



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

<b>Name of service area:</b>	Donegal
<b>Type of inspection:</b>	Focused
<b>Date of inspection:</b>	8 September 2025 -12 September 2025
<b>Lead inspector:</b>	Sharon Moore
<b>Support inspector(s):</b>	Sabine Buschmann Grace Lynam Adekunle Oladejo
<b>Fieldwork ID</b>	MON-0047706

## About this inspection

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

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

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

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

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

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

This inspection was a monitoring inspection to assess the progress made in relation to the actions identified to address non-compliances during the previous inspection in May 2024. The key issues that were followed up in this inspection related to:

- Significant systems risks pertaining to the absence of effective governance and oversight of the child protection and welfare service between July 2023 and March 2024.
- Significant systems risk in relation to referrals considered to have met the threshold for requiring a notification to to An Garda Síochána (AGS) not completed in line with *Children First: National Guidance for the Protection and Welfare of Children 2017*.
- There was a lack of oversight of waiting lists from May 2023 to March 2024.
- There were significant delays in the completion of preliminary enquires (IR's) and initial assessments (IA's) for children.
- Children were routinely placed on the waiting list following screening and in some cases where follow up was required to establish safety, no action was taken. This led to the urgent escalation of some cases during the inspection whereby children had to be visited to ensure their safety.
- There was a lack of oversight and management of the monitoring and updating of safety plans for children. Inspectors escalated three cases following the inspection due to the lack of monitoring and updating of safety plans.
- Auditing and oversight of waiting lists as a quality assurance mechanism by managers was poor. Cases on the waiting list that required urgent intervention were not actioned despite the completion of four or more audits. This included children who had disclosed both physical and sexual abuse.
- Poor oversight of children on the Child Protection Notification System with children active on the Child Protection Notification System (CPNS)<sup>1</sup> awaiting allocation to a social worker.
- Principal Social Workers (PSWs) did not receive appropriate supervision as required by Tusla National Policy, and CORU's Code of Professional Conduct and Ethics for Social Workers.
- There was a gap in practice with regard to understanding and responding appropriately to sexual abuse allegations.

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 two standards and substantially compliant in three standards. The SAQ provided analysis of organisational priorities and areas of

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<sup>1</sup> The Child Protection Notification System (CPNS) is a secure database that contains a national record of all children who have reached the threshold of being at ongoing risk of significant harm and where there are ongoing child protection concerns.

practice they were working to continually improve which will be further commented on in this report.

## How we inspect

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

The key activities of this inspection involved:

- the analysis of data
- interview with the area manager
- focus group with two principal social workers
- focus groups with four social work team leaders
- focus group or meeting with eight social workers
- the review of local policies and procedures, minutes of various meetings, staff supervision files, audits and service plans
- the area's 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 68 children's case files
- conversations with two parents
- conversation with one child
- meeting with the area Principal Social Worker for Quality Assurance
- meeting with the regional Business Support Manager
- meeting with the regional Tusla Case Management (TCM) User Liaison Officer

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

## Acknowledgements

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

## Profile of the child protection and welfare service

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

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

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

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

Donegal is the fourth largest county in Ireland and has a sparse population density. It is predominately a rural county with the majority of the population (73%) living outside of urban areas. Donegal had the second highest level of deprivation in Ireland as per the 2016 Pobal HP Deprivation Index with a score of (-10.3). Letterkenny is the largest town, with a population of 22,549 followed by Buncrana and Ballybofey/Stranorlar. Donegal also has the largest share of Ireland's border region population at 40% in 2016.

Donegal continues to have the highest rate of child protection and welfare referrals in the West North West Region. In the period between January and August 2025 referrals made to the Donegal area were 26% of all referrals in the region, with the highest

number of referrals being 31% in January 2025. This reflects the trend in the increase in referrals to the service over the past number of years. The referral rate increased by 15.4% from 2020 to 2024 based on full year data. Donegal also had the highest increase in referral rates in the country in 2024.

Given the physical size of the county, its weak urban structure and low population density, accessing and providing services to children, young people and their families can be challenging. One of the changing features of Donegal over the past number of years is the significant increase in Ukrainian and International Protection Accommodation Services (IPAS) populations. This is an added challenge to service provision given the traumatic experiences of many of these children before arriving in Donegal. There is also a lack of approved translators within the county and the lack of extended family networks of support for children and young people within these populations. In August 2025 there were approximately 1500 Ukrainian children, who are beneficiaries of temporary protection, enrolled in schools in Donegal. There were also over 900 children living in IPAS accommodation across Donegal.

The regional chief officer (RCO) for Tusla West North-West holds governance responsibility for the service area. The operational service delivery is managed by an area manager who reports to the regional chief officer. Services provided by Tusla Donegal are delivered from four Tusla local area office locations across the county. These four local area offices are in Buncrana, Donegal Town and two offices in Letterkenny. Each area office is populated with staff from across all service delivery areas, including the child protection and welfare service. In addition staff from regional and national support services are also based within each of these local area offices.

The Donegal Child Protection and Welfare Service at the time of the inspection was structured as follows:

- **Intake Service** – The intake service received all referrals to the Tusla Donegal Child Protection and Welfare Service and was responsible for screening, diversion if appropriate and processing cases to the end of preliminary enquiry (IR) stage. This service was managed by an interim Principal Social Worker (PSW) for Intake and comprised of two Intake teams, each managed by a Social Work Team Leader.
- **Assessment and Intervention Service** – The assessment and intervention team conducts Initial Assessments (IA's) and works with children and families to the point of case closure or step down to a community partner. This service was divided into four Area teams Donegal East (based in Buncrana), Donegal West (based in Donegal town) and East Central and West Central (both Letterkenny based) which provide a service in the greater Letterkenny and surrounding areas. Three of these area teams were managed by the PSW for Child Protection and Welfare .The fourth area team was managed by the interim PSW for Intake.

Each of these child protection and welfare teams was comprised of professionally qualified social workers, social care leaders, social care workers and family support practitioners. Each team was managed by a social work team leader who was managed by a principal social worker. While at the time of the inspection most of the available posts in the child protection and welfare service were filled, the service did not have sufficient staff and the service operated a waiting list for support. The service did not have the resources to fill vacancies created by long term statutory leave or leave for staff provided for in the providers policies and procedures. In addition the service reported a significant increase in referrals in 2024 and 2025 without any increase in staff resource allocated.

## Compliance classifications

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

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

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

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

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

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

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

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

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



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

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

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

<b>Date</b>	<b>Times of inspection</b>	<b>Inspector name</b>	<b>Role</b>
8 September 2025	12.00 hrs to 17:30hrs 12:00 hrs to 17:00hrs 12:05 hrs to 17:00hrs 12:05 hrs to 17:00hrs	Sharon Moore Sabine Buschmann Grace Lynam Adekunle Oladejo	Lead Inspector Support Inspector Support Inspector Support Inspector
9 September 2025	08.45hrs to 17:30hrs 09:00hrs to 17:00hrs 09:00hrs to 17:00hrs 09:00hrs to 17:00hrs	Sharon Moore Sabine Buschmann Grace Lynam Adekunle Oladejo	Lead Inspector Support Inspector Support Inspector Support Inspector
10 September 2025	08:45hrs to 17:30hrs 09:00hrs to 17:30hrs 08:45hrs to 17:30hrs 09:00hrs to 17:00hrs	Sharon Moore Sabine Buschmann Grace Lynam Adekunle Oladejo	Lead Inspector Support Inspector Support Inspector Support Inspector
11 September 2025	08:45hrs to 15:10hrs 09:00hrs to 15:10hrs 09:00hrs to 15:10hrs 09:00hrs to 13:30hrs	Sharon Moore Sabine Buschmann Grace Lynam Adekunle Oladejo	Lead Inspector Support Inspector Support Inspector Support Inspector
12 September 2025	08:00hrs to 16:00hrs 09:00hrs to 17:00hrs 09:00hrs to 16:00hrs 09:00hrs to 17:00hrs	Sharon Moore Sabine Buschmann Grace Lynam Adekunle Oladejo	Lead Inspector Support Inspector Support Inspector Support Inspector

## **Children's experience of the service**

Children's experiences were established through speaking with a sample of children, parents, external advocates and professionals. The review of case files, complaints and feedback also provided evidence on the experience of children in receipt of a child protection and welfare service.

Understanding children's experiences of the service they receive through speaking directly with children and their parents or guardians is an important part of any inspection. However, on this inspection it was deemed not appropriate for inspectors to make contact with children and parents who may not have been aware a referral had been made to Tusla or those who had been placed on a waiting list for a service. A small number of children and parents who had received a service from the child protection and welfare team were identified and of those contacted, two parents and one child agreed to speak with an inspector about their experience.

The review of case files showed that overall the child protection and welfare service provided to children was safe. While children identified at high risk received a timely service, some children were placed on a waiting list for support. The capacity of the service to allocate and provide a timely response to all children was negatively impacted by the significant increase in referrals within the service area and lack of resources to fill staff vacancies created through statutory leave. However, children who had been placed on waiting lists for support were found to have adequate safety planning put in place before being placed on the waiting list. These cases, while recorded as open and unallocated, were also found to be actively monitored and worked through the 'active on duty' system. This is a system whereby cases that are unallocated to a worker and on a waiting list for support, are actively monitored by the duty intake team leaders and all necessary tasks to ensure the child is safeguarded are undertaken by the duty team.

The review of case files showed that children were listened to and had their views taken into consideration when decisions were made about the service they received. Fifteen complaints related to the child protection and welfare (CPW) service had been received by the service area in the nine months prior to the inspection. The majority of these complaints related to communication with social workers and unhappiness with the decisions made by the social work team. However, the child and parents who spoke with inspectors were very satisfied with the communication from social workers and level of support from the social work team.

The views of the child, views of the parents and the child's best interests were considered. The child who spoke with an inspector talked about the positive changes in family life following engagement with Tusla. They also told the inspector that they and their parents had been consulted with regard to the plan and they knew how to make contact directly with their social worker if needed. They said "I have the social workers number and I can contact" "Yes I was involved in all the plan". One parent who spoke with an inspector found the service to be very supportive and said "I am happy with Tusla, Tusla have made my life better, and they helped me". The other parent also told the inspector that they were happy with the service they had received, described the service as approachable and that they would be happy to engage with Tusla again in the future for support. They said "I could go to Tusla if I need to".

Inspectors met with 14 child protection and welfare staff of all grades as part of this inspection. Overall staff described a team that was child-centred, worked well together and was committed to keeping children safe. Staff told inspectors that due to a significant shortage of placements for children who needed to come into care that children were not always provided with appropriate placements in their local service area. Feedback from staff however highlighted that safety, consistency and effectiveness of the system for the child was the paramount consideration across the service area at all staff levels.

## **Capacity and capability**

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

- two standards were compliant
- three standards were substantially compliant

The inspection of the service identified that the significant systems risks previously escalated to the Regional Chief Officer (RCO) following the May 2024 inspection had been effectively addressed.

There was good governance and oversight of the service at all management levels. The provider's management, oversight and governance structures at area, regional and national level were found to have been effective with regard to addressing the significant systems risks escalated in May 2024. The service was found to be generally in adherence with relevant legislation, regulation, national policies and standards to protect children and promote their welfare. This included; adhering to *Children First National Guidance for the Protection and Welfare of Children* (2017) and supervision was being undertaken in line with Tusla national supervision policy. However, adherence to the timeframes set out in Tusla's standard business processes (SBP), the revised procedure for managing concerns made about children in care and reporting of alleged abuse to An Garda Síochána required some improvement.

The service area was operating in line with the provider's national service improvement plan and service area actions were aligned to the provider's national compliance plan to reduce the number of children waiting for a service. The self-assessment questionnaire (SAQ) returned by the provider in advance of the inspection demonstrated that the service area senior management team had good oversight and a clear understanding of the CPW service.

There was good decision-making and good risk management in relation to the use of the allocated child protection and welfare service resources including the oversight of staff's wellbeing and working hours. The service however continued to be met with challenges to replace critical roles where the vacancies were due to statutory or provider policy related leave. In addition the service area had received no additional resources in line with the significant increase in referrals to the service in 2024 and 2025. The service area did not receive any of the additional 50 posts to support children awaiting allocation as outlined in the provider's national compliance plan. Workforce actions taken included the establishment of the centralised duty and intake team at the service area front door and the creation of a social work team leader post to manage court work.

While the service area prioritised the use of the limited available staff resources to support high risk cases there was good oversight and management of unallocated cases. The data submitted by the service area in advance of the inspection reported open cases not allocated to a professionally qualified social worker (PQSW) at the end of July 2025 was 41 cases or 10% of all open cases. This was in line with the provider's published metrics. An analysis of the data provided by the service area found however that the actual number of children not allocated to a PQSW was 131 cases or 32.7% of all open CPW cases at the end of July 2025. Ninety of these cases were allocated to other professionals and secondary allocated to a social work team leader. A review of a sample of these cases found that children received appropriate support and their cases were actively monitored

by the social work team leader. However, while all cases were not allocated there was a good overall service area response to children at risk. The service had a robust 'active on duty' system in place, unallocated children had safety plans in place that were monitored and there was good management oversight of the waiting list for support. Inspectors also found that most children's records were up to date and routinely accessed.

There was good management oversight of the ongoing significant risks within the child protection and welfare (CPW) service. There was good oversight found across all stages of the management of referrals including screening, preliminary enquires (IR) initial assessments (IA) and the CPNS. Screening of referrals at the child protection and welfare (CPW) front door, including referrals for children in care (CIC), was comprehensive and generally involved follow up contact with referrer's and families. The CPW 'front door' refers to the area's initial point of contact for access with regard to child protection and welfare concerns. However, screening of most referrals was not completed in line with Tusla's own requirement that all referrals are screened within 24 hours of receipt. This was a decision made in consultation with the RCO to address the significant ongoing risks identified at the front door following the May 2024 inspection. Inspectors found that while screening was not completed within 24 hours, all referrals were reviewed by a social worker to determine if the child was at immediate risk of harm and immediate safeguarding action was taken where required on all referrals reviewed. The impact of this is significant, in that children who required immediate action were identified and appropriate action was taken when required to protect children.

There was good governance and management oversight of children on the Child Protection Notification System (CPNS) and there were no children on the CPNS awaiting allocation of a social worker. There was a tracking system in place for referrals that required notifications of alleged abuse to An Garda Síochána. While inspectors found that the majority of notifications were made and completed in a timely manner, there continued to be some delays and in one case, the required notification had not been made.

There were no systems risk identified or individual cases escalated following the inspection.

**Standard 3.1**

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

In the SAQ submitted by the service area the management team deemed the service area to be compliant with this standard. Inspectors did not agree with the assessment and deemed the service to be substantially compliant with this standard.

Overall, the inspection found the service was operated in adherence with relevant legislation, regulation, national policies and standards to protect children and promote their welfare. This included; adhering to *Children First National Guidance for the Protection and Welfare of Children* (2017) and supervision was being undertaken in line with Tusla national supervision policy. However, reporting of alleged abuse to An Garda Síochána required some improvement as did adherence to the timeframes set out in Tusla's standard business processes and the revised procedure for managing concerns made about children in care.

The inspection found that while not all children had an allocated social worker the service area was able to fulfil its statutory obligations to deliver timely and consistent services to children referred to the child protection and welfare service, in accordance with legislative requirements, to protect children and promote their welfare. While the area did not have the resources to employ a sufficient number of qualified social workers, a reconfiguration of the intake process and existing staff roles meant that children and their families received a timely and effective response, albeit not always from a professionally qualified social worker.

Managers and staff demonstrated a good understanding of their responsibilities under relevant legislation, national standards and policies and this was reflected in their practice. All staff and managers who spoke with inspectors were knowledgeable about the children whose cases they were working on. However, adherence to Tusla's practice guidance that underpins the management of child protection and welfare referrals pertaining specifically to children in care required some improvement.

The staffing capacity issues and a consistently high number of new referrals meant the service area was not in adherence with Tusla's standard business processes (SBP) with regard to the timeframes set out for the screening of referrals. The SBP for the completion of some preliminary enquiries (IRs) and initial assessments (IAs) was also delayed. While the service area was not in adherence with the timeframes set out in the standard business processes, this was part of a strategic interim response at service area and regional level to

address the significant systems risks escalated to the RCO following the May 2024 inspection. At the time of the inspection the service area continued to operate emergency response measures to address the significant systems risks escalated following the last inspection in May 2024 which had included the service area not being in adherence with Children First (2017). The emergency response measures required to effectively address the risks at the child protection and welfare front door were discussed and agreed at a meeting between the regional chief officer (RCO), service area manager and the interim PSW for intake in January 2025. At this meeting it was acknowledged that while putting in place these interim emergency response measures would support service adherence with Children First (2017) and national standards, it would however result in the service area not adhering to the timeframes set out in the Tusla standard business processes.

The staffing capacity issues and a consistently high number of new referrals also meant that referrals were not been screened within the timeframes set out in Tusla's standard business process (SBP). Referrals were not screened on the same day that they were received and the practice within the service area was to complete screening within three days. A new local service area standard operating procedure (SOP) was introduced in the area in January 2025 that extended the timeframe for completion of screening to within three days. This SOP was put in place, following consultation with the RCO, as a measure to effectively manage the significant risks at the front door. A review of case files found that while the screening was not in line with the timeframes set out in the SBP, it was comprehensive and safety for children had been established before screening was completed. At the end of August 2025 there were four referrals where screening had not been completed. At the time of the inspection the service planned to revert to operating in line with timeframes set out in the SBP by the end of October 2025.

Tusla national policy for the management of unallocated cases was adhered to by the service area. The service area had a robust system in place for the ongoing oversight and governance of all unallocated children in line with the policy. The service area had a local area standard operating procedure (SOP) in place for unallocated cases which was reviewed in February 2025, this was in line with Tusla's national compliance plan. The service area also had a number of other local area SOPs and guidance documents to assist with good governance and oversight of the CPW service. This included a Waiting List and Risk Management Plan, dated February 2025, which set out the practice principles to developing a consistent response to the needs of children where the service was not able to allocate a worker. The plan applied to the management and oversight of children open and unallocated from the time screening had been completed where a social work response was required. This local area plan was effective in supporting the management of unallocated cases.



The Tusla procedure for managing child protection and welfare referrals for children in care was being implemented in some, but not all cases, in the service area. The procedure was revised in December 2024 and the guidance on this procedure, approved by the Tusla national office in January 2025 outlines that all referrals that relate to a child welfare concern should be screened by the child-in-care team and all referrals that relate to a child abuse allegation screened by the duty and intake team. Social workers and managers who spoke with inspectors demonstrated a good understanding of this revised procedure. Inspectors reviewed seven referrals for children in care of which related to child abuse allegations. The procedure was correctly followed with regard to screening of five of these referrals. The referrals were completed by the appropriate team based on the nature of the concerns. However, screening of two child abuse referrals was not in line with the procedure as screening in these cases was undertaken by the child-in-care social worker. As the referrals were not screened by the service area intake team, in line with the Tusla procedure, the intake PSW CPW did not have oversight of the decisions made on these referrals. Therefore adherence to Tusla's procedure in relation to the response pathway used for the management of CPW referrals for children in care required improvement.

Staff supervision was generally undertaken in line with the Tusla's national supervision policy. However, in the 12 month period prior to the inspection, due to vacancies at social work team leader (SWTL) grade supervision had not always been consistent for all staff. In the period September to December 2024, due to a SWTL vacancy and another SWTL on statutory leave, one SWTL was covering three teams, so supervision was not provided in line with the timeframes set out in the policy. During this period due to the risks at the front door the priority was on casework. The PSW for the intake team gave assurances that while formal supervision was not regular during this period for all staff, these staff were provided with informal supervision on cases by both the PSW and SWTL. The quality of supervision records required some improvement. A review of a sample of supervision records found that it was not possible to track which cases, if any, had been discussed with the staff member in supervision using these records. The review of children's individual case records on the provider's case management system (TCM) showed that supervision on cases was taking place. However, the staff supervision record did not support a supervisor with regard to identifying which cases were recently reviewed or required review in supervision.

There was some improvement since the last inspection in the oversight and management of child protection allegations which were considered to have met the threshold for requiring a notification of suspected abuse to An Garda Síochána. While inspectors found that the majority of notifications were made and completed in a timely manner, there continued to be some delays and in one case reviewed by inspectors the required notification had not been made. In addition in two

cases reviewed the information contained in the notification was not fully accurate. This included a wrong date and incorrect details on a child. Further improvement was therefore required to ensure that all notifications to An Garda Síochána are made without delay in line with Children First 2017 and that the information in all notifications was accurate.

There was effective implementation of the provider's national guidance with regard to the placement of children in special emergency arrangements (SEAs). At the time of the inspection there were no children placed in a SEA. The social work team worked with the regional SEA Coordinator to ensure effective care planning and that children were placed in SEAs for the shortest possible time. Where the service area had to use a SEA there were clear governance and oversight structures in place. This included weekly oversight meetings attended by all senior management team (SMT) members. In addition the area manager attended fortnightly regional Residential Placement Review meetings at which SEAs were reviewed. A local SEA guidance in line with the national guidance was being developed at the time of the inspection

The service area had addressed the risks identified during and following the previous HIQA inspection in May 2024 and taken timely action to address findings of internal audits. The service area was generally found to be meeting its statutory obligations to deliver safe and consistent services in accordance with relevant legislation, regulations, national policies and standards. However, some improvement was required with regard to the notifications to An Garda Síochána, supervision, adherence to timelines set out in the provider's standard business processes and adherence to the provider's procedure for managing child protection and welfare referrals for children in care. It is for these reasons that this standard has been judged to be substantially compliant.

**Judgment:** Substantially compliant

### **Standard 3.2**

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

In the SAQ submitted by the service area the management team deemed themselves to be compliant with this standard. Inspectors agreed with this and deemed the service to be compliant with this standard.

There was good governance and oversight of the service at all management levels and the governance systems risks identified during the May 2024 inspection had been addressed. The provider's management, oversight and governance structures

at area and regional level were found to have been effective with regard to responding to and addressing these significant risks. The provider demonstrated that a clear governance framework had been put in place since the last inspection to oversee and ensure the delivery of safe and good quality services.

The service area had clearly defined governance and management structures in place that set out the lines of authority and accountability in line with the standard. There were clear and specified roles and responsibilities for both managers and staff. The service was managed by an area manager who reported to the regional chief officer for the Tusla West North–West region. The area manager at the time of the inspection had 11 direct reports. This included the two principal social workers (PSWs) with responsibility for the six area child protection and welfare teams, PSW for Quality Assurances (QA), PSW Child Protection Conference Chair (CPCC), Business Support Manager and TCM User Liaison Officer (ULO).

The two CPW PSWs managed the two area intake teams and four assessment and intervention teams. These six CPW teams were led by five social work team leaders (SWTL's). At the time of the inspection there was one assessment and intervention team SWTL vacancy covered on rotation by the other three assessment and intervention SWTL's. The two intake teams were responsible for the CPW front door and were the first point of contact for children, families and professionals with the CPW service. Each of these CPW teams were comprised of senior social work practitioners, professionally qualified social workers, social care workers and social care leaders. Individual managers effectively undertook the governance and oversight duties of their assigned management roles. The inspection found that CPW managers at all levels worked closely with their front-line teams to embed Tusla's national approach to practice. Staff were aware of their roles and accountabilities and managers had good oversight of practice.

The service area management team responsible for the area child protection and welfare (CPW) service at the time of the inspection had consistently been in place since June 2024. Prior to this the CPW service did not have a consistent management structure in place as the contingencies to cover staff statutory leave were not adequate. This included cover for the area manager post in the 12 month period prior to the May 2024 inspection. In addition, following from the systems risks identified in May 2024, a dedicated PSW QA role was established as part of the area's improved Quality, Risk and Service Improvement (QRSI) framework.

The service area and regional response to the significant governance and oversight systems risks escalated following the May 2024 inspection was comprehensive. There was appropriate action taken to address the significant risks at the CPW front door and there was good oversight of the action taken at service

area and regional level. The area senior management meetings, area governance meetings, area QRSI meetings and regional governance oversight meetings were found to be effective in addressing the systems risks identified in May 2024. A review of a sample of minutes of these meetings found that they supported the improved oversight and governance of the area child protection and welfare service and appropriate action was taken through these forums to address the risks identified.

Following from the May 2024 inspection a comprehensive review was undertaken, at service area and regional level. This review was primarily focused on the poor management oversight and failure to take appropriate action that had led to significant risks at the CPW front door. It was clear from meeting with staff and managers, reviewing supervision records, and review of both area and regional meeting minutes that senior management at area and regional level took a strategic response to the risks identified. The focus of the area manager and RCO was on managing the immediate significant risks identified at the front door and establishing a strong oversight and governance structure in the service area to mitigate against these risks. Following from the systems risks escalated, both area and regional staff resources were re-assigned to the CPW service to support the area to address immediate risks at the CPW front door.

In response to the significant risks escalated from the May 2024 inspection of the service area, the RCO submitted a provider assurance plan which set out clear actions to address the immediate risks within the CPW service. One of these actions was a full review of all open and unallocated cases that would be undertaken by the service area. This full review of all open unallocated cases at intake commenced in July 2024 and was completed in August 2024. The review of the majority of medium priority cases was conducted by the Intake Interim PSW and the PSW QA. While a review of the remaining unallocated medium cases and all low priority cases was undertaken by the Regional Manager for Professional Development in the West North-West and the national approach to practice Lead for the North West. The service area review of unallocated cases found that of the 117 medium cases reviewed, the priority categorisation on 66 cases was deemed not to be correct. For 21 cases the priority was escalated to high priority and 35 were reduced to low priority. Of the 38 low priority cases reviewed, 11 cases were deemed to be incorrectly categorised with two escalated to high priority and a further nine to medium priority. Of the cases reviewed, the review also found that in nine cases which included five high priority and three medium priority referrals, a notification to An Garda Síochána was not submitted as required. One of the cases inappropriately categorised as 'medium' included a referral with regard to physical abuse where the child was left potentially at risk in the home environment after the disclosure.

In August 2024 the senior management team was updated with regard to the service risks and advised that a service area response would be required to address the immediate risks associated with high number of referrals on the intake service waiting list. At this meeting the service area manager gave clear direction that all social workers and social care staff from across the service area were to be made available to support the CPW service during the intake emergency measures week that took place in September 2024. It was also evident that planned interim changes to the operation of the intake team to address the significant risk at the front door and the impact of these changes on timeframes set out in standard business processes were discussed in advance and agreed with the RCO, service area manager and interim PSW intake. There was a clear understanding that the measures were an interim proactive response to address the immediate risk at the CPW front door. While there was a change in the RCO post during the 12 month period prior to this inspection it was significant that regional oversight and governance of the service area remained consistent and was not negatively impacted by the change. Both RCO's remained fully briefed, worked alongside the area manager and there was a clear handover when the new RCO came into post. Regional oversight of the area's progress on the risks was maintained through regional governance meetings, area manager attending Regional Operations Risk Management and Service Improvement Committee (RORMSIC), regional QRSI manager attending service area QRSI meetings and regular area manager supervision meetings with RCO. In June 2025, an area operations meeting took place that was chaired by the RCO attended by the area manager, area PSWs and regional staff including the QRSI manager. This meeting included a review of the systems risks identified within the CPW service and outcome of actions taken to address these risks.

In September 2024 the area manager completed a desktop review focused on governance and oversight of the child protection and welfare intake service. The primary focus of this review was on analysis and understanding of how the systems risks evolved in the 12 month period prior to the May 2024 inspection. This was a desktop review using the reports and reviews which were developed in response to the high numbers of unallocated cases and the area's response to this using available minutes, audits and other documentation. The review was undertaken with a view to identification of service improvement recommendations. The review identified that some of the systems risks with regard to governance and oversight that were escalated following from the May 2024 inspection were known systems risks. The review found that some of the risks that had been identified following the inspection had been identified though Tusla's own internal auditing system in November 2023, however, no action had been taken.

In response to the systems risks escalated following from the May 2024 inspection the area had also put in place a strong governance system which included

responsive quality assurances processes that reflected the complexity of the child protection and welfare service. This included a number of key management forums; the Senior Management Team (SMT), the Quality, Risk, Service and Improvement (QRSI) forum, Area Leadership Forum and Child Protection and Welfare Prevention, Partnership and Family Support (CPW PPFS) Governance Group. The area manager also attended a number of regional meetings including monthly Regional Management Meetings chaired by the RCO.

The Senior Management Team (SMT) was the management group with overall responsibility for governance and oversight of all operational Tusla services across county Donegal including the CPW service. SMT meetings were held monthly and chaired by the area manager and was the primary decision-making forum for the area. The service area also had in place an area Quality, Risk, Service and Improvement (QRSI) meeting which took place every six weeks and was chaired by the area manager. This was attended by senior managers including the PSW QA, two CPW PSWs and the Regional QRSI Manager. It was clear from a review of a sample of meeting minutes that these meetings were very effective in supporting the oversight and governance of the service.

In March 2025 the service area commenced monthly governance forums chaired by the PSW QA. This included a governance forum for CPW and Prevention, Partnership and Family Support (PPFS). The PPFS service provided key support to the CPW service through supporting appropriate referral diversions from CPW. There were clear terms of reference in place for the governance forum. The purpose of the forum was to support teams to work in collaboration together, to share accountability, to identify risks and to provide collective solutions to service issues. The importance of data and its role in the robust governance system was central to these meetings. There was a clear expectation on all managers to be familiar with and to have undertaken an analysis of the data from their area of service responsibility prior to attendance at the forum. The forum was viewed as an essential opportunity to discuss the progression of cases within teams, the work of each team and review each team's ability to meet standards. It also provided a forum to discuss practice, staffing and staff morale. The forum supported managers to identify where a team was compromised or could be potentially compromised with managers working together to find a collective solution. A review of a sample of meeting minutes, an inspector observation of one CPW PPFS governance meeting and the feedback received from managers indicated that these meetings were very effective in supporting the local oversight, governance and management of the CPW service.

A key action with regard to an improved QRSI framework was the dedicated PSW for QA. The PSW QA had previously been assigned additional responsibilities within their role for CPCCs, Family Welfare Conferences and quality assurance.

The governance review of the service following from the last inspection identified that the PSW in this role did not have capacity to undertake the quality assurance responsibilities due to the demands of their CPCC role. To address the gap at service area level with regard to staff with core responsibilities for QRSI, the dedicated PSW QA post was put in place. This role commenced in January 2025 for one year with a plan to review as part of the provider's national reform programme.

At the time of the inspection, the PSW QA had a central role in supporting the area manager with the governance and oversight of the service. The PSW QA chaired CPW governance meetings and area leadership meetings. These were convened monthly and attendance included the area manager, two PSWs and five SWTLs and the ULO. In addition, the PSW QA provided cover for other managers to address the governance risks associated with inadequate cover arrangements for managers on statutory leave. The cover provided for other PSWs in the service area ensured that other managers were not taken away from their own specified frontline service management responsibilities. The PSW QA also provided cover for the area manager when needed. The PSW QA chairing the meetings ensured the consistency of meetings and ensured that they would not be impacted by other demands on the area manager's time.

As part of the service area plan to develop a more robust governance system the area looked for models of good practice that were effective in other service areas. The area senior managers also engaged in external leadership training and a senior management team leadership charter was developed in August 2025. At interview the PSW QA and the area manager noted that the CPW PPFS governance forum had been identified as an effective governance forum that was already in place in another service area. The PSW QA met with managers in the other service area to discuss the learning from their forum and observed the forum in operation. The PSW QA also shadowed the provider's internal auditing team conducting a supervision audit to support the PSW QA to undertake the planned service area supervision audit in quarter four 2025. It was good practice that the service area sought to identify effective governance and oversight mechanisms already in operation in other service areas and sought to enhance audit practice through the provider's internal audit team.

The risk management frameworks in place to support the appropriate identification, assessment and management of risk were found to be effective. There was good regional and national oversight of the significant systems risks escalated to the RCO following the May 2024 inspection. There was a local service area risk register and a regional risk register in place which were reviewed as part of the inspection. The local service area risk register had 10 open risks at the time of the inspection which included risks related to staff resources, lack of

appropriate placements for children, unallocated cases and non-adherence to standard business process timeframes for completing intake records and initial assessments. The identified service area risks related to staff resources and lack of placements for children were also included on the regional risk register. The regional QRSI manager also attended the area QRSI meetings.

There was a regional and national risk oversight system in place through Tusla's Regional Operations Risk Management and Service Improvement Committee (RORMSIC) and National Operations Risk Management and Service Improvement Committee (NORMSIC). In the six month period prior to the inspection, NORMSIC had requested two national compliance plan 'area and regional combined assurance update reports' in relation to the service area. The response from the service area to NORMSIC were reviewed as part of this inspection and was found to accurately reflect data for unallocated cases, outlined what was working well and identified clearly areas of concern. These update reports highlighted that there was a waiting list in the CPW service, an increased number of referrals to the service area and a service area staffing deficit. At the time of the inspection Tusla was in the process of implementing a new reform programme due to commence operation in January 2026. One of the aims of this national reform programme is to support a more integrated front door system so that child protection and welfare referrals can be managed more efficiently. To support this mapping of available staff resources in each service area and staffing required to meet the referral need was being undertaken.

The system in place to monitor adverse events including serious incidents, complaints and concerns was effective. The Tusla '*Need to Know*' (NTK) is a process by which an incident or event is notified to senior management to ensure that management are informed in a timely manner. In the 12 month period prior to the inspection the service area had submitted 20 '*Need to Know*' notifications to the Regional Chief Officer related to the CPW service. NTKs were monitored through QRSI meetings, SMT meetings and the service area NTK log. NTKs escalated to the RCO included NTKs regarding missing children in care, child death, children's mental health and breakdown of a SEA placement.

Audits had been undertaken by the provider following from the May 2024 inspection and there was action and follow up from these audits. Internal audits undertaken included a Tusla Practice Assurance and Service Monitoring (PASM)<sup>2</sup> Team verification audit completed in December 2024 as a follow up to the PASM 2023 Intake service audit, a service area audit of unallocated cases open to intake

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<sup>2</sup> The Practice Assurance and Service Monitoring (PASM) team are responsible for conducting quality reviews of Tusla services independently of Tusla Operations. The team has a key role in supporting and enabling service improvement within Tusla.



in August 2024, and a service area audit of the CPNS in February 2025. The service area had trackers in place for actions related to service improvement arising from these internal audits, the provider's national compliance plan and the systems risk escalated following the inspection May 2024.

In March 2025 the service area introduced a standard operating procedure (SOP) for Senior Management Team Cover. The SOP was put in place as a quality assurance measure to ensure that there were adequate governance arrangements in place when members of the senior management team were absent from the service. The SOP was intended to address short term absences arising from leave such as annual leave or sick leave. Extended absences were to be addressed more comprehensively by the senior management team. The SOP set out the essential tasks to be carried out by the staff member providing cover across the various team management roles including area manager and PSW. The expectations on the cover area manager included chairing the two key governance meetings: SMT and QRSI and to review any items which required immediate sign off such as placement requests or NTKs. It also provided for a handover meeting to take place either side of the leave period if leave was for three days or more. The SOP had both general expectations of PSW cover and specific to each PSW role clearly outlined. This included decisions that were made by cover PSWs were to be accepted by the existing PSW, handover meetings to be held prior to PSW going off on leave and that no important decisions were to be expected of the covering PSW. It also outlined that it was a collective responsibility to ensure that adequate PSW cover was in place and that there must always be at least two PSWs available at any one time. The specific cover expectations for each PSW role included for the cover Intake PSW reviewing high priority cases on the waiting list if they have been on the waiting list for more than three weeks and reviewing the TCM file to ensure that previous referrals were noted before approving notifications to An Garda Síochána.

There was a complaints system in place in which complaints were logged and tracked on a National Incident Management System (NIMs). Progress on the management of complaints was monitored by the area manager and managers through the area QRSI meeting which took place every six weeks and the area complaints log. Complaints were also monitored at a regional level through RORMSIC and the Regional Service Experience and Feedback Team. A review of the complaints tracker found that there had been 15 complaints related to the CPW service received in the nine month period prior to inspection. The majority of complaints related to communication with social workers and decisions made by the social work team. Significant efforts were made by the area to resolve complaints at local level in a timely manner. There was a delay in progressing some complaints due to the service not being able to make contact with the person who made the complaint. In these cases complaints were held open, with

regular review at monthly QRSI meetings, to allow further time for the person to engage with the service. Practice learning arising from complaints was shared at QRSI meetings for dissemination to area teams through the PSWs.

At the time of the inspection, while the area did not have sufficient staff resources, to operate the CPW service without a waiting list, there was good service planning with regard to the use of the available resources. In response to the risks identified during the May 2024 inspection a whole service area approach to resource management was adopted. The area manager and senior management team retained consistent oversight of the resources available to the child protection and welfare service with ongoing review of the service area resources through SMT meetings. Decisions were made at SMT with regard to the operational management of the available staff resources. The core focus of the SMT was on ensuring that service area staff were placed where they were most needed to support children referred to the service. There was ongoing analysis by the SMT with regard to gaps and pressures across the service area. This included redeployment of staff to the CPW front door when needed and at the time of the inspection resource planning to mitigate against the potential risk to children due to significant staff vacancies on the child-in-care (CIC) team. In response to a lack of staff on the CIC team, SMT had put in place a time limited interim plan that cases ready to transfer to the CIC teams would remain allocated to the CPW assessment and intervention teams to ensure consistent service delivery for children. While this was a time limited interim plan until October 2025 it did place additional pressure on the CPW service with regard to the timely progression of CPW cases. However, there were no safeguarding concerns for inspectors with regard to unallocated CPW cases sampled. Feedback from staff and managers during the inspection highlighted that the safety, consistency and effectiveness of the system for the child was the paramount consideration across the area at all staff levels.

There was good governance and management oversight of children on the Child Protection Notification System (CPNS) and there were no children on the CPNS awaiting allocation to a social worker. There was a tracking system in place for referrals that required notifications of alleged abuse to An Garda Síochána and also for notifications received by Tusla from An Garda Síochána. At the time of the inspection the service area was also working closely with An Garda Síochána to improve the timeliness of notifications to Tusla. In one case reviewed by inspectors there was a three month delay in the notification to Tusla which delayed the Tusla safeguarding response for the child. The service area had made social work support available to assist local Gardaí undertaking this task.

The area had effectively addressed the significant governance systems risks identified during the May 2024 inspection. Children received a child protection and

welfare service which had consistent and effective leadership, governance and oversight arrangements in place. It is for these reasons that the service area has been judged to be compliant with this standard.

**Judgment:** Compliant

#### **Standard 4.1**

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

In the SAQ submitted by the service area the management team deemed the area to be compliant with this standard. Inspectors did agreed with the assessment and deemed the service to be compliant with this standard.

The service area did not have sufficient staff resources to operate the CPW service without a waiting list for children. However, there was good decision-making and good risk management in relation to the use of the resources allocated to the child protection and welfare service. Service area planning for the CPW service focused both on the resources available to the CPW service and area resources that could be redeployed from across the service area to manage risk at the front door. In addition there was good oversight of staff's wellbeing and working hours.

The area manager and senior management team retained consistent oversight of the resources available to the child protection and welfare service and there was ongoing review of service area resources through SMT meetings. Decisions were made at SMT with regard to the operational management of the available staff resources with a core focus on ensuring the staff were placed where they were most needed to support children referred to the service. There were also adequate contingencies in place for management cover when there were managers on statutory leave.

In 2024 and 2025 the service area recorded a significant increase in referrals to the CPW service. At the time of the inspection the service was at its full allocated staffing capacity, however, due to a significant increase in referrals there was a wait list in place for children who required support. The service area did not receive any of the additional posts to support children awaiting allocation as outlined in the provider's national compliance plan. The service also continued to be met with challenges to replace critical roles when vacancies arose due to statutory or provider policy related leave. For example the service area received no additional resources to cover sick leave or maternity leave. In August 2025 the area reported a 13 percent deficit in staffing due to sick leave and maternity leave. In addition, the area had received no additional resources in line with the significant increase in referrals to the service in 2024 and 2025.

Workforce actions taken by the service area to create more efficiency within the CPW service included the establishment of a centralised duty and intake service at the CPW front door and the creation of a social work team leader post to manage court work. Planning with regard to the provider's national reform programme was progressing for the area. The area manager outlined at interview that a staffing review was being undertaken as part of the reform programme to establish the actual number of staff required by the service area to meet the increased number of referrals. It was not clear however how the reform programme would address the identified workforce issues due to vacancies on front line teams due to statutory leave.

At the time of the inspection there were significant staff vacancies on the CIC team. In response to this a time limited interim plan until October 2025 had been agreed by the senior management team that cases ready to transfer to the CIC teams would remain allocated to the CPW Assessment and Intervention teams to ensure consistent service delivery for children. While this was a positive response for those children in care it had an additional impact on the staff resources available to undertake work on the timely progression of open cases through the CPW service.

There was ongoing monitoring of staff accruing Time off in Lieu (TOIL) for additional hours worked at monthly area SMT meetings. There was a clear understanding that should a staff member continually need to work additional hours to do their job, then the job should be reviewed to establish what the service could do differently.

The provider's use of commissioned services to meet the child protection and welfare needs of children referred to the CPW service was found to be an effective use of resources. Following from the May 2024 inspection the provider put in place additional service level arrangements with two commissioned services to address identified service gaps in the child protection and welfare service for children. One service was commissioned in 2024 to provide social care support and intervention out of hours and at weekends for children open to the CPW service. In 2025 another service was commissioned to support the CPW service with facilitating access for children open to the service. The SMT maintained oversight and governance of the arrangements with these commissioned services.

The service area did not have sufficient staff resources to operate the CPW service without a waiting list for children. However, the provider ensured that the resources already allocated to the CPW service were effectively planned, deployed and managed to protect children and promote their welfare. In addition the service area resources were effectively re-deployed to support the CPW service to

ensure the delivery of a safe and effective CPW service. It is for these reasons this standard has been judged to be compliant.

**Judgment:** Compliant

### **Standard 5.2**

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

In the SAQ submitted by the service area the management team deemed themselves to be substantially compliant with this standard. Inspectors agreed with this and deemed the service to be substantially compliant with this standard.

Staff and managers had the required skills and knowledge to manage and deliver effective child protection and welfare services to children. However, not all children were allocated a PQSW in line with the standards, and the area did not have sufficient staff to operate the CPW service without a waiting list for support at the time of the inspection.

At the time of the inspection all CPW service whole time equivalent (WTE) posts except one SWTL post were filled. However, the service did not have sufficient staff to meet the service demands of the CPW service at the time of the inspection. The service area had not received any additional staff allocation from the national office in line with the significant increase in referrals to the service in 2024 and 2025. The service area did not receive any of the additional 50 posts to support children awaiting allocation as outlined in the provider's national compliance plan. In addition the service area continued to be met with challenges to replace critical roles when the vacancies arose due to statutory or provider policy related leave. This included no additional resources to cover sick leave or maternity leave. In August 2025 the area reported a 13 percent deficit in staffing due to sick leave and maternity leave.

Children received a child protection and welfare service which had consistent and effective leadership, governance and oversight arrangements in place. Staff were aware of their roles and accountabilities and managers had good oversight of practice. Individual managers effectively undertook the governance and oversight duties of their assigned management roles. This included regular auditing of practice on children's files by SWTLs and PSWs. The inspection found that CPW managers at all levels worked closely with their front-line teams to embed Tusla's national approach to practice. In addition the quality of team meetings sampled was good and team meetings were held on a regular and consistent basis for all staff.

Staff supervision was generally undertaken in line with the Tusla's national supervision policy. However, in the 12 month period prior to the inspection due to vacancies at SWTL grade it had not always been consistent for all staff. In the period September to December 2024 due to a SWTL vacancy and another SWTL on statutory leave, one SWTL was covering three teams, so supervision was not provided in line with the timeframes set out in the policy. During this period due to the risks at the front door the priority was on casework. The PSW for the Intake team gave assurances that while formal supervision was not regular during this period for all, staff were provided with informal supervision on cases by both the PSW and SWTL.

Staff had the required skills and knowledge to manage and deliver effective services to children. Training was provided to ensure that staff were knowledgeable and proficient in delivering a good quality child protection and welfare service. Feedback from staff and managers during the inspection highlighted that the safety, consistency and effectiveness of the service for the child was the paramount consideration across the service area at all staff levels. The gap in practice with regard to understanding and responding appropriately to child sexual abuse allegations identified in the May 2024 inspection had been addressed. In addition, workshops on cumulative harm, safety planning and child sexual exploitation had been provided for staff. There was also ongoing support from the area's national approach to practice lead for any identified practice issues. All SWTLs had completed or were registered to participate in a coaching skills programme and a SWTL development programme. Seven staff were participating in the social work masters programme.

The service area had good staff retention and ensured that there was adequate support in place for all staff working in the service. There was a staff recruitment and retention working group in place. The staff retention initiatives in the area included piloting of a four day working week and a nine day working fortnight. The significant impact of court responsibilities had also been identified by the area as key factor in staff retention. To address this, the service area had developed a court role for a SWTL to reduce the pressure on staff and improve the quality of court work on behalf of children. In addition, the service area had commenced a monthly staff online forum facilitated by the area manager for all staff. The purpose of this forum was to provide information to staff and get feedback from staff on the planned service area reforms. The area had also established a system for staff recognition that acknowledged good practice and there was an annual staff day.

The service area did not have a sufficient number of qualified social workers with the required skills and experience in line with standards and some children were on a waiting list for a service at the time of the inspection. For this reason the standard is deemed substantially compliant. However, there was good decision-

making in relation to the available child protection and welfare service professional staff to ensure children referred to the service were safeguarded. Training was provided to ensure that staff were knowledgeable and proficient in delivering a good quality child protection and welfare service.

**Judgment:** Substantially compliant

## Quality and safety

Children were protected and their welfare promoted through the consistent implementation of Children First (2017). Children received a rights based quality child protection and welfare (CPW) service that kept children safe. The significant risks escalated following the May 2024 inspection, with regard to the CPW service provided to children and families, had been effectively addressed.

There was evidence of good practice and children received a proportionate response from the service based on their identified needs. The service area was effective in ensuring that children referred to the child protection and welfare service were appropriately cared for and timely safeguarding action was taken when required. However, due to limited staff resources, not all children had an allocated social worker and there was a waiting list for the service at the time of the inspection. Therefore, while children were safeguarded, the progression of referrals through the child protection and welfare service was not timely for some children.

There were appropriate policies, procedures, processes and evidence based frameworks in place in relation to screening, preliminary enquiry, safety planning and assessment. However, the timelines set out in the SBPs were not consistently adhered to. While the majority of children received a timely service and their referrals were progressed in line Children First (2017), at the time of the inspection some children remained on a waiting list for a service. This was due to a staffing capacity issue arising from a significant increase in new referrals and vacancies due to statutory leave.

Screening of the majority of referrals was completed in a timely manner. The service area was consistent in its response to children potentially at immediate risk in line with Children First (2017). The duty social work system in place at the front door was effective in safeguarding children and oversight by managers was good. While not all referrals were screened on the same day they were received, as set out in the Tusla national policy, the quality of screening was very good.

There was a good overall response to children at risk, safety planning was strong and the social work assessments undertaken were comprehensive and of good quality. There was also good oversight of cases and decision-making on cases was clear. The immediate safety of the child was considered as part of the screening process and safety planning undertaken was of good quality. There was also good and consistent monitoring of safety plans already in place for children. There were some delays in completion of initial assessments (IA's) and preliminary enquires (referred to as IR's) in the area. However, children were not placed on a waiting list for a service without safety first being established and a safety plan, if required, being put in place. In addition, cases were appropriately closed after all information was considered.

At the time of the inspection all children listed on the Child Protection and Notification System (CPNS) had an allocated social worker. Child protection safety plans were in place, and were being effectively monitored and reviewed. In the majority of cases, child protection allegations which were considered to have met the threshold for requiring a notification to An Garda Síochána were completed in a timely manner. However, in a small number of cases these were not completed in a timely manner and in one case the notification had not been completed. This was escalated to the intake PSW and completed during the inspection.

There were no cases escalated to the area manager following the inspection to provide assurances that the risks were appropriately recognised and managed.

### **Standard 2.1**

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

In the SAQ submitted by the service area the management team deemed themselves to be substantially compliant with this standard. Inspectors agreed with the service area assessment and deemed the service to be substantially compliant with this standard.

Children received a rights based quality child protection and welfare service that kept children safe and was responsive to the changing circumstances of children and their families. There was evidence of good practice and children received a proportionate response from the service based on their identified needs. The service area was effective in ensuring that children referred to the child protection and welfare service were appropriately cared for and timely safeguarding action was taken when required. However, due to limited staff resources not all children had an allocated social worker and there was a waiting list for the service at the time of the inspection. The service provided therefore was not always timely for some children.



The provider had policies, procedures, guidance documents and evidence based frameworks in place with respect to all aspects of child protection and welfare practice. The service area management of unallocated cases was in line with the provider's national service improvement plan for the management of unallocated cases. Staff demonstrated a good knowledge of the Tusla policies, procedures and evidence based frameworks in place, the majority of which were consistently implemented in practice. However, no PASM audits of practice, in line with the national compliance plan, had been undertaken in this service area during 2025. The timelines set out in Tusla's standard business processes (SBP) for completion of screening, preliminary enquiries and initial assessments were not always adhered to for all children. In addition, while the service area prioritised the use of available staff resources to support high risk cases, not all high priority cases were allocated at the time of the inspection and there were 19 cases categorised as high priority on the waiting list for support. However, a review of a sample of these cases found that safety had been established, where required safety plans were in place and the cases were been actively monitored and supported through the 'active on duty' system.

The service area duty systems which were observed as part of the inspection, were effective and there was good accountability for the CPW service at all staff levels. The significant service risks identified during the May 2024 inspection which included, poor screening of referrals, the poor quality of social work assessments, inadequate safety planning and poor decision-making on cases had been addressed. The service area did not however have sufficient staff which meant that some children were placed on waiting lists for a Preliminary Enquiry (IR) and Initial Assessment (IA). However, safety was established for all children before they were placed on the waiting list and those who were placed on a waiting list received good ongoing support through the 'active on duty' system.

The inspection found that the majority of children in the service area were allocated a professionally qualified social worker (PQSW) in line with national standards. There were 401 cases open to the service area child protection and welfare team at the end of July 2025. Of these 270 open cases or 67 percent were allocated to a PQSW. There were 90 or 22 percent of cases open and allocated to other professionals including social care leaders and social care workers. At the time of the inspection there were 65 children or 15.8 percent unallocated to any professional and on a waiting list for support. This was an increase from 41 children or 10.2 percent who were unallocated to any professional at the end of July 2025. A sample of 68 case files were reviewed as part of this inspection with closed files included in the sample.

The duty social work system in place at the front door was effective in safeguarding children and oversight by managers was very good. This systems risk

escalated following from the May 2024 inspection had been addressed. The intake front door system was restructured in October 2024 and a centralised system of duty and intake was put in place. The two intake SWTLs and two intake teams operated as one centralised team with all CPW referrals and queries coming to this centralised team.

At the time of the inspection there were six intake social workers in post working as part of this centralised team with another social worker due to commence in post in September 2025. Within the centralised duty and intake system there were three identified social worker roles, screening social worker, duty social worker and caseload social worker. Social workers on the team undertook all of these roles on a rota basis with the assigned social worker roles rotating every six weeks. At the time of the inspection two social workers were assigned to undertake each of the identified roles within the team. The two dedicated screening social workers on duty every day were responsible for the screening of referrals. Screening included consideration of immediate safety, cumulative harm and contact as required with the referrer and the child's family. The two duty social workers responded to any immediate risks identified at screening which included undertaking home visits, immediate safeguarding action and safety planning. The two caseload social workers were assigned to those cases that did not require an immediate response at screening. These two social workers were also available to assist with duty home visits and other duty tasks if required. All social workers at intake completed tasks allocated by the SWTLs to support cases on the 'active on duty' waiting list. The two intake SWTLs also rotated oversight and governance functions for the centralised team and worked closely with the intake PSW to ensure the system worked effectively. The SWTLs retained supervision responsibility for the individual social workers from their assigned intake teams. This duty and intake system at the front door was observed as part of the inspection and was found to be effective. In addition, to support the effective progression of cases through the CPW service there was a monthly joint management meeting of the PSW and SWTLs with responsibility for the CPW intake and assessment and intervention teams.

The service area had an effective 'active on duty' system in place. A review of cases found that cases were not placed on a waiting list until they had been screened appropriately and a safety plan had been developed where required. The intake team had two set meetings every week, on Tuesday and Thursday, to discuss open cases, the 'active on duty' waiting list tasks, allocation of cases and transfers of cases.

The focus of the intake teams was on establishing children's safety as a priority at screening and details were clarified with the referrer at screening stage for the majority of cases reviewed. There was good oversight of the intake service by

SWTLs and the intake PSW. At the time of the inspection the service area was still operating an interim crisis intervention plan that had been put in place following from the May 2024 inspection. This included screening within 72 hours and the intake team not undertaking IA's. However, the service area had commenced planning for the CPW service to resume operating in line with SBP timelines for screening and intake team to resume responsibility for completion of IA's by November 2025.

The screening of referrals to the CPW service was reviewed on 42 case files by inspectors. Screening was found to have been completed on the same day in 22 cases, within two working days in 10 cases and within three working days on a further three cases reviewed. Of the remaining seven referrals there were either delays in screening of the referrals or there was a delay in the manager signing off on the screening completed. Completion of screening was delayed for a week or more in five cases, over three weeks in one case and more than a month in one case.

The service area had a 'live' referrals screening tracker in place with oversight by the intake PSW and intake SWTLs. The purpose of this tracker was to ensure that all referrals managed by the intake team were fully screened within 72 hours and that safety had been established for the child before screening was completed. Social work team leaders told inspectors that it was the responsibility of the screening workers to establish safety of children. They explained that if safety cannot be established then the referral will go to a 'duty worker' for an immediate response. The referrals tracker was updated and maintained by administration staff on a daily basis. During the inspection this was observed to be actively used by the intake PSW and the two intake SWTLs to track the progression of referrals. As referrals were progressed they were colour coded to aid oversight so that it was clear which referrals had screening completed and which had screening actions yet to be completed. The tracker was set up to be accessed and updated by only one person at any one time so that information viewed by managers was always the most up to date information available on actions taken. Alongside this there was an intake team daily messaging service in use where tasks were allocated to staff members by managers. Staff also used this messaging service to report back when they had completed the tasks or to highlight tasks that had not been completed. Administration staff used the information on this messaging application to update the referral tracker throughout the day. The archive of the messaging service was available to managers to track tasks assigned and completed.

Screening, including screening of CIC referrals, while not always taking place within 24 hrs in line with SBP's, was of very good quality. Screening took account of previous referrals and safety was established for all children before screening

was signed off by managers. Inspectors found consistent evidence of very good quality screening in the cases reviewed. This included cases where the need for immediate safety planning action was recognised and timely action taken by the service. As part of the screening process the dedicated screening workers made telephone calls that were previously undertaken at IR stage. In the majority of cases reviewed the workers clarified the details of the referral with the referrer at screening stage. The local area SOP with regard to multiple referrals was followed and home visits were completed where there were three referrals in past six months in line with the SOP. In addition all cases reviewed were categorised correctly at screening. All safeguarding actions highlighted at screening were completed and referrals were not placed on the wait list for completion of an IR or IA without a safety plan in place. In some cases reviewed while screening had been completed by the assigned worker in a timely manner, there were delays in screening sign off by managers.

There was good use of the provider's case management system (TCM) by SWTLs and PSWs to support management oversight of practice. Following from the systems risks identified in the May 2024 inspection both SWTLs and PSWs had received additional training and support in the effective use of TCM to support governance and oversight. The area TCM ULO and other regional staff had supported managers in the setup of advanced finds and reports. Intake SWTLs had advanced finds set up on TCM with regard to screening of referrals within 72 hours and safety planning. These reports were run every Tuesday and Thursday. The ULO and regional Data and Information Service had oversight of service area data integrity and worked closely with the SWTLs and PSWs to identify and address any issues that may impact on the accuracy of the information available for decision making and service planning.

Screening of referrals for children in care in most cases was carried out in line with the provider's guidance on screening of referrals for children in care. Of the 42 cases where screening was reviewed, seven related to child abuse concerns for children in care. The Tusla procedure for managing child protection and welfare referrals for children in care was revised in December 2024 and implemented in January 2025. The January 2025 guidance on the procedure clearly outlines how CPW referrals for children in care should be progressed. All child welfare concerns should be screened by the child-in-care team and all referrals which relate to child abuse allegations should be screened by the duty and intake team. Inspectors found that while five of the referrals were screened in line with the procedure by the CPW intake team, the procedure was not followed for two referrals which related to allegations of child abuse. A review of these cases found that while there had been a delay in screening of one referral in line with timelines for screening in SBP, both cases were appropriately screened and all required action was taken. However, as the referrals were not screened by the service area intake

team, in line with the Tusla procedure, the Intake PSW did not have oversight of the decision's made on these child abuse referrals.

Preliminary enquiries (IR's) were not completed in line with the timelines set out in the providers SBP's. There were delays in the completion of IR's and some children were also placed on waiting lists for completion of an IR. At the end of July 2025 there were 15 children awaiting allocation for completion of an IR. Of these, six were waiting more than a week and two were waiting more than a month.

As part of the inspection 27 cases where an IR was required were reviewed. In only nine of the cases reviewed the IR was completed within five working days. In five cases the IR was completed within two weeks, four cases were awaiting completion of IR for more than three weeks, five for more than a month and four cases for more than six weeks. While there was a delay in completing preliminary enquiries for children in line with SBPs, safety had been established and safety planning was in place if required for all children. There was good oversight of these cases by managers, children's safety plans were actively monitored and any required actions were undertaken through the 'active on duty' system while cases were awaiting allocation for completion of the IR.

The completed IRs that were reviewed were of very good quality. In the IRs reviewed there was good consideration of the safety of the child and past referrals. Inspectors found that cumulative harm was being assessed and recognised, where needed home visits were undertaken and safety planning completed. Inspectors review of cases closed at IR stage found that these were appropriately closed and diverted.

The quality of completed initial assessments was good, but for some children there were delays in their commencement and completion. At the end of July 2025 there were 42 cases awaiting allocation for completion of an IA. Of these, 18 had been waiting more than a week and three were waiting more than a month to be allocated at IA stage. Of the 24 cases reviewed by inspectors that had a completed IR, 13 required further assessment and completion of an IA. The review by inspectors of these cases found that nine of these IAs had been completed and signed off by managers. In only two cases was the IA found to have been completed within the 40 day timeframe since referral. Completion of the IA took 55 days or more in two cases, more than 70 days in four cases and 124 days in one case. Of the four cases reviewed that were awaiting completion of an IA, three had been open to the service between 55 days and 84 days. The fourth case had been referred to the service over eight months prior to the inspection and the IA remained in draft form on the TCM system. However, a review of this case showed that it was allocated, appropriate safeguarding action

had been taken and a home visit to the family had been undertaken as part of the IR completed within a month of the referral being made. The safety plan in place for the child had been reviewed and updated three times in the eight month period. A safety network was in place and there was regular contact by the social work team with the individuals identified as part of the network.

The sample of completed IAs reviewed were found to be comprehensive and of very good quality. This included home visits taking place, good liaison with other agencies and consideration of past child protection and welfare concerns. Children were either seen by the social worker or were observed in their family home and this was noted in their TCM record. There was evidence of the use of interpreters and age appropriate tools to help children share their views and these views were found to inform the safety plans put in place. Parents were consulted as part of the IA, there was evidence of multidisciplinary consultation and sharing of information. The completed IA documents were comprehensive, risks and safety factors described, support networks identified and next steps clearly outlined.

The assessment of child abuse on the files reviewed, along with the recording of these assessments within children's records to inform ongoing analysis of risk, was of good quality. At the time of the inspection however, not all cases categorised as child abuse were assigned to a social worker. Some cases with a categorisation of child abuse were assigned to staff in other roles. A review of a sample of these cases found that while the cases were allocated to staff in other roles the assessment of the abuse at screening and the safety planning had been undertaken by a PQSW. Inspectors found that the specific tasks assigned to these professionals were appropriate and there was good oversight by SWTLs who were secondary allocated to these cases.

Safety planning undertaken for children was of very good quality. On the case files reviewed there was consistent implementation of the safety plans in place and good oversight of safety planning on unallocated cases. Safety networks were identified for children and there was good communication with individuals in these networks. There was timely review of safety plans and convening of children's safety networks. There was good recording of safety planning within children's records. To support manager's oversight of safety planning the service had a naming convention in place for safety planning on TCM. This supported the PSW to run regular TCM reports on safety planning which was set up as an advanced find on TCM.

At the time of the inspection all children listed on the Child Protection Notification System (CPNS) had an allocated social worker. Children are listed on the CPNS following a child protection conference meeting when it has been deemed that the child is at ongoing risk of significant harm. Child protection safety plans were in place which were being effectively monitored and reviewed. Information provided

for the inspection indicated that there were 36 children listed as active on the CPNS and all were allocated to a PQSW. There were also no children on the CPNS unallocated to a PQSW for more than a week in the six months prior to the inspection.

In most cases notifications to An Garda Síochána, where there were child protection allegations which were considered to have met the threshold for a notification, were completed and made in a timely manner. There were appropriate arrangements in place to support effective joint working between the agencies. Senior managers met quarterly to discuss operational matters and there were regular liaison meetings. There was also tracking system in place for referrals that required notifications of alleged abuse to An Garda Síochána and also for notifications received by Tusla from An Garda Síochána. The development and implementation of a standardised An Garda Síochána notification report, due by the end of April 2025 in line with the national compliance plan, was however outstanding at the time of the inspection. Of the 68 cases reviewed by inspectors in 15 cases there were allegations that met the threshold for notification to An Garda Síochána. A review of these found that there was a delay in the making the notifications in some cases and in one case a notification, that met the threshold for notification with regard to physical abuse, had not been made. The referral to which this notification related was closed at screening as there was another active referral open for the child. This case was escalated to the PSW and the required notification to An Garda Síochána was completed during the inspection. There was however a five month delay in making this notification and a delay of more than a month in two other cases. In addition, in two notifications that had been made the information was not fully accurate. Therefore some improvement was required to ensure that all required notifications are made without delay and that the information included in the notification was accurate.

A sample of five closed cases were reviewed as part of the inspection. Inspectors found that in all cases reviewed, closure and diversion to other services had been appropriate. There was adequate assessment of CPW concerns and records to inform the decision making were uploaded on TCM files before being approved for closure by managers.

Inspectors found that the quality of record keeping on children's TCM files was very good. Records of both allocated and unallocated cases were routinely accessed on TCM, uploading of information was timely and decision making was clear. In the records sampled by inspectors, case notes were found to be of good quality, well documented and comprehensive. The records had clear information with regard to safety planning, relevant meetings, visits to the family and evidence of the child being seen and spoken to. This good record keeping practice meant that children's files were up to date and information with regard to the CPW

service they had received was available to inform decision making on their case. This information was also be available to the National Out of Hours Service should the child require their immediate support at night or at the weekend. Staff also used the local CPW naming conventions when recording in TCM which facilitated PSW and SWTLs to run advanced finds and reports on TCM and supported good oversight and governance of the service

The inspection found that the service area protected children and promoted their welfare through the consistent implementation of Children First (2017). The area had taken appropriate action to address the significant risks at the CPW front door escalated following the May 2024 inspection. The duty social work system in place at the front door was effective in safeguarding children, oversight by managers was good and all children on the CPNS had an allocated social worker. However, not all children open to the service had an allocated social worker and some children were on a waiting list for support at the time of the inspection. Screening of the majority of referrals had not being completed in line Tusla SBP's and there were also delays in the commencement and completion of preliminary enquiries and initial assessments for some children. In addition notifications to An Garda Síochána were delayed in some cases and not made in one case. It is for these reasons this standard is deemed to be substantially compliant.

**Judgment:** Substantially compliant



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

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

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

# Compliance Plan for Donegal Child Protection and Welfare Service OSV – 0004392

**Inspection ID: MON-0047706**

**Date of inspection: 08 September 2025 -12 September 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:

<b>Standard 3.1</b> The service performs its functions in accordance with relevant legislation, regulations, national policies and standards to protect children and promote their welfare.	<b>Judgment:</b>  <b>Substantially Compliant</b>
<b>Outline how you are going to come into compliance with Standard 3.1:</b>  <b>Garda Notifications (GNs)</b> <ol style="list-style-type: none"><li>1. New practice guidance has since been issued across Child Protection and Welfare (CPW) and Children in Care (CIC) services to ensure Garda Notifications (GNs) are completed in a timely manner. This process ensures greater governance and oversight by Team Leaders and Principal Social Workers (PSWs) to ensure accurate and timely submissions. Completed.</li><li>2. System is established whereby a GN report can be run on the Tusla Case Management system (TCM) at any point of concern as an oversight mechanism (such as metric review at Quality Risk and Service Improvement (QRSI) meetings). Completed.</li><li>3. Include review of a random selection of GNs in 2026 Audit Plan as a quality assurance measure.</li></ol> <b>Adherence to Timelines in Standard Business Process (SBP)</b> <ol style="list-style-type: none"><li>4. New Standard Operating Procedure (SOP) approved for return of Initial Assessments (IAs) to Intake / Integrated Front Door (IFD) from November 2025. Implementation commenced.</li><li>5. Staffing resource at Intake (Integrated Front Door) to increase from 02.01.25 as part of Reform Programme will lead to adherence to SBP timeframes.</li><li>6. Interim response regarding extension of screening timeline to 3 days, supported by SOP and developed with agreement of Regional Chief Officer (RCO) will remain under review for safety and efficacy at QRSI meetings until new Business Process introduced as part of Reform Programme.</li></ol>	

**Abuse Referrals for CIC not Screened by Intake**

1. National procedure in place. This will be re-issued across all CPW and CIC teams in the service and reviewed at CPW and CIC team meetings to ensure clarity of understanding.

**Supervision**

1. PSWs to devise a system to ensure each case / referral discussed in supervision is documented in the staff file supervision records between Team Leaders and front-line staff to show cases reviewed / need reviewed / recently reviewed.
2. PSW for Quality Assurance (QA) to complete supervision audit in Quarter 1.
3. Framework for case file reviews to be completed in QRSI.
4. Supervision tracker to be established across all teams to ensure more effective oversight of frequency of supervision. Social Work Team Leaders (SWTL) Supervision Trackers to be reviewed quarterly by the Area Manager (AM) and PSW for QA.
5. When SWTL off work for 1 month or longer, PSW will ensure case supervision arrangements are in place. To be reviewed at Senior Management Team meetings.

**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:****Insufficient Numbers of Professionally Qualified Social Workers (PQSWs) for Caseload Volume**

1. Continue implementation of Waiting List Risk Management Plan across all Child Protection and Welfare (CPW) teams with Principal Social Worker (PSW) oversight to ensure risk on waiting list is known and managed. Risk to be flagged by PSWs at Quality Risk and Service Improvement (QRSI) meetings if risk becomes unmanageable.
2. Transfer of Initial Assessments (IAs) from Area Teams to Intake (Integrated Front Door Team) will enhance capacity to allocate within Area teams and enable a more timely response. Metrics to be reviewed at QRSI. Under implementation.
3. Analysis of impact of annual leave, shorter working year and other forms of leave under development by Business Support Manager to support Business Plan for additional staffing.

4. As staff on-board to the Children in Care (CIC) team (1 x PQSW commenced 27.11.25), 2<sup>nd</sup> PQSW on-boarding, the transfer policy will re-commence to ensure CIC children currently open to the CPW service transfer to CIC when criteria are met. Transfers currently suspended due to staffing deficits in CIC.

### **Supervision (as outlined in Standard 3.1)**

1. PSWs to devise a system to ensure each case / referral discussed in supervision is documented in the staff file supervision records between team leaders and front line staff to show cases reviewed / need reviewed / recently reviewed.
2. PSW for Quality Assurance to complete supervision audit in Quarter 1 as quality assurance measure.
3. Framework for case file review to be completed in QRSI.
4. Supervision tracker to be established across all teams to ensure more effective oversight of frequency of supervisions. Social Work Team Leader (SWTL) Supervision Trackers to be reviewed quarterly by Area Manager and PSW for Quality Assurance.
5. When SWTL off work for 1 month or longer, PSW will ensure case supervision arrangements are put in place. To be reviewed at Senior Management Team meetings.

### **Standard 2.1**

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

### **Judgment:**

**Substantially Compliant**

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

#### **Waiting Lists for Professionally Qualified Social Worker (PQSW) (as in Standard 5.2 above)**

1. Continue implementation of Waiting List Risk Management Plan across all Child Protection and Welfare (CPW) teams with Principal Social Worker (PSW) oversight to ensure risk on waiting list is known and managed. Risk to be flagged by PSWs at Quality Risk and Service Improvement (QRSI) meetings if risk becomes unmanageable.
2. Transfer of Initial Assessments (IAs) from Area Teams to Intake (Integrated Front Door Team (IFD)) will enhance capacity to allocate within Area teams and enable a more timely response. Metrics to be reviewed at QRSI.
3. Analysis of impact of annual leave, shorter working year and other forms of leave under development by Business Support to support Business Plan for additional staffing.

4. As staff on-board to the Children in Care (CIC) team (1 x PQSW commenced 27.11.25), 2<sup>nd</sup> PQSW on-boarding, the transfer policy will re-commence to ensure CIC children currently open to the CPW service transfer when criteria are met. Transfers are currently suspended due to staffing deficits in CIC.

**Screening/Intake Record/Initial Assessment in line with Standard Business Process (SBP) (as in 3.1 above)**

1. New Standard Operating Procedure (SOP) approved for return of IAs to Intake / IFD from November 2025. Implementation commenced.
2. Staffing resource at Intake (Integrated Front Door) to increase from 02.01.25 as part of Reform Programme will lead to adherence to SBP timeframes in the coming months
3. Interim response regarding extension of screening timeline to 3 days, supported by SOP and developed with agreement of Regional Chief Officer (RCO) will remain under review for safety and efficacy at QRSI meetings until new Business Process introduced as part of Reform Programme.

**Delays in Garda Notifications (GNs) (as in 3.1 above)**

1. New practice guidance has since been issued across CPW and CIC services to ensure GNs completed in a timely manner. This process ensures greater governance and oversight by Team Leaders and PSWs to ensure accurate and timely submissions. **Completed.**
2. Include review of a random selection of GNs in 2026 Audit Plan.

**Abuse Referrals for Children in Care not Screened by Intake**

1. National procedure in place. This will be re-issued across all CPW and CIC teams in the service and reviewed at CPW and CIC team meetings to ensure clarity of understanding.

## 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
<b>Standard 3.1</b> The service performs its functions in accordance with relevant legislation, regulations, national policies and standards to protect children and promote their welfare.	Substantially compliant	Yellow	End Q2 2026
<b>Standard 5.2</b> Staff have the required skills and experience to manage and deliver effective services to children.	Substantially compliant	Yellow	End Q2 2026
<b>Standard 2.1</b> Children are protected and their welfare is promoted through the consistent implementation of <i>Children First</i> .	Substantially compliant	Yellow	End Q2 2026

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