



**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

Name of service area:	Dublin South East / Wicklow
Type of inspection:	Focused
Date of inspection:	25 - 28 August 2025
Lead inspector:	Lorraine O'Reilly
Support inspector(s):	Bernadette Neville Grace Lynam Hazel Hanrahan Saragh McGarrigle
Fieldwork ID	MON-0047816

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 (Tusla) to protect children and to promote the welfare of children.

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

In September 2023, HIQA developed a specific risk-based monitoring programme of inspections to examine Tusla's governance arrangements in child protection and welfare and foster care services. The inspections focused on services where 25% or more of children did not have an allocated social worker. The purpose of the risk-based monitoring programme was to assess the effectiveness of the provider's governance arrangements in the management of unallocated cases, so as to support the delivery of a timely, safe and effective service for children and families. The programme aimed to establish how effective national governance arrangements were being implemented at local and regional level. It also aimed to improve compliance against the *National Standards for the Protection and Welfare of Children* (2012) and reduce waiting lists for children. The monitoring programme included onsite inspections and monthly meetings with nominated representatives of Tusla's executive team.

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

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

This inspection was a monitoring inspection to assess the progress made since the previous inspection in March 2024. Following that inspection, actions were required to address non-compliances with the national standards. Those key issues that were followed up in this inspection related to;

- lack of oversight of case categorisation on children's records
- notifications to An Garda Síochána (Gardaí) not being completed in line with *Children First: National Guidance for the Protection and Welfare of Children* (2017)
- lack of oversight and management of the monitoring and updating of safety plans. In addition, in cases where they were monitored, the identified actions were not implemented due to lack of oversight.

Following the inspection, the area submitted a satisfactory compliance plan to reduce the impact of these risks. While some deficits remained in these areas at the time of this inspection, satisfactory actions had been taken to oversee case categorisation and Garda notifications. A deficit requiring further escalation remained - ensuring safety was established, that safety plans were implemented (when needed) and monitored to ensure plans were effective.

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

This inspection was a monitoring inspection of Dublin South East/ Wicklow to monitor compliance with the *National Standards for the Protection and Welfare of Children* (2012). The scope of the inspection included standards 2.1, 3.1, 3.2, 4.1 and 5.2 of these national standards.

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
- meeting with the area manager representative/ placement prevention and family support (PPFS) manager
- meeting with the area manager
- meeting with regional Quality, Risk and Service Improvement (QRSI) manager and officer
- meeting with the Tusla Case Management (TCM) user liaison lead
- meeting with regional Special Emergency Arrangements (SEA's) co-ordinator
- meeting with two principal social workers
- focus group with nine new frontline practitioners recruited since the last inspection
- the review of local policies and procedures, minutes of various meetings, staff supervision files, audits and service plans
- the areas self-assessment questionnaire
- observation of meetings relevant to the standards being assessed
- observation of practice relevant to the standards being assessed for example, social workers on duty
- the review of 60 children's case files.

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

Acknowledgements

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

Profile of the child protection and welfare service

The Child and Family Agency

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

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

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

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

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

Service area

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

Dublin South, South East and Wicklow (DS/DSE and WW) is the fourth largest of the 17 Integrated Service Areas which form the local service delivery structure for Tusla. DS/DSE and WW is an amalgamation of three previous Local Health Office (LHO) areas.

The operational service delivery is managed by an area manager who reports to the regional chief officer for the Dublin Mid-Leinster region. The area manager and two principal social workers have responsibility for the delivery of the child protection and welfare services. At the time of the inspection there was one principal social worker responsible for three duty and intake teams and one principal social worker responsible for three child protection and welfare teams. The duty and intake teams

were the initial points of contact for anyone who wanted to speak with someone or make a report about concerns they had for a child within the service area.

Teams were comprised of professionally qualified social workers, social care leaders, social care workers and newly-appointed domestic violence workers. Each team was managed by a social work team leader who was managed by a principal social worker. At the time of the inspection there were minimal vacancies across the six teams with posts being filled as well as two additional social workers on the duty team.

As of the beginning of 2025, Dublin South East/ Wicklow had 18 International Protection Accommodation Service (IPAS) accommodation centres, eight in Dublin South East/ Wicklow and 10 in Wicklow. Some of these accommodated children as well as one hub which provided support for families experiencing homelessness.

Compliance classifications

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

Compliant: A judgment of compliant means the service is meeting or exceeding the standard and is delivering a high-quality service which is responsive to the needs of children.

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

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

Theme 2: Safe and Effective services	
Standard 2.1	Children are protected and their welfare promoted through the consistent implementation of Children First.
Theme 3: Leadership, Governance and Management	
Standard 3.1	The service performs its functions in accordance with relevant legislation, regulations, national policies and standards to protect children and promote their welfare.
Standard 3.2	Children receive a child protection and welfare service, which has effective leadership, governance, and management arrangements with clear lines of accountability.
Theme 4: Use of Resources	
Standard 4.1	Resources are effectively planned, deployed and managed to protect children and promote their welfare.
Theme 5: Workforce	
Standard 5.2	Staff have the required skills and experience to manage and deliver effective services to children.

This inspection was carried out during the following times:

Date	Times of inspection	Inspector name	Role
25/08/2025	09:00hrs to 17:00hrs	Lorraine O'Reilly	Lead Inspector
		Saragh McGarrigle	Support Inspectors
	10:00hrs to 17:00hrs	Bernadette Neville	
		Grace Lynam	
		Hazel Hanrahan	
26/08/2025	09:00hrs to 17:00hrs	Lorraine O'Reilly	Lead Inspector
		Bernadette Neville	Support Inspectors
		Grace Lynam	
		Hazel Hanrahan	
	09:00hrs to 13:00hrs	Saragh McGarrigle	
27/08/2025	09:00hrs to 17:00hrs	Lorraine O'Reilly	Lead Inspector
		Bernadette Neville	Support Inspectors
		Grace Lynam	
		Hazel Hanrahan	
	09:00hrs to 13:00hrs	Saragh McGarrigle	
28/08/2025	09:00hrs to 15:00hrs	Lorraine O'Reilly	Lead Inspector
	09:00hrs to 16:00hrs	Saragh McGarrigle	Support Inspectors
	09:00hrs to 17:00hrs	Bernadette Neville Grace Lynam Hazel Hanrahan	
02/09/2025	15:00hrs to 16:30hrs	Lorraine O'Reilly	Lead Inspector

Children's experience of the service

Children without an allocated social worker were the focus of this inspection. When a service could not allocate a social worker to a child, they were placed on the waitlist for a social work assessment of their needs. When children were deemed to be high priority or at immediate risk, action was taken and they were allocated a social worker. Children who were deemed to be a lower priority and who did not require an urgent response were placed on the waitlist called 'cases awaiting allocation'.

Due to children not being allocated to a social worker and the sensitive nature of the issues that families may have experienced, it was not appropriate for inspectors to contact these children and their families. Some families may not have been aware that they had been referred to the child protection and welfare service. This was because there were significant delays in progressing referrals in the child protection and welfare service from the point of contact being made about concerns for a child right through to the completion of an initial assessment. Tusla did not know if children were safe during this period, as months could have passed without the child protection and welfare service making contact with children or their families.

When reviewing children's records, various documents and through meeting with staff, inspectors assessed compliance based on what a good social work service should provide for children and their families. This approach was used to best understand if children and their families had received what was expected of the service to meet compliance with national standards and ensure children received a timely and safe service.

The processes in place for the management of child protection and welfare concerns were inadequate. The area did not adhere to *Children First: National Guidance for the Protection and Welfare of Children* (2017), or Tusla's own policies. When inspectors were concerned about the service being provided to children through reviewing their records, they sought further information during the inspection to clarify the actions being taken to demonstrate a safe service. When information was not provided to demonstrate appropriate actions had been taken to ensure the safety of children, cases were escalated following the inspection. The urgent case escalations about the service being provided to individual children included:

- A number of referrals had been received about concerns for a child with additional needs. They were on the cases awaiting allocation list for a period of three months by the time of the inspection with no work being undertaken to support the family.
- A referral was received about the safety for a baby and their sibling after the family were referred about concerns regarding alleged domestic violence four weeks before the inspection. They remained on the cases awaiting allocation list at the time of the inspection.

Overall, children and families did not receive a timely service, in line with Children First (2017), or Tusla's own policies. The processes in place in the area for the management of child protection and welfare concerns was inadequate. Children who had been placed on the cases awaiting allocation list without safety being established was escalated as a systems risk following the inspection. These risks will be discussed in the other sections of the report. In summary:

- There were significant shortcomings in the service to adequately address the high numbers of children being placed on the cases awaiting allocation list, particularly cases which had been prioritised as medium and low, without preliminary enquiries and intake records being completed. This meant that children and their families had been screened into the service and may not have been aware that the report had been made. It also meant that referrals stayed on waitlists without safety being established or any work being undertaken on cases.
- There were significant delays in the completion of preliminary enquiries and intake records. Many children's cases did not reflect any work having been undertaken since they were screened into the service and placed on a waiting list and time frames spanned over several months.
- Safety was not established prior to placing children on the cases awaiting allocation waiting list.
- Case notes were not being contemporaneously uploaded to children's files meaning their records were not up to date and it could not be determined what level of work had been undertaken in some cases.

While there were significant concerns which required action by the service, good practice was also identified in cases. Case examples were;

- when a family did not attend a scheduled office visit, the assigned worker completed a home visit to ensure the safety of the children
- direct work with children and using additional resources when working with children with disabilities
- discussions with parents about how to best support children who had been impacted by family difficulties

- good recording and evidence of when parents required supports to communicate
- good joint-working with other agencies.

Capacity and capability

The service was not responding appropriately to all children referred to the service. There was a significant number of children who were on the cases awaiting allocation list for whom their safety or welfare had not been established.

Of the five standards assessed;

- two were substantially compliant
- three were not compliant.

While staff aimed to deliver a good quality and safe service, it was not possible to provide a timely and consistent service to children in accordance with relevant legislation, national policies, standards and Tusla's standard business processes due to how resources were utilised, or to manage the referrals for children which were placed on waitlists. While there were clearly defined levels of accountability and governance structures in place, this did not mean that the service being delivered was safe and child centred for all children referred to the service; they did not receive a timely service nor were afforded the opportunity to receive an assessment of their needs and avail of the relevant supports when someone had made a referral concerned for a child's safety and well-being.

There were several reporting mechanisms and governance structures in place to oversee the cases awaiting allocation and other service priority areas. While metrics were clearly reported about and discussed at these forums, in-depth analysis was absent in terms of how the service remained unable to function in accordance with relevant legislation, regulations, national policies and standards to protect children and promote their welfare.

Risks were appropriately recorded and escalated in line with Tusla policy. However, the actions were not always effective in instigating change and effectively mitigating against risks as outlined above. The area had succeeded in addressing other risks, such as staff vacancies and making the best use of resources within the service area. Although these actions would contribute to better service provision for children and their families, children remained on waitlists without effective interim safety planning.

Safety planning practice related issues, from the point of when a referral was received, screened and awaiting preliminary enquiries, were not discussed within the various meeting forums in the area. This was a significant gap in practice and oversight in the area given there were mechanisms and reporting structures in place to facilitate the discussion of systems risks and other significant issues. These included the senior local management liaison forum, governance meetings, a child protection forum, leader's meetings, pillar meetings and team meetings across the area. Despite the various forums in place, there was an unassessed risk to children being placed on a waitlist. This was due to their safety needs not being assessed in a timely manner.

For the most part, resources were effectively managed at local and regional level. The service carefully considered the use of available resources and there were good examples of the service thinking strategically about service delivery while also meeting the needs of children and their families in a more timely way. Some projects had started and required time to deliver on outcomes. The area had taken learning from projects, completed a trend analysis of referrals and had started to implement further measures with external stakeholders. While external project initiative and collaboration with various stakeholders is central to service provision, it should not take away from the focus being that it was unacceptable for children to be placed on a waitlist for a child protection and welfare service.

Staff had the required skills and experience to manage and deliver effective services to children. They were committed to striving to provide a safe, good quality service to children. Vacancies had been filled in the weeks prior to the inspection. Effective retention measures and adherence to national policies and standards were requirements to providing a good quality service to children which prioritised their safety. Time was required to see if retention measures supported staff and provided them opportunities to further develop their skills.

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.

The area deemed itself as not compliant with this standard. Inspectors agreed with this judgment.

Staff demonstrated knowledge of legislation, regulation, policies and standards, however, the area was not fully adhering to these in practice. The area was not operating in line with Children First (2017) and Tusla's standard business process. The initial step upon receipt of a referral is screening, and this is undertaken to

assist social work teams with their decision-making about whether there is a need to complete preliminary enquiries and an intake record under the referral process. In line with Tusla's standard business process, an intake record should be completed within five days when there are reasonable grounds for concern for a child, or where there is harm to a child and further investigation is required. The purpose of this step is to gather and consider information, take necessary action to protect children and determine if the threshold for a service had been met. While other service areas also had difficulties in adhering to time frames set out by Tusla's standard business process, this area also did not conduct initial checks as required by Children First (2017), to establish safety as a routine measure prior to placing children on the cases awaiting allocation list.

A national compliance plan action was for the regional chief officers and area managers to confirm that guidance had been aligned to the national unallocated cases policy. However, the area was not fully implementing the '*Unallocated Children and Young People National Policy and Guidance*' (2024) at the time of the inspection. For example, the area did not maintain a focus on safety which was described as being central to the management and oversight of unallocated children and young people. This happened despite the oversight mechanisms in place.

There were mechanisms in place to escalate risks within the service. The risk issues during this inspection presented mainly from screening to the completion of initial assessments. The known risk of cases awaiting allocation had been formally escalated by the area manager to the regional chief officer and subsequently to Tusla national office. The level of scrutiny associated with the risk escalation was unclear. For example, 231 children remained without an allocated social worker despite the area almost reaching their full staffing capacity.

Staff were supported and confident in completing the work assigned to them on cases awaiting allocation. As such, it was crucial that work was being completed in line with the relevant policies and guidance to ensure safe practice and prioritising children's safety. Work undertaken was effectively monitored when allocated to the social work teams. The area was implementing the new national policy for supervision of staff. The time frames for supervision were being adhered to and this was recorded as required.

Suspected cases of abuse were appropriately notified to An Garda Síochána. While most were clearly identified, there were delays in reporting some cases. Additional measures had been taken by the area to improve this area of practice. These included training, discussions at management meetings and an audit.

The provider took some appropriate actions based on the recommendations made by regulatory bodies. Improvements in some areas of practice were noted since the last inspection. For example, the oversight of Tusla notifications to Gardaí. There were also improvements made to the area of safety planning for children who had longer term child protection involvement. However, interim safety planning remained a risk during this inspection, mainly from the point of receipt of a referral and screening to the completion of intake records.

Some areas of safety planning practice had improved following a previous inspection. For example, the more robust monitoring and updating of Tusla-led safety plans for children with longer term social work involvement. This meant that there was a reduced risk to children who had an allocated social worker to monitor their safety plans. At the time of this inspection, the risk remained significant for children who had been screened into the social work service and, were not deemed to be at immediate risk of harm. Those children were placed on a waitlist to receive a social work service on the cases awaiting allocation waitlist.

The national compliance plan noted that the service areas were to implement the agreed governance structures for the effective oversight and management of Special Emergency Arrangements (SEA's). This inspection found that there was a good oversight system in place which had been strengthened in the weeks prior to the inspection. The area worked closely with the regional SEA coordinator to adhere to the '*National Standard Operating Procedure – Special Emergency Arrangements 2024*'¹(National SOP). Prior to seeking approval for a SEA, all local arrangements or solutions were explored and considered. Inspectors reviewed regional governance meeting records and met with the regional SEA coordinator. Area SEA governance meetings had recently commenced in the area. These were scheduled to occur on a monthly basis with regional meetings occurring on a fortnightly basis. This meant that there was greater oversight at local level for the children and young people's placements in SEA's and the implementation of the National SOP in respect of SEA's.

The area was not fully adhering to relevant legislation, regulations, national policies and standards in practice. Some measures had been taken to align the area's adherence to the national compliance plan such as the governance of SEA arrangements. Other areas required further action to be taken which included the management of waitlists in a manner which prioritises children's safety, to ensure this is established for all children in the first instance and also the adherence to standard business processes to ensure timely service provision.

¹ Tusla National Standard Operating Procedure for Special Emergency Arrangement (SEA) refers to emergency settings where a child/young person is accommodated in a non-statutory and/or unregulated placement e.g. Hotel, B&B, Holiday Centre, Activity Centre, Tusla property, Privately Leased property.

Judgment: Not compliant

Standard 3.2

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

The area deemed itself as substantially compliant in respect of this standard. Inspectors did not agree with this and found the service to be not compliant. Governance and oversight measures at senior management level, such as monthly unallocated case meetings, failed to address the practice issues. All risks were not mitigated against successfully and the oversight of safety for children remained a significant concern.

Several strategic objectives and structures were in place at local, regional and national level with specific information and metrics being reported and escalated about cases awaiting allocation. What inspectors failed to see was specific practice risks being escalated and what the impact of these were for children. Inspectors reviewed a sample of the minutes from the various forums such as management meetings, pillar meetings and governance of unallocated cases. They clearly documented the reporting of metrics related to the unallocated cases in the child protection and welfare service. From what inspectors reviewed, practice issues such as children who were placed on waitlists without their safety being established was not discussed. This meant that the lack of safety planning was either accepted practice or was an unidentified or unreported risk.

There were several actions on the Tusla national compliance plan for child protection and welfare services. The area had noted these actions were ongoing and regularly reviewed at the time of the inspection. The area was in the fortunate position of having filled most vacancies and had the capacity to drive change and make the service better for all children referred into it.

Actions required by the national compliance plan were tracked locally to provide governance and oversight of what was required. There were three main actions with two occurring on an ongoing basis and one was awaiting implementation by Tusla national office. These were the oversight of risk, the reporting mechanisms to the regional chief officer and the national approval of the case allocation framework.

There were risk management processes in place, however, these did not consistently mitigate the risks for some of the children who were in need of a responsive and accessible service in order to meet their needs and promote their

wellbeing. The area manager maintained a risk register which outlined a number of risks, including those relevant to the child protection and welfare service.

A number of quality assurance mechanisms were in place in the area but capacity to implement actions arising from these needed to be strengthened. Inspectors met with the regional Quality, Risk and Service Improvement (QRSI) team and found that they supported all areas in the region to progress service improvement plans and advised inspectors that there were no particular risks identified specifically for this area.

Clear lines of communication were in place to allow for ongoing risks which could not be resolved locally to be escalated through regional and national channels within Tusla. Cases awaiting allocation were escalated through the services 'Need to Know' system in February 2025. Despite escalating and recording the risks, the escalation led to minimal effective and sustainable change for children placed on a waitlist.

The national compliance plan indicated there would be strengthening of the National Operations Risk Management and Service Improvement Committee (NORMSIC) and Regional Operations Risk Management and Service Improvement Committees (RORMSIC) to strengthen their role in the identification of mitigating and monitoring actions in relation to unallocated children. A sample of minutes from the NORMSIC and RORMSIC meetings were reviewed by inspectors. While they showed key discussions in relation to thematic learnings from audits and how to strive to improve compliance levels with national standards, the risks posed by the lack of access to a child protection and welfare service for children had not been effectively mitigated or managed.

A new oversight group had been put in place since the previous inspection. The purpose of the group was to oversee key quality, risk and service improvement activity in the region with a specific focus on the national HIQA compliance plan. The group comprised of the area manager, business support managers, principal social workers and the social work team leader assigned to QRSI pieces of work. While there was evidence of discussion regarding data and key regional performance metrics in respect to open and unallocated cases, this forum had not effectively addressed the longstanding issue of children on the waitlist in the area. For example, despite managerial reviews and concerns remaining for children's safety with no action taken, they remained on the cases awaiting allocation lists.

Staff were supported and confident in the delivery of safe and consistent services to children and families who were allocated, including those at ongoing risk of significant harm. With new staff assuming posts at the time of the inspection, training and skill development should include the requirements and the

management of risks with the screening and preliminary enquiries processes, implementing interim safety planning measures when required and ensuring the adequate oversight of cases awaiting preliminary enquiries. This would support robust oversight in managing the risks identified during this inspection.

Monitoring and oversight systems in place should assure management that thresholds for the service are appropriately applied, children receive the appropriate service in a timely way and the service is of good quality, adhering to the service's own procedures, processes and national policies. These systems were found not to be effective during this inspection. While information was reported to the area manager's office with regard to cases awaiting allocation, local practices were not challenged or explored to an appropriate level. These included the risk of placing children on cases awaiting allocation lists without safety planning, if required. Any work undertaken on those cases only occurred when a further referral had been received about a child or when there was capacity to allocate. Effectively, the service was providing a reactive intervention when possible to do so rather than a more proactive service which ensured all children's needs are met in line with Children First (2017). Due to these risks, an urgent compliance plan was issued under this standard with a satisfactory response received. The response indicated how the area would come into compliance with this standard.

The area was implementing its local service improvement plan and associated plans in relation to the management of unallocated cases. Actions were tracked and reviewed. One of the biggest risks identified by inspectors was the lack of interim safety planning and monitoring of safety when children remain unallocated, particularly while still awaiting preliminary enquiries to be completed and initial assessments. This area of practice did not feature specifically on their service improvement plan. While the lack of oversight and management of the monitoring of safety plans had improved for some children, this remained an issue for many others. Case categorisation had improved and this was under continuous review by management. Significant work was completed with staff in terms of policy and practice and learnings from audits being discussed at team meetings.

Data provided by the area indicated that there had been no internal or external reviews of child protection and welfare cases in the six months prior to the inspection. However, there were quarterly audits of metrics, a Practice Assurance and Service Monitoring (PASM) audit and a review of the actions required following this audit. A recommendation from the audit was clear recording of when it was decided a notification was not required to the Gardaí but this was not always clear in the children's cases reviewed by inspectors. From the area's own review of the audit findings, there were several further actions required. These were being implemented at the time of this inspection. Actions included dissemination of the learnings including to the senior management team, the

development of instructions about what procedures should be followed and completing tasks such as an action sheet which has been a long-standing requirement of the protocol which was already in place.

The area had leadership, governance and management systems in place which were deemed not to be fully effective in managing risks to children. For this reason the area was not compliant with this standard. Following the inspection the area submitted a satisfactory urgent compliance plan to address these risks. There was a clear commitment to improving the service and certain areas of practice had improved. The service was implementing its local service improvement plan to address the area's deficits. The service had filled positions within the teams which would assist in moving the area towards ensuring all children receive a service in line with the requirements of this standard.

Judgment: Not compliant

Standard 4.1

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

The area deemed itself as compliant in respect of this standard. Inspectors did not agree with this and judged this standard to be substantially compliant.

Resources were effectively managed at local and regional level and this required additional support and reinforcement at national level. To address local areas of need while also maintaining accountability and a level of service provision, the area was required to address key priorities by using what resources they had available, create an integrated approach between the various social work teams as well as external services who may be best suited to provide a service to children and their families.

The regional workforce plan for 2025 had clearly identified key actions and objectives which the area was implementing at the time of the inspection. These focused primarily on recruitment and retention initiatives within the area while also addressing the requirement to respond to the cases awaiting allocation.

An analysis of service demand and resource capacity was updated at each monthly unallocated cases governance meeting and senior management team meeting. The review of this data informed decision-making in respect of resource allocation and deployment to meet prioritised needs in line with regional workforce planning. Decisions made at senior management meetings included a variety of measures such as the deployment of staff to different teams, internal team restructuring, reassignment of vacant posts and submissions made to the regional employment

monitoring group and regional chief officer. While these efforts assisted the area in managing but not improving the long-standing issue of waitlists, reviewing allocation from the point of screening and completing tasks more efficiently remained an issue for the area. Some cases were diverted prior to being put on a waitlist and from reviewing the available information including files and contingency plans, more children could have been diverted to other services to receive support in a timely way.

The area managed resources which received public funding well. There were a number of commissioned community and voluntary services providing supports to families such as early intervention, family support, domestic violence support and therapeutic services. These services had been assessed as being the right service at the right time for children and families who may not meet the threshold for requiring a child protection service. In some instances, these services worked with child protection teams when a joint response was required to keep children safe.

There were annual service level agreement review meetings held between the area manager and with each commissioned service to ensure they were monitored and evaluated effectively. Some reviews were more regular depending on the service. The attainment of agreed service targets and the cost-effectiveness of what is being provided to families was discussed.

The area had a comprehensive plan which took account of available funding and resources available across the region. The analysis of this plan which covered needs, service demand and capacity was reviewed at monthly unallocated cases governance meetings. This was attended by senior managers who used the information to plan and make decisions about resource allocation and its effective deployment throughout the region.

When mitigating actions were used to reduce risk to children, their effectiveness was reflected upon and learnings were brought forward should any changes to the approach be required in the future. When reviewing and analysing the impact of various time specific projects, feedback from staff indicated improvements could be made in terms of the availability of business support to the team and using a template to track the work completed, what processes to follow and what support services to use such as using interpreters when communicating with families.

There was good collaborative working relationships in place between services. The area was proactive in fostering new ventures with other agencies in joint efforts to meet the needs of the children and families in the area. New initiatives included responding to domestic violence, a child poverty pilot plan and an early intervention approach when working with attachment issues.

A pilot project in the area was aimed at targeting intergenerational poverty which led to repeated referrals for children and their families. This was one of four pilots funded nationally in 2025 to identify and map child poverty and work with this complex issue for families.

There were plans in place for another collaboration with an early intervention approach when working with attachment concerns. While the short-term aim was to introduce an early intervention model with external stakeholders, the long-term aim was to reduce demand on child protection services. This showed the area's capacity to think about future service needs through learning and analysing presenting issues.

The area completed a trend analysis of referrals being received into the service. Through this, it was evident that a substantial amount of referrals included domestic violence. Pieces of work were undertaken from this information which included the development of specific training and a Tusla national resource guide being developed. They came from identifying areas for improvement when working with families experiencing domestic violence. It also led to the establishment of a local domestic violence informed implementation group. Inspectors observed one of these meetings which was chaired by the placement prevention and family support manager. Its aim was to embed domestic violence informed practice in the area. An interagency collaborative case management group with the local Gardaí was also in development.

Effective resourcing remained a challenge due to the demand within the area. While the area operated contingency plans locally as and where the demand was required, a more comprehensive response was required at a national level. While contingency plans had been implemented as a short-term measure to ensure priority actions could be completed, there was concern that some contingency plans would continue and become a regular action rather than undertaking a complete review of resources when a referral was received. It is of crucial importance that any contingency plans in place remain under scrutiny and managerial review rather than becoming a routine activity for the delivery of a service.

Available resources were deployed and managed in a planned manner. The service demonstrated a good understanding of the needs of the children living in the catchment area. There was good collaboration with other services to ensure joint working where possible. Some contingency planning in place required assessment and review to determine the best use of resources given the area was not adhering to national standard business processes. For these reasons the standard is judged to be substantially compliant.

Judgment: Substantially compliant

Standard 5.2

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

The area judged themselves as not compliant with Standard 5.2. Inspectors disagreed with this judgment and found the area to be substantially compliant.

Due to the persistent challenge with recruiting and retaining staff with the required skills and experience, the area did not manage and deliver effective services to children in the 12 months prior to the inspection. In efforts to manage this challenge, contingency plans were put in place such as dedicated days and additional hours to work specifically identified cases from the awaiting allocation waitlist.

Contingency plans took into consideration the skill-mix and profession of staff, which led to them working well. Cases which had been assessed as requiring a social work response were allocated to a social worker and those requiring a low priority response were assigned to social care workers. Managers of the service were clear with inspectors that regardless of which staff member completed the assigned pieces of work, the responsibility for oversight and management of all cases remained with social work managers.

There was effective managerial oversight of contingency measures when they were put in place. Planned contingency actions were quarterly 'blitz' days for cases deemed low priority on the cases allocation list. These were supported by staff across other teams within the area. There were also time-specific projects when staff were assigned additional cases for a number of weeks. Some contingency plans were due to be repeated again such as the 'blitz' days and potentially a further time specific project because they were effective in assisting with managing waitlists for the service. A time-limited project resulted in 143 children being assigned a worker to complete intake records, the majority of which could then close to the social work service.

Various teams assisted and supported each other, dependent on the demands placed on the service and staff vacancies at any time. Some measures did place additional demands on some staff in a time of crisis within the service. One team had several vacancies for the majority of 2025 and this resulted in another team responding to all duty calls and some high priority cases. This meant that the cases awaiting allocation were shared across the teams throughout the area irrespective of geographical location. This plan placed an unknown daily demand on the teams. The area ceased this contingency plan in a timely manner when it

was no longer required as an acute response to ensure children at greatest risk received a response.

Recruitment, induction and retention initiatives were a focus on the regional workforce plan. Local risks and identified actions to address these were clearly outlined at a regional level. Employee numbers were monitored and risks emerging were identified in specific areas. The regional plan was reviewed on a quarterly basis by the employment management group and it was aligned with the area's requirements.

The area adopted the regional workforce plan in its efforts to recruit and retain staff. Recruitment initiatives included bespoke campaigns, student placements resulting in recruitment, rolling campaigns, graduate programme and overseas recruitment of professionally qualified social workers. These measures in addition to the apprenticeship scheme had all resulted in posts being filled in the area.

It was a positive development to see that due to ongoing efforts to recruit staff, there were minimal vacancies at the time of the inspection. Focused retention measures were in place and included staff well-being, support and regular supervision. It was hoped that these actions would assist in building on the service's increased capacity to deliver effective services to children.

An additional two social work posts were deployed to the child protection and welfare service following decisions made at monthly management review meetings. Business cases were made for additional posts due to the demands on the area. The outcome of this action resulted in additional numbers of frontline practitioners which meant there was increased capacity within the duty and intake team of the service.

There were also two domestic violence workers recruited which enhanced the area's capacity to address an identified need. Given the large number of referrals and concerns being received about children who were exposed to domestic violence, business cases were put forward for these posts. One domestic violence worker was assigned to the duty and intake team with another being assigned to the child protection and welfare team.

Despite the efforts made locally in terms of recruiting to the child protection and welfare service, children were not always allocated a professionally qualified social worker in line with national standards. This was openly acknowledged by the service. Prior to the inspection, data provided by the area indicated 410 of 915 (45%) of children with an open child protection referral did not have an allocated social worker. Of those 410 who were children awaiting allocation, 179 were

allocated to another professional as a contingency measure due to staffing deficits. The remaining 231 children did not have any worker assigned to them.

Staffing levels across the teams had improved in the weeks prior to the inspection. The positive impact of this could be seen in updated metrics provided by the service during the inspection. The area only had capacity to recruit 1.24 whole time equivalent posts for the child protection and welfare service compared to 16 whole-time equivalent (WTE) posts in May 2024. This meant that there was increased capacity within the service to allocate a social worker or key worker to children on the cases awaiting allocation list.

Following the recruitment to positions in the weeks prior to the inspection, the number of children without an allocated social worker had declined from 231 to 153. However, a national plan was progressing at the time of the inspection to implement the case allocation framework. This included a training needs analysis of social care staff undertaking child protection and welfare work, as part of the national compliance plan.

All professionally qualified social workers were registered with the relevant professional statutory body in accordance with legislation. In addition, there was a programme of work in progress for social care worker grades to commence professional registration within the required timeframe.

With the increase in recruitment and various professionals being assigned, what would traditionally be social work tasks within the child protection and welfare service, the importance of good quality induction and recruitment are essential to ensure the delivery of effective services to children. Regional induction occurred twice per year and this was held in conjunction with a national group charged with developing a regional induction programme. A review of this was scheduled and based on learnings arising from that, a revised programme was to be rolled out.

Overall, the induction experience was positive for staff. Newly-recruited staff who spoke with inspectors had extensive previous experience with other services which added to their skill base and experience within their teams. Despite being recruited with various skills and professional backgrounds, staff told inspectors that as newer employees they were provided with reduced caseloads while also given the opportunity to learn in a positive, supportive environment.

Training was regularly provided for new workers. This involved assisting them in their roles to understanding the standard business process, the national approach to practice and about protected disclosures. Training was more embedded by working closely with colleagues. Staff also received advice about how to complete tasks and had opportunities to attend meetings with colleagues.

Staff described a learning culture within the teams and that managers support staff to attend workshops and events. The area had an annual learning plan in place which was being worked throughout 2025. This was based on the area completing a training needs analysis with staff. Staff told inspectors that training was provided about domestic violence and this was in place due to an analysis of referrals being made to the child protection and welfare service. While staff who spoke with inspectors reported they had not yet received training about cumulative harm, they advised that they did speak about it in supervision. There were workshops scheduled on areas such as cumulative harm and safety planning to meet the agreed actions of Tusla's national compliance plan.

Staff retention initiatives had been established in the area. Staff were encouraged and supported to engage in continuous professional development and this was supported by the area's staff retention group. Regular group meetings occurred and these were supported by the regional team. Various working groups were in place to track progress with tasks such as psychological support available for staff and discussions about improvements in work office spaces and within teams.

Staff were aware of retention initiatives and described feeling 'minded'. They were encouraged to attend team days, take regular breaks, described a 'calm' working environment and spoke positively about supervision. This showed that the area actively promoted retaining staff to achieve better outcomes for children.

Supervision was regular and of good quality. It provided support to staff and acted as a mechanism for retention. Supervision was a scheduled priority which occurred on a regular basis in line with policy. There was evidence of mandatory training being tracked and discussed as well as additional training opportunities when they arose. Caseload management tools were being used as required and there was good examples of support provided to newer staff who may require additional assistance. Caseloads assigned were managed in line with staff's experience and capacity and these increased over time.

An area for improvement was the recording of what children were discussed within supervision records. Cases subject to discussions were not recorded or referenced on supervision files. While the name of the child was not required on the supervision file, not recording their Tusla ID Number, meant that the reader could not tell what children were discussed during each session, from reviewing the supervision records. This meant that there was no way of ensuring that supervision occurred on all children on a regular basis. Case discussion records were individually placed on each child's file but not noted on the supervision record between the worker and their supervisor to show this piece of work was completed, discussed and staff were provided with the space to discuss their

practice. This was an area for improvement rather than an identified risk given the work had been undertaken and was clear on children's records.

The workforce plan in place had begun to have a positive impact on more effective service provision. The recruitment of social workers, additional social work posts and other professions assisted with the area's plan to increase its capacity to meet the demand for the service. This had not yet been achieved at the time of this inspection. Contingency planning on a regular rather than an ad-hoc basis was required in efforts to meet legal requirements, national standards and guidance. The service's trajectory was positive with recent recruitment to posts resulting in almost all vacancies being filled. Supporting and retaining staff to ensure they were competent in their roles required sustained effort and additional time. The effective recording of case supervision on staff supervision files required improvement for increased monitoring and oversight as well as staff development. For this reason the service was judged to be substantially compliant with this standard.

Judgment: Substantially compliant

Quality and safety

Overall, the Dublin South East/ Wicklow service area did not manage child protection and welfare referrals in a timely way, in line with Children First (2017). There were delays in the completion of preliminary enquiries as well as the commencement and completion of initial assessments. The majority of children referred into the service were placed on the cases allocation waitlist as the service did not have the capacity to assess their needs in a timely way. However, for children who were deemed to be at most risk whereby referrals were initially assessed as high priority, prompt action was taken to ensure their immediate safety when required.

The area was not meeting time frames set by its own national policies and guidance and this had the potential to increase the risk posed to children. The service was not operating safely by ensuring all children received the required stages of service provision after a referral was made nor was safety established prior to placing children on waitlists. This meant that children could spend months on a waitlist for a service while the risk posed to their safety remained unassessed and unknown. Furthermore, without safety being established, it was unclear in many cases who held the responsibility in ensuring the safety of children prior to a social work assessment taking place.

A child often required more than one referral to have their level of risk reviewed by social work managers which could in turn mean they were allocated to a worker to complete tasks for the assessment. This meant that a child with less referrals made could potentially remain on a waitlist for longer periods of time.

The difficulties associated with managing the demand for the service and not fulfilling their obligations under Children First (2017) were known to managers and this had been escalated to Tusla national office. The information contained in the next section demonstrates why the service was not compliant with the standard and what service provision would look like if you were a child referred to the service.

Standard 2.1

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

The area deemed itself as not compliant in respect of this standard and inspectors agreed with this judgment.

Children should be kept safe and responded to in a consistent manner when there are concerns for their safety and welfare. Nationally, Tusla has policies, procedures and processes in relation to thresholds, screening and preliminary enquiry, safety planning and assessments that should be provided by the service. These are in place to guide staff through managing referrals from the initial point of contact through to the completion of an assessment. This also involves ensuring children and families receive supports best suited to their needs at the right time.

Children should receive a timely and proportionate response from the service. This was not the situation for children who had been referred to the Dublin South East/ Wicklow service. While it was important to note that children who were at immediate risk received an immediate response, the majority of what inspectors reviewed on children's files showed that there were several children who had not received a timely response. This section of the report will discuss the information reviewed from the initial point of contact through to children's cases closed to the service.

The screening of referrals to the service was completed in a timely manner. Screening should happen on the same day a referral is received about a child to assess if the area should complete preliminary enquiries. Preliminary enquiries are part of an intake record. They occur when there are reasonable grounds for concern for a child, or where there is alleged harm to a child and further investigation is required. Preliminary enquiries should be completed within five days of receiving a referral about a child.

Data provided by the area prior to the inspection indicated that 3,960 referrals had been received in the previous 12 months, with 2,749 having had screening completed on the same day. Where there were delays (for 1,211 referrals) noted in the data, the reasons were explained to be figures captured while offices were closed such as on weekends and also due to information not being accurately managed on children's records. When this information was asked about, it had not been highlighted through previous reporting mechanisms.

The area maintained all screenings were completed within the prescribed time frame and this was also what inspectors saw when they reviewed children's files during the inspection. There were 54 screening records reviewed by inspectors. Of those reviewed, all had been screened on the same day. There were a few delays with social work team leaders signing off and therefore completing forms but from those reviewed, those delays did not negatively impact on children. Overall, this meant that although referrals were initially screened, they were not all responded to and assessed in a timely way, as following screening several cases were then placed straight on the cases awaiting allocation list. This meant that safety for children was not established and they remained on the 'cases awaiting allocation' list for preliminary enquiries for long periods of time. This issue was escalated following the inspection and the area submitted a satisfactory urgent compliance plan to address these risks.

Case categorisation and prioritisation were considered when placing children on the cases awaiting allocations list. However, the implementation of the case prioritisation guidance was inconsistent. Some cases reviewed by inspectors were brought to manager's attention during the inspection. One such case involved a toddler walking around alone in a public area. Although this indicated a high level of risk, it was assessed as low given the child was returned to their parents care. No further assessment of how the child came to be in the situation was completed at the time given the immediate risk had been addressed and the child remained on the 'cases awaiting allocation' list. Other cases were appropriately reprioritised when reviewed every eight weeks by social work managers, although the reasons for deciding on the re-prioritisation were not always clear or documented. The time frame of eight weeks was too long given other time frames were also not being adhered to to prioritise children's safety.

Case categorisation had improved since the last inspection. A small number of cases required further consideration and review to ensure all cases were categorised correctly on a consistent basis. There were examples brought to the attention of staff when cases were categorised incorrectly. One case involved a child who had disclosed physical abuse and their sibling's referral was also

categorised as physical abuse rather than emotional abuse. Such cases were reviewed by social work managers during the inspection.

While children remained on the cases awaiting allocation list, their categorisation remained the same until further information was received or an assessment was completed. This meant that while cases were reviewed on the waitlist every eight weeks, categorisation remained the same although there was insufficient information being proactively sought to determine the level of risk to children and what they were exposed to every day.

All children who had been referred to the service were reported to have been screened for further assessment within a day and this was in line with national policy. Following screening, as outlined, children were placed on a cases awaiting allocation waitlist when there was no capacity to allocate. Data provided by the area showed that there were 184 children awaiting an intake record. While this should be completed within five days, 135 of these children were on the cases awaiting allocation list for more than one month. There were 30 children awaiting an initial assessment. While this should be completed within 40 days, 14 children had been waiting for three months or longer.

Managers told inspectors that from the cases awaiting allocation list, staff were assigned tasks to complete while rostered on their duty days. This meant that although children were not allocated a worker, some action was taken on children's cases. These cases were referred to as being 'active on duty'. When asked how these cases were selected from hundreds of cases awaiting allocation, inspectors were informed that the case would be reviewed by social work team leaders if further information was received about a child. This may lead to the child's priority for a service being changed such as when a subsequent disclosure of abuse was made by a child. While this was overseen by social work managers, the recording and reporting of information received remained with front-line staff. National standard business processes were not being adhered to and there was a lack of clear recording about why decisions were being made. This meant that for many of the children remaining on cases allocation waitlists, there was little case direction documented on file and planning for these children was not clear, timely or managed effectively.

Based on the referral dates for the selection of records reviewed for requiring preliminary enquiries, all should have been completed by the end of the inspection in line with Tusla's time frames. Inspectors reviewed 41 children's records for the timeliness in completing preliminary enquiries and intake records within the five days from referral. Of the 41 children's records reviewed, only 21 (50%) had the required intake records completed. Of these, none were completed within the five day time frame. The length of time for completing intake records ranged from

eight days to four months from the day that the referrals were received about children. These delays were particularly significant because safety for children was not routinely established, referrers were not contacted and parents were not routinely spoken to, in order to ensure some safety measures were in place, while they remained on waitlists for lengthy periods of time.

Following intake records being completed, there were a number of possible outcomes. Some children may have their referrals closed, be referred to another service or require an initial assessment by the service. An initial assessment should be completed within forty days of a referral being received about a child.

Data provided by the service area indicated there were 30 children on a waitlist for the completion of an initial assessment. Inspectors reviewed 22 initial assessments on children's records. Of those 22 reviewed, 11 had been completed. Seven of the eleven initial assessments were completed within 40 days of the referral about the child being received. Five of these children had been assessed as high priority. Completed initial assessments reviewed were found to be of good quality. The length of time for initial assessments to be completed took up to nine months after the referrals had been received.

The closing of cases was appropriate as were the referrals made to other services to support children and their families. Of the nine closed cases reviewed by inspectors, all were appropriately closed and diverted. The same risk issues presented in this cohort of cases such as safety not being established when the referral was received, and delays in contacting referrers and the Gardaí and time frames not being adhered to in terms of providing a safe and effective service.

In addition to sampling the time frames for the above processes, other areas reviewed by inspectors included children placed on the Child Protection Notification System (CPNS) and the management and oversight of referrals to the Gardaí.

At the time of the inspection, there were 42 children who were deemed at ongoing risk of significant harm and listed on the CPNS. All children had an allocated social worker and there were good governance records for the management of these cases. This meant that children had someone who ensured their visits and safety plans were active and reviewed as required in addition to managerial oversight of the service being provided to these children. Inspectors reviewed two children's records and found them to be comprehensive, clear and providing a good service to these children and their families.

Part of the national compliance plan was to develop and implement a standardised An Garda Síochána notification report by the end of April 2025. This was outstanding and overdue at the time of this inspection. The managers had regular liaison meetings with Gardaí and relevant referrals from both agencies were discussed at the meetings. There were appropriate arrangements in place for senior managers to meet every quarter and discuss operational matters to support an effective joint working between the agencies. Despite these measures in place, there were some notifications to Gardaí that had been missed and others which were delayed.

From 14 children's files reviewed for notifications to An Garda Síochána, nine were found to be completed in a timely manner, four were delayed and two were outstanding at the time of the inspection. Both were brought to the principal social worker's attention for review. There was a clear need for a consistent approach to practice in relation to the timely notification to Gardaí where there was suspicion that a crime had been committed against a child.

The policies, procedures and guidance documents were not fully implemented in practice to ensure that all children were protected and their welfare was promoted. The area was aware it was not meeting these requirements due to competing demands. While other areas also had competing demands, safety being established should be and was a basic requirement to be met regardless of the imbalance acknowledged between demand and resources. Significant concern was noted by inspectors about the lack of safety planning from the point of referral while being screened by the service, in this particular service area.

While efforts were made at the local, regional and national level to address gaps in service provision with regards to the number of children on waitlists, this had not addressed the longstanding issue with respect to the timely access to service for children in a sustainable manner. The area continued to struggle in ensuring that children received a timely and consistent service to meet their needs.

Children's safety was not always established following the receipt of a referral. However, children requiring an immediate response, and those allocated to a social worker including children on the CPNS, were adequately safeguarded. Their safety plans were implemented, monitored and reviewed when required.

Given longstanding staffing deficits had recently been addressed for the most part, there was increased capacity for the service to meet the needs of children in a more timely way. This would mean a better quality service being provided to children at the time they require it most. This would decrease the level of risk posed to children when awaiting a social work service and increase the service's

ability to be compliant with their own policies and procedures as well as national guidance and standards.

All children on the CPNS had an allocated social worker which was good practice. There was evidence of quality pieces of work when undertaken by staff such as completed intake records, initial assessments and work on cases with longer term child protection teams. However, the area was not able to implement Children First (2017) on a consistent basis for all children. While all children were screened for the service, their experience of what service they received varied greatly after that initial point of referral. Time frames were not adhered to which meant children waited for a service for a prolonged period of time. Sometimes this happened without safety being effectively managed. For these reasons, the service was judged as not compliant with this standard.

Judgment: Not compliant

Appendix 1 - Full list of standards considered under each dimension

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

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

Compliance Plan for Dublin South East/ Wicklow Child Protection and Welfare Service OSV – 0004380

Inspection ID: MON-0047816

Date of inspection: 25 - 28 August 2025

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Standard 3.1 The service performs its functions in accordance with relevant legislation, regulations, national policies and standards to protect children and promote their welfare.	Judgment: Not compliant
Outline how you are going to come into compliance with Standard 3.1:	
Actions	
<ol style="list-style-type: none">1. All CPW staff to be engaged in professional supervision and continuous professional development, to continually build their knowledge of, and capacity to consistently adhere to Tusla's policies and procedures, national standards and legislative requirements in respect of the management of cases awaiting allocation within the CPW service area. Person Responsible: CPW Managers & Team Members Status: In place and ongoing.2. A training needs analysis of all newer CPW team members to be completed to identify specific training and skill development required to build capacity, support consistency and drive change/ improvements required in respect of the service provided to cases awaiting allocation across the CPW service area. Findings to inform the Area's Learning Plan for 2026, with a particular focus on the implementation of the National Approach to Practice, Signs of Safety. In advance of this, DML Signs of Safety Lead will provide a training session for all new staff on the duty/ intake teams in respect of the best approach to questioning at the front door to determine best next steps for a particular referral. This training input will take place for all new starters on duty/ intake on 9th December 2025. Person Responsible : Duty/ Intake Principal Social Worker (PSW) Status: Completed3. To support learning and inform practice, consultations with CPW PSW colleagues in other areas in the Region, where improvements relating to compliance with standards have been assessed, to take place to inform the	

management approach to cases awaiting allocation within the CPW service area and compliance with national standards.

Person Responsible : Duty/ Intake Principal Social Worker

Status: Completed and ongoing

4. Practice workshops with SWTLs supported by the Regional Professional Support Manager to focus on ensuring compliance with the National Policy & Guidance on the Management of Cases Awaiting Allocation, the updated Duty SOP and risk escalation measures to ensure the management of waiting lists in the CPW service area prioritise child safety. Learnings in relation to practices in place in other areas within the region, to be shared with CPW managers by the Regional Professional Support Manager to ensure consistency of approaches and alignment with Children First (2017), Tusla's SBP and other existing policies/ procedures/ guidance.

Person Responsible : Duty/ Intake PSW & Regional Professional Support Manager (PSM)

Status: In place and ongoing.

5. To strengthen the management and oversight of the timely implementation of Children First (2017) and Tusla's SBP, optimal use of existing area resources will continue to be a central focus of the Senior Management Team (SMT) in monthly unallocated case governance meetings and workforce planning deliberations. This will be further strengthened when the regional data quality manager is in place in line with Tusla's Integrated Service Delivery Model in 2026.

Person responsible: Area Manager, Duty/ Intake PSW, SMT. TCM User Liaison Officer & Regional Data Quality manager (when in post).

Status : In place and ongoing

6. Routine contact with referrers (and as appropriate parents/guardians) to be undertaken by duty/ intake service area irrespective of the priority awarded at screening. This is to ensure that initial checks are undertaken as required by Children First (2017) to establish safety in the first instance as a routine measure prior to placing children on the cases awaiting allocation list. To support this action, additional resource capacity has been provided to the intake/duty service. The area has appointed a 3rd person on the duty rota for DSE. 2 staff will remain on the duty rota for Wicklow intake/duty service. A part time SW post has also been filled and this staff member will be responsible for contacting referrers on all referrals received within a week across the area.

Person Responsible : Duty/ Intake PSW

Status : Implemented, in place and ongoing

7. Through routinely contacting referrers (and as appropriate parents/guardians) at point of screening , children and families who do not require a child protection/ welfare response from Tusla will be identified in a more timely and efficient manner and referred/diverted to family support

and / or commissioned services to support more timely and efficient meeting of their needs.

Person Responsible : Duty/ Intake PSW

Status : Implemented, in place and ongoing

8. Monthly case reviews to review current referrals prioritised as 'low' & 'medium', with a view to considering whether Tusla family support services (including funded services) and/ or diversion to another agency can respond to ensure timely service provision to the children and their families concerned.

Person Responsible : Duty/ Intake PSW & PPFS Senior Manager

Status : In place and ongoing

9. Quarterly reports following monthly case reviews to highlight themes emerging, areas for improvement and any identified corrective action implemented by SWTLs to be forwarded to the Area Manager and Regional Chief Officer with a focus on actions and supports required to improved service quality.

Person Responsible : Duty/ Intake PSW

Status: First report to be submitted at the end of November 2025.

10. Cases awaiting allocation which include concerns of domestic abuse are assigned to the domestic abuse liaison officer (DALO) aligned with the duty/ intake service as their capacity allows. Their focus is on immediate/ interim safety. In the event, there are continued/ escalated concerns, these are reported to SWTL, with a view to informing prioritisation/ further action required. This service is being continually strengthened as the DALO's become more embedded in the service area.

Person Responsible : Duty/ Intake Managers & DALO

Status : In place and ongoing

11. A specific project of quarterly 'Blitzes' of cases awaiting allocation categorised as 'low' and 'medium' to continue to be implemented across the service area with the support of colleagues in fostering and PPFS to support the provision of a timely service to children awaiting allocation for an IR.

Person Responsible : Duty/ Intake PSW & SWTLs & colleagues

Status : In place and ongoing

12. Both monthly area and fortnightly regional SEA governance and oversight meetings and collaboration with DML's Regional SEA Coordinator and other regional and national colleagues to continue and to adhere to the '*National Standard Operating Procedure – Special Emergency Arrangements 2024*'. Prior to seeking approval for a SEA, all local arrangements or solutions will continue to be considered. Findings of PASM reviews of SEAs will continue to be responded to.

Person Responsible : Area Manager & Duty/ Intake PSW & CPW Team Members

Status: In place and ongoing.

13.Service improvement actions arising from recommendations from all regulatory bodies, and any investigations, including serious case reviews, NRP reports, rapid reviews, and internal auditing, such as PASM reports and area QRSI reports (garda notifications -identified actions) to be led on and findings shared with all CPW staff within appropriate timescales at governance meetings in place.

Person Responsible : Area Manager & Duty/ Intake PSW

Status: In place and ongoing.

14.The review schedule with CPW SWTLs to continue to oversee data quality and information governance. Induction and training in TCM to continue to be a priority for newly recruited staff.

Person Responsible: TCM User Liaison Officer (SWTL)

Status: In place and ongoing

Standard 3.2

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

Judgment:

Not compliant

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

Actions:

1. Area oversight of service risks, including any emerging risks to be a standing agenda item for area senior management and unallocated case governance meetings. The focus for the identification of risks will include staffing deficits and their impact on compliance with timeframes as per SBP, Children First (2017) and other relevant policies/procedures. Mitigating plans/ service improvement plans including corrective actions will be agreed as issues/ risks are identified. The TOR for the Area's SMT monthly unallocated case governance meetings to be reviewed to include more in-depth oversight of cases awaiting allocation for IR with a particular focus on performance and practice issues relating to the establishment of safety for children before they are placed on the list of cases awaiting allocation and mitigations that can be enacted to address the risks arising in this area.

Person Responsible: Area Manager & Senior Management Team (SMT)

Status : Completed, in place and ongoing

2. Risks identified by PSWs through monthly case awaiting allocation reviews primarily relating to child safety will be escalated to the Area Manager in line with Tusla's risk escalation protocols and mitigating actions will be agreed at the area's senior management team's monthly unallocated cases governance meetings as well as in supervision with Area Manager.

Person Responsible: Area Manager, Duty/ Intake PSW & SMT

Status : In place and ongoing

3. All identified area risks and mitigating actions to be placed on the area's Risk Register and escalated to the Regional Chief Officer, Regional QRSI Officer and shared at regional service improvement governance meetings. Support and guidance from the Regional QRSI Manager to be provided to the SMT to support risk identification and contingency planning required accordingly.

Person Responsible: Area Manager & Senior Management Team

Status : In place and ongoing

4. Learnings/ practice instructions following the national review of existing risk/service improvement committees including RORMSIC and NORMSIC (as part of national service improvement plan) to be adopted by the area.

Person Responsible : Area Manager & SMT

Status : To be implemented once received

5. Area risk management and escalation operations will benefit from the establishment of improved resourced and established quality function within the region when implemented from January 2026 as part of Tusla's Reform Programme.

Person Responsible : Area Manager & SMT

Status : To be implemented once in place

6. DSE/W's service improvement plan to be updated to include actions in relation to the management of interim safety planning and monitoring of safety for children who remain unallocated while awaiting preliminary enquiries and initial assessments.

Person responsible: Area Manager & Duty/ Intake PSW

Status: Completed.

7. The recruitment of an additional Area Manager to the Area who will assume responsibility for the new Wicklow network in January 2026, will significantly increase capacity for leadership, governance and management of the service together with dedicated front door (intake/duty) services for both the DSE and Wicklow networks. Each will be led by individual PSWs and additional team leads have been/ will be recruited to manage the duty/ intake service areas and identify risks both current and emerging.

Person Responsible : Area Managers & Duty/ Intake PSWs

Status: Wicklow Area Manager in post, Wicklow Duty/ Intake PSW is on-boarding and additional SWTL for Wicklow duty/ intake service has been recruited.

8. Additional SW resource capacity has been assigned to the intake/duty service over 2025 with new SW staff joining the service area in September and November 2025, to ensure urgent compliance relating to national standards, SBP and Children First (2017). An additional SW and a DALO has been identified for internal transfer to the duty/ intake service area in January 2026. The CPW service area will continue to build on capacity that

the filling of most vacant posts is providing and drive change to improve service quality for all children referred into it.

Person responsible: Area Manager & Duty/ Intake PSW

Status : Completed, in place and ongoing

9. Focus to be maintained by the SMT at area management meetings, unallocated case governance meetings and in supervision with Area Manager on performance data and levels of allocations across the entire service area to support the effective oversight and/ or deployment of all available resources to support the optimal allocation of resources to manage the IR waiting- list.

Person Responsible : Area Manger & Senior Management Team

Status : In place and ongoing

10. The National Allocation Framework when launched will be implemented by the area to enhance allocation capacity across the area to address risks arising.

Person Responsible : Area Manager & Senior Management Team

Status : Awaiting national launch

11. Engagement with the Regional Chief Officer & Area Managers across DML will continue to take place at reconfigured regional governance meetings to benchmark practices in respect of the management of cases awaiting allocation within the duty/ intake service area and to support learning from other areas in relation to the reduction of waiting lists; improved governance requirements, management of risk and review of key metrics/ data.

This Regional Governance meeting relating to national standards was reviewed and reconstituted from January 2025. This includes completion of an agreed national template by area managers on quarterly basis which is then reviewed both regionally and at the national oversight meeting.

Person Responsible : Area Manager

Status : In place and ongoing

12. The attainment of milestones in respect of the implementation of Tusla's Local Integrated Service Delivery Model and revised Standard Business Process will continue to be monitored and reported on by the regional implementation lead and project manager. These include the establishment of two networks (DSE & Wicklow), the recruitment of an Area Manager for Wicklow, a Duty/ Intake PSW for Wicklow, an additional Duty/ Intake SWTL for Wicklow, 6 new family support leads across the two networks, and new integrated front door services in place from January 2026 for both DSE and Wicklow. These will also include a revised screening form and a revised ICT system for requests for family support and Meitheal (in addition to CPW reporting). Engagements and briefing sessions with PSWs to continue across the area.

Person responsible: Area Managers & Senior Management Team

Status : In place and ongoing

13. Routine contact with referrers (and as appropriate parents/guardians) to be undertaken by duty/ intake service area irrespective of the priority awarded at screening. This is to ensure that initial checks are undertaken as required by Children First (2017) to establish safety in the first instance as a routine measure prior to placing children on the cases awaiting allocation list. To support this action, additional resource capacity has been provided to the intake/duty service. The area has appointed a 3rd person on the duty rota for DSE. 2 staff will remain on the duty rota for Wicklow intake/duty service.

Person Responsible : Duty/ Intake PSW

Status : Implemented, in place and ongoing

14. Where it is determined that an immediate safety plan is not required at point of screening, this is noted on the screening form and the rationale for this is outlined. To note, referrals prioritised as 'high' at screening continue to be allocated for an intake record and not placed on unallocated/ waiting list.

Person Responsible: Intake/Duty PSW

Status : Implemented, in place and ongoing

15. Through routinely contacting referrers (and as appropriate parents/guardians) at point of screening , children and families who do not require a child protection/ welfare response from Tusla will be identified in a more timely and efficient manner and referred to family support and / or commissioned services to support more timely and efficient meeting of their needs.

Person Responsible : Duty/ Intake PSW

Status : Implemented, in place and ongoing

16. Practice workshops with SWTLs supported by Regional Professional Support Manager to include a focus on ensuring compliance with the National Policy & Guidance on the Management of Cases Awaiting Allocation, the updated Duty SOP and risk escalation measures to ensure the management of waiting lists in the area in a manner which prioritises children safety. Learnings in relation to practices in place in other areas within the region, to be shared by PSM to ensure consistency of approaches and alignment with Children First (2017), Tusla's SBP and other existing policies/ procedures/ guidance.

Person Responsible : Duty/ Intake PSW & Regional Professional Support Manager

Status : In place and ongoing.

17. To support a review of consistency in practices in the service area in relation to case categorisations, prioritisations and safety planning at point of screening, examples will be brought to DML's Regional Child Protection

Forum for discussion with regional CPW colleagues for learning purposes and to inform service improvement for DSE/W.

Person responsible: Duty/ Intake Principal Social Worker.

Status : In place and ongoing

- 18.** Monthly case reviews to review current referrals prioritised as 'low' & 'medium', with a view to considering whether Tusla family support services (included funded services) and/ or diversion to another agency can respond to ensure timely service provision to children and their families.

Person Responsible : Duty/ Intake PSW & PPFS Senior Manager

Status: In place and ongoing.

- 19.** Quarterly reports following monthly case reviews to highlight themes emerging, areas for improvement and any identified corrective action implemented by SWTLs to be forwarded to the Area Manager and Regional Chief Officer with a focus on actions and supports required to improved service quality. As required, this will be included in the area's learning plan regarding implementation of national approach to practice (Signs of Safety).

Person Responsible : Duty/ Intake PSW

Status: First report to be received at the end of November 2025.

- 20.** When interim safety plan is required following an Intake record, the Social Worker/ Social Care Leader to routinely escalate this information to the SWTL, who records this information on the tracker for cases awaiting allocation for initial assessment. SWTLs to meet monthly to review the tracker for cases awaiting I.A. In the process of reviewing these cases, SWTL will arrange contact with family/ network to review the safety plan in place, how that is working and/ or consider if further action is required at that time. **Person Responsible:** Duty/ Intake PSW.

Status : Completed, in place and ongoing

- 21.** A training needs analysis of all newer CPW team members to identify specific training and skill development required to build capacity, support consistency and drive change/ improvements required in respect of the service provided to cases awaiting allocation across the CPW service area. Findings to inform the Area's Learning Plan for 2026, with a particular focus on the implementation of the National Approach to Practice, Signs of Safety, in respect of cases awaiting allocation. In advance of this, DML Signs of Safety Lead will provide a training session for all new staff on the duty/ intake teams in respect of the best approach to questioning at the front door to determine best next steps for a particular referral. This training input will take place for all new starters on duty/ intake on 9th December 2025.

Person Responsible : Duty/ Intake PSW

Status: Completed

- 22.** The updated duty SOP will provide guidance to Duty/ Intake Managers and team members to enhance compliance with SBP practices, Children First,

National Policy and Guidance relating to management of unallocated cases, and the national approach to practice to ensure consistency with other service areas within the region and provide assurances to the area manager & regional chief officer relating to service quality and compliance.

Person Responsible: Duty/ Intake Principal Social Worker & Regional Professional Support Manager.

Status: Underway and ongoing.

- 23.** All CPW managers to be supported to complete management training and to attend bi-monthly Leader Meetings to maintain a focus on increasing the capacity of our leadership team across the area as a whole to focus leading service improvement. Staff performance to remain a standing item in all supervision sessions and guidance and support to be available should/ as concerns arise.

Person Responsible : Area Manager & SMT

Status : In place and ongoing

- 24.** All CPW staff to be supported to attend the national training provided by Signs of Safety practice leads in respect of Cumulative Harm and the regional SOP in respect of cumulative harm to remain part of induction for all new team members.

Person Responsible: Duty/ Intake PSW

Status : In place and ongoing

- 25.** All children subject to the CPNS to be allocated to a social worker.

Person Responsible : Area Manager & Senior Management Team

Status : In place and ongoing

- 26.** Oversight and monitoring of the work of commissioned services to continue and to be supported by the Area Manager and Regional Commissioning Manager within Tusla's Integrated Service Delivery Model when in place in 2026.

Person Responsible: Area Manager and Commissioning Manager when in post.

Status: In place and to be further supported in 2026.

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: Actions 1. Analysis of the area's service demands and resource capacity to be reviewed at monthly unallocated case governance and senior management team meetings. Information gathered and analysed will inform resource management and its' effective deployment to meet prioritised needs in line	

with Tusla's SBP's, Children First (2017), national standards and regional workforce planning. Decision- making to inform submissions to the regional Employment Monitoring Group, the deployment of staff to different teams across the area, the re- assignment of vacant posts across the area, the leveraging of supports from community and voluntary partners, the need for further time- limited specific projects and the supports required to establish the new structures to implement Tusla's Integrated Service Design Model in January 2026

Person Responsible : Area Manager & Senior Management Team

Status: In place and ongoing

2. Recruitment initiatives such as the apprenticeship programme, student placements, overseas candidates, graduate programme and induction and retention initiatives such as mentoring, coaching, psychological support, improved workplaces, and team well- being events to continue to be engaged in and promoted with team members to recruit and retain CPW staff required to respond to new referrals into the CPW service area and the list of cases awaiting allocation.

Person Responsible: Area Manager & Senior Management Team

Status: In place and ongoing

3. Annual service level agreement review meetings with commissioned services to continue to ensure oversight of their service provision, the meeting of targets and cost effectiveness to drive optimal resource deployment.

Person Responsible: Area Manager & PPFS Manager

Status : In place and ongoing

4. With the changes planned within the PPFS service area, in line with Tusla's LISD model, a focus to be maintained on the work of the area's Child and Family Support Network Co-ordinators (and CYPSCs co-ordinators) to ensure the continued fostering of valuable interagency collaboration across the area with all relevant statutory, community and voluntary agencies and the further development of new initiatives currently underway in the area in collaboration with partner agencies.

Person Responsible: Area Manager & SMT

Status : In place and ongoing

5. The attainment of milestones relating to Tusla's Local Integrated Service Delivery Model and revised Standard Business Process will continue to be monitored and reported on by the regional implementation lead and project manager. Resources allocated to establish the two networks for DSE and Wicklow such as the recruitment of an Area Manager for Wicklow, a Duty/ Intake PSW for Wicklow, an additional Duty/ Intake SWTL for Wicklow, and in time, dedicated family support leads will enhance service provision and standard compliance for children and families referred into the CPW service area.

Person responsible: Area Managers & SMT

Status : In place and ongoing

6. Through routinely contacting referrers (and as appropriate parents/guardians) at point of screening , children and families who do not require a child protection/ welfare response from Tusla will be identified and referred to commissioned services and/ or alternative supports in a more timely and efficient manner.

Person Responsible: Area Manager & PPFS Manager

Status : In place and ongoing

7. Monthly case reviews to review current referrals prioritised as 'low' & 'medium', with a view to considering whether Tusla family support services (included funded services) and/ or diversion to another agency can respond to ensure timely service provision to children and their families will support the effective deployment and management of resources to protect children and promote their welfare.

Person Responsible : Duty/ Intake PSW & PPFS Senior Manager

Status: In place and ongoing.

8. Quarterly reports following monthly case reviews which highlight themes emerging, areas for improvement and any identified corrective action implemented by SWTLs to be forwarded to the Area Manager and Regional Chief Officer with a focus on actions and supports required, will assist the effective planning, deployment and management of resources to protect children and promote their welfare.

Person Responsible : Duty/ Intake PSW

Status: First report to be received at the end of November 2025.

9. Recommendations for actions from reviews of compliance with garda notifications and time specific projects such as the 'overtime' project to continue to be embedded in operations across the CPW service area.

Person responsible: Area Manager & Duty/ Intake PSW

Status : In place and ongoing

Standard 5.2

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

Judgment:

Substantially compliant

Outline how you are going to come into compliance with Standard 5.2:

Actions

1. In order to build on the service's recent increased capacity to deliver effective services to children and families in a timely manner in line with Tusla's SBP, national standards, relevant policies and procedures and legislative requirements, all CPW staff to be engaged in professional supervision and continuous professional development and mandatory training to continue to be tracked.

Person Responsible: CPW Managers & Team Members

Status: In place and ongoing.

2. A training needs analysis of all newer CPW team members to be completed to identify specific training and skill development required to build capacity, support consistency and drive change/ improvements required in respect of the management of cases awaiting allocation across the service area. Findings to inform the Area's Learning Plan for 2026, with a particular focus on the implementation of the National Approach to Practice, Signs of Safety. In advance of this, DML Signs of Safety Lead will provide a training session for all new staff on the duty/ intake teams in respect of the best approach to questioning at the front door to determine best next steps for a particular referral. This training input will take place for all new starters on duty/ intake on 9th December 2025.

Person Responsible : Duty/ Intake PSW

Status: Completed

3. Practice workshops with SWTLs supported by Regional Professional Support Manager to include a focus on ensuring compliance with the National Policy & Guidance on the Management of Cases Awaiting Allocation, the updated Duty SOP and risk escalation measures to ensure the management of waiting lists in the area in a manner which prioritises children safety. Learnings in relation to practices in place in other areas within the region, to be shared by the PSM to ensure consistency of approaches and alignment with Children First (2017), Tusla's SBP and other existing policies/ procedures/ guidance.

Person Responsible : Duty/ Intake PSW & Regional Professional Support Manager

Status: In place and ongoing.

4. To strengthen the management and oversight of the timely implementation of Children First (2017) and Tusla's SBP, optimal use of existing area resources will continue to be a central focus of the Senior Management Team in monthly unallocated case governance meetings and workforce planning deliberations. Recruitment initiatives and induction and focused retention initiatives to build capacity to continue to be engaged in and promoted with CPW team members.

Person Responsible : Area Manager & Area Senior Management Team

Status: In place and ongoing.

5. Analysis of the area's service demands and resource capacity to be reviewed at monthly unallocated case governance and senior management team meetings. Information gathered and analysed will inform managements' decision- making in respect of resource allocation and its' effective deployment to meet prioritised needs in line with Tusla's SBP's, Children First (2017), national standards and regional workforce planning. TOR of unallocated case governance meetings to be

reviewed to provide a more in- depth analysis of performance metrics, risks arising and mitigating actions agreed.

Person Responsible : Area Manager & SMT

Status: Completed, in place and ongoing

6. To continue to reach milestones in Tusla's reform programme in collaboration with CPW team members continue to provide access to supports available from the organisational development team and employee assistance team.

Person Responsible : Area Manager & SMT

Status: In place and ongoing

7. To support the implementation of Tusla's Case Allocation Framework, training identified as required by social care leaders in respect of implementing Tusla's SBP and national approach to practice to be provided.

Person Responsible : Area Manager & SMT

Status: To be provided once launched.

8. Support to be provided as required to social care team members to ensure their timely registration with CORU.

Person Responsible : Area Manager & SMT

Status: In place and ongoing

9. Record children's Tusla ID numbers on 'staff- line manager' supervision records to illustrate the specific children discussed in supervision.

Person Responsible : Area Manager & SMT

Status: To be progressed by year end.

10. Should staffing deficits emerge within the CPW service area, the SMT will risk assess the impact of these deficits on the provision of a safe and effective service to children and families, escalate the presenting risks and contingency plan to mitigate against them.

Person Responsible : Area Manager & SMT

Status: In place and ongoing

11. Enhance practice through guidance and analysis provided by the area's QRSI Officer and regional lead when both in post in 2026 to support quality assurance, service improvement and information governance across the area

Person Responsible : Area Manager & SMT

Status: When in place in 2026

12. Provide an academic funding scheme in May 2026 to support staff with external academic studies.

Person Responsible : Area Manager & SMT

Status: To be launched in March 2026 with funding allocation agreed in May 2026.

13. Complete a training needs analysis of the CPW service area to inform the Area Learning Plan for 2026.

Person Responsible : Area Manager & SMT

Status: To be completed in February 2026 following implementation of Tusla's Integrated Service Delivery Model in January 2026.

Standard 2.1

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

Judgment:

Not compliant

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

Actions:

1. Routine contact with referrers (and as appropriate parents/guardians) to be undertaken by duty/ intake service area irrespective of the priority awarded at screening. This is to ensure that initial checks are undertaken as required by Children First (2017) to establish safety in the first instance as a routine measure prior to placing children on the cases awaiting allocation list. To support this action, additional resource capacity has been provided to the intake/duty service. The area has appointed a 3rd person on the duty rota for DSE. 2 staff will remain on the duty rota for Wicklow intake/duty service.

Person Responsible : Duty/ Intake PSW

Status : Implemented, in place and ongoing

2. Where it is determined that an immediate safety plan is not required at point of screening, this is noted on the screening form and the rationale for this is being outlined. To note, referrals prioritised as 'high' at screening continue to be allocated for an intake record and not placed on unallocated/ waiting list.

Person Responsible: Intake/Duty PSW

Status : Implemented, in place and ongoing

3. CPW Managers to include the rationale for prioritisation on screening pro-forma. As there is no specific prompt to do so on the national screening pro- forma, this is being included as a note in the notes box at the end of the screening pro-forma.

Person Responsible: Social Work Team Leaders.

Status: Implemented and ongoing.

4. Through routinely contacting referrers (and as appropriate parents/guardians) at point of screening , children and families who do not require a child protection/ welfare response from Tusla will be identified in a more timely and efficient manner and referred to family support and / or commissioned services to support more timely and efficient meeting of their needs.

Person Responsible : Duty/ Intake PSW

Status : Implemented, in place and ongoing

5. Monthly case reviews to review current referrals prioritised as 'low' & 'medium', with a view to considering whether Tusla family support services (included funded services) and/ or diversion to another agency can respond to ensure timely service provision to children and their families.

Person Responsible : Duty/ Intake PSW & PPFS Senior Manager

Status: In place and ongoing.

6. Quarterly reports following monthly case reviews to highlight themes emerging, areas for improvement and any identified corrective action implemented by SWTLs to be forwarded to the Area Manager and Regional Chief Officer with a focus on actions and supports required to improved service quality in terms of the timely screening of referrals and the assessment of safety prior to being placed on the waiting list. As required, this will be included in the area's learning plan regarding implementation of national approach to practice (Signs of Safety).

Person Responsible : Duty/ Intake PSW

Status: First report to be received at the end of November 2025.

7. Cases awaiting allocation which include concerns of domestic abuse are being assigned to the domestic abuse liaison officer (DALO) as their capacity allows. Their focus is on immediate/ interim safety. In the event, there are continued/ escalated concerns, these are being reported to SWTL, with a view to informing prioritisation/ further action required. This service is being continually strengthened as the DALO's become more embedded in the service area. This to be a key focus in professional supervision engagements.

Person Responsible : Duty/ Intake Managers & DALO

Status : In place and ongoing

8. When interim safety plan is required following an Intake record, the Social Worker/ Social Care Leader to routinely escalate this information to the SWTL, who records this information on the tracker for cases awaiting allocation for initial assessment. SWTLs to meet monthly to review the tracker for cases awaiting I.A. In the process of reviewing these cases, SWTL will arrange contact with family/ network to review the safety plan in place, how that is working and/ or consider if further action is required at that time. **Person Responsible**: Duty/ Intake PSW & SWTLs

Status : Completed, in place and ongoing

9. Practice workshops with SWTLs supported by Regional Professional Support Manager to include a focus on ensuring compliance with the National Policy & Guidance on the Management of Cases Awaiting Allocation, the updated Duty SOP and risk escalation measures to ensure the management of waiting lists in the area in a manner which prioritises children safety. Learnings in relation to practices in place in other areas within the region, to be shared by the PSM to ensure consistency of approaches and

alignment with Children First (2017), Tusla's SBP and other existing policies/ procedures/ guidance.

Person Responsible : Duty/ Intake PSW & Regional Professional Support Manager

Status: In place and ongoing.

- 10.** To support a review of consistency in practices in the CPW service area in relation to case categorisations, prioritisations and safety planning at point of screening, examples will be brought to DML's Regional Child Protection Forum for discussion with regional CPW colleagues for learning purposes and to inform service improvement for DSE/W.

Person responsible: Duty/ Intake Principal Social Worker.

Status : In place and ongoing

- 11.** A specific project of quarterly 'Blitzs' of cases awaiting allocation categorised as 'low' and 'medium' to continue to be implemented across the service area with the support of colleagues in fostering and PPFS.

Person Responsible : Duty/ Intake PSW & SWTLS

Status : In place and ongoing

- 12.** A review has taken place of the requirement for a further time specific 'overtime' project to respond to the IRs awaiting allocation during the final quarter of 2025. Taking all factors into consideration, including metrics, staffing levels, plan for Blitz in November, monthly reviews in place and other actions, an 'overtime' project in the final quarter of 2025 will not be progressed. Consideration will be given to its requirements in the second quarter of 2026 by each new network, once structures are embedded.

Person Responsible: Area Manager & SMT

Status: Completed

- 13.** Record- keeping to be a standing agenda item on duty/ intake governance meetings to reinforce the requirement that all notes in respect of intervention relating to cases awaiting allocation are contemporaneously uploaded to TCM.

If following the completion of a task in respect of a case on the waiting list where updated information is received and uploaded to TCM, this information will be escalated to the duty/ intake SWTL who will consider the need to change the priority of the case.

When a SWTL changes the priority of a case to a higher priority, they will document the reason for this and they will allocate this referral for completion of I.R.

Person responsible: Duty/ Intake PSW & Social Work Team Leaders.

Status: In place and on- going.

- 14.** To provide further assurance and to verify the corrective actions and service improvements have been completed, PASM will complete a sample review of the service area's compliance with Tusla's categorisation and prioritisation procedure, and of safety planning undertaken in respect of

cases awaiting allocation following screening. The data for this review has been agreed with the Duty/ Intake PSW.

Person responsible : PASM

Status: This review will take place in December 2025 and into the 1st quarter of 2026.

- 15.** To support a review of consistency in practices in the CPW service area in relation to case categorisations, prioritisations and safety planning at point of screening, examples will be brought to DML's Regional Child Protection Forum for discussion with regional CPW colleagues.

Person Responsible: Duty/ Intake Principal Social Worker.

Status : In place and ongoing

- 16.** A training needs analysis to be completed of all newer CPW team members to identify specific training and skill development required to build capacity, support consistency and drive change/ improvements required in respect of the management of cases awaiting allocation across the service area. Findings to inform the Area's Learning Plan for 2026, with a particular focus on the implementation of the National Approach to Practice, Signs of Safety. In advance of this, DML Signs of Safety Lead will provide a training session for all new staff on the duty/ intake teams in respect of the best approach to questioning at the front door to determine best next steps for a particular referral. This training input will take place for all new starters on duty/ intake on 9th December 2025.

Person Responsible : Duty/ Intake PSW

Status: Completed

- 17.** The updated duty SOP will provide guidance to Duty/ Intake Managers and team members to enhance compliance with SBP practices, Children First, National Policy and Guidance relating to management of unallocated cases, and the national approach to practice to ensure consistency with other service areas within the region and provide assurances to the area manager & regional chief officer relating to service quality and enhanced compliance.

Person Responsible: Duty/ Intake Principal Social Worker & Regional Professional Support Manager.

Status: Underway and ongoing.

- 18.** The attainment of milestones in respect of the implementation of Tusla's Local Integrated Service Delivery Model and revised Standard Business Process will continue to be monitored and reported on by the regional implementation lead and project manager. These include the establishment of two networks (DSE & Wicklow), the recruitment of an Area Manager for Wicklow, a Duty/ Intake PSW for Wicklow, an additional Duty/ Intake SWTL for Wicklow, 6 new family support leads across the two networks, and new integrated front door services in place from January 2026 for both DSE and Wicklow. These will include a revised screening form

and a revised ICT system for requests for family support and Meitheal (in addition to CPW reporting). Engagements and briefing sessions with PSWs to continue across the area.

Person responsible: Area Managers & SMTs.

Status : In place and ongoing

Section 2:

Standards to be complied with

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

Standard	Judgment	Risk rating	Date to be complied with
Standard 3.1 The service performs its functions in accordance with relevant legislation, regulations, national policies and standards to protect children and promote their welfare.	Not compliant	Red	16 October 2025
Standard 3.2 Children receive a child protection and welfare service, which has effective leadership, governance, and management arrangements with clear lines of accountability.	Not compliant	Red	16 October 2025
Standard 4.1 Resources are effectively planned, deployed and managed to protect children and promote their welfare.	Substantially compliant	Yellow	3 December 2025
Standard 5.2 Staff have the required skills and experience to manage and deliver effective services to children.	Substantially compliant	Yellow	3 December 2025
Standard 2.1 Children are protected and their welfare is promoted through the consistent implementation of <i>Children First</i> .	Not compliant	Red	16 October 2025

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