety plans for children. While in most cases reviewed immediate safety plans were in place, these were not always comprehensive and did not always consider the risks of exploitation or organised abuse. In two cases reviewed there was good practice in NOHS staff and management identifying indicators of child trafficking and child exploitation and development of good quality interim safety plans for these children. In most files reviewed the recorded safety plans focused on the child's immediate safety needs and did not fully consider the risk of exploitation. In most files there was also limited or no evidence of an absence management plan being put in place by NOHS.

The NOHS adhered to the *An Garda Síochana and Health Service Executive Joint Protocol on Missing Children* (2009) and a NOHS SOP was in place to support staff when children went missing from care. Under the SOP verbal notification was made by NOHS and the formal notification to An Garda Síochána was undertaken by the local network area social workers. In the majority of case files reviewed, where a notification was required to An Garda Síochána, NOHS staff made contact by phone with An Garda Síochána, in line with the HSE Joint Tusla and An Garda Síochána Protocol on Children Missing from Care (2012). In addition, in most cases, the NOHS social worker completing the screening on TCM identified the need for the local area team responsible for the child to progress the notification.

The NOHS did not have an effective system in place to monitor and track children missing from care, either from an NOHS placement or children in care who were missing from any other care placement nationally, out of hours. While a tracker for children who went missing from NOHS IPOS placements was in place there was no

other tracker in place for children missing from care placements out of hours. Where children had open cases on TCM, missing from care information was included by NOHS social workers on the missing in care section of the file and included in handover information the following day to local area. Where children went missing from IPOS, this was escalated through Tusla's NTKs by the NOHS Principal Social Worker. There was also no system in place to track those vulnerable children who went missing from care on a repeated basis. Therefore the NOHS systems in place were inadequate to protect children from organisational abuse and exploitation.

While most cases children who were deemed to be especially vulnerable were identified and responded to, NOHS immediate safety plans for children required improvement to ensure that consideration was given in all NOHS cases to the risks of exploitation or organised abuse. In addition, NOHS did not have an effective system in place to monitor and track children who went missing from care out of hours. NOHS also made repeated and ongoing use of IPOS arrangements for children out of hours which placed these children at increased the risk of being targeted for exploitation and organised abuse. It is for these reasons that this standard has been judged substantially compliant.

Judgment: Substantially Compliant

Summary of standards assessed and judgments made on this inspection.

National Standards for the Protection and Welfare of Children (2012)	Judgment
Capacity and capability	
Standard 3.2 Children receive a child protection and welfare service, which has effective leadership, governance, and management arrangements with clear lines of accountability.	Not compliant
Standard 3.4 Child protection and welfare services provided on behalf of statutory service providers are monitored for compliance with legislation, regulations, national child protection and welfare policy and standards.	Not compliant
Standard 5.3 All staff are supported and receive supervision in their work to protect children and promote their welfare.	Not compliant
Standard 6.1 All relevant information is used to plan and deliver effective child protection and welfare services.	Not compliant
Quality and safety	
Standard 1.3 Children are communicated with effectively and are provided with information in an accessible format.	Substantially compliant
Standard 2.2 All concerns in relation to children are screened and directed to the appropriate service.	Substantially compliant
Standard 2.3 Timely and effective action is taken to protect children.	Not compliant
Standard 2.5 All reports of child protection concerns are assessed in line with Children First and best available evidence.	Not compliant
Standard 2.12 The specific circumstances and needs of children subjected to organisational and/or institutional abuse and children who are deemed to be especially vulnerable are identified and responded to.	Substantially compliant

Compliance Plan for National Out of Hours Child Protection and Welfare Service OSV – 0008851

Inspection ID: MON-0049691

Date of inspection: 24 March 2026

Introduction and instruction

This document sets out the standards where it has been assessed that the provider is not compliant with the National Standards for the Protection and Welfare of Children 2012 for Tusla Children and Family Services.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which Standard(s) the provider must take action on to comply. In this section the provider must consider the overall standard when responding and not just the individual non compliances as listed in section 2.

Section 2 is the list of all standards where it has been assessed the provider is not compliant. Each standard is risk assessed as to the impact of the non-compliance on the safety, health and welfare of children using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider has generally met the requirements of the standard but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider has not complied with a standard and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of children using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of children using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1
The provider is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Standard 3.2 Children receive a child protection and welfare service, which has effective leadership, governance, and management arrangements with clear lines of accountability.	**Judgment:** **Not Compliant**

Action 1:

The purpose and function of the National Out of Hours service (NOHS) will be updated to reflect changes in service need and demand. The Interim Service Director (ISD) submitted a paper to Executive Management Team (EMT) in Q3 2026 setting out a proposal for NOHS service development so that the national service purpose and function would be aligned to the service in the greater Dublin area. Feedback on proposal is pending.

Person Responsible: Director of Service and Integration, Interim Service Director and Area Manager
Timeframe: Q2 2026

'The compliance plan response from the provider does not adequately assure the Chief Inspector that the action will result in compliance with Standard 3.2.3 of the National Standards for Child Protection and Welfare'

Action 2:

Engagement has taken place with Regional Chief Officer's (RCO's) Tusla southeast and Tusla southwest to develop an operating model for out-of-hours services to ensure children who require intervention receive a consistent service outside of office hours. The establishment of an out of hours social work hub in the south will be dependent on the outcome of the estimate's application submitted in Q3 2026

Person Responsible: Director of Service and Integration and Interim Service Director
Timeframe: Q2 2026

Action 3:

The protocol for the on call social worker service will be reviewed and updated to reflect current service need and demand and to strengthen governance, oversight and accountability arrangements. The future role of On Call Social Workers nationally will be dependent on EMT's response to paper submitted regarding NOHS service development plan.

Person Responsible: Director of Service and Integration and Interim Service Director
Timeframe: Q3 2026

Action 4:

Since the HIQA inspection, engagement has taken place with Tusla Project Management Office (PMO) to progress a project management approach to ensure the actions identified in the 2023 NOHS review report are progressed.

The purpose of this project management approach was to optimise resources, time management, reduce duplication, ensure governance meetings do not overlap and management are working SMART.

A representative of the PMO team attended the NOHS management meeting on May 21st and July 16th 2026, to outline the initial project plan. The first action agreed from a lean management perspective was to review the handover process between NOHS sub teams.

The new handover will assist the staff teams with the prioritisation of cases as well as cases that may need to be escalated. On completion of this, information will be more streamlined, and data can be extracted via an excel spreadsheet. The revised excel based handover template is now in a trial process as of July 21st and will be reviewed following further consultation with both the NOHS day and night sub teams. Implementation of the new handover template to be completed by end of Q3 2026

Person Responsible: Director of Service and Integration and Interim Service Director and Area Manager
Timeline: Q2 2026

Action 5:

A business case submission has been made for a Full-time Area Manager Post to be assigned to the National Out of Hours Service. This was presented to the EMT on the 20/04/2026 for recruitment in Q3 2026. The recruitment of a full-time Area Manager to the Service will significantly increase capacity for leadership, governance and management of the service nationally and identify risks both current and emerging. The development of National Out of Hours will also be a key function of their role.

Person Responsible: Director of Service and Integration and Interim Service Director.
Timeframe: Q2 2026

Action 6:

A risk escalation process for out of hours has been agreed and has been circulated to the RCOs.

Person Responsible: Director of Service and Integration and Interim Service Director
Complete

Action 7:

Monthly meetings will take place on the HIQA compliance plan with Area Manager (AM), Principal Social Workers (PSW's), Business Support Manager (BSM) and Social Work Team Leaders (SWTL) as appropriate. The compliance tracker will be reviewed to track actions completed and actions outstanding.

A review of departmental compliance trackers (HIQA, Audits and Practice Assurance and Service Monitoring (PASM)) has been included as an agenda item at the Senior Management Team (SMT) meeting. Identified actions are followed up by the AM and designated PSW'S. Any issues pertaining to the progression of actions to be discussed at the SMT meeting and with the designate PSW's at one-to-one meeting with AM as appropriate. AM to provide updates to the Interim Service Director (ISD) on departmental trackers at scheduled one to one meeting.

ISD will also attend NOHS SMT meeting (quarterly) to review compliance plan and progress. Governance at National Level will be enhanced by ISD having oversight of NOHS compliance plan.

Person Responsible: Area Manager
Complete

Action 8:

A new assessment form template has been designed in conjunction with PASM to standardise case recording in NOHS. This form will capture aspects of assessment the NOHS must consider as part of their interventions. This practice tool will improve adherence to Tusla and NOHS protocols regarding the placement of children, involvement of family and safety networks, voice of the child and rationale for decision making. The new form has been trialled by the NOHS night teams and feedback has been provided. Further consultation to take place at next SWTL Meeting on August 20th

Initial discussions have taken place with ICT to upload the form onto Tusla Case Management (TCM) database once the form has been finalised. This will allow for key activity data to be extracted including where NOHS works on referrals already open to TUSLA.

Person Responsible: PSW 's
Timeframe: Q4 2026

Action 9:

Recruitment is underway for a TCM User Liaison officer (ULO) to join the NOHS. Interviews were held on August 6th. The ULO will support the teams in their use of TCM and their retrieval of relevant information to support assessment and safety planning. The role of the ULO will support the service to maximise the current potential for data collection to inform service activity and delivery. In the Interim the NOHS are manually tracking key data such as the number of referrals where Section 12 is invoked.

Person Responsible: Area Manager.
Complete

Action 10:

When appointed, the NOHS ULO will work along NOHS Snr Mgt and ICT to progress future TCM capabilities in NOHS. This will support the information technology requirements of the NOHS.

NOHS PSW' s met with the Practice Lead for TCM on July 7th, to scope out NOHS "missing in care" (MIC) reporting on TCM and requirements needed to progress this. Scoping has also commenced with TCM to ensure that all NOHS work activity is captured as part of TCM reporting mechanisms.

Further consultation with ICT is required to explore the reporting capabilities of TCM for NOHS. It is envisaged that with the development of the reporting functions there will be a reduction on the reliance on NOHS service trackers as a governance tool.
This will ensure that TCM is the primary source of data information for the service.

Person responsible: Area Manager
Timeframe: Q3 2026

Action 11:

Prior to the HIQA inspection a business case had been submitted and approved for a .5 whole time equivalent quality risk and service improvement (QRSI) Lead for NOHS. The QRSI lead will support the team in tracking all actions on compliance plans to ensure tasks are completed within agreed timeframes. Interviews were held on August 5th and 6 the 2026 with the results of these interviews pending.

Person Responsible: Area Manager
Timeframe: Q3 2026

Action 12:

Audits are to be listed as standard items on all PSW and SWTL Supervision Agendas. This expectation has been communicated to all staff to ensure any practice issues addressed during case audits are noted on the individual's supervision file.

Person Responsible: Operational PSW
Complete

Action 13:

Service Improvement PSW and SWTL to attend quarterly Meetings with night teams to provide feedback on Audits. Meeting to focus on areas of good practice and areas for improvement. Discussion and actions to be noted in team meeting minutes for follow up. Meetings are scheduled with the night teams on August 13th and 17th

Person Responsible: Service Improvement PSW
Complete

Action 14:

All NOHS managers to be supported to complete management training, relief cover will be arranged to facilitate this. The service improvement PSW has commenced a leadership training programme This is to ensure that the management team maintain a focus on leading service improvement across the teams.

Person Responsible: Area Manager
Timeframe: Q4 2026

Action 15:

Since the HIQA inspection a governance and compliance folder has been set up for the service with access for AM, PSW's and BSM. All correspondence and documents pertaining to departmental oversight and compliance are now saved in the shared folder. This will provide convenient accessibility for the AM's review. BSM will ensure all relevant documents are uploaded.

Person responsible: Business Support Manager
Complete

Action 16:

NOHS PSW, BSM and SWTL have completed a review with the AM of the local risk register. Meetings with Tusla risk and incident team to review the NOHS risk register took place on June 16th and July 21st

The review of the risk register includes establishing risks that are ongoing and any new risks for the service. A plan is being progressed to be completed in Q3

2026 to ensure that all risks on the risk register are appropriate and come under the definition of a risk as set out in TUSLA policy. The risk register is discussed at the NOHS SMT and AM escalates risks as necessary to ISD and National Office.

Person Responsible: Area Manager
Time Frame: Q2 2026

Action 17:

Monthly Case reviews (audits) at SWTL level are now shared between the three night SWTL's. The case reviews will be rotated on a quarterly basis with each SWTL taking responsibility for specific months. This is to maximise time for SWTL's to complete operational and supervisory duties. An audit schedule has been developed and shared with managers to complete case reviews.

The SWTL and Senior Social Work Practitioners (SSWP) will come together to complete the case reviews to ensure consistency of approach and shared learning. Learning and areas for improvement will be shared at team meetings and as required with individual staff members at supervision.

Following case reviews (Audits), Issues re individual practice are sent to the Operational PSW for discussion with designated SWTL. SWTL to follow up with practitioner at supervision and notes of discussion and response to be forwarded to Operational PSW.

Person Responsible: Operational PSW
Complete

Action 18:

As an interim measure to National Out of Hours Service developments, the Cork Out of Hours service will approve the Standard Operating Procedure drawn up in October 2025. Draft proposal document has been forwarded to the relevant area management group for review. It is envisaged that 3 complete Networks will be fully incorporated into this service following a resource planning exercise which has been initiated.

Person Responsible: Area Manager Cork East-Southwest Region.
Timeframe: Q3 2026

Action 19:

Pending the recommendations of NOHS review in 2023 being implemented, bi-monthly meetings have been set up with Cork Out of Hours PSW to discuss practice issues, shared learning and recommendations from NOHS audits. A meeting schedule has been devised by the NOHS Operational PSW and Cork Out of Hours PSW. The first meeting is due to take place on August 11th, 2026, and every two months thereafter.

Person Responsible: Operational PSW
Timeframe: Q3 2026

Action 20:

NOHS AM to set up a meeting with designated AM's nationally to agree a process for two-way communication when an on call social worker is involved in a case. Initial engagement has taken place between the Cork AM and PSW re: communication process. Further meetings will be scheduled with AMs nationally in Q3.

Person Responsible: Area Manager
Timeframe: Q3 2026

Action 21:

All On Call Social Work reports are to be sent to the local AM's for the child and where there is a practice issues the AM for the On Call SW so this can be followed up at supervision.

Person Responsible: Business Support Manager.
Complete

Action 22:

To strengthen governance and oversight, NOHS AM is sending monthly report to local AM with number of referrals to the service and number of On Call SW call outs.

Person Responsible: Area Manager
Complete

Action 23:

On Call SW's are now required to email into the centralised email account for the NOHS service when they have logged onto the DAKS system. A communication has been sent to local area administrators for dissemination to on call social workers to ensure that they are aware of their responsibilities to log on to DAKS system and to ensure adequate cover is in place if they are on leave. Where an On Call SW has not logged on this is escalated to the local area manager. Meetings with on call social workers to be set for Q3 2026.
**DAKS is the telecommunication system that supports contact with On Call Social Workers.*

Person Responsible: Business Support Manager
Complete

Action 24:
Service Improvement Team leader has commenced an audit to review On Call Social Workers log on to the DAKS system. This will identify any trends or patterns of staff members who are not logged onto the system. Findings of the audit to be shared with the Networks local On Call administrator and area managers nationally.

Person Responsible: Business Support Manager
Timeframe: Q3 2026

Action 25:

ISD and NOHS AM to explore with Voluntary and Private providers alternative options to an IPOS; including the establishment of an emergency centre for the specific use of the NOHS or access to emergency placements out of hours in a registered centre. It has been agreed that NOHS ISD and Separated Children Seeking International Protection (SCSIP) General Manager will be leading on this.

Person Responsible: ISD and Area Manager
Timeframe: Q3 2026

Action 26:

Since the HIQA inspection a business case was submitted for three grade V administrative positions for the NOHS night teams. As part of their responsibilities, they will support the team in putting in place an Immediate Place

of Safety (IPOS) where required. This would include the support of compliance assurances. Approval has been given for one grade V position which will be advertised at the end of August and interview dates will be scheduled thereafter. A meeting was held on July 24th with HR to review Whole Time Equivalent (WTE) positions and budget for posts within NOHS. Further meetings will take place following the completion of the estimates process.

Person Responsible: Business Support Manager
Timeframe: Q4 2026

Action 27:

NOHS has engaged with Tusla's Central Compliance Unit (CCU) and now has access to a shared folder with the CCU where a register of compliant care staff is listed. NOHS staff can check if a care staff member is compliant and that all relevant Tusla safeguarding checks are complete. If a care staff member is not on the register, the agency will be advised by the NOHS shift manager that we will not be accepting the staff member onto a roster to provide support to the NOHS. The Manager of the Care Agency has been made aware that should there be any need to change staff on the NOHS roster out of hours, the NOHS SWTL/shift manager should be updated immediately. A notification has been sent to care providers to advise them of this.

Person Responsible: Business Support Manager
Complete
Action 28:

There is a new roster implemented in National Out of Hours. The service is now operational from 6pm to 7am Mon to Sunday and 9am to 6pm on Saturday, Sundays and Public/ Bank Holidays. The NOHS also manages referrals received from local SW departments between 5pm to 6pm Mon – Friday.

Person Responsible: Area Manager
Complete

Action 29:

The NOHS has implemented a pilot project whereby the PSW's and Day SWTL working roster has been amended. On Monday's, Tuesdays and Wednesday's there will be either a PSW or additional SWTL cover from 5pm to 8pm. The purpose of this change is to provide support to the SWTL on shift and to facilitate

their availability to complete supervision. This change will also enhance the governance and oversight of the service.

Person Responsible: Area Manager
Complete

Action 30:

As part of the Tusla estimates process a business case for staffing to implement the regional hubs has been re-submitted for 2027, no funding was awarded for 2026. This includes costs for the approval of PSW's on the nightshifts to improve governance and oversight of the service nationally.

Person Responsible: Area Manager
Complete

Standard 3.4 Child protection and welfare services provided on behalf of statutory service providers are monitored for compliance with legislation, regulations, national child protection and welfare policy and standards.	**Judgment:** **Not Compliant**

Outline how you are going to come into compliance with Standard 3.4:

Action 1:

NOHS recently acquired access to the Central Compliance list of agency staff to facilitate the cross referencing of agency staff sourced by the NOHS. To ensure governance and oversight the NOHS service will conduct an audit in Q3 2026 of agency staff sourced. Findings from the audit to be reported to the SMT and ISD. Any gaps identified regarding the compliance of staff will initiate an immediate action plan.

Person Responsible: Business Support Manager
Timeline Q2 2026

Action 2:

The NOHS continue to have regular governance meetings with the Care Agencies who provide support staff to the service. Staff compliance was included on the agenda at the meetings with care agencies on the 16th and 28th July where any challenges were identified and addressed.

Person responsible: Operational PSW.
Complete

Action 3:

NOHS will explore with ICT the options to conduct video calls with care staff to check staff IDs. Engagement with ICT and the care support agencies required to confirm this. Current process is that care staff submit a photo of themselves with their ID and forward it to OHSW centralised email account. Once verified the photograph is deleted.

Person responsible: Area Manager and Business Support Manager.
Complete

Standard 5.3 All staff are supported and receive supervision in their work to protect children and promote their welfare.	**Judgment:** **Not Compliant**

Action 1:

Supervision to be a rolling agenda item at team meetings at all levels. As part of the accountability function of Supervision, staff performance should be a standing agenda item in all supervision sessions. Guidance and support to be available for the individual staff member and their line manager should concerns arise. All staff have been advised of this requirement which will form part of supervision audit to be completed by end Q3.

Person Responsible: All Line Managers
Complete

Action 2:

PSW 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 2023 Supervision Policy. PSW will escalate any challenges to the AM during one to ones, for agreement on mitigating actions and further escalation to the ISD as appropriate.

Person Responsible: Operational PSW
Complete

Action 3:

PSW'S and SWTL's to attend Supervisor training in line with the 2023 Supervision policy when dates become available. All staff to attend supervisee training when it becomes available on hseland. Relief cover will be provided where staff are required to attend Supervisor or Supervisee training in person. Supervisor training has been completed by AM and one SWTL. Two PSWs are signed up to complete supervisor training in October 2026. All other SWTL's will complete training over the coming months. This will be reviewed as part of the supervision audit.

Person Responsible: PSW
Timeframe: Q4 2026

Action 4:

Group supervision to be facilitated by operational PSW on a quarterly basis, all staff will be invited to attend. Terms of Reference (TOR) for the group to be agreed and shared with staff. PSW and SWTL meeting with NOHS teams on 18th August to agree terms of reference for group supervision. This will be rolled out by end of Q3 2026

Person responsible: Operational PSW
Timeframe: Q4 2026

Action 5:

Adherence to the Supervision policy is a priority for the service and will continue to be listed as a rolling item on the SMT Meeting Agenda. The NOHS Supervision tracker will be reviewed at the meeting by the AM and PSW's.

An overview of supervision activity will be provided to the AM to identify any challenges in provision of supervision and where there are any gaps a plan to address the gap (workarounds) will be agreed.

Person Responsible: Area Manager
Complete

Action 6:

For the next 6 months SWTL'S will bring supervision notes for their individual teams to supervision with Operational PSW. This will ensure that the PSW has oversight that supervision has taken place and is in line with the Supervision policy. Supervision contracts will be updated to reflect this.

Support for the SWTL's at their own supervision sessions will facilitate discussion on learning themes and operational challenges. It will also support the quality of supervision provided to the overall service.

This short- term measure is to promote a culture of regular supervision within the NOHS and to ensure SWTL's feel supported with the provision of supervision.

Person Responsible: Operational PSW
Timeframe: Q3 2026

Action 7:

Supervision sessions will now be scheduled on the NOHS roster for all staff, as agreed with staff teams. As an immediate measure, SWTL has been provided with dedicated time on shift to provide supervision. Operational PSW and SIP PSW/SWTL to provide a period of cover on night shift so staffing levels on teams are not impacted.
This measure will be reviewed after 6mths to ascertain impact on supervision provision within the service.

Person Responsible: PSW's
Timeframe: Complete

Action 8:

Supervision files to be audited every 6mths by PSW'S to ensure that all the functions of supervision are adequately being provided to staff. Where there are gaps or anomalies identified this will be escalated to line managers and the AM. An action plan from this to be drawn up and actions to be tracked to completion. Findings and learning from the supervision audits to be shared with the teams. The PSW will undertake a supervision audit in August and will be finalised in September 2026.

Person responsible: PSW's
Timeframe: Q3 2026

Action 9:

An interim arrangement has been implemented to ensure continuity of supervision during extended staff absences. Effective immediately, where a SWTL or PSW is on leave for over four weeks, the relevant Line Manager has been authorised to provide short-term supervision to the impacted staff members.

Person Responsible: PSW's
Complete

Action 10:

The NOHS Guidance Document on supervision will be updated to ensure that it is in line with the Tusla 2023 Supervision policy to include an update on timelines. All line managers have formally been advised that supervision must be completed in line with Tusla policy. NOHS guidance to be updated and signed off by AM in Q3 2026

Person Responsible: Service Improvement PSW
Timeframe: Q3 2026

Action 11:

The PSW's and SWTL (day) have amended their working hours to support the SWTL's out of hours to provide supervision and complete departmental audits. There will be time also on the roster for SWTL during normal business hours to complete audits and supervision. These actions should reduce the need for supervision cancellations.

Person responsible: PSW's
Complete

Action 12:

Engagement with the management of the Cork out of hours service to take place to review systems for governance and oversight of the Cork service and how this is reflected in the overall governance of the provision of out of hours services nationally. A meeting date has been agreed for August 11th between NOHS PSW and Cork on call PSW. Meetings will then occur bi-monthly

Person responsible: Area Manager NOHS and Cork
Timeframe: Q2 2026

Action 13:

When managing complex cases that require a high level of management support and direction the social worker or Social Work Team Leader must log a detailed case note on the child's record. This note must outline the immediate case direction received, the rationale for the action, and SWTL sign off.

The Practitioner will bring the case detail to the next formal supervision session for deeper reflection and analysis. Following this session, the relevant supervision pro forma must be completed and uploaded to the TCM child's record to formally evidence the final case direction. PSW Supervision audit scheduled for August 2026

Person Responsible: Operational PSW
Timeframe: Q2 2026

Standard 6.1 All relevant information is used to plan and deliver effective child protection and welfare services.	**Judgment:** **Not Compliant**

Action 1:

NOHS Senior Management are liaising with TCM Support to progress a Missing In care (MIC) report and to incorporate additional information requirements such as re-referrals into the NOHS referral report. PSW' s met with the Practice Lead for TCM on July 7th, to scope out NOHS MIC reporting on TCM and requirements

needed to progress this. Scoping has also commenced with TCM to ensure that All NOHS work activity is captured as part of TCM reporting mechanisms

Person Responsible: Service Improvement PSW
Complete

Action 2:

All staff will be advised of the importance of ensuring the accuracy of information entered onto TCM to ensure that service data reports are accurate and reflect the work of the service. An audit of section 12 data was completed in July 2026 which focused on ensuring accurate information was entered on TCM. Findings from the audit were shared at the SWTL meeting on July 16th.
Refresher training on relevant categories available for use on TCM to be provider by the ULO when they are in post. Interviews for this post were held on August 6th and it is envisaged onboarding will commence by end Q3.

Person Responsible: Operational PSW
Date: Q2 2026

Action 3:

NOHS met with ICT to develop TCM reports which captures work completed by NOHS in its entirety. Draft reports have been designed in consultation with ICT digital transformation manager which will gather all business activity within the NOHS. Trialling of reports will take place in Q3 2026

Person Responsible: SIP PSW
Timeframe: Q2 2026.

Action 4:

TCM reports highlighting data generated for the service is to be reviewed at the SMT Meeting to identify trends, patterns and areas for improvement. This data is a key component in planning for any future service developments. NOHS AM to notify ISD at one to one's of any surges in number of referrals, this to be incorporated into 1:1 agenda identifying possible reasons for this and highlight areas for concerns regarding adequate resourcing.

Person Responsible: Area Manager
Complete

Action 5:

AM and ISD to agree new Metrics for the service in conjunction with Quality Directorate. Work has commenced on TCM draft report for all work activity within out of hours. Once completed a meeting will be set up with the quality directorate in Q3 2026

Person Responsible: Area Manager
Timeframe: Q3 2026

Standard 1.3 Children are communicated with effectively and are provided with information in an accessible format.	**Judgment:** **Substantially Compliant**

Action 1:

It will be recommended to all NOHS staff, including on-call social workers to attend training to support their practice in working with children and young people who have additional communication needs. Staff will be informed of relevant training for their role such as "Communicating with children and young people with speech, language communication needs and/ disabilities "which is available for enrolment via HSEland. An "Introduction to Autism" training will also be recommended to staff as dates become available. Staff attendance will be tracked on the service training tracker.

Person Responsible: Operational PSW
Timeframe: Q1 2027.

'The compliance plan response from the provider does not adequately assure the Chief Inspector that the action will result in compliance with Standard 1.3.1 of the National Standards for Child Protection and Welfare '

Action 2

The protocol for the on call social worker service will be reviewed and updated to reflect current service needs and to strengthen governance, oversight and accountability arrangements. This will ensure that the voice of the child is captured during all on call social work interventions. The future role will be dependent on EMT's response to paper submitted regarding NOHS service development plan.

Person Responsible: Director of Service and Integration and Interim Service Director
Timeframe: Q3 2026

Action 3:

Where it was not possible to meet with a child or young person in person as part of the out of hour's assessment, this should be clearly noted on the screening form as a task to be completed by local area SWTL. As an interim measure, NOHS Management will consult with ICT to discuss what alternative ICT options may be available to communicate with children nationally where it is not possible for a social worker to meet a child in person. This was an agenda item at the Management meeting on July 16th. The option of using MS Teams as a communication tool to be explored. Further engagement with ICT to take place regarding this.

Person Responsible: Operational PSW/ Business Support Manager
Timeframe: Q4 2026

Action 4:

NOHS to liaise with Tusla's communication department to develop a video that would explain the role of NOHS and what services we offer. Initial contacts have been made with Tusla's communications dept to commence this initiative.

Person Responsible: Business Support Manager
Timeframe: Q1 2027

Action 5:

Staff to be encouraged to attend in person Trauma training which can booked via hseland (online training and booking portal). This will enhance the quality of communication with children and young people referred to NOHS who may be in crisis. To support this 35 hour's per year (training hours) have now been allocated to NOHS staff to enhance learning and development opportunities.

Person Responsible: Operational PSW
Timeframe: Q4 2026

Action 6:

Where NOHS has assessed that it is not an appropriate time to advise a child or young person about the TUSLA complaints process, the rationale for this should be clearly outlined in the NOHS report. This should be highlighted as the next step required on the screening form.

Person Responsible: SWTL's
Timeframe: Q3 2026.
Complete

Action 7:

TUSLA Tell us Department provided a briefing to NOHS Management on the 21/05/2026. The focus of this briefing was to ensure that complaints relating to the NOHS are responded to in a timely manner. Relevant line managers to be briefed on any delays in complaints management and the reasons for this. All matters regarding the departments' management of complaints to be tracked via the complaint tracker and reviewed as part of a regular complaints meeting schedule. The complaints tracker will be reviewed at the SMT meeting. The new QRSI post will have a role in tracking and overseeing same. Tusla Tell Us Dept provided a briefing to NOHS staff on 'informal resolution' as part of the complaints process. This was part of the service meeting on the 04/06/2026

Person Responsible: Business Support Manager
Timeframe: Complete

Standard 2.2 All concerns in relation to children are screened and directed to the appropriate service.	**Judgment:** **Substantially Compliant**

Action 1:

Before signing off on case notes, NOHS SWTLs must now review all screening next steps. This is to verify that all NOHS tasks are complete and that remaining actions are detailed for the Area SWTL. Any NOHS tasks left incomplete will be included on the handover to ensure immediate follow-up by the incoming team. Service improvement SWTL completed a screening audit in July 2026, the findings of which were shared with the management team. An action plan has been agreed.

Person Responsible: SWTL
Date: Q3 2026
Complete

Action 2:

Where a referral of physical abuse has been received, the NOHS team will immediately consider the requirement for a medical examination. If a medical examination is not completed at the time, staff must record a detailed case note on the child's TCM record explaining the specific reasons why a medical examination was not completed.

This rationale must be formally reviewed, approved, and signed off by the Team Leader.

Person Responsible: SWTL's
Complete

Action 3:

NOHS SWTL will review referrals set up on NOHS during their shift and ensure that screening is completed in all cases. NOHS SIP PSW will send monthly TCM screening report to operational PSW to identify any gaps in screening and for discussion with night team leaders at supervision.
Operational PSW to provide training workshops on screening to relevant NOHS staff.
Person Responsible: PSW'S
Complete

Action 4:

The SWTL will ensure every referral is assigned its relevant abuse category and assigned priority rating in line with Children's first.

Person Responsible: SWTL's
Complete

Standard 2.3 Timely and effective action is taken to protect children.	**Judgment:** **Not Compliant**

Action 1:

As part of the screening Process the SWTL on duty will ensure that all previous referrals on TCM are reviewed before signing off on NOHS input.

Person Responsible: SWTL's
Complete

Action 2:

The setting up of designated NOHS emergency placements will ensure that the health and wellbeing needs of the young person are being met. IPOS staff have been advised to offer healthier options for food to YP when available. The NOHS day service will continue to advocate for the young person for a move to a more appropriate placement as quickly as possible.

Person Responsible: SWTL's.
Timeframe: Q3 2026

Action 3:

Staff have been advised that where there is a delay to responding to a child in a Garda Station, the SWTL on shift will ensure that a social worker or social care worker will speak directly to the child. This is to explain the reason for the delay and next steps. If required an alternative transportation arrangement will be made to bring the child or young person to an agreed location in Dublin to meet with them in person.

Person Responsible: SWTL's.
Complete

Action 4:

To ensure governance and oversight, the NOHS SWTL have been advised that any consultation with An Garda Siochana and hospital personnel is to be included as part of an NOHS assessment. Any concerns raised by Gardai and hospital personnel must be considered in the context of decisions made. All contact with

stakeholders will be outlined clearly on the NOHS social work report on TCM before SWTL sign-off.

Person Responsible: SWTL's
Timeframe: Q3 2026

Action 5:

NOHS PSW has liaised with local on call administrators to schedule meetings with on call social workers nationally. This meeting will include clarification on their roles and responsibilities such as the requirement to travel to Garda Station's within agreed NOHS boundaries as set out in NOHS On Call Social Work policy.

Person Responsible: Operational PSW
Timeframe: Q4 2026

Standard 2.5 All reports of child protection concerns are assessed in line with *Children First* and best available evidence.	**Judgment:** **Not Compliant**

Action 1:

The operational PSW will work with the SWTL's to ensure that all staff complete Signs of Safety Training on HSEland as a refresher. This will be recorded on the services Training tracker and will be reviewed at SWTL meetings.

Person Responsible: Operational PSW
Timeframe: Q1 2027

Action 2:

The PSW for SOS Practice and Implementation will be asked by the operational PSW to complete a series of workshops with the team throughout the year with a focus on interim safety planning.

Person Responsible: Operational PSW
Timeframe: Q1 2027

Action 3:

The operational PSW and NOHS day SWTL will organise group supervision for the staff teams to include discussions on how best to enhance the quality of safety planning. The first meeting with PSW and staff, will take place on August 18th to agree terms of reference for the group.

Person Responsible: Operational PSW
Timeframe: Q1 2027.

Action 4:

Audits are now a rolling item on the SWTL meeting agenda. Outcomes of audits will be discussed with staff in supervision and quarterly meetings attended by the Service Improvement PSW and SWTL. PSW audit of supervision files is scheduled for August 2026 and due for completion by September 2026. Gaps noted regarding TCM checks and TCM management sign off to be escalated if required to the SMT meeting.
Person Responsible: PSW's
Timeframe: Q3 2026.

Action 5:

The guide to NOHS assessment process has been reissued to all staff for consideration and feedback prior to its revision date of August 2026.

Person Responsible: Service Improvement PSW
Timeframe: Q4 2026.

Action 6:

As part of the Quarterly Service Meetings, Individual teams have been asked to present a case where good practice is demonstrated so that the learning can be shared across the whole service. A rota for presentations has been devised, and the first team will present on September 3rd 2026.

Person Responsible: Business Support Manager
Timeframe: Q4 2026.

Action 7:

The risk of SCSIP children and young people going missing or any risks pertaining to their exploitation is included on the risk assessment and absence management plan devised by the NOHS and shared with their care provider.

Regular meetings between the SCSIP service and the NOHS to continue as a platform to review trends and patterns of children and young people who go missing and any actions that can be taken to prevent this. Minutes from this meeting to be shared with all NOHS staff.

Person responsible: Area Manager NOHS and SCSIP.
Timeframe: Q4 2026.

Standard 2.12 The specific circumstances and needs of children subjected to organisational and/or institutional abuse and children who are deemed to be especially vulnerable are identified and responded to.	**Judgment:** **Substantially Compliant**

Action 1:

As a safety measure to reduce the risk for children and young people accommodated in an IPOS the NOHS have reviewed their practice of hotel bookings. The NOHS keeps a tracker of all hotel bookings which is reviewed by administrative staff to ensure that the same hotel is not being booked continuously.

Person Responsible: Business Support Manager
Complete

Action 2:

NOHS Area Manager will continue to attend the Regional Governance TEP formerly SEA meetings in DML and DNE. Any known information pertaining to risks associated with booking certain hotels in the context of the potential exploitation of minors will be shared at the meeting. This information will be disseminated to the NOHS PSW, SWTL's and Business support management to ensure the named hotels are not booked for an IPOS.

Person Responsible: Area Manager
Timeframe: Q3 2026

Action 3:

Absence management plans will be completed for all children placed by the NOHS for the duration of their emergency placement. The absence management plan where appropriate will be discussed with the young person, shared with the carer/care provider and uploaded on TCM. All absence management plans will consider a child or young person's potential vulnerability to exploitation. An updated absence management plan for foster care placements has now been shared with SWTL's for feedback prior to implementation.

Person Responsible: SWTL's
Timeframe: Q4 2026

Action 4:

All children placed by the NOHS and who go missing from their emergency placements will be listed on the Service MIC tracker and recorded on TCM. The NOHS MIC guidance document will be reviewed to incorporate this.

A meeting to redesign the tracker took place with the operational PSW and SWTL's and SIP PSW on July 23rd. A new tracker has been implemented since August 4th. Where a child has multiple MIC episodes this will be escalated to the PSW for follow up with the local networks.

The revised handover document will include a priority rating that will alert NOHS staff to children who go missing from TEPs. This will ensure immediate follow up by the NOHS day team working the following day.

Person Responsible: Service Improvement PSW
Complete

Action 5:

Where a child has a particular vulnerability and goes missing this will be escalated by the day SWTL to the Operational PSW. A notification of NOHS concerns regarding the young person will be forwarded to local network PSW responsible for the case.

Person Responsible: Operational PSW
Timeframe: Q3 2026

Section 2:

Standards to be complied with

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

The provider has failed to comply with the following standards(s).

Standard	Judgment	Risk rating	Date to be complied with
Standard 3.2 Children receive a child protection and welfare service, which has effective leadership, governance, and management arrangements with clear lines of accountability.	Not Compliant	Red	Q3 2026
Standard 3.4 Child protection and welfare services provided on behalf of statutory service providers are monitored for compliance with legislation, regulations, national child protection and welfare policy and standards.	Not Compliant	Red	Q2 2026
Standard 5.3 All staff are supported and receive supervision in their work to protect children and promote their welfare.	Not Compliant	Red	Q2 2026
Standard 6.1 All relevant information is used to plan and deliver effective child protection and welfare services.	Not Compliant	Red	Q2 2026
Standard 1.3 Children are communicated with effectively and are	Substantially Compliant	Yellow	Q1 2027

provided with information in an accessible format.			
Standard 2.2 All concerns in relation to children are screened and directed to the appropriate service.	Substantially Compliant	Yellow	Q1 2027
Standard 2.3 Timely and effective action is taken to protect children.	Not Compliant	Orange	Q1 2027
Standard 2.5 All reports of child protection concerns are assessed in line with Children First and best available evidence.	Not Compliant	Orange	Q1 2027
Standard 2.12 The specific circumstances and needs of children subjected to organisational and/or institutional abuse and children who are deemed to be especially vulnerable are identified and responded to.	Substantially Compliant	Yellow	Q1 2027

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