



Report of an inspection of Child Protection and Welfare Service.

Name of service provider:	The Child and Family Agency
Name of network:	North Dublin
Type of inspection:	Announced
Date of inspection:	20-23 April 2026
Service ID:	OSV-0009384
Fieldwork ID	MON-0050180

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 North Dublin to monitor compliance with *the National Standards for the Protection and Welfare of Children* (2012). The scope of the inspection included standards 3.3, 4.1, 2.2 and 2.4 of the *National Standards for the Protection and Welfare of Children* (2012).

This inspection identified some concerns about the child protection and welfare service in the North Dublin network and the impact this was having on children.

How we inspect

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

The key activities of this inspection involved:

- the analysis of data
- interview with the area manager
- interview with the regional chief officer
- interview with the TCM User Liaison Officer

- interview with the Quality, Risk and Service Improvement lead
- 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 e.g. social workers on duty
- focus group with four principal social workers
- focus groups with five social work team leaders
- focus group with nine social workers
- focus group with seven front line staff from the family support team
- the review of 50 children's case files
- conversation with one child.

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

Acknowledgements

HIQA wishes to thank the child that 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 has responsibility for a range of services, including:

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

Child and family services are organised into 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.

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

Network

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

North Dublin Network Profile

North Dublin network serves 47 Electoral Areas, including Kinsealy, Malahide, Balgriffin, Priorswood, Kilmore, Grange, Ayrfield, Harmonstown, Beaumont, Clontraf, Raheny, Baldoyle, Sutton, and Howth. The Network covers a total population of 194,529, with a child population of 43,025. Aside from the large-scale housing developments across the Network, Dublin City Council has plans approved to use 24ha of land to build 1,600 housing units over the next 3 years in North Dublin. Serious consideration will need to be given to a their LIT in the network. These developments will result in a significant increase in the child population in an area

that is already under-resourced in terms of children care, youth and community service. The Deprivation Index of Network has 6 Ed deemed Affluent, 31 Marginally Below Average, 9 Disadvantaged and 1 Severely Disadvantaged.

Partnership and Service Delivers

North Dublin works with key partners such the HSE, An Garda Síochána, the Department of Education, local authorities and funded community and partner agencies. These partnerships support a broad range of service to fulfil statutory responsibilities and achieve the primary objective of achieving better outcomes for children and young people.

Staffing

Information provided for the inspection demonstrated that the Integrated Front Door (IFD) team consisted of one principal social worker who managed the service. There were two safety and welfare teams within the IFD. The first team consisted of a social work team leader, two senior social work practitioners, four social workers and one social care leader. The second IFD safety and welfare team consisted of a social work team leader, three social workers and two senior social work practitioners. The IFD family support team consisted of a senior Child and Family Support Networks (CFSN) Co-ordinator, a CSFN co-ordinator, two social care leaders, a social care worker and two family support practitioners.

There were two Local Integrated Teams (LITs) in the network area and each contained two safety and welfare teams. LIT 1 safety and welfare teams consisted of two SWTL positions, six social workers, one social care leader, one social care worker, two family support practitioners and a practice support officer. The LIT 2 safety and welfare teams consisted of two SWTLs, seven social workers, two senior social work practitioners and one project worker.

Structural Reform

The Tusla Reform Programme 2023-2026 set fourth an ambitious programme of reform to practice, structure and culture, with the aim of delivering integrated service responsive to the needs of service users in an ever-changing landscape. January 2026 Tusla moved to five regions and thirty Networks. This restructuring was designed to introduce consistent structures nationally and a more equitable distribution of resources, targeting those most in need. Reform introduced a new national structure for networks and critical minimum staffing requirement. North Dublin falls short of the 'critical minimum (staffing) requirements' and this impacts on the Networks capacity of function within the national model of service delivery. Plans are in place to address the deficit.

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 is delivering a high-quality service which is responsive to the needs of children.

Substantially compliant: A judgment of substantially compliant means the service is mostly compliant with the standard but some additional action is required to be fully compliant. However, the service is one that protects children.

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
20 April 2026	09:00hrs to 17:00hrs	Rachel Kane	Lead Inspector
	09:00hrs to 17:00hrs	Saragh McGarrigle	Support Inspector
	09:00hrs to 17:00hrs	Sheila Hynes	Support Inspector
	10:00hrs to 17:00hrs	Sabine Bushmann	Support Inspector
21 April 2026	09:00hrs to 17:00hrs	Rachel Kane	Lead Inspector
	09:00hrs to 17:00hrs	Saragh McGarrigle	Support Inspector
	09:00hrs to 17:00hrs	Sheila Hynes	Support Inspector
	09:00hrs to 17:00hrs	Sabine Bushmann	Support Inspector
22 April 2026	09:00hrs to 17:00hrs	Rachel Kane	Lead Inspector
	09:00hrs to 17:00hrs	Saragh McGarrigle	Support Inspector
	09:00hrs to 17:00hrs	Sheila Hynes	Support Inspector
	09:00hrs to 15:30hrs	Sabine Bushmann	Support Inspector

23 April 2026 (Remote)	09:00hrs to 17:00hrs 09:00hrs to 17:00hrs 09:00hrs to 17:00hrs 09:00hrs to 17:00hrs	Rachel Kane Saragh McGarrigle Sheila Hynes Sabine Bushmann	Lead Inspector Support Inspector Support Inspector Support Inspector
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Views of children who use the service

This inspection of North Dublin child protection and welfare (CPW) service was undertaken by HIQA to assess the service capacity to meet demand, to safeguard children and effectively respond to referrals indicating risks to children in the North Dublin area. Published data for this area in 2025 prior to the reform programme being implemented in January 2026, indicated ongoing and increasing risks relating to the service capacity to meet demand in the area. Changes to the geographical area covered by the service in January 2026 meant that this data was not an accurate representation of the current service however, risks remained.

This inspection found that in the majority of cases, where referrals were received in relation to children indicating a high level of risk, they received a timely and effective service. However, the service did not have capacity to respond as required to all referrals and children identified at medium and low levels of risk, waited for significantly long periods of time for the necessary support and interventions.

Understanding children's experiences of how a service is meeting their needs and improving their lives through speaking with them and their families is an important element of an inspection. A high number of cases reviewed by inspectors were not allocated at the time of the inspection so it was not appropriate to speak with these children or their parents as the social work department were not actively engaging with them at that time. Four children who were allocated to a worker at the time of the inspection were identified and invited to speak with an inspector about their experiences.

One of these children chose to speak with an inspector and share their experience of the social work service. This child was happy with the help and support that they received from their social worker. The child told the inspector that they see their social worker regularly, they said,

"I see him every two weeks, sometimes longer". The child told the inspector about how their social worker "talks to me about my plans" and "tells me to stay out of trouble". When asked if they would change anything about the service the child said, "nothing really, just need some more help". The child also told inspectors that their social worker "doesn't have time" to take them on activities but that they go "out on activities with people and staff".

Inspectors reviewed children's case files for evidence on their experience of the CPW service. Inspectors also interviewed frontline staff and managers in order to establish if children and their families had received a timely and safe service that was of good quality and well-governed.

Overall, the management of child protection and welfare concerns in North Dublin required significant improvement. Inspectors reviewed referrals prior to and after Tusla's reform programme and found that the network did not consistently adhere to *Children First: National Guidance for the Protection and Welfare of Children* (2017), or Tusla's own standard business processes. Children waited long periods and were not always adequately safeguarded while they waited for the intervention they required.

For the most part, when cases were allocated to a worker inspectors saw evidence of child-centred work carried out by a skilled and dedicated staff team. The quality of most of the completed intake records (IRs) and initial assessments, (IAs) was good with staff effectively identifying and analysing risks to children and planning and implementing interventions required to meet their needs and keep them safe. It was clear that in the majority of allocated cases, the allocated worker knew the child and their family well and were committed to supporting them to meet their needs and keep the children safe.

Inspectors found that, in most cases, children at immediate risk of harm were responded to in a timely manner. The content of a referral was effectively analysed and where it was identified that there was a potential or actual immediate risk to children, effective immediate action was taken in the majority of cases, to ensure that children were kept safe. However, some improvements were required to ensure immediate action was taken to protect children and ensure their safety in all cases.

Inspectors reviewed cases where immediate action was not taken, as required. For example, one case alleging physical abuse of a child was closed by the service without sufficient enquiries being undertaken to ensure the safety of the child. No contact had been made with the child or the referrer.

In another referral alleging physical abuse which was received by the service in November 2025, at the time of the inspection, the child had still not been met with by a social worker about the allegation they made. A safety plan which had been put in place as a result of identified risks to the child, was not adequate as it was not being routinely monitored. Delays in effectively responding to these children meant that they were at risk of further harm. In addition, the allegation had not been reported to An Garda Síochána potentially impacting on children's recollection of alleged abuse. These two cases were escalated during and after the inspection to the area manager and the responses provided confirmation that actions had been completed to ensure these children's safety and that risks identified were being effectively managed.

Where it was deemed necessary that a child required a social work intervention, an IA was required to determine the level of risk to a child and what type of intervention was required. Tusla standard business processes state, an IA should be completed 40 days from when the referral was received, however, children were waiting for long periods of time for IAs to be completed, delays ranged from 12 to over 300 days overdue. Delays meant that children's needs were not being effectively assessed and plans to support their needs were not put in place in a timely manner.

Once an IA is complete, if deemed necessary, further safety planning and interventions may need to be put in place for the child and family. There were a significant number of children and families awaiting safety planning within this CPW service, some for extended periods of time and there was inadequate monitoring of interim safety plans for children while they were waiting.

Due to the network areas challenges to meet the demand of the CPW service, children and young people had to wait long periods of time for the right interventions. Inspectors escalated six cases reviewed as part of this inspection for assurances on the safety and welfare of children. The provider responded confirming all necessary actions, to ensure children's safety had been completed and provided assurances that risks identified were being effectively managed.

Capacity and capability

On the 1 January 2026, Tusla reorganised their local and regional services. This resulted in the number of Tusla networks increasing from 17 service areas to 30 networks. This reform created a single point of entry through the introduction of an integrated front door (IFD) team in each network for all referrals related to child protection, family support, and meitheal. Two local integrated teams (LITs) were also established in every network. The aim of this reform is to enhance accessibility by ensuring children and families connect with the right service quickly.

The management team in North Dublin led the changes that came as part of the reform well. They had implemented effective systems for managing cases transferring into and out of the service and had effectively communicated with and supported staff throughout the change process. While managers and staff at all levels acknowledged that further staff resources were required in the area to fully embed the reform programme, they believed that the changes would lead to a more timely and consistent service for all children and families.

This is the first inspection of the North Dublin network following the reform programme. In this inspection, HIQA found that, of the four national standards assessed:

- One was substantially compliant
- Three were not compliant.

The North Dublin CPW service was not adequately resourced to provide a safe and effective service for all children as required. Despite their shortfall in available necessary staff, the service management team deployed and utilised the available staff creatively in an effort to protect children and promote their welfare. The service had effective systems and processes in place to ensure that children who were at immediate risk, in the majority of cases, received a timely and effective response and all high priority cases were allocated. Although the LIT teams in the network area had been organised based on geographical divides, in practice children were being allocated to whichever team had capacity at the time. The network area monitored the levels and demand for services in order to inform planning and allocation of resources. The service had a number of initiatives in place to try and increase capacity where possible. This included the allocation of cases across all teams where capacity existed within the network and the allocation of a high number of cases to student social workers and apprentices.

Due to ongoing staffing deficits, the senior management team had submitted a business case for additional social work posts in December 2025 and February 2026. A response to the business case remained outstanding at the time of inspection. This was a significant concern for the area manager as despite demand for additional staffing, without approval of additional posts, students wishing to remain in the service post qualification, could not be offered social work positions.

Systems in place to review and assess the effectiveness and safety of the CPW service in the North Dublin network were inadequate as they did not address ongoing delays and presenting risks. At the time of the inspection there were 589 open cases. Seventy three of these cases were awaiting allocation to a worker at various stages of the child protection and welfare processes. Twenty children were awaiting allocation at the intake stage, which is the point at which referrals are reviewed and initial enquiries are made about the safety and welfare of the child. Eleven children were awaiting allocation at the Initial Assessment (IA) stage, initial enquiries on these children would have indicated a risk requiring a social work intervention and further assessments of these risks were needed. Forty two children were awaiting allocation following the IA, which identified that a safety plan was required to ensure the ongoing safety of the child. In addition to the children awaiting allocation to a social worker, a further 59 children were allocated to student or apprentice social workers and overseen by a social work team leader (SWTL). Twenty children were allocated to a secondary worker, this is a professional other than a social worker who takes responsibility for the case under the supervision of a professionally qualified social worker. Inspectors reviewed a sample of 50 cases of which, six were escalated to the area manager for assurances following the inspection due to concerns for the safety of children.

Where children were allocated to a social worker or secondary worker, it was evident that children received a good service but, improvements were required. Not all children's records on Tusla's case management (TCM) system were being consistently updated and they were not maintained, as required. Case supervision of allocated cases also required improvement as gaps in case records were not consistently identified by managers and there were delays in agreed tasks being completed.

The service had good systems in place to support data integrity; however, improvements were required to the information systems to better support the management team to have effective oversight. Up until March 2026 the IFD team were completing screening forms on paper and then retrospectively uploading them to TCM. In recent weeks, the service had worked hard on moving screening

from paper to the online system, however, previous delays in adequately recording the screening on TCM created a gap in regional and national oversight of the service, as well as accuracy of data relating to the service, during that period.

There were effective communication channels and systems in place across the service including team meetings, management meetings, allocations meetings and a monthly governance forum. The management team undertook audits in order to improve the quality of the service however, their capacity to have effective oversight was impacted by the deficit in staffing resources which included two SWTL vacancies, three social worker vacancies and an outstanding request for approval of 12 additional social workers. There were risk management processes in place; however responses to identified risks were not effective in all cases, the risks associated with not having enough staff to meet the demand for the service were ongoing for a significant period.

Following the inspection an urgent compliance plan was issued to the provider seeking assurances on the management of risks in the service, specifically resources assigned for the oversight and monitoring of unallocated cases which were insufficient as systems in place did not adequately protect children, while they awaited allocation. A satisfactory compliance plan was received by the provider which included the immediate approval of the outstanding request for 12 additional social workers.

Standard 3.3

The service has a system to review and assess the effectiveness and safety of child protection and welfare service provision and delivery.

There was an effective system in place to ensure that high priority cases were allocated and received a timely and effective service. However, systems in place to review and assess the effectiveness and safety of the CPW service in the North Dublin network were inadequate. This inspection found that resources assigned for the oversight and monitoring of unallocated cases were insufficient and systems in place did not ensure that timely and effective action was taken to protect children, while they awaited allocation. Risks identified included; delays in completion of required actions identified to ensure children's safety and insufficient monitoring of safety plans for children awaiting allocation.

In the majority of cases, where children were at immediate risk, appropriate protective action was taken. This included the implementation of immediate safety

plans to safeguard children and, where necessary, children being taken into the care of Tusla due to an immediate and significant risk of harm.

The North Dublin network area had a 'protocol for child protection and welfare cases pending allocation'. This protocol was in place to set out the process for the management of low to medium risk associated with unallocated referrals and cases. This protocol stated:

"Compliance with standards, regulations, legislation and Tusla's Standard Business Process will not be adhered to for case allocation due to staff resources not meeting the service demand".

The protocol stipulated that all unallocated cases are reviewed monthly by a principle social worker (PSW) and SWTL. Inspectors sampled 10 case records for the purpose of assessing the quality of oversight of unallocated cases. Six of ten, were reviewed in line with the protocol, however improvements were required. Four case records did not show evidence of sufficient oversight. Two of these cases had only been reviewed once in four months and one had been reviewed once in 12 months. The quality of monitoring and reviews of an additional four unallocated cases was mixed. Even though these cases were being reviewed on a monthly basis, as per the network area's protocol, when actions were identified as part of these reviews, the required actions identified were slow to be completed due to insufficient capacity amongst staff in the service. Three of these cases were escalated following the inspection due to inadequate oversight and ineffective reviews while they were awaiting allocation.

One additional case that was recorded as allocated, was in fact allocated to a SWTL but was not being actively worked and thus there was insufficient monitoring of the safety plan, this case was escalated following the inspection for assurances of appropriate safeguarding of children concerned.

Inspectors reviewed a sample of cases allocated to social workers and student social workers and found that improvements were also required to the management oversight of some allocated cases. In one case sampled by inspectors, there was a six month gap between case supervisions. In two cases allocated to student social workers there was very little information recorded on TCM and there were no records of this being followed up with by supervising line managers, indicating concerns about management of records but also poor oversight and monitoring of practice for cases allocated to student social workers.

Not all children's records on TCM were being consistently updated as required and monitoring and oversight systems in place required significant improvement. Up-to-date children's records support the service to review progress, evaluate interventions, and enables informed decision-making. Inspectors had concerns regarding the lack of records on TCM in relation to actions taken or work already completed on 11 of a sample of 50 children's case files reviewed on inspection. In order to ascertain the safety and welfare of these children, in the absence of available children's records, inspectors contacted several staff and managers throughout the inspection to clarify concerns for their welfare and seek updates on these children's cases. Examples of concerns found by inspectors included one case where records were not updated for an 18 month period prior to the inspection. In another case, vital information about an allegation of physical abuse and an action to meet with the child, in a referral which had been closed, had not been effectively recorded to inform social work interventions for this child. It is of note, that the network area management team conducted an audit of children's files in the CPW service in March 2026 with the view to identifying learning and recommendations for improvement. This report was in progress at the time of the inspection.

There was a good system in place for managers to review cases that were being transferred into the area as part of the reform programme. A significant number of cases transferred into North Dublin from other network areas due to the restructuring of the new networks in January 2026. For example, 271 referrals transferred into the IFD team. The management team were making significant efforts to try and ensure that case files transferring in and out were fully in order with all required documentation completed. To aid in the transfer of cases into the network area, the PSWs carried out an audit on each new case transferred in, to assess whether all work that was required before the transfer was completed. The PSWs also reviewed each new case to decide if it needed to be allocated immediately or if it could be put on a waiting list.

There were established oversight and auditing mechanisms in place in the service which effectively defined learning in specific areas of focus. In 2025, the service carried out a validation exercise on how it was implementing Tusla's approach to child protection practice which was based on 30 case reviews in 2024 carried out by PSWs and the practice lead. The learnings from this exercise were fed back to frontline staff and training for the year was focused on embedding these learnings. In addition, the area manager had made a request for Tusla's Practice Assurance and Service Monitoring (PASM) team to undertake a review in 2026 with a focus on; unallocated cases under process stage of safety planning, unallocated cases at process stage of IA and cases assigned to team leaders and social care workers.

The service had good systems in place to support data integrity, however, improvements were required to the information systems to better support the management team to have effective oversight. Since the change to standard business processes that were implemented with the reform programme, CPW services were unable to run reports in line with the new standard business process time frames for reviewing referrals for immediate risk, screening and the completion of intake records. The TCM User Liaison Officer (ULO) in the network informed inspectors that she currently had to generate manual reports to gather this data but this approach had the potential for errors. The service were also unable to run reports on the number of closed cases. These issues had been escalated to Tusla's executive management team and the area manager was hopeful that they would be resolved promptly.

Up until March 2026 the IFD team were completing screening forms on paper and then retrospectively uploading them to TCM. The area manager informed inspectors that the service did not have the capacity to move to the online system for screening prior to this. The area manager said that she was confident that referrals were being reviewed for immediate risk within 24 hours but that this was not reflected on TCM due to the information going up on the system retrospectively. The Area Manager informed inspectors that paper forms uploaded to TCM retrospectively show that the referrals have been reviewed for immediate risk in 24 hours. Inspectors found this to be the case in most of the records sampled, however, there were issues, such as not all the actions recorded on the paper form being included on the online form and in some records the handwriting was difficult to read on the paper forms. In addition, not having the screening adequately recorded on TCM in a timely manner leads to a gap in regional and national oversight of the service. The service managers were considering resources required to support IFD to fully integrate on TCM as required.

There were effective communication channels and systems in place across the service. Inspectors reviewed a sample of team meeting minutes and found that there was good discussion of challenges that were arising for teams and plans were made to address these. For example, with the changes from the reform, the IFD team were now completing IAs where they had previously only worked on screening and completing IRs. The challenges of this were discussed during a team meeting and a plan was made which included additional training for those who needed it, in carrying out IAs and preparing cases for Child Protection Conference (CPC).

Allocations meetings were being held on a monthly basis to review waiting lists and to see what cases could be allocated. Inspectors reviewed four of these meeting minutes and found that despite the limited capacity of the service, efforts were made to try and find creative solutions. For example, in one meeting it was decided that the CPC chair and the PSW with responsibility for commissioning services would each take 10 IAs to complete to try and reduce the waiting list.

The network area also held regular complex case forum meetings which aided in the management and oversight of cases. Inspectors had the opportunity to observe one of these meetings where there were two PSWs and five social workers present. It was clear that social workers had in-depth knowledge of the children and families history and were able to clearly identify the range of risks to the children. The meeting was well facilitated by the PSW and clear guidance and direction was provided resulting in agreed actions and steps for the cases discussed.

There were regular managers meetings occurring in the network area where issues such as; case transfers, staffing, unallocated cases, service improvement plan and risks escalation were discussed. Actions from these meetings were clearly outlined. In addition, the network area held monthly governance meetings dedicated to the CPW service. Included for discussion at these meetings were issues such as data in relation to the number of referrals, the number of open cases, the number of unallocated cases, data integrity and audits. The actions agreed at these meetings were clearly recorded.

The area manager kept in regular contact with the Regional Chief Officer (RCO), who was their line manager, through emails, phone calls and supervision meetings between January and March 2026 outlining progress with the reform and key risks for the network area. Inspectors reviewed two supervision meetings between the RCO and the area manager from January and March 2026. In these meetings the area manager provided a comprehensive and detailed update to the RCO on issues such as progress with the reform programme, waiting lists and risks. The area manager provided an update on progress made with cases transferring into and out of the area as part of the reform. The area manager also highlighted concern that significant risks would increase in May when the additional resources available through student and apprentice social workers would come to an end. The Regional chief officer (RCO) told inspectors that they had signed off on the business case requesting additional staffing in February 2026 and explained that the response from Tusla's executive management team was delayed.

There were good risk management processes in place; however, these needed improvement to ensure that actions in place were adequate and effective in managing the risk. There were local and regional risk registers which were regularly reviewed and updated. The network area risk register had nine risks listed at the time of the inspection. The management team had identified one of the key risks being that the network area did not have adequate staffing to meet the demand for the service and they had done what they could to address this risk. Although a business case had been submitted for 12 additional social work posts, a decision on this request was delayed. Therefore the service were unable to effectively plan to meet the ongoing demands and address the risks associated with children and families who were left waiting for long periods of time for a service.

The regional risk register contained six risks at the time of the inspection with one of the main risks being the risk that the DNE regional area could de-stabilise operationally due to new networks not having minimum staffing requirement at the IFD. The plan to mitigate this risk was reliant on approval of the additional posts as referenced.

There were appropriate systems in place to escalate identified risks to management at local, regional and national level. However, escalation of risks did not lead to timely changes to support the service as decision making was slow. Tusla's Regional Operations Risk Management and Service Improvement Committee (RORMSIC) is an internal governance committee. Along with its national counterpart (NORMSIC), it is responsible for the ongoing monitoring, mitigation, and improvement of operational risks across Tusla's regions.

Both of these committees had met once since January 2026 and despite escalation of staffing challenges as far as the national office through these forums, no effective action and or decisions had been made to support the service in increasing their resources to meet their increasing demand.

The North Dublin network had systems in place to review and assess the effectiveness and safety of CPW service provision and delivery. However, this inspection found the oversight systems in place for children and families on waiting lists were inadequate as they did not ensure that timely and effective action was taken to protect children, while they awaited allocation. It is for this reason that the service was found to be not compliant with this standard.

Judgment

Not Compliant

Standard 4.1

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

The CPW service in North Dublin deployed and utilised the available resources in an effort to protect children and promote their welfare. However, the CPW service in North Dublin was not adequately resourced to ensure effective management of referrals, at the time of the inspection. As part of the reform programme implemented in January 2026, the network area had been structured in line with the local integrated service delivery (LISD) model. Although, the majority of key posts were filled, at the time of the inspection, there were three social worker and two SWTL vacancies and the service did not have an adequate number of frontline staff positions. The area manager submitted a business case in December 2025 and again in February 2026 requesting additional posts. The business case identified that an additional 12 professionally qualified social workers were required to meet the demand for service. At the time of the inspection, the area manager and RCO were awaiting a response to this business case from the Tusla's executive management team. Following the inspection the RCO informed HIQA that the 12 additional posts had been approved.

The service had yet to establish all teams in line with reform. While the family support team at the IFD was well established, the long term family support team had not yet been set up. The area manager told inspectors that they will be looking at establishing this team later in 2026, however it is not a key priority in the immediate future as the focus needs to be on stabilising the IFD and safety and welfare teams. In the interim, the service has commissioned well-established family support services, which have gone some way to meet the needs of the service and the families it supports. The family support lead meets with the service fortnightly and they take cases that the Tusla family support team do not have capacity to take where this is appropriate.

The network area monitored the levels and demand for services in order to inform planning and allocation of resources. Data on the number of referrals received and open cases were monitored at monthly governance meetings with a view to gaining an understanding of trends and managers strived to manage the resources in place to respond to the service demands.

The IFD team consisted of two safety and welfare teams and a family support team. There were two LITs in the network area and each contained two safety and welfare teams. There was a commitment to information sharing, collaborative working and cross service engagement between IFD teams and the LITs. The family support team worked in partnership with their social work colleagues to respond to the needs of families and children. The senior Child and Family Support Networks (CFSN) co-ordinator engaged with the local voluntary and community services to support early intervention for children and families in the network.

Due to the high level of referrals, ongoing deficits in staffing resources and the practice of ensuring high priority cases were allocated, a significant amount of medium and low priority cases built up on a waiting list for allocation within the service in the months prior to the inspection. The network area were managing the resources available to them in a creative way with the intention of ensuring safety and adequate responses to children at risk being the priority. This included the allocation of cases across all teams where capacity existed within the network. The management team had put initiatives in place to reduce the backlog of cases awaiting a service. Historically, the service provided a high level of work placements to student social workers and at the time of the inspection the service had 10 student social workers and three social work apprentices working on the IFD and safety and welfare teams. At the time of the inspection there were 58 cases allocated to student or apprentice social workers.

In an effort to allocate cases and complete tasks such as, check in calls with families on waiting lists, the service had become reliant on student social workers. While this reliance on students had evolved out of necessity, it was not a long term solution to the staffing challenges. Staff and managers at every level expressed their concerns about the impact on the service when the social work students' placements came to an end in May. Nevertheless, the area manager was confident that if the additional 12 posts requested were approved, that they would be able to fill most of those posts quite quickly as many of the student social workers had expressed an interest in taking up full time posts in the service.

Local managers had a clear strategic direction and had set out key priorities for the network in 2026. These included, to support the team realignment within the LISD model across the network and ensure the best use of internal and commissioned resources to deliver services effectively. The regional workforce plan for 2026 was not complete at the time of the inspection and the area manager told inspectors that it was expected to be completed in two to three weeks post inspection.

The North Dublin service plan for 2026 was aligned to the Tusla business plan for 2026, legislative and policy commitments, and the Tusla Corporate Plan 2024–2026. The plan outlined six key objectives with a key focus on strengthening recruitment and retention of a multidisciplinary workforce to better meet the needs of service users and provide a more supportive environment for staff. Additionally the plan was focused on ensuring staff are engaged and capable to undertake their roles, implement the reform programme and better respond to service user needs. Some of the actions outlined included;

- exploring seasonal initiatives to employ staff on part time basis e.g. student social workers,
- area manager to continue to assess vacancies and create promotion opportunities for staff,
- area to explore social work apprenticeship programme to employ staff on a part time basis,
- group supervision to continue taking place for all frontline staff at least twice per month,
- learning from exit interviews to be shared with relevant line managers.

The service was making good progress in carrying out many of the above actions so far in 2026. It was clear that retention of staff was a strong focus for the network area. For the most part, the caseloads for frontline staff were manageable. Information provided in advance of the inspection showed that caseloads ranged from five cases for student and apprentice social workers and up to 28 cases for more experienced social workers. The majority of staff told inspectors in focus groups that before the reform their caseloads were higher and that they are more manageable now. Some social workers informed inspectors that they had some children in care on their caseloads and this could be challenging as the workload involved with some of these cases was high. For example, staff described having to drive very long distances to facilitate family access for some children in care. The Area Manager said she is in the process of trying to find a suitable service to support the facilitation of family access for children in care.

North Dublin had a staff well-being strategy in place for 2026. This strategy sets out how the service will support work place well-being for employees with a focus on caseload management, staff safety and building a positive work environment. Staff at all levels were positive about both the formal and informal support they received. Staff highlighted to inspectors that weekly practice meetings and monthly group supervision were valued spaces where they can bring cases to

discuss and get support with. The area manager also submitted a business case to seek funding for a team building day in to take place in May 2026 in an effort to promote a positive environment, build relationships in the network and reduce stress levels.

Training was seen as a key factor in helping staff to develop and contributing to retention. A training needs analysis had been conducted and training was due to take place in 2026 in areas such as Tusla's approach to child protection and welfare, neglect, domestic violence and specific training for staff working in the IFD who are not used to completing IAs. Additionally the network area had an established learning project in place where frontline staff came together to create a reflective space for shared learning on topics such as safety goals and safety scales.

The service had partnerships with two community voluntary organisations to enhance responses to children assigned low and medium priority and awaiting a service. These commissioned services supported the area in the completion of IAs for children on the waitlist who were medium or low priority and categorised as child welfare, neglect and emotional abuse. A PSW provided oversight of these cases through monthly meetings with the service providers. In addition, two governance meetings and three practice reviews are held per year with the commissioned services, for the purpose of monitoring quality of these services. However, while the commissioned services were beneficial and significant in assisting the network area to allocate out medium and low intake assessments, these services were also at capacity and therefore, this was not an adequate response to meet the demands of the service.

The inspection found that the CPW service in North Dublin was not adequately resourced to ensure effective management of referrals. However, the management of the service both at local, network and regional level were aware of this and had escalated this to the national office and requested additional resources. The management team in North Dublin were managing the resources they had as effectively as they could.

Judgment

Substantially Compliant

Quality and safety

In the majority of cases, children who were at immediate or a high level of risk of harm were provided with a timely and effective service. However, the CPW service in North Dublin did not have adequate staffing resources to provide timely access to services to all children and families who required it.

The majority of referrals were reviewed for immediate risk within 24 hours and screening of referrals was timely. However, improvements were required to the recording system in place in relation to screening to ensure effective oversight at local, regional and national level.

Thresholds for accepting a report were appropriately applied in the majority of cases reviewed by inspectors. However, some improvements were required as within the sample of files reviewed, two referrals were not prioritised appropriately.

Overall, the quality of the completed intake records reviewed by inspectors was good. For the most part, referrers, parents and other relevant family members and professionals were contacted as part of the preliminary enquiry process. There was good practice by frontline staff, as families were directed to appropriate services, safety plans were put in place when required, and cases were identified that needed to progress to an IA.

However, there were delays in the completion of the intake stage. Inspectors examined 19 cases where intake was required, six of which were completed within the timeframes set out in Tusla's standard business process and 13 were delayed. The delays for the completion of these IRs ranged from 18 days up to 300 days from receipt of the referral. Improvement was required in responding to referrers to acknowledge receipt of referrals as the forms reviewed by inspectors indicated that this was not happening consistently.

Inspectors reviewed fifteen referrals that were required to be notified to An Garda Síochána. Eight of these cases of suspected child abuse were notified to the Gardaí in line with Children First (2017). However, four notifications were not made in a timely manner and three referrals that should have been notified to the Gardaí had not been completed.

Beyond the intake stage, in the months prior to the inspection, a high number of children and families had experienced significant delays in the completion of IAs.

Inspectors reviewed a sample of 12 completed IAs for the purpose of examining the quality of the assessment and found that the majority were of good quality.

Improvements were required in the quality of safety planning in the service. Inspectors found that the monitoring of safety plans that were put in place at IA stage while children and families were awaiting the formal safety plan was poor in four of six cases reviewed. One of these cases required escalation to the area manager for assurances following the inspection and satisfactory assurances were provided that the safety plan would be appropriately monitored.

In addition, following completion of IAs, further delays existed. There were a significant number of children and families awaiting safety planning, some for extended periods of time. There was inadequate monitoring of safety plans for children awaiting allocation due to insufficient staffing resources in the area and the potential for unknown risks or escalation of known risks was significant within the service.

Standard 2.2

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

For the most part referrals were reviewed for immediate risk within 24 hours and screening of referrals was timely, but improvements were required in the recording system in place in relation to screening, to ensure effective oversight at local, regional and national level. Improvement was required with regard to the timely completion of the intake stage to ensure children and families were directed to the appropriate service. In addition, notifications of child abuse to An Garda Síochána required improvement to ensure that they were completed where required and in a timely manner.

There was an interim standard business process for the IFD teams and this came into effect in January 2026 when the reform programme commenced. This document replaced the previous one and provided guidance to staff in relation to the management of referrals from the initial point of contact through to the completion of an IA. This interim document set out a new timeframe for the completion of screening and intake process stage and outlined the response pathway for the referral based on the outcome of the assessment. It was aimed at ensuring that children and families could access the right service, at the right time, in the right place, by the right professional.

A SWTL or a social worker from the IFD was required to review all referrals for immediate risk to the child by close of business on the next working day from receipt of the report. This was found to be the practice in North Dublin for the majority of case records reviewed, except for three that related to children in care.

Information submitted by the service for the inspection showed that since January 2026, 1182 referrals had been received, 580 of which were recorded as being reviewed for immediate risk within 24 hours. When inspectors queried the reason for nearly half not being reviewed for immediate risk within 24 hours the area manager explained that up until March 2026, the screening process in the service was paper based due to the service not having the capacity to move to the online system prior to this. The area manager said that she was confident that referrals were being reviewed for immediate risk within 24 hours but that this was not reflected on TCM due to the information going up on the system retrospectively. The area manager informed the inspector that paper forms uploaded to TCM retrospectively show that the referrals have been reviewed for immediate risk in 24 hours.

The screening SWTLs, PSW or senior social work practitioners reviewed the information on the referral, and based on this information, assigned a priority level and recorded what the next actions should be. This form was later uploaded to the TCM system by business support staff. From the cases reviewed, the dates on some of the TCM launched screening forms were different to the dates recorded on the paper forms, which were uploaded to the TCM case file. For example, a referral was received on 17 November 2025 and screened on that day, but the TCM screening date was 03 December 2025. In addition, the content of information transferred retrospectively onto TCM did not always contain the full content on the paper form, for example, the actions identified as being required. Additionally, inspectors found that the handwriting, outlining directions for next steps, was difficult to read on a small number of screening forms. This process had a number of risks regarding accuracy of information on TCM, which could have an impact on oversight, as well as, data on compliance with standard business processes collected at regional and national level.

For the most part, referrals were reviewed for immediate risk in a timely manner. Inspectors reviewed 27 referrals for screening, the majority of these were reviewed for immediate risk within 24 hours. However, for three referrals received about children in care, records did not indicate that they had been reviewed for immediate risk in 24 hours. For example, the screening form completed for one of these referrals recorded that the referral was reviewed for immediate risk 10 days after the referral was received. The inspector discussed the screening process for referrals in relation to children in care with the area manager who acknowledged that improvements were required in relation to recording the work but that she was confident that in practice referrals were being reviewed for immediate risk

promptly. Although the risks for these children were being managed, there was a risk to the oversight of cases when work was not being recorded promptly.

Inspectors reviewed the screening of nine referrals that were received before the reform programme commenced. Five of these referrals were not screened within the time frame set out in Tusla's standard business process that was in place at that time which was that screening of referrals should be completed in 24 hours. The delays ranged from two days to 16 days.

However, since the reform programme commenced in January 2026, most referrals were screened within the timeframe set out in the interim standard business process, which requires completion within five working days. Inspectors reviewed the screening of 18 referrals received following the reform. Delays were identified in six cases, three referrals related to children in care as referenced above, and three other post-reform referrals experienced delays in the completion of the screening process. Two of these screenings were complete but delayed due to awaiting sign off by managers.

Thresholds for accepting a report were appropriately applied. The majority of, referrals were appropriately prioritised however, risks were identified in a small number of cases. For example, one referral that was prioritised as medium should have been prioritised as high until there was an effective safety plan in place and a referral that was transferred over from another area as part of the reform was prioritised as low, which was not appropriate as this did not effectively consider previous referrals and the child's young age. This case had been unallocated since it transferred over to North Dublin in January 2026, despite having been reviewed twice these details had not been identified by managers during reviews.

The staff team were aware of the potential impact of cumulative harm where children were subject to multiple referrals. In the majority of case records reviewed by inspectors, consideration of previous referrals was evident in the screening process. For the most part, effective immediate actions were taken when children were identified to be at risk of immediate harm. However, there was one referral about physical abuse that was closed at screening without sufficient efforts being made to ensure the child was safe. The referrer was not contacted to clarify the details of the report nor was the child met with about the allegation they had made. The physical abuse allegation had not been reported to An Garda Síochána either.

In most cases, where referrals were closed, this was appropriate. However, inspectors reviewed another referral where the decision to close was not appropriate as further phone calls should have been made to clarify the level of risk to the child, at the time of the inspection the child's case was being actively worked by a social worker. The service were unable to collate a list of cases closed since January 2026 as this function was not available on the TCM system.

Inspectors reviewed two cases that were marked for closure which were appropriate.

While there were significant risks relating to delays in many cases, the intake records that inspectors reviewed demonstrated good practice by frontline staff, as families were directed to appropriate services, safety plans were put in place when required, and cases were identified that needed to progress to an IA.

However, many children had to wait for preliminary enquiries to assess risks to their safety to be completed due to service capacity. Most of the intake records reviewed were not completed in line with Tusla's standard business process. At the time of the inspection, there were 20 cases awaiting intake. The length of time these cases were awaiting intake ranged from 3 days to 186 days. Inspectors sampled 19 cases where intake was required. Fourteen of these had commenced at the time of the inspection. Of these 14, five were within the timeframes set out in Tusla's standard business process and nine were not in line with these timeframes. The delays for the completion of these IRs ranged from 18 days up to 300 days from receipt of the referral. Of the four referrals that had not commenced at time of the inspection, one of these was still within the standard business process and three were delayed which ranged from 66 days to 103 days from receipt of the referral.

The majority of completed intake forms reviewed by inspectors were of good quality. For the most part, referrers, parents and other relevant family members and professionals were contacted as part of the preliminary enquiry process. However, improvement was required in relation to the consistency of acknowledging the receipt of referrals, to the person who made the referral, as this was not always ticked as completed on forms reviewed by inspectors.

The requirement for the timely notification of suspected child abuse cases to Gardaí, in line with Children First (2017) was not consistently complied with. Inspectors reviewed fifteen referrals that were required to be notified to An Garda Síochána. Eight of these referrals had been notified to An Garda Síochána as required and in a timely manner. However, four of these notifications were not made to An Garda Síochána in a timely manner, two were delayed by three months and one was delayed by five months. Furthermore, three referrals that should have been notified to An Garda Síochána had not been completed at the time of the inspection. Inspectors escalated these cases to managers during and following the inspection and they were subsequently notified to An Garda Síochána.

The Tusla reform programme created a single point of entry for all referrals, including family support referrals. The family support service was well established in the area for a number of years before the reform programme commenced. The family support service had been effectively integrated into the front door in the North Dublin network as part of the reform and there was good joint working and collaboration across teams within the IFD. The portal for family support was not

yet active at the time of the inspection however, there were well-established pathways for directing cases to family support both internally and externally to commissioned services.

The recording system in place in relation to screening was not adequate to provide effective oversight. In some cases, there had been long delays in the completion of preliminary enquiries to ensure children and families were directed to the appropriate service. Notifications of child abuse to An Garda Síochána required improvement to ensure that they were completed where required and in a timely manner. It is for these reasons that the service was found to be not compliant with this standard.

Judgment

Not Compliant

Standard 2.4

Children and families have timely access to child protection and welfare services that support the family and protect the child.

As referenced above the North Dublin network area had changed its structure in line with the new local LISD models in January 2026. This inspection found that due to staffing capacity issues, the service area was unable to fulfil its statutory obligations to deliver timely and consistent services to all children, in accordance with relevant legislation, national policies, standards and Tusla's standard business processes. Due to gaps in staffing resources across the service, children often waited again after the intake stage for initial assessments. Risks at this stage of the process, relating to delays and capacity had existed in the service for a significant period of time and long before the structural reform in January 2026.

At the time of the inspection all high priority cases were allocated to a worker. In the majority of cases, where children were at high risk of harm they received a timely and effective service that kept them safe. For example, formal safety plans were implemented or children were taken into the care of Tusla where required to ensure their safety. Due to the service efforts to ensure that cases prioritised as high risk were allocated promptly, many cases that were prioritised as low or medium risk were waiting for long periods of time for assessments and interventions.

In an effort to promote timely access to the right service for children and families at the right time, Tusla interim business process outlined a number of possible outcomes following intake records being completed. Some children may have their referrals closed, they could require family support services or Meitheal, and some children may require an IA. The purpose of an IA is to determine whether there

has been harm, if there is potential for future danger to the child, and if there is any existing safety present to address this harm. IAs should be completed within forty days of a referral being received about a child.

In the months prior to the inspection, a high number of children and families had experienced significant delays in the completion of IAs. Inspectors reviewed 18 cases where an IA was required. These comprised of 16 referrals that were received prior to January 2026 when the reform programme started and two that were received after January 2026. Due to delays at all stages of the process, many referrals received from January 2026 were on waiting lists or commenced but not completed at time of the inspection in April. The IAs that were completed for the two referrals received after January were completed in line with the standard business process. None of the IAs completed on the referrals received prior to January 2026 were completed in line with standard business processes with some of these being significantly delayed. Five of these cases had completion of IAs delayed by over six months, four had completion of IAs delayed by over one year and two cases had the completion of IAs delayed by two years.

Inspectors reviewed a sample of 12 completed IAs, overall, the quality of these were good. Inspectors reviewed IAs where child centred-practice was evident through one to one work with children and observations of the child in the home. There was good analysis of past harm, risks to children and children's needs. There were clear plans put in place and the outcomes of the IAs were appropriate.

However, there were three completed IAs reviewed by inspectors which were of poor quality. In one of these IAs, the risks and concerns recorded were about the child's sibling rather than the child who was the subject of the IA and the needs of the child were not recorded. In another IA record, there was no evidence that the child had been consulted with. In the third, the IA form completed was based on previous written notes of calls and visits that had occurred as part of the preliminary enquiry process, prior to commencement of the IA.

In addition, the monitoring of safety plans that were put in place at IA stage while children and families were awaiting the formal safety planning stage was poor in four of six cases reviewed by inspectors. One of these cases required escalation to the area manager for assurances following the inspection and satisfactory assurances were provided that the safety plan would be appropriately monitored.

Of significant concern to inspectors was the number of children, for whom an IA had determined a requirement for a safety plan to address ongoing risks within their home however, they waited significant periods for these safety plans to be put in place. At the time of the inspection, there were 42 cases awaiting safety planning. Four of these cases were waiting for over one year and 17 cases were waiting over 6 months. Although none of these were high priority cases, there is

potential for the risks for these children and families to worsen without adequate safety arrangements in place.

Inspectors sampled seven cases awaiting safety planning. Three of the cases sampled were awaiting safety planning for over a year. Of these three cases, one case no longer required safety planning and had been ready for closure since July 2025 but the service did not have capacity to complete the tasks required to close the case. Another of the cases awaiting safety planning for over a year and two other cases that were awaiting safety planning for six months lacked sufficient monitoring while they were waiting. Two of these cases were escalated to the area manager following the inspection due to a lack of effective oversight of the case while it awaited allocation.

There was insufficient monitoring of safety plans for children awaiting allocation due to inadequate staffing resources in the area and the potential for unknown risks or escalation of known risks was prevalent within the service. As a result, an urgent compliance request was sent to the area manager following the inspection seeking assurances and a plan to ensure the safety and welfare of children, identified at risk, while they waited for safety planning. Satisfactory assurances were provided.

In addition, although this inspection was not focused on the Child Protection Notification System¹ (CPNS), inspectors reviewed the file relating to siblings who had been on the CPNS for an extended period of time due to significant risks to their safety and wellbeing as a result of ongoing neglect. At the time of the inspection the children had not been seen by a social worker since January 2026 despite attempts made. A decision had been made to seek an interim care order in respect of these siblings in the weeks prior to inspection. Inspectors discussed this case with the area manager who acknowledged that action should have been taken in respect to these children sooner. The area manager provided satisfactory assurances that further work to ensure the safety of these children would be carried out.

The service prioritised early interventions to address concerns about the welfare of children where appropriate. Families and children had access to different types of support services, including access to services in the community. At the time of the inspection the family support team had 119 open cases with 26 cases awaiting allocation. The family support team were well-integrated into the front door team before the reform programme commenced and the staff on this team informed inspectors that they were used to working closely with the front door team.

In the case records reviewed by inspectors it was evident that frontline staff recognised particularly vulnerable groups of children such as children in care and

¹ The CPNS is a securely held national list that records the names of children who have been identified as being at ongoing risk of significant harm and are, or have been, subject to a child protection plan agreed at a child protection conference.

children with additional needs. The service had a complex case forum in operation which inspectors had the opportunity to observe. This was a well facilitated process where there was good analysis of the case which resulted in clear actions and agreed next steps being decided on how best to keep children safe.

This inspection found that due to staffing capacity issues, the service area was unable to fulfil its statutory obligations to deliver timely and consistent services to all children, in accordance with relevant legislation, national policies, standards and Tusla's standard business process. Actions identified as required to ensure the safety and welfare of children awaiting allocation, were delayed and monitoring of safety plans for cases on waiting lists was not sufficient in all cases.

Judgment

Not 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 3.3 The service has a system to review and assess the effectiveness and safety of child protection and welfare service provision and delivery.	Not compliant
Standard 4.1 Resources are effectively planned, deployed and managed to protect children and promote their welfare.	Substantially compliant
Quality and safety	
Standard 2.2 All concerns in relation to children are screened and directed to the appropriate service.	Not compliant
Standard 2.4 Children and families have timely access to child protection and welfare services that support the family and protect the child.	Not compliant

Compliance Plan for North Dublin Child Protection and Welfare Service OSV – 0009384

Inspection ID: MON-0050180

Date of inspection: 20-23 April 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, **Achievable** and **Realistic**, and **Time 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 3.3 The service has a system to review and assess the effectiveness and safety of child protection and welfare service provision and delivery.	Judgment: Not Compliant
Outline how you are going to come into compliance with Standard 3.3: 1. Child Protection & Welfare (CPW) Governance Forum a) The CPW Governance Forum will meet monthly to review data, compliance and action plans. This is complete and ongoing 31/08/26. b) All cases awaiting allocation will be reviewed by the Principal Social Worker (PSW) and the findings will be brought to the monthly CPW Area Governance forum to include the number of cases awaiting allocation, Safety Network check-in compliance, capacity for allocation and any escalations required. This is complete and ongoing 31/08/26. c) Tusla Case Management (TCM) User Liaison Officer (ULO) will provide monthly Measuring The Pressure (MTP) reports and accompany action plans. This is complete and ongoing 31/08/26. d) Social Work Team Leaders (SWTL) will attend Area Governance meetings bimonthly to provide updates on record audits, action plans and identify learning. This will commence from 10/09/26. 2. Integrated Front Door (IFD) & Local Integrated Team (LIT) Oversight of Cases Awaiting Allocation a) IFD screening will move fully to real-time recording on TCM, moving away from paper-based retrospective upload. This is complete and ongoing 31/08/26. b) All cases awaiting allocation at the IFD & LITs will be reviewed fortnightly by the PSW and Social Work Team Leader (SWTL), for quality assurance and capacity on team capacity for allocation. This has moved monthly 31/08/26. c) The Signs of Safety (SOS) Practice Lead will complete weekly mapping of cases awaiting allocation to identify actions needed to strengthen safety planning and safeguard children. This is complete and ongoing 31/08/26. d) Two designated staff are assigned to cases awaiting allocation on LITs to progress these actions and reduce delay and risk, under SWTL & PSW guidance. This is complete and ongoing 31/08/26.	

- e) One morning per month will be set-aside for social workers to complete outstanding actions on cases awaiting allocation and report back to the SWTL for any direction (close/divert/allocate) required. **This is complete and ongoing 31/08/26.**
- 3. Oversight of Allocated Cases to Social Worker (SW) and Student Social Worker (SSW)
 - a) All allocated cases will be subject to supervision by the SWTL at minimum of six weekly intervals to monitor case progressions. Any issues arising will be escalating to PSW. **This is complete and ongoing 31/08/26.**
 - b) Cases allocated to student social workers will be supervised by the practice teacher fortnightly, with confirmation that TCM records are up to date. **This is complete and ongoing 31/08/26.**
- 4. TCM Record-Keeping
 - a) An audit is being carried out by SWTLs on cases, prioritising those with no updates in the preceding three months, to close the gaps identified on inspection (11 of 50 files reviewed). Any gaps identified to give rise to an action plan to address the deficit. **This is complete and ongoing 31/08/26.**
 - b) Recording of actions, decisions, and interventions on TCM will be added as a standing item at supervision, with compliance monitored by the SWTLs and PSWs. **This is complete and ongoing 31/08/26.**
 - c) TCM ULO will run Data Quality Assessment Tool report monthly to audit actions in previous 30 days. **This is complete and ongoing 31/08/26.**
- 5. Risks
 - a) Risks relating to staffing and unallocated cases will continue to be tracked on the local and regional risk registers, with status updates provided at each Regional Operational Risk Management and Service Improvement Committee (RORMSIC)/ National Operational Risk Management and Service Improvement Committee (NORMSIC) meeting. **This is complete and ongoing 31/08/26.**

Standard 4.1 Resources are effectively planned, deployed and managed to protect children and promote their welfare.	Judgment: Substantially Compliant
Outline how you are going to come into compliance with Standard 4.1: 1. Full Implementation of the Local Integrated Service Delivery (LISD) Model a) The LISD model will be fully implemented, with case transfer completed by Q3 2026. This is complete 31/08/26. 2. Regional Workforce Plan a) The Regional Workforce Plan was completed in May 2026 to align workforce planning to deliver a sustainable and capable future workforce. This is complete and ongoing 31/08/26. 3. Recruitment of Social Workers a) A further 12 social worker posts for the North Dublin Network were approved on 30 April 2026 under the Critical Minimum Requirements. This is complete 31/08/26. b) Interim Children’s Social Workers are graduate SW who are awaiting CORU registration and carry out non-statutory function per the regulations. In circumstance where graduates have completed onboarding and are awaiting CORU registration, they are employed in this role. In addition, social workers apprentice interviews are scheduled for the DNE Region. This is complete 31/08/26. c) 4 Family Support Practitioners are onboarding to assist SWs with access over the summer months. Two withdrew and two successfully completed onboarding as of 31/08/26. d) 5 Social Work Apprentices (SWA) commenced in July 2026, with a further one due to start in August 2026. This is complete for five new apprentices and ongoing for a further apprentice 30/09/26. e) Recruitment of graduate SWs will be fast-tracked, with priority given to expediting the onboarding of Interim Children’s Social Workers, graduates, and apprentice social workers into permanent posts. To date, two SWs have commenced. A further six SWs have agreed start dates between September and November. Four additional SWs are onboarding. Completed and ongoing 31/12/26. f) North Dublin (ND) Senior Social Work Practitioner (SSWP) panel will be scheduled for October 2026, to promote retention and retain expertise within the teams. This will be complete by 30/11/26. 4. Recruitment of SWTLs a) Vacant SWTL posts have again been raised with the most recent SWTL panel. This is complete 31/08/26. b) Recruitment has confirmed that a bespoke SWTL panel for North Dublin has been advertised as a priority. This is complete 31/08/26. Update:	

SWTL vacancy (LIT1 filled on 24/08/26 and SWTL vacancy (LIT2) onboarding with start date of 19/10/26. No further TL vacancies.

5. Interim Case Management: Cases Awaiting Allocation

A structured backlog reduction plan has been implemented, with regular review of triage thresholds and monthly tracking at Area Governance Forum. From 11 May 2026, two additional Designated Workers were assigned to LIT cases awaiting allocation, operating in line with the North Dublin Protocol for Child Protection and Welfare Cases Pending Allocation. Specifically:

- a) Designated Workers contact families on the waiting list monthly to review progress on the agreed safety plan and confirm children remain safe. **This is complete 31/08/26.**
- b) All new information received (referrals/Child Abuse Notifications - CANs) were screened by the PSW within 24 hours. **This is complete 31/08/26.**
- c) All new information was assessed to determine whether immediate action is required to safeguard the child(ren). **This is complete 31/08/26.**
- d) Designated Workers bring any safety concerns, or any change in circumstances affecting the agreed safety plan, to the immediate attention of the PSW, to determine next steps or any change in priority/category status. **This is complete 31/08/26.**
- e) All cases awaiting allocation are reviewed and triaged with the PSW fortnightly, and this has now moved to monthly, using the National Waitlist Review Form. **This is complete 31/08/26.**
- f) Cases are allocated as soon as capacity becomes available on a Safety & Welfare Team. **This is complete 31/08/26.**

6. Dublin North East (DNE) Retention Forum

- a) Area Manager continues to attend DNE Retention Forum once a month to strengthen retention and coaching within the region. **This is complete 31/08/26.**

Standard 2.2

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

Judgment:

Not Compliant

Outline how you are going to come into compliance with Standard 2.2:

Screening Recording System

- a) Full transition of IFD screening from paper-based to real-time recording on TCM has been completed, ending the retrospective upload process. This has also eliminated reconciliation between paper forms and TCM entries to confirm recorded dates match actual screening dates and that all identified actions transfer in full. **This is complete 31/08/26.**
- b) All new CPW referrals to IFD and LITs requiring mandatory same-day screening are reviewed for immediate risk of harm within 24hrs (end of

next working day), with SWTL sign-off, and recorded on TCM. This is process is audited on monthly basis at Area Governance forum to enhance learning and oversight. **This is complete 31/08/26.**

- c) The IFD Business Support uploads all new CPW referral for Children in Care (CIC) on LITs to ensure mandatory same-day screening for SWTL/PSW within 24hrs (end of next working day), with SWTL sign-off, and recorded on TCM. This process has commenced and is audited on monthly basis at Area Governance forum to enhance learning and oversight. **This is complete 31/08/26.**
- d) TCM ULO provides MTP data and Screening Process Reports to PSWs for review in advance of Area Governance forum to improve service delivery and enhance learning. **This is complete 31/08/26.**

Case Transfer Prioritisation & Closures

- a) All case transfers in and out of the Network are agreed PSW to PSW to ensure appropriate categorisation and prioritisation. Mandatory PSW verification of prioritisation for all cases transferring in from other network areas, cross-checked against full referral history, before logging as reviewed. **This is complete 31/08/26.**
- b) The SOS Practice Lead/SWTL/PSW complete weekly mapping of cases with multiple previous referrals to strengthen safety planning and safeguard children. **This is complete 31/08/26.**
- c) Mandatory closure checklist has been introduced for all referrals closed at IFD screening, requiring documented confirmation that the referrer was contacted, the child was seen/spoken with where directly concerned, and a Garda notification decision was recorded. **This is complete 31/08/26.**
- d) No referral involving an abuse allegation will be closed without PSW sign-off confirming the checklist is complete. **This is complete 31/08/26.**

CANS

- a) TCM ULO completes weekly CANS audit for review with SWTLs and PSWs to ensure timely oversight and governance. **This is complete 31/08/26.**
- b) Automatic escalation to PSW where a notification is not completed within required timeframes. **This is complete 31/08/26.**
- c) Joint Training Tusla & An Garda Síochána completed 19 and 25 May 2026. **This is complete 31/08/26.**
- d) TCM ULO notified Tusla's executive management team of TCM system's inability to generate closed-case reports and requested a system fix. **This is complete 31/08/26. Update: awaiting feedback from National Office regarding same.**

Family Support Portal

- a) The Family Support Portal is due to commence in September 2026 and will lead to a more streamlined process and provide a central point of reference. **This is ongoing, due to commence on 02/09/26.**

CPW Governance Forum

- a) The CPW Governance Forum will meet monthly to review data, compliance and action plans. **This is complete 31/08/26.**
- b) PSWs will provide progress updates against all actions reported monthly to the Area Governance Meeting. **This is complete 31/08/26.**
- c) Monthly summary supervision reporting to the Regional Chief Officer (RCO). **This is complete 31/08/26.**

Referrer Acknowledgement

- a) All referrals through the Portal generate an auto acknowledgement response to the referrer. **Update: under Children First Mandatory Reporting, all referrals submitted by professionals, through phone or letter, must be followed up in writing to Tusla within three days. Referrals that are received from the public by telephone are acknowledged verbally in discussion with the referrer. Referrals received in writing are acknowledged in writing. SWTL to discuss requirement to complete acknowledgement box on screening IR forms with staff in supervision. This is ongoing 31/08/26.**

Standard 2.4

Children and families have timely access to child protection and welfare services that support the family and protect the child.

Judgment:

Not Compliant

Outline how you are going to come into compliance with Standard 2.4:

1. Standard Business Process (SBP) Completion Timeframes

- a) All referrals screened through the IFD and assigned for Intake, with an outcome of Initial Assessment, remain with the allocated social worker for completion. This ensures statutory obligations are completed within timeframes and safeguards against risk. **This is complete and ongoing 31/08/26.**
- b) On the 01/01/2026 ND had substantial case awaiting list which consisted of case awaiting initial assessment and cases on safety plans. A structured backlog reduction plan was implemented on the LITs to reduce this waiting list, with regular review of triage thresholds and monthly tracking at Area Governance forum. Case awaiting allocation currently sit at 31 on 09/07/2026, all of which are in safety planning process. Two designated staff are assigned to monitor these with oversight governance from PSW. **This is complete and ongoing 31/08/26. Update: Cases awaiting allocation are reviewed monthly for allocation as capacity arises with a view to eliminating the waiting list.**
- c) The SOS Practice Lead complete weekly mapping of cases awaiting allocation to identify actions needed to strengthen safety planning and safeguard children. **This is complete and ongoing 31/08/26.**

- d) One morning per month will be set-aside for social workers to complete outstanding actions on cases awaiting allocation and report back to the SWTL for any direction (close/divert/allocate) required. **This is complete and ongoing 31/08/26.**
- e) A monthly report on Initial Assessment (IA) completion timeframes and backlog reduction progress is presented to the Area Governance Meeting monthly. **This is complete and ongoing 31/08/26.**

IA Quality Assurance

- a) SOS Practice Lead facilitates regular training to staff to enhance practice as follows:
 - i. Signs of Safety training for CPW: 22/09/2026, 06/10/2026, 05/11/2026 & 19/11/2026.
 - ii. Initial Assessment Process: 21/04/2026
 - iii. Signs of Safety Planning Process: 09/09/2026 & 16/09/2026
 - iv. Dealing with Domestic Violence (DV) and Coercive Control: 23/09/2026 & 30/09/2026
 - v. Assessing Cumulative Harm: 14/07/2026, 25/09/2026 & 24/11/2026**This is complete and ongoing 31/08/26.**
- b) A Signs of Safety Validation exercise took place in March 2026 to review positive practice, identify where practice could be strengthened, and enhance safety planning. From this, the ND Area learning plan was devised. **This is complete and ongoing 31/08/26.**

Monitoring of Safety Plans at IA Stage (Pre-Formal Safety Planning)

- a) All safety plans put in place at IA stage will be reviewed regularly by SWTLs at supervision and Network meetings. **This is complete and ongoing 31/08/26.**

CPNS Cases

- a) A review has undertaken of children on the CPNS in the Area to confirm they are being seen in line with required frequency, with any gaps addressed immediately. This will be monitored through supervision with PSW – SWTL – SW and monthly Area Governance Meetings. **This is complete and ongoing 31/08/26.**
- b) **Update: Planned Learning Day for the 16/07/26 was reschedule to the 17/09/26 due to annual leave.**

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 3.3 The service has a system to review and assess the effectiveness and safety of child protection and welfare service provision and delivery.	Not Compliant	Red	31 August 2026
Standard 4.1 Resources are effectively planned, deployed and managed to protect children and promote their welfare.	Substantially Compliant	Yellow	31 December 2026
Standard 2.2 All concerns in relation to children are screened and directed to the appropriate service.	Not Compliant	Red	31 August 2026
Standard 2.4 Children and families have timely access to child protection and welfare services that support the family and protect the child.	Not Compliant	Red	31 August 2026

**Published by the Health Information and Quality Authority
(HIQA).**

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