Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

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| **Name of service area:** | Mayo |
| **Type of inspection:** | Child Protection and Welfare |
| **Date of inspection:** | 7 - 11 July 2025 |
| **Lead inspector:** | Sabine Buschmann |
| **Support inspector(s):** | Grace Lynam<br>Saragh McGarrigle<br>Nicola Rossiter |
| **Fieldwork ID** | MON-0047401 |

## About this inspection

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

HIQA is authorised by the Minister for Children, Disability and Equality under section 8(1)(c) of the Health Act 2007, to monitor the quality of service provided by the Child and Family Agency to protect children and to promote the welfare of children.

The Authority monitors the performance of the Child and Family Agency against the National Standards for the Protection and Welfare of Children and advises the Minister and the Child and Family Agency.

This inspection was a monitoring inspection of the Mayo service area to monitor compliance with the National Standards for the Protection and Welfare of Children. The scope of the inspection included six standards of the National Standards for the Protection and Welfare of Children (2012).

## 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 analysis of data
- interview with the area manager
- interviews with two principal social workers
- focus group with one social worker, a social care leader, a family support worker and a domestic violence worker
- interview with the Tusla case management (TCM) lead
- the review of local policies and procedures, minutes of various meetings, seven 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
- the review of 41 children's case files

- conversations with three parents
- conversations with three children.

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

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

## Profile of the child protection and welfare service

### The Child and Family Agency

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

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

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

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

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

## Service area

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

Mayo is one of 17 service areas in the Child and Family Agency, forming part of the West Region and is the third largest geographical county in Ireland. Mayo is predominantly rural with larger urban populations based in Ballina, Castlebar and Westport. Census 2022 shows that the population of County Mayo experienced a positive percentage change in population growing by 6% to 137,970 (7,463+ between April 2016 and April 2022). The Mayo service area is one of four Tusla areas within the West North West region. The area was under the direction of the regional chief officer for Tusla West region and is managed by an area manager.

In the 12 months prior to the inspection, the intake service received 1369 referrals of child protection and welfare. The Mayo intake service is managed by a principal social worker, one social work team leader who manages one intake screening team based between three offices in Ballina, Castlebar and Swinford.

## Compliance classifications

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

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| **Compliant:** A judgment of compliant means the service is meeting or exceeding the standard and is delivering a high-quality service which is responsive to the needs of children. |
| **Substantially compliant:** A judgment of substantially compliant means the service is mostly compliant with the standard but some additional action is required to be fully compliant. However, the service is one that protects children. |
| **Not compliant:** A judgment of not compliant means the service has not complied with a standard and that considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of children using the service will be risk-rated red (high risk) and the inspector will identify the date by which the provider must comply. Where the non-compliance does not pose a significant risk to the safety, health and welfare of children using the service, it is risk-rated orange (moderate risk) and the provider must take action within a reasonable time frame to come into compliance. |

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

### 1. Capacity and capability of the service:

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

### 2. Quality and safety of the service:

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

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

| Theme 1 : Child-centred Services | |
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| Standard 1.3 | Children are communicated with effectively and are provided with information in an accessible format. |

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

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

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

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

**This inspection was carried out during the following times:**

| Date | Times of inspection | Inspector name | Role |
|---|---|---|---|
| 07/07/2025 | 09:00hrs to 17:00hrs | Sabine Buschmann | Inspector |
| 07/07/2025 | 11:30hrs to 17:00hrs | Grace Lynam | Inspector |
| 07/07/2025 | 12:00hrs to 17:00hrs | Saragh McGarrigle | Inspector |
| 07/07/2025 | 13:00hrs to 17:00hrs | Nicola Rossiter | Inspector |
| 08/07/2025 | 09:00hrs to 17:00hrs | Sabine Buschmann | Inspector |
| 08/07/2025 | 08:45hrs to 17:00hrs | Grace Lynam | Inspector |
| 08/07/2025 | 09:00hrs to 17:00hrs | Saragh McGarrigle | Inspector |
| 08/07/2025 | 09:00hrs to 17:00hrs | Nicola Rossiter | Inspector |
| 09/07/2025 | 09:00hrs to 17:00hrs | Sabine Buschmann | Inspector |
| 09/07/2025 | 09:00hrs to 17:15hrs | Grace Lynam | Inspector |
| 09/07/2025 | 09:00hrs to 17:00hrs | Saragh McGarrigle | Inspector |
| 09/07/2025 | 09:00hrs to 17:00hrs | Nicola Rossiter | Inspector |
| 10/07/2025 | 09:00hrs to 17:00hrs | Sabine Buschmann | Inspector |
| 10/07/2025 | 09:00hrs to 16:30hrs | Grace Lynam | Inspector |
| 10/07/2025 | 09:00hrs to 13:00hrs | Nicola Rossiter | Inspector |
| 11/07/2025 | 09:00hrs to 17:00hrs | Sabine Buschmann | Inspector |
| 11/07/2025 | 09:00hrs to 13:00hrs | Grace Lynam | Inspector |
| 11/07/2025 | 09:00hrs to 11:00hrs | Nicola Rossiter | Inspector |

## Children's experience of the service

Hearing the voices of children and their families is at the heart of understanding how a service is meeting children's needs and improving their lives. Children's experiences were established through speaking with a sample of children, parents, and professionals. The review of case files, complaints and feedback also provided evidence on the experience of children in receipt of a child protection and welfare service.

Inspectors spoke with three children and three parents. All children who were spoken to had an allocated social worker. All the children spoke very positively about their experience of the child protection service. They were satisfied with their level of contact with their social worker, and the support they received. Some of their comments about their social workers included:

- "a lot of things have got better"
- "they were really nice. I always felt like they listened to me"
- "they've made a real big impact in my life"
- "I don't think they could have done anything better for me"

- "I like how I was playing board games with [worker] and doing the sheets, they were good fun".

Children were asked if they had any suggestions as to what social workers could do better, and they were generally happy that no improvements were needed.

Feedback from parents was positive, and they found that their children received an appropriate and good-quality service which, in their views, promoted the rights of children and met their family's needs in a timely manner. They told inspectors that social workers, social care leaders and family support workers were providing good supports to the families and that they were meeting children and young people on a regular basis as well as checking in on how the family was managing. There was evidence that translators were provided to parents and children when required. Parents also said they did not think there was anything the service area could have done better, but one parent said that they thought the circumstances were "blown out of proportion".
Some of the parents comments included:

- "Everyone supportive and helpful really glad they were supportive and helpful, they supported me tremendously when I needed them and did everything they could to help"
- "really wanted to cooperate with Tusla and staff were wonderful"
- "they (social worker/social care leader) were supportive and helpful, they supported me when I needed them"
- "I was kept in the loop because I wouldn't have known what was happening otherwise"
- "I'm very grateful as a parent that there's a system in place to identify situations and respond to keep kids safe".

## Capacity and capability

This report reflects the findings of a routine inspection of the Mayo child protection and welfare service, which looked at six child protection and welfare standards.

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

- two standards were compliant
- four standards were substantially compliant.

Overall, this inspection found that the staff and management within the service area demonstrated a commitment to delivering a good quality child protection and welfare service that was responsive to the needs of children. Immediate risks to children were responded to effectively, and children accessing the service were kept safe. The culture of the service promoted child-centred practice, and promoting the voice of the child throughout the service was a priority. There was a high number of vacant social work posts, resulting in a shortage of permanent staff in the service area during the 12 months prior to this inspection; as a consequence of the shortages in staff, there were significant delays in the completion of paperwork in regard to screening, intake records and initial assessment reports in line with Tusla's own standard business processes (SBP). However, despite the delays in completing written records, the service area was responding to child protection referrals in line with *Children First: National Guidance for the Protection and Welfare of Children* (2017).

Improvements were required in the timeliness of notifications of suspected abuse to An Garda Síochána. This inspection found that Garda notifications were not always made in a timely manner in line with Children First (2017). Inspectors escalated seven individual cases to the area manager, where Garda notifications had not been made as required, and a satisfactory response was received. Furthermore, the inconsistency in making timely Garda notifications was escalated as a systems risk to the area manager, who responded with a robust action plan to ensure that notifications were made in line with Children First (2017). Actions included ongoing audits of referrals that require a Garda notification, training for the staff team and adding Garda notifications as a permanent agenda item to staff and management meetings.

The area had a service plan in place (2024-2026), and promoting a quality improvement agenda was a key theme throughout planning in all services and teams in the area. There were a number of quality assurance mechanisms in place in the service area. The Tusla Practice Assurance and Service Monitoring (PASM) team had completed a number of audits of the service. The audit most relevant to this inspection was the review of safety planning which took place during the period of 27 January and 26 February 2025. The finding of the audit was mixed. Safety plans were put in place when required for both immediate and interim safety planning. The management of safety planning by social care leaders, where appropriate, was working well, as they were very experienced and guided by an equally experienced social work manager. The audit also found that the majority of children that required a safety plan had been involved in the development of safety planning.

However, PASM also found that written records of referrals were not completed in a timely manner in line with Tusla standard business processes, and this may be having an impact on the number of referrals proceeding to the standard business process of safety planning. In addition, PASM found there was not always evidence that children were consulted during the safety planning process. Inspectors reviewed the action plan that was developed and found it was not yet fully implemented.

The area manager told inspectors that they had a number of quality assurance mechanisms in place to reassure them of the safety of the service. There were reporting systems in place to oversee key quality, risk, and service improvement activities for the area. The area manager told inspectors that they were assured of the quality and safety of the service in a number of ways. They said they were kept fully informed of risks as well as progress through regular staff supervision, monthly management meetings and meetings in relation to quality, risk and service improvement, and the West North West regional management meetings. They said that they received regular data analysis reports from the TCM systems lead, and there was evidence that relevant performance data and reports were reviewed and analysed to inform area priorities and drive improvement. The area manager also attended complex case forums and therefore maintained up-to-date knowledge of high risk cases within the service. Inspectors reviewed minutes of these meetings held in 2024 and 2025 and found that standing agenda items and associated actions included activity data, quality and risk, the complaints and compliments register, and risk registers. Quality assurance audits and HIQA inspections were also permanent items on the agenda.

Inspectors found that audits of case files and the Tusla case management system were mixed and not always effective. It was the role of principal social workers and team leaders to be engaged in an ongoing process of auditing cases and to report their findings to the staff team for quality improvement. Staff who spoke to inspectors reported that team leaders had completed audits in respect of safety plans and Garda notifications, for example. However, despite the auditing of Garda notifications by managers, inspectors escalated seven cases and a systems risk in respect of Garda notifications not being made in line with Children First (2017).

Risk management systems were in place to identify and manage risks in the service, and they had been effectively used to identify and capture all the risks associated with the child protection and welfare service. The area maintained a service risk register which fed into a regional risk register, and risks which could not be managed by the area were escalated to the regional chief officer and to the national office, if necessary. There was another reporting system in place to manage risks called the '*Need to Know'* (NTK) process, which was used to inform the area manager and the regional chief officer of significant issues relating to individual children and areas of risk. From a review of meeting minutes, inspectors found that the cases of the children subject to a NTK were discussed with senior managers and the particular needs of children were addressed. Inspectors found that risks were escalated regionally by the area manager through the NTK process and, in turn, escalated to the national office when required. Inspectors reviewed the NTKs and found none of them were relevant to the scope of the inspection. The service was managed by an experienced senior management team who had 24 to 27 years of experience each working in child protection and welfare services. They showed good leadership and gave good direction to the service and staff. At interview, they described initiatives in place for the area and outlined their overall vision for the service, which was that the service provided to children and families was effective and delivered in a child-centred and timely manner. The area manager spoke confidently about the commitment, experience, and professional knowledge of their management and staff team, and this was also a finding of the inspection. The area manager supervised three principal social workers, one of whom had recently been promoted to their post, who in turn supervised four social work team leaders. Social workers and social care leaders and family support workers were supervised by their respective social work team leaders.

There was a mix of experienced and more newly appointed team leaders in the service area to manage social work teams. Practitioners, including social workers, social care leaders, family support workers, and a domestic violence worker, were found to be knowledgeable about their statutory responsibilities and told inspectors that training on standard business processes and social work practice was provided on a regular basis.

Training was provided to ensure that staff were competent and skilled in delivering a good quality child protection and welfare service. A training needs analysis had been completed by the service area in 2024, and staff who spoke with inspectors confirmed that they had good opportunities for staff training and development.

In order to mitigate against staff shortages in the service area, the area manager implemented a workforce plan. The West North West workforce plan included local, regional, and national actions for the recruitment and retention of staff. The retention and recruitment initiatives included rolling recruitment for social work posts locally and regionally, linking with local colleges and universities, and funding places for social care leaders to convert their degree to a social work degree. In addition, a staff recruitment and retention group had been established in the area to support more effective workforce planning in the service area.

**Standard 3.1**

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

Overall, this inspection found that the service area was able to fulfil its statutory obligations to deliver timely and consistent services to all children referred to the child protection and welfare service in accordance with legislative requirements, national policies and standards to protect children and promote their welfare. While the area was unable to employ a sufficient number of qualified social workers, reconfiguration of existing staff (social care leader and family support workers) meant that children and their families received a timely and effective response.

Inspectors found that staff in the Mayo service area were knowledgeable about their responsibilities under relevant legislation, policies, and standards. Staff who spoke with inspectors were familiar with how to process new referrals through the system and were knowledgeable about the children whose cases they were working on. In addition, inspectors found there was adherence to Tusla's practice guidance that underpins the management of child protection and welfare referrals pertaining specifically to children in care.

This inspection found that the staff and management within the service area demonstrated a commitment to delivering a good quality child protection and welfare service that was responsive to the needs of children. However, as a consequence of the shortages in staffing, there were significant delays in the timely completion of paperwork in regard to screening, intake records, and initial assessments, and timelines were not being consistently met in line with Tusla standard business processes.

The timely completion of written records of screening, preliminary enquiries and initial assessments had been identified as an issue by the area manager due to staffing capacity issues, but had not been addressed at the time of this inspection. Data provided by the area showed that there was a staff turnover of 48.6% in the 12 months prior to this inspection. The area manager told inspectors that staffing will be at full capacity by the end of September 2025 and that they were able to reconfigure a number of positions to social care leaders and family support workers due to the lack of availability of qualified social workers and that this would resolve the issue of intake records and initial assessments not being completed in a timely manner in the long term. In addition, the principal social worker (PSW) told inspectors that the service area was planning on reviewing all open cases for the purpose of the completion of outstanding intake records and initial assessments as well as for onward referral to the Prevention, Partnership and Family Support Programme (PPFS) where appropriate, during one week in quarter three.

The area had a standard operating procedure regarding cumulative harm to guide staff in recognising cumulative harm to children where there were multiple referrals about the same child or children. Cumulative harm refers to the effects of multiple adverse or harmful circumstances and events in a child's life. The constant daily impact of these experiences on the child can be profound and diminish a child's sense of safety, stability, and well-being that may be indicative of cumulative harm. The area manager told inspectors that training had been provided on cumulative harm, or hidden harm, as the area referred to it, and that further training for staff was planned in September 2025. Inspectors sampled three files where the assessment of children was underpinned by cumulative harm and found them to be of good quality, considering previous referrals and the long-term impact on children's lives when multiple referrals were received over a prolonged period of time. This meant that children and their families received the appropriate support services they required to overcome long-term harm and neglect.

Inspectors found that continuous improvement and shared learning were common themes in all meetings held within the service area. For example, the regional Quality Risk and Service Improvement (QRSI) business support manager suggested the area become familiar with a more recently published HIQA report in a different service area and how parts of their action plan could be relevant and implemented in the Mayo service area, which demonstrated the openness to regional and national shared learning in the service area. In addition, inspectors found there was learning from audits and previous HIQA inspections, and the area had action plans in place to address any findings from these.

Improvements were required in the timeliness of notifications of suspected abuse to An Garda Síochána. Of 11 files examined, four notifications were promptly sent to An Garda Síochána; however, seven notifications had not been sent as required by Children First (2017). As discussed in an earlier section of this report, inspectors escalated seven individual cases where Garda notifications had not been made and a satisfactory response was received. Furthermore, the inconsistency in making timely Garda notifications was escalated as a systems risk to the area manager, who responded with a robust action plan to ensure that Garda notifications were made in line with Children First (2017) .

Overall, this inspection found that the service performed its functions mostly in accordance with relevant legislation, regulations, national policies and standards to protect children and promote their welfare. The staff and management within the service area demonstrated a commitment to delivering a good quality child protection and welfare service that was responsive to the needs of children. However, Garda notifications were not made as required by Children First (2017). For this reason the standard is deemed substantially compliant.

**Judgment:** Substantially compliant

**Standard 3.2**
Children receive a child protection and welfare service, which has effective leadership, governance, and management arrangements with clear lines of accountability.

This inspection found that the Mayo child protection and welfare services had effective leadership, governance and management structures in place and were committed to providing a safe, responsive, and child-centred service to children and their families.

The area had a service plan in place (2024-2026), and promoting a quality improvement agenda was a key theme throughout planning in all services and teams in the area. One of the primary objectives of the area service plan was to fill staff vacancies and to retain existing staff. This inspection found some progress had been made, as the area manager told inspectors that new staff were on boarding at the time of the inspection and that the staff team would be at full complement by the end of September 2025. Other key priorities included adhering to Tusla's own standard business processes, timelines in respect of the management of referrals, enhancing child participation in decision-making and improving the use of data for service planning. In addition, there was a focus on the implementation of Tusla's reform programme for Tusla local integrated service delivery, which is due to be implemented from January 2026.

There were clearly defined governance arrangements in place that set out the lines of authority and accountability at local, regional and national levels. The service was managed by an area manager who reported to a Tusla regional chief officer. The child protection and welfare service consisted of four teams: one duty and intake team and three child protection and welfare teams that were overseen by two principal social workers and social work team leaders. The teams were located in three office locations to cover the geographical size of the service area.

Inspectors found that staff were clear about their roles and responsibilities and what was required to provide an effective child-centred child protection service to children and their families. Managers in the area provided oversight and monitored their service in a number of ways, including through attendance at team meetings, provision and oversight of supervision, oversight of caseload management, review of case records, and completion of audits. Senior management meetings and quality risk and service improvement (QRSI) meetings were both held monthly.

There were also strategic and operational service plans in place, which were aimed at delivering a good quality service. These plans were aligned with Tusla's national corporate plan 2024-2026 and outlined the key objectives for the whole service area. The plan outlined individual actions to ensure services would be delivered to children safely and effectively. The area also had a quality improvement plan that focused on findings from the Tusla Practice Assurance and Service Monitoring (PASM) team, which had completed a number of audits of the service, as well as previous HIQA inspections of the child protection and welfare service. This was monitored, tracked, and reviewed at management meetings in conjunction with performance and activity data and reports. However, ongoing risks to the service, such as staffing capacity issues in regard to qualified social workers, posed a challenge to the service area's capacity to implement all of Tusla's national business plan actions.

The area manager told inspectors that they were assured of the quality and safety of the service in a number of ways. They said they were kept fully informed of risks as well as progress through monthly management meetings and meetings in relation to quality risk and service improvement. The area manager stated that they receive regular data analysis reports, monthly and quarterly metrics, and completed audit reports. The area manager highlighted that they work amongst the team on a daily basis and operate an open-door policy whereby they are available for advice and support if required.

There were a number of quality assurance mechanisms in place in the service area. The PASM team had completed a number of audits of the service. The audit most relevant to this inspection was a review of the quality of safety planning, which took place between 27 January and 26 February 2025. This report was

provided to HIQA. PASM found that the safety planning action workshops held in quarter four 2024 supported practitioners in the management of safety planning in child protection and welfare cases. Safety plans were put in place when required for both immediate and interim safety planning. The management of safety planning by social care leaders, where appropriate, was working well, as they were very experienced and guided by an equally experienced social work manager. The audit also found that the majority of children that required a safety plan had been involved in the development of safety planning.

However, PASM also found that records of referrals were not completed in a timely manner in line with Tusla's standard business process. In addition, PASM found there was not always evidence that children were consulted during the safety planning process. Inspectors reviewed the action plan that was developed and found it was not yet fully implemented. However, the area manager told inspectors that the service area was, at the time of the inspection on boarding new social workers and social care staff, and they envisaged that they would be at full staff complement by the end of September 2025 with the view to meeting the required timeframes for the completion of paperwork on incoming referrals. In addition, from a review of supervision files, inspectors found that the social work team leaders had addressed the issue of staff not always seeking the voice of children through the supervision process and found that social workers went back specifically to children to seek their views and recorded it as such. This meant that children's voices were clearly represented in the safety planning process and ensured that their voices were heard.

Audits of case files and Tusla's case management system were not always effective. It was the role of principal social workers and team leaders to be engaged in an ongoing process of auditing cases and to report their findings to the staff team for quality improvement. Staff who spoke to inspectors indicated that team leaders had completed audits in respect of safety plans and Garda notifications, for example. While safety planning was found to be of good quality, despite the auditing of Garda notifications, inspectors escalated seven cases in respect of Garda notifications not being made in line with Children First (2017), and the issue was also escalated as a systems risk.

Other mechanisms of quality assurance, risk management, and service improvement activities included governance meetings held between the area manager and their management team on a monthly basis. Inspectors reviewed minutes of these meetings and found that standing agenda items and associated actions included activity data, quality and risk, the complaints and compliments register, NTKs, and the risk registers. Quality assurance audits by PASM and HIQA inspections were also permanent agenda items. There was evidence that relevant performance data and reports were reviewed and analysed to inform area

priorities and drive improvement. Inspectors attended a quality risk service improvement meeting and found it had a comprehensive agenda, covering all aspects of service provision, including child protection, duty, foster care, PPFS, business support, TCM, and regional quality risk and service improvement (QRSI), and it was clear from observation that staff attending the meeting were committed to continuous improvement of the service.

There were risk management systems in place to identify and manage risks in the service in order to capture all risks associated with the child protection and welfare service. The area manager maintained a service risk register, which fed into a regional risk register, and risks that could not be managed by the area manager were escalated to the regional chief officer and to the national office, if necessary. The main risks within the area related to staff shortages and vacant social work posts, backlogs of the completion of written screening documents, intake records and initial assessments as a result of social worker vacancies, and exposure of staff to aggressive and threatening behaviours. The area recorded internal risk escalations as '*Need to Knows'* (NTKs). On review by inspectors, these showed that timely and effective measures were put in place to address the issues raised. All risks were being proactively addressed, reflecting a proactive approach to minimising the impact of identified risk before it became a more significant problem.

Tusla's Regional Operations Risk Management and Service Improvement Committee (RORMSIC) had a remit to maintain a quarterly review of area data and assurance reports and identify learning and additional regional service improvement actions required, but this was not always effective. This committee met monthly and was attended by the area manager to monitor risks in the service as required. In addition, the Tusla's National Operations Risk Management and Service Improvement Committee (NORMSIC) met on a quarterly basis, and this meeting was attended by the West North West regional chief officer (RCO). Minutes of these meetings were provided for the inspection and sampled by inspectors. Matters discussed in these meetings included the Tusla national reform programme, staff retention and recruitment, risk management, a summary of HIQA and PASM reports for learning, national policies, health and safety, NTKs, complaints and compliments, and operational issues. However, while staffing capacity was a standing item on the agenda for NORMSIC and RORMSIC, the solutions discussed (working with local colleges, recruiting outside the country, sponsoring social care workers (SCWs) to complete social work degrees, social work apprenticeships and flexible working hours) did not differ from previously tried solutions to retain staff and fill vacant social work posts. However, these solutions had not been successful to date. Nevertheless, Tusla was in the process of implementing a new reform programme that is due to come into operation from January 2026. The reform is designed to develop an integrated front door system

to manage child protection referrals more efficiently and for children and families to be provided with more effective pathways to access support services without being entered into the child protection system if this was not required.

This inspection found that staff supervision was mixed and there was improvement required in the recording of supervision sessions. Staff told inspectors that they received regular supervision and were satisfied with the support they received from their managers. Team leaders and managers told inspectors that supervision was one of the main ways they have oversight of individual cases. However, inspectors found that the frequency of supervision sessions was not always in line with the professional practice supervision policy 2023. Of the seven supervision records reviewed, four were not in line with policy. In addition, the recording of supervision differed in quality and detail. Of the seven supervision records reviewed, three were detailed and provided guidance and direction in relation to casework, and they also focused on issues such as training and professional development and the well-being of staff. There was evidence that managers reviewed the caseloads of staff in line with the caseload management policy and that staff were not given unmanageable caseloads. However, the record of four staff supervision files lacked details and did not consistently outline clear discussion and decision-making. This meant that it was not clear from the supervision record what actions had been undertaken and what progress had been made since the previous supervision.

This inspection found that the Mayo management team was committed to continuous improvement and embedding learning into practice. Staff were also supported in developing their practice through group supervision, which was in place throughout the service area. The duty and child protection teams met monthly to discuss cases and share learning in order to promote consistent practice in the implementation of the national approach to service delivery. Inspectors reviewed the minutes of these meetings and found they were used to review practice and to identify shared learning on the implementation of the various aspects of practice; for example, discussions were held on implementing effective safety plans and how to apply policies and standard operating procedures (SOPs) in relation to thresholds, categorisation and prioritisation of cases. It was also clear from the minutes that agenda items were informed by regional senior management meetings, and, in turn, area governance meetings informed team management meetings across the service.

This inspection found that the Mayo child protection and welfare services had effective leadership, governance, and management structures in place and were committed to providing a safe, responsive, and child-centred service to children and their families. However, inspectors found that the frequency and quality of supervision required improvement and was not always in line with the professional

practice supervision policy 2023. In addition, inspectors found that audits of case files and the Tusla child management system (TCM) was not always effective in regard to Garda notifications. For these reasons this standard is deemed substantially compliant.

**Judgment:** Substantially compliant

**Standard 4.1**
Resources are effectively planned, deployed and managed to protect children and promote their welfare.

This inspection found that the child protection and welfare service in Mayo was not always adequately resourced to ensure efficient management of referrals. However, the service area was able to effectively plan their available resources and deploy staff where they could be most effective when the service did not have a sufficient number of qualified social workers. The needs and demands of the service were outlined in the area's service plan. The area manager told inspectors that the service plan and its aims and objectives were based on an analysis of the needs of the service from internal TCM reports, local, regional and national meetings, QRSI and management meetings, PASM recommendations, and other quality assurance plans, including previous HIQA reports.

The service area had contingency plans in place to mitigate the risk of ongoing issues in recruiting and retaining enough qualified social workers. For example, significant delays in the completion of records and paperwork with regard to screening, preliminary enquiries and initial assessments, which had been identified as an issue by the area, were due to staffing capacity issues that had not been fully resolved at the time of this inspection. Data provided by the area showed that there was a staff turnover of 48.6% in the 12 months prior to this inspection. The area manager told inspectors that staffing would be at full capacity by the end of September 2025. To mitigate the risk of staffing capacity issues, the area manager implemented a contingency plan, which included using existing social care leaders and family support workers to take on extra pieces of work, particularly for medium and low-priority cases and cases where child welfare concerns had been identified that required family support.

In addition, the area manager told inspectors that, given that the recruitment of social work staff proved difficult in 2024 and 2025, the senior management team agreed to temporarily suppress a number of social work vacancies within the service and regrade the vacant posts to social care leader and family support posts as a temporary measure within the service. They said it substantially benefited the service by increasing the staffing resource available to ensure that children are in

receipt of a Tusla service. These cases were allocated to a social work team leader, who in turn delegated and supervised the work of social care leaders and family support workers. For example, social care leaders attended home visits to support social workers, following referrals that required more immediate actions, as well as completing individual work with children and young people, as the service area did not have sufficient social workers to carry out these duties.

From a review of eight cases allocated to other professionals, inspectors found that social care leaders, family support workers and domestic violence workers were competent in the completion of tasks that had been assigned to them by a social work team leader, and there was effective oversight of same. Inspectors reviewed children's records such as case notes, safety plans, and interviews with children and parents using a Tusla-approved therapeutic tool that had been completed by a social care leader and family support workers and found the work done with children was of good quality, child-centered, and in collaboration with children and their families. However, Tusla did not yet have a formal arrangement in place whereby tasks identified as appropriate for completion by social care leaders or other professional grades can be assigned to ensure that they were not carrying out work which should be assigned to a professionally qualified social worker.

Inspectors found there was good oversight of commissioned services to divert referrals that did not require social work intervention through Tusla's Prevention, Partnership and Family Support Programme (PPFS) Services.

The service area had service level agreements (SLAs) in place for a number of commissioned services that set out the standard terms and conditions upon which funding is granted by Tusla and that defined the responsibilities and accountabilities between Tusla and commissioned services. This included performance measures that were defined and monitored to ensure that the commissioned services were delivering the agreed services. The area manager told inspectors that SLAs are reviewed yearly to review the need and demand of service users and to ensure that the right services are provided to meet those demands. From a review of meeting minutes, inspectors found that the duty and child protection team met quarterly with PPFS services to ensure that all agencies that provided services to vulnerable children in their families were effective.

This inspection found that the child protection and welfare service in Mayo was not always adequately resourced to ensure efficient management of referrals. However, the service area was able to effectively plan their available resources and deploy staff where they could be most effective when the service was experiencing insufficient staffing capacity and, as a result, were able to meet

children's needs. Therefore the service area was deemed compliant with this standard.

**Judgment:** Compliant

**Standard 5.2**
Staff have the required skills and experience to manage and deliver effective services to children.

This inspection found that the service area did not have a sufficient number of qualified social workers in place with the required skills and experiences to manage and deliver effective services to children. However, from a review of children's records, inspectors found that skilled and experienced social care leaders and family support workers had been utilised to deliver effective services to children and their families. As already set out earlier in this report, the area manager told inspectors that the service area had experienced staffing capacity issues during the 12 months prior to the inspection. To mitigate against this risk, the area has implemented a number of actions to manage this deficit by suppressing a number of social work vacancies within the service and regrading the vacant posts to social care leader and family support worker posts as a temporary measure within the service. The area manager told inspectors that it substantially benefited the service by increasing the staffing resource available to ensure that children are in receipt of a Tusla service, notwithstanding that the service was being provided by social care leaders and family support workers.

Another key priority for the service area was related to staff retention and ensuring adequate support was in place for all staff working in the service. All staff members who spoke with inspectors reported an 'open door' policy among their managers and colleagues and that there was always a member of the management team available to offer support and advice. Social work team leaders reported similar levels of support and told inspectors that their principal social workers and area manager were available for advice and support as required. The management team was aware of the need to support staff and said there were a number of initiatives in place to support staff. For example, the area has set up a "values and behaviours" working group to implement wellness and staff support initiatives. The initiatives included wellness, access to health screenings and access to ongoing training and development. Other supports included informal supervision and support as required and the complex case forum whereby staff could present a case with the aim of exploring future steps to take in the interests of the child.

Staff at all levels described a culture of collaborative working and teamwork with a shared goal of providing good quality care for children and families. Managers and staff told inspectors that there was a nurturing culture within the area whereby they felt that no question or issue was inappropriate and there was always a member of the management team available to offer support and advice. Social work team leaders reported similar levels of support and told inspectors that their principal social workers and area manager were available for advice and support if required.

Inspectors reviewed caseload management records and found caseloads were discussed in the majority of supervision sessions. Inspectors reviewed three supervision files for this purpose and found that there were records of case management tools on all three.

Inspectors reviewed a regional workforce plan that had been implemented in the West North West region, consisting of four service areas, including Mayo, which was also done in conjunction with Tusla's *Human Resources People Strategy* 2022–2024. The area had identified that 48.6% of new social workers had left their posts within a year, either through promotion, internal transfers, or leaving child protection for different roles. Recruitment and retention initiatives included rolling recruitment campaigns for individual service areas, funding for social work degrees for social care leaders and family support workers, linking in with local universities and colleges, and creating posts for social work apprenticeships for social care workers. In addition, the area manager told inspectors that the service area had a strong focus on providing social work student placements by providing extensive support and training, with the view that these students would return to the area when fully qualified. Furthermore, the regional workforce planning group had already implemented a number of initiatives to retain social workers through offering flexible working options. These included a four-day working week, blended working, improved career pathways (some social workers had successfully upgraded from social worker to senior practitioners) and distance learning. A number of social work staff had been successful through the career pathways as well as distance learning, enabling staff to complete a Tusla-funded masters degree online.

Staff had the required skills and knowledge to manage and deliver effective services to children. Inspectors observed social workers on the Intake and Assessment team in the course of their work. Staff were polite when seeking information, and they were diligent in clarifying information. Inspectors also held a focus group with social workers and social care leaders and family support workers and found that staff were knowledgeable and clear about the policies and procedures in relation to the management of referrals. A small sample of parents

told inspectors that social workers and social care leaders were professional, supportive, and clear in their dealings with them.

Training was provided to ensure that staff were knowledgeable and proficient in delivering a good quality child protection and welfare service. A training needs analysis had been completed by the service area in 2024, and staff who spoke with inspectors confirmed that the availability of training was very good. The service area had an induction programme for new staff and a mentoring system whereby more experienced staff buddied up with new staff. Induction training consisted of face-to-face training days, e-learning and mandatory training, including Children First (2017), Health and Safety, and General Data Protection Regulation (GDPR).

Not all staff had a personal development plan on file. Of the seven files reviewed for this purpose, four did not have a record of a personal development plan on file. Inspectors found that the personal development plans that were in place were of good quality, and they identified the staff member's training needs and further professional development requirements. This was an area that required further development in order to further progress individual staff's professional development.

This inspection found that the service area did not have a sufficient number of qualified social workers in place with the required skills and experiences to manage and deliver effective services to children. A key priority for the service area was related to staff retention and ensuring adequate support was in place for all staff working in the service. Staff had the required skills and knowledge to manage and deliver effective services to children. Training was provided to ensure that staff were knowledgeable and proficient in delivering a good quality child protection and welfare service. For this reason the standard is deemed substantially compliant.

**Judgment:** Substantially compliant

## Quality and safety

This inspection found that staff in the Mayo service area were able to provide a safe and child-centred service to children and their families. However, while the area did not have an adequate number of qualified social workers, available staffing resources had been reconfigured to ensure that the Mayo service area provided a good quality and child-centred service in line with best practice, the standards, and legislation.

Overall, communication with children and families was of good quality. Inspectors found that children were kept well informed by their social workers. Social workers and social care leaders interacted with children in ways that were appropriate to their age and development by using a variety of methods to communicate with them, such as drawing pictures, telling stories and completing specific child-friendly templates which were part of the service area's approach to practice. Staff told inspectors that leaflets were provided to children and families about the social work services and available services when they first met with children. These leaflets were available in other languages for children and families who did not have English as their first language.

This inspection found that the Mayo service area managed all child protection and welfare referrals in line with Children First (2017). However, there were significant delays in the completion of written records of screening records and preliminary enquiries, as well as the completion of written initial assessments, which was not in line with Tusla standard business processes.

Nevertheless, from a review of case files, regardless of the extensive delays in the completion of written records, inspectors found that children and families received a timely and effective social work response, and this did not have a negative impact on the support and services provided to children and their families.

This inspection found that notifications of suspected abuse to An Garda Síochána were not made in line with Children First (2017). Of 11 files examined for the purposes of reviewing timeframes for notifications to An Garda Síochána, four notifications were promptly sent to An Garda Síochána. However, seven Garda notifications had not been sent as required in line with Children First (2017). Inspectors escalated the seven cases to the area manager. In addition, the issue of not making Garda notifications was also escalated as a systems risk, and a satisfactory response was received from the area manager following the inspection.

Safety planning in the service area was of good quality. Inspectors found that of the 15 safety plans reviewed, all 15 were adequate and 11 were of good quality.

The remaining four safety plans were considered to be adequate but were lacking in some detail. However, from a review of the files, inspectors found that they had the desired impact to keep children safe. There was also good evidence that parental capacity to safeguarding was appropriately assessed.

Inspectors reviewed a sample of six closed cases and found that the closure of cases was appropriate.

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

Overall, communication with children and families was of good quality. From a review of files, inspectors found that children were listened to and their voices and wishes were reflected in case notes, interview notes, intake records, initial assessments, safety plans, and emails.

Inspectors found that children were kept well informed by their social workers. Social workers and social care leaders interacted with children in ways that were appropriate to their age and development by using a variety of methods to communicate with them, such as drawing pictures, telling stories, and completing specific child-friendly templates, which were part of the service area's approach to practice. Where possible, children were included in relevant meetings pertaining to their lives where appropriate. Social workers and social care leaders told inspectors that interpreters were used with families where English was not their first language, and inspectors found this to be the case. For example, families who agreed to speak to inspectors and did not have English as their first language were provided with an interpreter for those conversations.

Social workers told inspectors that leaflets were provided to children and families about the social work services and available services when they first met with children. Inspectors reviewed the leaflets and found them to be age-appropriate, containing information about social workers and their role, explaining child protection conferences, and providing information about an independent advocacy service for children and young people. One leaflet contained a story told by a child explaining the process of play therapy and how this therapy can help children to feel better about their lives. In addition, leaflets came in different languages for children and families who did not have English as a first language.

From a review of written records of interviews with children and parents, inspectors found that all staff were sensitive to the needs of children and their families. Social workers, social care leaders, and family workers were respectful to children by explaining the process of why they were talking to them and what the purpose of the visit was. Initial assessments that had been completed indicated

how staff had developed rapport with children and their families, and when trust had been built, the participants were more open to sharing information with the worker. Records indicated that staff took into account children's diversity and cultural and linguistic backgrounds and were respectful of interviewing children on their own, and this was recorded on the children's records.

However, inspectors found that not all children were consulted in respect of safety planning. Inspectors reviewed two children's records of children who had not been spoken to directly when a safety plan was being developed. Supervision notes reviewed by inspectors indicated that these issues were addressed through the staff supervision process, whereby social workers were directed by their social work team leader to have direct contact with children. Inspectors found that social workers had followed that direction and made contact with the children as requested.

The service area had well-established links with external agencies, and from a review of records, there was evidence of good communication. For example, inspectors found there was good interagency cooperation between An Garda Síochána and the social work department. Regular liaison meetings took place between social work and Garda managers at various levels in relation to shared cases, and joint strategy meetings were held as appropriate. Good joint decision-making was also evident in relation to children and families involved with both agencies. The staff and managers reported an excellent relationship with An Garda Síochána as well as community support services.

Communication with children and families was of good quality. From a review of files, inspectors found that children were listened to and their voices and wishes were reflected in case notes, interview notes, intake records, initial assessments, safety plans, and emails. For this reason the standard is deemed compliant.

**Judgment:** Compliant

**Standard 2.1**
Children are protected and their welfare is promoted through the consistent implementation of *Children First*.

Overall, the service appropriately managed child protection and welfare referrals in line with Children First (2017). While there were significant delays in the completion of written records of screening records, preliminary enquiries as well as initial assessments, children and their families were provided with a timely, effective and responsive service.

The focus of the Mayo child protection and welfare inspection was the duty and intake teams as well as the child protection and welfare (CPW) teams. The duty and intake teams managed child protection and welfare concerns from the point of initial referral and screening through to the end of initial assessments. A duty social worker screened and prioritised all referrals received to their respective office. A duty social work team leader reviewed and signed off on the screening of the referrals received. Management oversight was provided by one dedicated duty principal social worker (PSW), and the teams consisted of one duty and intake team leader and three full-time duty social workers and social care workers, while two posts were vacant at the time of the inspection.

The child protection and welfare teams (CPW) were responsible for children where there was an identified need for ongoing social work intervention following the completion of the initial assessments. This team was comprised of a PSW, three social work team leaders, nine CPW social workers, two senior social work practitioners, three social care leaders, three family support workers, and one project worker. Management oversight of both teams was provided by the area manager.

Child protection and welfare referrals were received in a number of ways: through the Tusla online portal, in writing, by telephone, or in person. Screening is the first step by a child protection social worker to manage a referral. It involves analysing the referral received to determine if the child or family requires a child protection and welfare response. When referrals were received, they were routinely acknowledged. Referrals were screened by a duty social worker on the intake team who decided if they were appropriate to the service and required a social work response, and when appropriate this was signed off by the duty social work team leader on the screening record. If a referral did not meet the threshold, it was closed to Tusla and directed to another service where appropriate. When referrals met the threshold, internal network checks were conducted to ascertain whether the child or family was currently or previously known to the service. The duty social worker also prioritised referrals into high, medium and low priority, and an intake record (IR) was launched onto TCM.

While the Mayo service area managed and assessed all child protection and welfare referrals in line with Children First (2017), this inspection found that the service area was not adhering to the timeframes for the completion of the aligned paperwork upon receipt of referrals in line with Tusla's standard business processes (SBP). There were significant delays in the completion of written records in regard to screening and preliminary enquiries as well as initial assessments. The Tusla standard business process dictated that the screening of new referrals should be completed within 24 hours. Data provided by the service area showed that out of 1369 referrals received in the 12 months prior to the inspection, 658,

or 48.1%, had their screening completed in line with standard business processes. Of the 32 cases reviewed for screening, 18, or 56%, were completed within 24 hours, as evidenced by a screening tool recorded on Tusla's case management system (TCM).

However, from a review of 41 case files, regardless of the extensive delays in the completion of intake records and initial assessment records, inspectors found that children and families received a timely and effective social work response and that the delay in completing written records did not have a negative impact on the support and services provided to children and their families.

Duty social workers completed initial checks; contact was made with the referrer to gather further information; safety plans were implemented immediately where required. In addition, family support services were provided when required, as well as home visits by a social worker, social care leader or family support worker, and this activity was recorded in the 'notes section' on TCM or could be found on incomplete intake documents.

Inspectors found that the completion of 12 screening tools was delayed between two and 21 days, 11 of them being delayed between three and 10 days. In addition, the completion of preliminary enquiries and intake records required significant improvement. Tusla standard business processes require that initial checks are completed following the receipt of a referral by the duty worker. Tusla's standard business process sets out a five-day timeframe for these initial checks, which are called preliminary enquiries, to be completed and recorded on an intake record, but this timeframe was consistently not met by the service area. Data provided by the service area indicated that out of 390 intake records that required completion, only 34, or 8.7%, had been completed within the five-day period. Of the 22 files reviewed for this purpose, only three, or 13.6%, had been completed within five days.

There was evidence of good cooperation between the social work department and family support agencies in the wider community to ensure that children and families received an appropriate response. The R.E.D. (Review, Evaluate, and Direct) process ensured that members of the social work department and coordinators of family support services in the community met fortnightly to consider referrals of children and families and to discuss the most appropriate service in each case. The management team told inspectors that the service area has close relationships with family resource centres and other support services, and the observation of a QRSI meeting that was attended by an inspector observed this to be the case.

Inspectors found that referrals were consistently categorised and prioritised correctly. Inspectors found that referrals were appropriately classified into the relevant categories of abuse, such as physical, sexual, or emotional abuse, neglect or child welfare concern. In addition, referrals were correctly assigned a priority level of high, medium or low at the completion of preliminary enquiries. Depending on the priority level, the referral was allocated to a duty social worker, or for low and medium priority, the referral was assigned to a social care worker or family support worker for follow-up.

Where children were identified as being at immediate risk or requiring immediate action, timely and appropriate actions were taken to ensure they were safe and protected. Immediate responses included visits to the family home or the child's school to meet the child and make an assessment of their safety, immediate safety plans, or alternative arrangements for the child's care if this was required.

Initial assessments were of good quality, but there were significant delays in completing the written document on TCM. All initial assessments completed by social workers were reviewed and signed off by a social work team leader. Overall, inspectors found that social workers routinely sought children's views during the assessment process, and they were seen on their own or observed in the family home. Parents were consulted, and the assessments included a detailed analysis of children's needs and family strengths and weaknesses. Consultation also took place with other professionals involved with the children, and appropriate support networks were identified. Risks, safety issues, and the potential harm to children were considered. The outcome of the initial assessment was clearly recorded, and recommendations were made about the next steps to be taken. The outcomes were also shared with families. Appropriate action, such as the scheduling of child protection conferences, was taken where children were assessed as being at ongoing risk of significant harm.

Improvements were required in ensuring that An Garda Síochána were informed in a timely manner of suspected abuse. Under Children First (2017), if Tusla suspects that a crime has been committed and a child has been wilfully neglected or physically or sexually abused, it will formally notify An Garda Síochána without delay. Inspectors reviewed eleven case files for the purpose of examining the notification of allegations of abuse to An Garda Síochána as part of the preliminary enquiry process. Of 11 files reviewed, four notifications were promptly sent to An Garda Síochána; however, seven Garda notifications had not been sent. Inspectors escalated the seven cases to the area manager, and this was also reported to the area manager as a systems risk. A satisfactory response was received by the area manager following the inspection.

This inspection found that safety planning in the service area was of good quality. Developing a meaningful safety plan is a collaborative process undertaken by the social worker with the parents, the child, and available support networks. Safety planning focuses on the question of what actions need to be taken to ensure that the child is safe in their own home. Inspectors found that of the 15 safety plans reviewed, all 15 were adequate and 11 were of good quality. The remaining four safety plans were considered to be adequate but were lacking in some detail. However, from a review of the files inspectors found, they had the desired impact to keep children safe. There was also good evidence that parental capacity to safeguard was appropriately assessed. The children and families were aware of or actively involved in the safety planning process and clear about the process and its purpose.

Inspectors reviewed a sample of six closed cases and found that the closure of cases was appropriate. Cases were closed when families no longer required social work intervention. Parents were routinely advised of case closures. While there were closure rationales on all six cases, only three cases had a closure summary record.

Overall, the service appropriately managed child protection and welfare referrals in line with Children First (2017). While there were significant delays in the completion of written records of screening referrals, preliminary enquiries as well as initial assessments, children and their families were provided with a timely, effective and responsive social work service. However, this inspection found that notifications of suspected abuse to An Garda Síochána were not made in line with Children First (2017). Seven individual cases, where a Garda notification had not been made, were escalated to the service area, and the issue was escalated as a systems risk. For that reason this standard is deemed substantially compliant.

**Judgment:** Substantially compliant

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

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

| Standard Title | Judgment |
|---|---|
| **Capacity and capability** | |
| **Standard 3.1**<br>The service performs its functions in accordance with relevant legislation, regulations, national policies and standards to protect children and promote their welfare. | Substantially compliant |
| **Standard 3.2**<br>Children receive a child protection and welfare service, which has effective leadership, governance, and management arrangements with clear lines of accountability. | Substantially compliant |
| **Standard 4.1**<br>Resources are effectively planned, deployed and managed to protect children and promote their welfare. | Compliant |
| **Standard 5.2**<br>Staff have the required skills and experience to manage and deliver effective services to children. | Substantially Complaint |
| | |
| **Standard 1.3**<br>Children are communicated with effectively and are provided with information in an accessible format. | Compliant |
| **Standard 2.1**<br>Children are protected and their welfare is promoted through the consistent implementation of *Children First*. | Substantially compliant |

# Compliance Plan for Mayo
# Child Protection and Welfare Service
# OSV – 0004377

# Inspection ID: MON-0047401

# Date of inspection: 07-11 July 2025

**Introduction and instruction**

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

This document is divided into two sections:

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

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

A finding of:

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

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

**Section 1**

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

**Compliance plan provider's response:**

| **Standard 3.1**<br>The service performs its functions in accordance with relevant legislation, regulations, national policies and standards to protect children and promote their welfare. | **Judgment:**<br>**Substantially Compliant** |
|---|---|
| **Outline how you are going to come into compliance with Standard 3.1:**<br><br>The Duty Intake team will complete a review of all open cases to be completed by end of 31st December 2025. This will review completion of Intake Records, Initial Assessments and appropriate diversion.<br><br>An audit of all duty/intake cases over the last 6 months categorised as abuse has been undertaken by the Team Leader and Principal Social Worker. Cases identified that required notification have been actioned.<br><br>Principal Social Worker will complete quarterly audits of abuse referrals to ensure appropriate implementation of Children First in respect of notifications to An Garda Síochána.<br><br>Tusla Children First Notifications by Tusla to An Garda Síochána (AGS) Practice Instruction for all Social Work Departments has been re-issued to all managers and staff throughout the service and is an agenda item on all management meetings.<br><br>Workshop on Garda Notifications will take place with staff on the 2nd December 2025.<br><br>Ongoing audit of Garda Notifications will also take place through monthly file audits. | |

| **Standard 3.2**<br>Children receive a child protection and welfare service, which has effective leadership, governance, and management arrangements with clear lines of accountability. | **Judgment:**<br>**Substantially compliant** |
|---|---|
| **Outline how you are going to come into compliance with Standard 3.2:**<br><br>Supervision policy will be circulated to all staff and discussed at team meetings.<br><br>Social Work Team Leader is to compile a tracker for supervision dates. To be reviewed in supervision with Principal Social Worker.<br><br>Principal Social Worker to audit quality of supervision records and complete action plan as required. This will be completed by 31st December 2025. | |

| **Standard 5.2**<br>Staff have the required skills and experience to manage and deliver effective services to children. | **Judgment:**<br>**Substantially compliant** |
|---|---|
| **Outline how you are going to come into compliance with Standard 3.2:**<br><br>All staff will have their Professional Development Plans completed in line with the new online policy by 31st December 2025.<br><br>Continue with current onboarding of staff. Ensure these staff are supported with induction in place. Continue with current retention policies that are in place. | |

| **Standard 2.1**<br>Children are protected and their welfare is promoted through the consistent implementation of *Children First*. | **Judgment:**<br>**Substantially Compliant** |
|---|---|
| **Outline how you are going to come into compliance with Standard 2.1:**<br><br>Principal Social Worker will complete an audit of quality of Safety Plans on long term cases by 31st December 2025.<br><br>Garda Notifications will be addressed as per standard 3.1<br><br>A number of new staff have started in the service since the inspection with a number of staff onboarding with start dates in the coming weeks. This should address the delays in the completion of paperwork by staff. Principal Social Worker to complete an audit of timeframes towards the end of December 2025 and review progress. Action plan will be developed if required. | |

**Section 2:**

**Standards to be complied with**

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

| Standard | Judgment | Risk rating | Date to be complied with |
|---|---|---|---|
| **Standard 3.1**<br>The service performs its functions in accordance with relevant legislation, regulations, national policies and standards to protect children and promote their welfare. | Substantially Compliant | Yellow | 31st December 2025 |
| **Standard 3.2**<br>Children receive a child protection and welfare service, which has effective leadership, governance, and management arrangements with clear lines of accountability. | Substantially Compliant | Yellow | 31st December 2025 |
| **Standard 5.2**<br>Staff have the required skills and experience to manage and deliver effective services to children. | Substantially Compliant | Yellow | 31st December 2025 |
| **Standard 2.1**<br>Children are protected and their welfare is promoted through the consistent implementation of *Children First*. | Substantially Compliant | Yellow | 31st December 2025 |

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