



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

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|------------------------------|---|
| <b>Name of service area:</b> | Louth Meath   |
| <b>Type of inspection:</b>   | Focused   |
| <b>Date of inspection:</b>   | 6 – 9 May 2025  |
| <b>Lead inspector:</b>       | Caroline Browne   |
| <b>Support inspector(s):</b> | Sheila Hynes<br>Rachel Kane<br>Mary Lillis<br>Mary Wallace<br>Catherine Linehan |
| <b>Fieldwork ID</b>          | MON-0046608   |

## About this inspection

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

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

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

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 Foster Care Standards* and *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 April 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 at [HIQA Overview Report](#).

This inspection was a monitoring inspection to assess the progress made in relation to non-compliances and systems risks identified and escalated during the previous inspection in April 2024. Such risks pertained to the absence of effective governance and oversight of cases and to information governance. In particular:

Information governance:

- Disparity of recording of allocated worker on Tusla's case management system (TCM) with regards to the children in care (CIC) team and child protection and welfare (CPW) teams. Differences were noted in the recording in CPW cases as allocated when assigned to a social care worker or other professional and in the CIC teams it is recorded as allocated when assigned to a professionally qualified social worker (PQSW). HIQA requested assurances that the numbers with regards to cases allocated to a professionally qualified social worker PQSW (child protection and welfare and foster care services) are accurately recorded on TCM and accurately reported to the national office.
- HIQA requested assurance with respect to the integrity of the data on TCM, this is in relation to the capacity of staff to update TCM in a timely manner and also in respect to the reports being generated for oversight and monitoring purposes.

Significant risks pertaining to the absence of effective governance and oversight of cases included:

- Garda notification not completed in line with *Children First: National Guidance for the Protection and Welfare of Children* (2017). Eight individual cases were escalated to the area manager
- Lack of oversight and management of the monitoring and updating of safety plans. Inspectors escalated 13 cases post fieldwork due to lack of monitoring and updating of safety plans
- Cases allocated to team leaders. For example, four cases were escalated post inspection due to drift and delay
- Cumulative harm which refers to the effects of multiple adverse harmful circumstances in a child's life. This was not being adequately assessed, this was escalated in four cases post inspection.

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, substantially compliant in four standards and not compliant in one standard. The SAQ provided analysis of organisational priorities and areas of 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 for duty and intake and assessment and intervention
- interviews with the:
  - TCM Lead
  - principal social worker for duty and intake and assessment and intervention
  - quality risk and service improvement (QRSI) lead
  - principal social worker for service improvement
  - regional special emergency arrangement (SEA) co-ordinator
- focus group with six frontline staff including social care and social work staff
- the review of local policies and procedures, minutes of various meetings, staff supervision files, audits and service plans
- observation of meetings relevant to the standards being assessed
- observation of practice relevant to the standards being assessed:
  - social workers on duty and intake teams
  - weekly review of waiting lists and allocation meetings
- the analysis of the service area's submitted SAQ
- the review of 76 children's case files
- conversation with one child
- phone consultations with four frontline staff.

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

### Acknowledgements

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

## Profile of the child protection and welfare service

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

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

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

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

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

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

### **Service area**

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

Louth Meath is situated in North Leinster, on the east coast of Ireland and is near to both Dublin and Northern Ireland. The total population of the Louth Meath area is 360,529 (Census 2022). The area is a large geographical area with distances of 115 kms at its broadest which has an impact on accessing resources and responding to need.

In 2022, the population of Meath was recorded as 220,826. The rate of population increased from the Census in 2016 to 2022 by 13.2%, this was higher than the national rate of 8.1%. Navan is the largest town in the county with a population of 33,886.

While Louth is the smallest county in Ireland, it is the second most densely populated county due to the towns of Drogheda, 44,135 and Dundalk, 43,112 which together account for almost three fifths of the County's population. The Louth Meath area contains three of the four largest towns in Ireland within the one area.

In 2022, 6,854 children in County Louth were living in a single parent family unit which comprise 19.4% of all family units in the County, having increased at a rate of 5.4% while the state experienced an overall decline of 3.4%. In Meath, the youth dependency ratio, a ratio of the number of people aged under 15 compared with the working age population, is 30.1% and is the second highest in the state. All of these factors combined, evidence the reasons for an increased demand for children's and young people's services to date and over the next decade.

## 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 <i>Children First</i> .  |
| 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>   |
|------------------------|---|--|---|
| 6 May 2025             | 09:00hrs to 17:00hrs<br>09:00hrs to 17:00hrs<br>09:00hrs to 17:00hrs<br>09:00hrs to 17:00hrs<br>09:00hrs to 17:00hrs<br>11:00hrs to 17:00hrs  | Caroline Browne<br>Rachel Kane<br>Sheila Hynes<br>Mary Wallace<br>Mary Lillis<br>Catherine Linehan | Lead Inspector<br>Support Inspector<br>Support Inspector<br>Support Inspector<br>Support Inspector<br>Support Inspector |
| 7 May 2025             | 08:30 hrs to 17:00hrs<br>09:00hrs to 17:00hrs<br>09:00hrs to 17:00hrs<br>09:00hrs to 17:00hrs<br>09:00hrs to 17:00hrs<br>11:00hrs to 17:00hrs | Caroline Browne<br>Rachel Kane<br>Sheila Hynes<br>Mary Wallace<br>Mary Lillis<br>Catherine Linehan | Lead Inspector<br>Support Inspector<br>Support Inspector<br>Support Inspector<br>Support Inspector<br>Support Inspector |
| 8 May 2025             | 08:30 hrs to 17:00hrs<br>09:00hrs to 17:00hrs<br>09:00hrs to 17:00hrs<br>09:00hrs to 17:00hrs<br>09:00hrs to 17:00hrs<br>09:00hrs to 17:00hrs | Caroline Browne<br>Rachel Kane<br>Sheila Hynes<br>Mary Wallace<br>Mary Lillis<br>Catherine Linehan | Lead Inspector<br>Support Inspector<br>Support Inspector<br>Support Inspector<br>Support Inspector<br>Support Inspector |
| 9 May 2025<br>(Remote) | 09.00 hrs to 17:00hrs<br>09:00hrs to 17:00hrs<br>09:00hrs to 17:00hrs<br>09:00hrs to 15:00hrs<br>09:00hrs to 17:00hrs                         | Caroline Browne<br>Rachel Kane<br>Sheila Hynes<br>Mary Lillis (onsite)<br>Catherine Linehan        | Lead Inspector<br>Support Inspector<br>Support Inspector<br>Support Inspector<br>Support Inspector                      |

## Children's experience of the service

Hearing the voices of children and their families is at the heart of understanding how a service is meeting their needs and improving their lives. Inspectors considered the appropriateness of contacting children who were allocated to a worker at the time of the inspection. While inspectors selected a number of children to seek their consent to speak to them, children selected did not wish to speak with inspectors. In many cases reviewed it was not appropriate to speak with selected children due to the sensitive nature of the referral that brought them to the attention of the service. However, one child gave their consent for inspectors to speak with them about their experience of the service.

The child spoken with was happy with the social work service received, they advised that they were frequently visited by their social worker who they said responded to any requests they had. The child spoke of their plans for the future and how their social worker had supported them in this regard.

Overall, inspectors found areas of good practice on this inspection which included:

- the majority of files demonstrated the timely screening of referrals; however there were some delays in sign off by management
- in the majority of files reviewed, action was taken as required by the service while children were awaiting allocation
- the majority of notifications of allegations of abuse to An Garda Síochána were submitted as required.

Areas for improvement included the:

- the length of time children were awaiting for a preliminary enquiry
- the length of time children were awaiting an initial assessment
- the monitoring and review of safety planning for children awaiting allocation
- in a small number of files reviewed, steps were not taken to ensure safety was established for some children at the time of the referral
- improvements were required to ensure that case files contained accurate and up-to-date information, as some cases reviewed contained information that was cloned from sibling's files. This meant that the information on some children's files did not accurately reflect the level of risks to them as it was copied from a sibling's file.

While inspectors spoke to one child, the review of case files also provided evidence on the experience of children in this service area in receipt of a child protection and welfare service. The review of children's files found there were varying levels of service provided to children which is illustrated below:

- A referral received in June 2023 for a 12.5 year old child, the referral related to neglect and it was screened to be high priority. The initial assessment started in February 2024 and it was completed in January 2025. The time taken to complete the initial assessment impacted on the quality and effectiveness of the initial assessment.
- A referral of alleged emotional abuse was received in April 2024. The referral was related to emotional abuse and was prioritised as medium priority. There were 20 previous referrals in respect of the family since 2017. While there were some attempts to contact the family by phone between December 2024 and May 2025, the child was not met since the referral was first reported in April 2024. This case was escalated following the inspection in respect to the lack of visits to the child and the consideration of cumulative harm in the prioritisation.
- A referral of alleged emotional abuse was received in December 2024 –this referral was prioritised as high priority, the initial assessment had not commenced at the time of the inspection in May 2025. The allocated worker changed three times since December 2024. HIQA escalated this case and sought assurance regarding visits to the child and commencement of initial assessment.
- A referral was received in January 2025, regarding alleged harmful sexual behaviour between two children and was categorised as medium priority. The case was screened but no further records on file. This case was escalated by HIQA. However, following this, Tusla learned that the child that made the allegation was no longer contactable, therefore their needs were not assessed and Tusla confirmed a safety plan was in place for the other child.
- A referral of alleged physical abuse of a child in November 2024. A further referral was submitted in February 2025 for neglect. The referral from November 2024 was categorised as high priority on TCM and was awaiting an initial assessment. The immediate safety of the child was established at screening. A social worker was allocated to the case in April 2025. Assurances were provided during fieldwork that the allocated social worker would meet with the child and commence the initial assessment.

- A referral of alleged sexual abuse of a child in March 2025, was prioritised as medium priority. This child was awaiting allocation and the intake record was outstanding at time of inspection and the child had not been met with. There was no review of the level of safety with the child's mother since the referral was received. This case was escalated post inspection.

The above cases illustrate gaps in the services capacity to carry out assessments of child protection and welfare concerns in a timely manner. This resulted in children waiting for significant periods of time for the required supports and interventions.

Four of the above six cases were escalated following inspection fieldwork. Assurances were sought during fieldwork with respect to one case. In total inspectors escalated 11 cases following the inspection. In response, Tusla had taken steps to ensure that actions had been taken to ensure the safety of the children and that risks were being effectively managed and monitored.

## **Capacity and capability**

This report reflects the findings of a focused inspection of the Louth Meath service area, which looked at five child protection and welfare standards.

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

- Four standards were not compliant.
- One standard was substantially compliant

In 2024, HIQA's inspection findings outlined that there were improvements required in the notification of referrals to An Garda Síochána, the monitoring and review of safety planning, the assessment of cumulative harm and information governance. These actions were incorporated into the Tusla national compliance plan for child protection and welfare services, in order to address such findings. Although there were moderate improvements in respect to the findings in this inspection; such as notifications of referrals to An Garda Síochána had improved, some of the same issues remained in respect to the monitoring of safety plans and information governance.

The service area had a service improvement plan (SIP) which was mostly aligned to Tusla's national compliance plan. However, some actions in Tusla's national compliance plan were not included in the local SIP for example, there was no

reference to a local training needs analysis in respect of social care and social work staff in the area to inform a local learning and development plans. This SIP related to local audits, self-assessments, the findings from the HIQA 2024 inspection and a Tusla's Practice Assurance and Service Monitoring (PASM) audit in respect of children on the Child Protection Notification System (CPNS). The impact of these plans had yet to be seen at the time of this inspection as some actions were not yet due and others were slightly delayed and gaps remained in the service. However, in respect to children waiting allocation; in December 2023 the percentage of children who were not allocated to a social worker or another professional was 29.4%, due to this, this area was included in the HIQA's risk-based monitoring programme for 2024. Information provided by the area prior to this inspection showed that the percentages of children with no allocated worker had increased to 32%. These were children who were not allocated to a social worker or other professional. Therefore, minimal impact could be seen with regards progressing actions in Tusla's national compliance plan and the local SIP.

There were clear governance arrangements in place at local, regional and national level, which set out clear lines of authority and accountability. The service was managed by an area manager who reported to the RCO. There were five principal social workers and eleven team leader posts, however; at the time of the inspection, three of those posts were vacant. Due to the level of staff vacancies of which included senior management, some contingency governance arrangements in place were unsustainable and posed a risk to the management and oversight of the service. There was an experienced and skilled area management team in place and given the resource issues in the area the staff and management team were working as best they could to meet the needs of children in the area, however challenges remained in respect to safety planning, information governance and risk management. This inspection found that while there was governance structures in place, similar deficits from HIQA 2024 inspection remained on this inspection.

The area continued to hold large waiting lists of children awaiting allocation. Data submitted prior to the inspection identified that there were 1388 open cases and 798 (57%) of those cases were awaiting allocation. Of those 798 children awaiting allocation, 343 (43%) children were allocated to a professional other than a professionally qualified social worker, whilst 455 (57%) had no allocated worker as outlined in the national standards. Overall, in this service area, 445 (32%) of 1388 children were not allocated to a worker. As a result, children in the area were not receiving an adequate child protection and welfare service in line with legislation and national standards. Given the level of cases awaiting allocation in the area and the impact of staff vacancies at management level there were concerns for the oversight of staff managing their own caseloads and responding to cases awaiting allocation.

There was also an increase in the use of special emergency arrangements (SEA's) within the service, where children were placed in non-statutory unregulated placements. The inspection found that the service was overseeing these placements in line with the *National Standard Operating Procedure for Special Emergency Arrangements 2023*. However, the level of oversight required for these placements, was resource intensive on teams who were already managing waiting lists of children awaiting allocation in a service that was also experiencing significant staff vacancies.

There was a clear focus on service improvement in the area. There were monitoring and oversight systems in place at local, regional and national level. There was a standard operating procedure (SOP) for the management of children awaiting allocation which was reviewed in May 2024 and was aligned to the national policy. While the majority of cases awaiting allocation were reviewed and further action was taken on cases awaiting allocation, the implementation of this procedure required strengthening to ensure its effectiveness.

There were audits conducted in the area and there were improvements in the consideration of cumulative harm and the submission of Garda notifications in line with Children First (2017). While the service took some appropriate action based on the recommendations made by regulatory bodies and internal audits, some deficits identified from those reports were also found on this inspection. For example, the monitoring and review of safety plans continued to require improvement. Furthermore 24 out of 59 (40%) of files sampled did not contain up-to-date information.

Management systems were in place, which included the oversight systems with regards to decision-making, risk management, quality assurance and information governance. However, some management systems such as risk management and information governance were not effective in addressing the significant risks within the area and this impacted on service improvement.

Risks in the area related to staff vacancies, the risk to the safety, wellbeing and welfare of children due to insufficient staff and a lack of capacity to meet the services demands. While risks in respect to staffing were identified several years previously, this risk had not been successfully reduced. Not all risks were managed appropriately, as some control measures in place were not consistently implemented. Information management systems in place to assure management at local, regional and national level were not reliable and required improvement. Data was not consistent or accurate in assisting the service to improve efficiency in the service.

While there were staff vacancies, the reasons for staff leaving such as increased workloads and work life balance were known the service. There were some retention initiatives in place, however further improvements were required. A retention project working group was established in February 2025 in order to manage and strengthen retention of staff in the area. The establishment of this group was recent, therefore its impact could not be determined on this inspection. There were some retention initiatives in the area such as 'lunch and learns' and departmental days, clear career pathways and staff spoke about being supported on the teams. However, some staff noted the pressures on teams, which was attributed to increasing workloads due to staff vacancies. Further to this, due to the lack of available placement options, this resulted in staff spending increased time monitoring and overseeing children in SEA's. The use of the caseload management tool to monitor staff's workload was not used consistently across the service. While learning was promoted in the area, professional development plans were not routinely used.

There were mixed findings with respect to the frequency and quality of supervision provided. Some staff did not receive supervision in line with frequency outlined in Tusla's *Professional Practice Supervision Policy* (2023). Regular supervision was required from experienced and trained supervisors in order to ensure accountability within the service and provide the necessary support to staff working with high caseloads and complex cases.

### **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 service self-assessment questionnaire, the service deemed themselves substantially compliant with this standard. The inspector disagreed with this and found them to be not compliant.

The Louth Meath service area had a local SIP that was mostly aligned to Tusla's national compliance plan for child protection and welfare. The local SIP contained clear actions agreed, persons responsible and timeframes. There was a local SOP in place that related to the management of cases awaiting allocation. This SOP was in operation and there was clear oversight and governance of this, however some gaps remained. There were meetings to review cases awaiting allocation which were reviewed for the purpose of allocation, diversion and closures. The majority of cases were reviewed by management; however due to the staffing capacity in the area there were some gaps in the monitoring and review of both allocated and unallocated cases. For example, there were gaps in the frequency and effectiveness of some reviews of unallocated cases. There were also gaps in

the up-to-date information on case files and the frequency of case management of allocated cases. Staff advised that some initiatives and additional resources to manage waiting lists were slow to progress. Staff also advised that the impact of some initiatives such as the international recruitment campaigns and student placements were slow to show impact on the front line services. Although there were plans in place to guide and direct the service, they were impacted by the lack of staff and resources in the area and there were significant delays in children receiving a service as a result. In respect to SEAs, there was good oversight and the SOP was implemented.

Many actions in the local SIP to address deficits identified in the 2024 HIQA inspection were completed and resulted in some improvements. For example, the delineation between social worker and social care worker on TCM to improve information governance. There were regular practice review days to address waiting lists, however, this required strengthening as some deficits previously identified were also found on this inspection. However, actions such as ensuring case notes were up-to-date and accurate on TCM and the review and monitoring of safety plans remained an area that required improvement on this inspection.

The area continued to hold large waiting lists of children awaiting allocation. Data received prior to the inspection showed that, there were 1388 open cases and 798 (57%) were awaiting allocation. Of those 798 children awaiting allocation, 343 (43%) children were allocated to a professional other than a professionally qualified social worker whilst 455 (57%) had no allocated worker as outlined in national standards. As a result, children in the area were not receiving an adequate child protection and welfare service in line with the area standard business process and national standards. While the staff team sought to protect the best interests of the child, delays in responding to their needs resulted in drift and delay in cases and children were not receiving a timely service in the area.

This inspection found that staff and managers roles and responsibilities were clearly defined. There were clear governance arrangements in place at local, regional and national level. However, there were 15 staff vacancies which included management positions. Inspectors found that due to the level of staff vacancies, some governance arrangements in place were unsustainable and posed a risk to the management and oversight of the service. While a contingency rota was in place to address the gap in the management and supervision of staff; and also to ensure the effective oversight of cases; this was not sustainable.

There were policies, procedures and guidance documents with respect to practice in the area which included guidance on responding to referrals and the management of cases awaiting allocation. Staff were aware of the process and procedure for the review and transfer of cases in order to enable joint working



between the intake and assessment teams. Staff and managers spoken to during the inspection demonstrated a good level of knowledge with respect to, national policy, national standards and best practice.

The service reviewed new and existing legislation, regulation and national policies to ensure local policies and standard operating procedures were aligned and relevant to the service provided to children and families; however, some policies were not consistently implemented in the area. The standard operating procedure for the management of cases awaiting allocation was reviewed in May 2024 and was aligned to the national policy. The staff team reviewed some policies and guidance relevant to the service. For example, guidance on responding to domestic violence and practice response to the management of allegations for children in care and were advised to apply this to their practice. However, the service also identified that they were not adhering to some policies and guidance documents such as the *professional practice supervision policy 2023* or the national caseload management policy due to the lack of capacity on teams. While the area sought to address the gaps, the service identified that due to staff vacancies they were unable to adhere to the timelines as per Tusla's standard business process.

There was a service plan in place; which outlined the strategic objectives of the service, such objectives were in line with Tusla's business plan 2025. The area manager advised that service planning days with senior management and social work teams were used to inform the service plan. The service plan included goals to strengthen recruitment and retention and to strengthen service integration both internally and externally by fostering shared learning in the area and collaboration with other agencies to embed a culture of continuous service improvement. However, some actions, while being progressed were not yet due at the time of the inspection, therefore could not be reviewed for effectiveness.

The local service plan was not informed by the lived experience of the child or families receiving the service. While seeking feedback from the children and families was appropriately identified as an action in previous service improvement plans, this remained an action which was not yet due on the service's current service plan. While the area manager and the staff teams were familiar with the needs of the children and families in the area for example through feedback from the compliments and complaints made by families; the service plan was not based on a formal assessment of needs of the area to ensure the right resources were directed to children. Out of the 28 actions identified, three were completed, 24 were not yet due and one was late.

The service improvement plan tracked and monitored recommendations made from audits by Tusla's PASM team. There were agreed actions with timescales for

completion. Details of this audit are referred to later in this report. Many of the actions were not yet due at the time of this inspection. The progress of this service improvement plan was discussed within staff supervision, governance meetings and in reporting mechanisms with the RCO through the quality risk and service improvements forums.

The recommendations of rapid reviews completed following serious incidents or deaths of children known to the service were also tracked through the service improvement plan. This review sets out a preliminary overview of the information about Tusla services provided to the child in order to inform the rapid reviews team's decision-making. The rapid review meeting looks at the events and circumstances leading up to the serious incident or child death and can recommend, a more detailed local review is conducted. There was a plan in place to implement the learning of two rapid reviews since 2024. A third rapid review relating to a critical incident was ongoing and was not available for review at the time of the inspection. Of the remaining rapid reviews completed, one review contained an agreed action to share the review on key learning with the staff team. This was significantly delayed due to staff leave. In another rapid review from January 2025, the learnings identified related to:

- the absence of work completed when a staff member was on extended leave
- the linking of referrals which required assessment in their own right
- lack of case notes to demonstrate support provided
- lack of recording of rationale for assessment findings.

While actions from the above rapid review identified that a staff memo was sent to staff to share learning in the area, the tracker was not updated to assure management that the above learning was communicated across the child protection and welfare service. This inspection noted that some of the learnings identified in this review, were also identified by this inspection.

There were 11 children placed in special emergency arrangements (SEAs) at the time of the inspection. The use of SEAs had increased from five children placed in SEAs at the time of the previous inspection. SEAs were used as a last resort to ensure children's safety; where no mainstream placements were available in the service. These placements are staffed by private providers, however the overall responsibility for the child remains within the Tusla placing area and the child's allocated social worker. There was a national standard operating procedure in place regarding the use of SEAs and this was supported by a suite of documents. This inspection found that the service were adhering to Tusla's national policy with respect to the governance and oversight of SEAs.

Inspectors reviewed four files of children placed in SEA's at the time of the inspection. While some issues such as staffing and the management of behaviours were identified within placements, inspectors found that there were good safeguarding measures in place for these children with regular visits from their allocated social worker. Staff were adhering to the national SOP in relation to SEAs and there were weekly visits for children over 12 years and daily visits to those under 12 years. Safeguarding measures were appropriate and social workers met with children and reviewed all aspects of their care. However, inspectors reviewed one case where by a child was discussed at a regional review meeting in February 2025 and it was determined that there was a child sexual exploitation (CSE) concern. This matter was followed up at a network meeting in May 2025, whereby the team leader told inspectors that the CSE concern would be reviewed. A review of the regional governance of SEAs found that governance meetings were held in line with the national SOP. These meetings provided updates to regional management with respect to young people in SEA placements and the attempts made to assess children for a mainstream placement.

Inspectors spoke with the regional SEA team leader who coordinated SEA placements in the area. They spoke about the securing of and oversight of SEA placements which involved the oversight of significant events and daily logs for children within these placements. They also attended meetings as deemed appropriate alongside the child's allocated social worker. Their role involved liaising with private providers and the social work teams should any issues arise. They advised all staff were briefed on the risks to these children such as the risk of child sexual exploitation.

This inspection found that the service was not achieving compliance with national standards with respect to children accessing the child protection and welfare service in the area. Although the area had a local SOP in respect to the management of unallocated cases and some improvements were noted. However governance arrangements required strengthening to ensure the service performed its function in line with policy and national standards. For example, in the majority of files reviewed, children were not receiving a service in a timely way. There were some gaps in the implementation of local and national policies. Where learnings from audits and inspections by regulatory bodies was evident, there were some gaps in the implementation of learning within the service. For example, the lack of case notes on files, and recording of evidence of monitoring of safety plans. It is for these reasons this standard is deemed to be not compliant.

**Judgment:** Not compliant

**Standard 3.2**

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

In the service self-assessment questionnaire, the service deemed themselves substantially compliant with this standard. Inspectors disagreed with this judgment and found the service not compliant.

While children remained unallocated due the staffing capacity in the area, there were governance structures in place and clear lines of accountability in respect to the management and oversight of unallocated cases. Risks were identified and recorded on the areas risk register, however some mitigating actions were not consistently completed and risks pertaining to both allocated and unallocated cases remained as a result. The national SOP for the management of cases awaiting allocation outlined that high priority cases were allocated as a matter of priority, however data provided prior to the inspection indicated that there were 45 high priority cases awaiting allocation to a professionally qualified social worker. Of the 45 high priority cases 33 cases were allocated to social care staff. At the time of the inspection all children on the CPNS were allocated to a social worker. Of the sample of supervision files reviewed, there was clear discussion regarding cases waiting allocation, however some staff supervision was not taking place as per Tusla's own policy. In November 2024 staff met with the RCO to highlight risk in respect to cases awaiting allocation in the area; while there was there was no formal action plan or response arising from this meeting, some actions specified in the service's improvement plan were identified as a response to risks highlighted by staff.

The national compliance plan outlined a framework that pertained to the implementation of a case allocation framework for children requiring a child protection and welfare response. Although the area made efforts to allocate children requiring a child protection service to a social worker; due to gaps in staffing in the area, children were allocated to other professionals other than social work staff such as a social care staff. Further to this 32% of children were on a waiting list and were receiving an inconsistent service from waiting list workers. Children awaiting allocation were routinely discussed at governance meetings. In line with the national compliance plan, performance reports clearly distinguished between cases allocated to social care and social work staff, and this was an improvement since the 2024 inspection.

There was a clearly defined vision for the child protection and welfare service; which was outlined in the service's strategic objectives within the area's service

plan. The service was focused on ensuring they had systems in place to manage cases awaiting allocation and had identified steps in order to seek to reduce the numbers of cases awaiting allocation and to increase capacity in the service in order to meet the needs of children. The area manager identified that ultimately, Tusla's vision for the service was the launch of a national reform programme which was anticipated to commence in January 2026.

There were clearly defined governance arrangements and structures in place which aimed to support overall accountability in the service. There were governance structures at local, regional and national level to support the delivery of the child protection and welfare service in line with relevant legislation and standards. While governance arrangements were in place at local level, due to unplanned staff leave, some contingency management arrangements were unsustainable on a long term basis. The service was managed by an area manager who reported to the RCO. There were four principal social workers on child protection teams. However, one of those principal social worker positions was unfilled due to unplanned leave. There was also a principal social worker with responsibility for service improvement across the service area who reported to the area manager. There were eleven team leader posts, however at the time of the inspection, three of those posts were vacant. Team leaders reported to their respective principal social workers. Two team leaders were on-boarding at the time of the inspection.

The principal social worker for service improvement had a clear focus on driving service improvement in the service. It was evident that the staff teams were striving to ensure a good level of oversight of cases awaiting allocation in line with national policy and best practice. Team meeting minutes showed discussions about how staff felt the service could be improved, for example, the review of the duty rota in order to improve effectiveness. Learning was promoted across the staff team and meeting minutes showed leadership and guidance to staff on best practice. Inspectors also saw examples of where practice was streamlined in order to improve waiting times for children such as a prompt diversion to commissioned services.

There was oversight of the service improvement plan by the regional oversight of risk and quality improvement forum; however, records did not adequately record this oversight. For example, the RORMSIC assurance template was not populated with information about progress of the service improvement plan as promoted. There was also a service improvement plan working group and two recent meetings were held to review the service improvement plan in order to review and update the plan. The quality risk and service improvement lead also identified that the service improvement plan was monitored through governance meetings and within their supervision with their line manager.

There were management systems in place, which included the oversight of decision-making, risk management and quality assurance. The inspection found that some management systems such as risk management and information governance systems were not effective in order to drive improvement and address significant risks within the area.

There were clear lines of communication between the staff teams and management. Senior governance meetings were held six weekly and were attended by the area manager, principal social workers and the quality, risk and service improvement lead. Meeting records included discussions on data reports from TCM such as referrals and unallocated cases, SEA placements, and Need To Know (NTKs) which was a reporting process for incidents occurring in the service and risks within the service.

Senior management team meetings were held monthly in which the area managers, principal social workers and management within partnership, prevention and family support (PPFS) attended. Key updates from each pillar were discussed including PPFS, staff recruitment, allocation of resources to manage waiting lists, and policy and practice were discussed. It was evident that national policies, the service's vision for the year ahead and consultation with staff teams were discussed in this forum. Team meetings showed consultation with respect to the service improvement plan and the changes in practice within the area, use of TCM, ensuring best practice with respect to cumulative harm and updates on changes to policy and sharing learning between teams.

The principal social worker for service improvement completed a number of audits in the previous 12 months, in order to provide assurance to the area manager about practice in the area. There were also several audits in the form of practice review days in order to oversee practice in the area and review cases for closure or diversion. In addition to this, in line with the national service improvement plan; the service improvement principal social worker had oversight of Garda notifications and they were being tracked as appropriate.

An audit schedule for 2025 showed there were practice review days, four of which had occurred in 2025, which included a review of unallocated cases at intake where 200 cases were reviewed. Composite feedback reports were generated for all practice review days in 2024 and were provided prior to the inspection and indicated a good analysis of trends identified. The 2025 reports were provided during inspection fieldwork and while they identified the outcomes of the practice review days they did not include a summary of trends as per previous reports.

These practice review days were an effective tool in reviewing cases awaiting allocation. For example, there was a review of cases on the waitlist that required minimal actions to close and divert in which the waitlist on one team was reduced from 105 to 64 with actions complete on all cases. On the same team a practice review day was held in order to reduce the number of allocated cases to staff on duty and intake teams and 15 referrals were closed.

A CPNS audit was completed on a number of cases which were active on the CPNS between September and November 2024 by the principal social worker for service improvement which made recommendations, some of which included the:

- the need for completion of safety planning forms to ensure strict monitoring arrangements
- use of network meetings and the importance of the consideration of cumulative harm was re-emphasised
- completion of words and pictures with children
- importance of evidence of unannounced visits with the families and ensuring contact was in line with the safety plan
- recording of visits to ensure improvements were sustained.

Audits held in 2024 included the review of Garda notifications across the intake and assessment teams; in order to provide assurance to the area manager that Garda notifications were processed and managed in line with Children First (2017). The review highlighted delays as well as issues with respect to the sign off of Garda notifications. Among recommendations to improve practice, it was noted that once a staff member suspected that a child was been physically or sexually abused or willfully neglected, a notification to An Garda Síochána should be submitted without delay. There was a service improvement plan in place to track the recommendations from audits. Inspectors found that there was an improvement in the notification of referrals to An Garda Síochána since the previous inspection.

At a regional level, the PASM team were also a monitoring mechanism used in the area. The PASM team completed an inspection in February 2025 with respect to the implementation, monitoring and review of children listed as active on the CPNS system. While findings included that the area was timely in their management of conferences and review processes; some gaps included the records and management processes required improvement. Further findings included the following:

- long delays were found in some files with regards to completing records of home visits and network meetings and the approval of safety plans

- lack of formal supervision provided where management positions were unfilled.

While there was a significant number of children awaiting allocation, there was a local SOP for the consistent management of cases awaiting allocation in operation in the area which was aligned to national policy. This SOP outlined the process regarding the review of cases awaiting allocation on a four to six weekly basis in order to assure management of the regular review of cases awaiting allocation. In many of the cases reviewed decisions were made with respect to the allocation of cases or where possible actions were agreed to be undertaken and delegated to a duty worker.

The area manager advised that this system of oversight assured them that thresholds were appropriately implemented and that immediate action was taken as required to keep children protected. While the majority of cases awaiting allocation were reviewed in line with this policy, there were some gaps in reviews in the previous 12 months and further strengthening was required to ensure their effectiveness. While minutes reflected the discussions that took place, some records required improvement; in order to assure effective oversight, for example records of agreed actions and the review of previously agreed actions. HIQA escalated 11 cases which raised some concerns about the service's oversight of these cases. In some cases, there were gaps in the monitoring of safety plans throughout the year. The service provided appropriate assurances with respect to escalated cases.

A practice departmental day was held in March 2025 in which principal social workers and senior managers attended. Colleagues from the Tusla's education welfare service were also in attendance to discuss referral pathways and to ensure shared learning regarding cases and a collaborative engagement. HIQA's previous inspection report was discussed and there was discussion regarding improvements and actions required to improve the service. Practice improvements were suggested such as the recording of a robust rationale for closing cases to reduce re-referrals. Some risks identified at this forum included staff burning out and leaving the service and lack of experience of newer staff which resulted in high caseloads and difficulties allocating new referrals, and how this impacted service provision and speedier outcomes for children. It was also noted that management of staff was identified as a risk such as principal social workers covering team leader's caseloads which often resulted in backlog on Tusla's case management system and delays in review and sign off of assessments.

There was a risk management framework in place, however the management of escalated risks required improvement in order to reduce risk in the area. The area's local risk register included eight risks, of which five were deemed very high



and two were deemed high. Risks included staffing and the risk to the safety, wellbeing and welfare of children due to insufficient capacity to meet existing service demand. It was outlined that the level of resourcing available had not increased in line with the service demand and staff vacancies due to the various types of leave which was also impacting on service delivery. Staffing deficits were also highlighted at the time of the previous inspection in April 2024. At that time, the regional management committed to address staffing issues in the area. This inspection found that, despite assurances following the HIQA inspection in April 2024 and in light of the fact that this risk was created in 2018, staffing remained a high risk on this inspection.

There was a risk that there was a delay in children receiving a timely service and the service was not compliant with legislation, standards and business processes as children and families who required an intervention were not receiving an adequate service due to high levels of unallocated cases and staff vacancies which was created in 2018. This risk was reviewed in April 2025 which identified actions to manage this risk such as the regular review of waiting lists by management, supervision of cases allocated to team leaders, and the use of duty workers creating safety plans where harm was identified when the case was unallocated. However, inspectors found that some of these controls were not consistently implemented in the service area. At the time of the inspection, there were plans in place for additional external supports to be sourced to complete intake records and initial assessments to address unallocated cases wait lists.

While both of these risks were originally identified in 2018, they remained as high risks in the area several years later. While some mitigating actions were taken to reduce the impact of these risks, they were not effective in reducing this risk within the service. Some actions identified to mitigate these risks were not in operation at the time of the inspection such as regular supervision and the use of the case load management tools which raised concern for the oversight of allocated cases and the oversight of staff's ability to manage workloads.

There was a regional risk register which represented the level of risk within the Dublin North East region. This regional risk register held nine risks that were deemed high and very high which included the lack of placements, which raised concern for the lack of compliance with regulations and standards, and children were placed in SEAs which posed increased risk to vulnerable children. This risk was on the register since September 2023 and was deemed very high.

In addition, there was a risk in relation to the completion of intake records as not all areas were completing all intake records within the five day timeframe and this included the Louth Meath area. This risk was identified in 2022, however this remained a risk at the time of this inspection also. While risks were regularly

reviewed, and some mitigating actions were identified such as, all the service areas endeavored to have intake records completed and signed off within the five day timeframe, this was not occurring in this service area. Data received indicated that out of 7531 referrals received in the last year, 1989 had an intake record completed on which 121 were completed within the five day timeframe.

The level of staff vacancies and unallocated cases were also escalated by the area manager. The issue of staff vacancies was escalated in 2021 identifying that there was a potential risk to children due to unfilled positions. This risk was created in 2021, which identified that the oversight of cases was compromised; and the significant pressure on the system was increasing the likelihood of errors or a serious incidents occurring. The area identified that some actions taken to reduce this risk included the allocation of all high priority cases where possible, regular supervision of staff, the review of unallocated cases by management and all children on the CPNS were allocated to a social worker. However, some actions such as regular staff supervision and the allocation of all high priority cases were not always occurring in the area. For example, data received prior to this inspection, indicated that there were 45 high priority cases awaiting allocation to a qualified social worker, 33 of these high priority cases were allocated to social care workers.

There were gaps in the monitoring and oversight of risk management mechanisms within the area. A regional governance forum, regional operations risk management and service improvement committee (RORMSIC) was in place. In line with guidance, this forum meets quarterly to monitor the progress of the service improvement plan and to review risk and mitigating actions. The service area provided one RORMSIC meeting minute for the previous four months which was held in February 2025. The service area was to submit monthly assurance reports to this committee, which were also used as a mechanism to update management with respect to the service's improvement plan and risks in the service, however, there were only two assurance reports submitted to RORMSIC since November 2024. A review of these reports showed the review of serious incidents, child deaths, complaints and compliments and review of the risk register. The inspection found that the review of risk in the area required improvement to ensure it was effectively monitored and reviewed to ensure controls were in place and reducing identified risk. The area manager identified that in the absence of the monthly assurance meetings, data was presented monthly at area manager supervision and at regional management team meetings. Despite regular review of risk, some agreed controls identified to manage risk were not consistently implemented.

A national oversight risk management and service improvement committee (NORMSIC) was also in operation. This forum met quarterly and reviewed service operations, risk management and service improvement on a national level. While

HIQA requested minutes of meetings held within the last four months, the only minutes available were for November 2024. These minutes showed discussion with respect to the national service risk register, the regional assurance reports and the summary of learning from HIQA and PASM reports and complaints management. Meeting minutes with respect to quarter one 2025 were not available at the time of the inspection in order to review the effectiveness of this forum and management and oversight of risk nationally.

Information management systems in place to assure management at local, regional and national level were not reliable and required improvement. Data was not consistent or accurate in assisting the service to improve efficiency. At the time of the previous inspection, HIQA escalated information governance within the service. At that time, the area identified that they were addressing this across all pillars with the development of a new system with the user liaison officer. Furthermore, the RCO advised that there were regular reviews on TCM, and monthly data integrity meetings chaired by the principal social worker for service improvement which would be disseminated to pillars in an effort to address this issue. The area identified that the incorporation to regional data integrity guidance document would assist the area to identify and rectify issues such as duplicates on TCM. The data integrity guidance was a guidance document on the standard approach to data management in the Dublin North East region.

The area advised that the data integrity guidance would also be a standing agenda item on monthly governance meetings. Inspectors found that data integrity guidance was available and data was discussed at governance meetings. In line with the data integrity guidance, a data integrity group was to be established to assure the RCO that the quality of data was accurate and could be used to inform service delivery. This guidance also outlined that a local audit schedule was to be developed to review data integrity. In line with this guidance, the social work team leader was responsible for the sign off of forms and ensuring accurate reporting of case work on TCM and that case notes were kept up to date. However, this inspection found that while data integrity was discussed within existing governance meetings there was limited actions and follow up taken to address this matter. Although, a stand-alone data integrity group was identified as an action this had not progressed at the time of the inspection. The inspection found that data integrity issues found in the previous inspection remained.

While the TCM lead advised that the staff usage of TCM was monitored across teams, issues with practice was not reviewed within governance meetings. This inspection found that issues with data integrity remained and posed a risk to the service. Examples included:

- duplicate profiles on TCM for children

- delays in sign off of records such as intake records and initial assessments
- lack of timely recording of case notes which impacted on oversight and monitoring of the service. Capacity of staff to update TCM in a timely way and with respect to reports being generated for oversight and monitoring purposes.
- file records incorrectly cloned on sibling files.

The area had an experienced management team and there was a clear vision in place, however the area were impacted by the lack of staffing resources and waiting lists remained. The area reported prior to the inspection that 45 children deemed high priority were awaiting allocation to a professionally qualified social worker. Of the 45 high priority cases 33 of those high priority cases were allocated to social care staff. The inspection found that while there was a service improvement plan in place, some objectives with respect to data integrity were not effective in ensuring service improvements. There were gaps in risk management and risks remained over several years within the service; therefore the system in place for the management of risks was ineffective. There was regular monitoring and evaluation of the service, however, further improvement was required in the area for example, the monitoring of safety plans, and timelines of standard business processes and data integrity. These issues were also previously identified and remained on this inspection. It is for these reasons this standard is deemed not compliant.

**Judgment:** Not compliant

#### **Standard 4.1**

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

In the area's self-assessment questionnaire, the area deemed themselves substantially compliant with this standard. Inspectors agreed with this judgment.

Tusla's national compliance plan for child protection and welfare outlined that additional resources would be allocated to areas of need. This inspection found that the Louth Meath area received limited resources since the 2024 HIQA inspection. Although a work force plan was in place and aligned to Tusla *People and Change* 2022-2024 and there was a 15% increase in referrals over the past three years; efforts were being made by the areas management team to progress the plan. However, resources in respect of staffing was a significant issue and remained on the areas risk register. Although the area manager made efforts to increase capacity in the area, such as the use of commissioned services to complete assessments; however some were awaiting approval for example a business case was submitted for drivers in the area to increase social work staff

capacity. Overall, while the service was striving to meet the demands of the services within available resources, there was limited impact of the national compliance plan in the Louth Meath area as children remained without a timely service.

At the time of last HIQA inspection in 2024, 19 posts which were originally approved in 2022 were not yet in place. The area manager identified that 14 of those 19 posts were allocated to the area since the previous inspection. However there were no new posts identified for this area since the previous inspection which focused on the provider's approach to the management of cases awaiting allocation. This inspection found that staff vacancies and resourcing identified in the HIQA inspection 2024 remained an issue.

At the time of the previous inspection, the RCO identified that Tusla's executive management team (EMT) and Dublin North East (DNE) regional office was committed to addressing workforce capacity and vacancies in the area. These steps included the:

- commitment from Tusla to recruit all available social work staff
- targeted campaigns to be explored with colleagues in Tusla recruit
- the on-boarding of seven social work graduates in the area
- the engagement of student social workers to assist team during summer months.

In the latter part of 2024 the area manager provided an update with respect to vacancies and outlined that as of October 2024 there were 14 social work and 2 social care vacancies in the service area, and there were plans for 3 apprenticeships to come on board in the New Year. Although there were improvements, gaps remained in staffing.

At the time of this inspection, there were 15 posts vacant, which included critical management positions and there were four staff acting up in management positions. Data provided by the service prior to this inspection identified that there was a 7.52% staff turnover and 9.15 % absenteeism rate in the area. The area manager identified that the capacity of the service was also impacted by planned and unplanned staff leave which the area was not resourced to fill in their absence. An analysis of unplanned leave found that this equated to three posts within the service. The service identified that while there were some additional resources recently secured to meet the level in the demand in the area, there remained issues with staff vacancies and there was insufficient staff to provide an effective and safe child protection and welfare service to children and families in the area.

The area manager advised that they had recently met with human resource (HR) colleagues and initiatives such as international social work, social work graduates and student social workers were in place. However, the on boarding of staff was slow and once staff were in place it was taking time to see the impact of these initiatives on the ground.

Information provided to the inspection team outlined that 21 new staff commenced employment in the area from April 2024 to April 2025, however 21 staff had also left the service in this timeframe. Of those figures, 14 staff had joined and nine staff left the child protection service. Many of the reasons recorded for staff leaving the service related to work life balance. This clearly indicates that the resources and staffing issues in the Louth Meath area remained. In line with the national compliance plan for child protection and welfare, Tusla outlined that they would allocate additional resources in respect of staff, commissioned services and social work apprenticeship programmes. Since the last inspection the area had approval for a staff replacement for a long term sick leave post and three apprenticeships in the area. This inspection found that the Louth Meath service area continued to require additional resources to address children waiting allocation.

Staff highlighted that a crisis management plan was required in the area to manage cases awaiting allocation. It was agreed that those issues raised by the team would be brought to the CEO and executive management team. The area manager and senior management staff met with the RCO in November 2024 to highlight capacity issues within the area. At this meeting, there were discussions with respect to staff leaving the service due to workload pressures and the concern about the service losing experienced staff and the impact of this on the service. As noted previously, while there was no formal action plan arising from this meeting, some actions specified in the service's improvement plan were identified as a response to risks highlighted by staff.

In line with the national compliance plan, there was a workforce plan for 2025. The workforce plan contained an action plan including the monthly meeting with area manager and HR to discuss retention plans, site visits from HR to ask for staff feedback regarding workload and facilities and visits to UK universities to encourage more UK graduates to apply for vacancies in Tusla. The area manager advised that she also met with HR to progress the workforce plan and requested prioritisation of staffing for the service area in particular the need for social work team leaders to manage risk. There was a monthly recruitment meeting also led by management within the region.

The service plan in place was aligned to Tusla's *People and Change Strategy 2022-2024* the local service plan clearly outlined actions regarding the exit interviews, student placements, graduate campaigns, the use of supervision form in line with the supervision policy and time allocated for induction training. Furthermore, the service plan outlined that the active on duty team held cases for new starters in order to gradually build up their caseloads. Some of these actions were not consistently implemented such as the consistent implementation of the *professional practice supervision policy 2023*.

While there were gaps in staffing in the area and the area sought to deploy resources in an effort to promote children's welfare. The area's service plan for 2025 identified the needs of the service; with specific actions to address gaps in meeting the needs of children and families in the area. Such actions, included expanding the range of family supports services to children and families and enhancing their working relationships with PPFS. While the service plan outlined key priorities of the area, the service plan did not detail the level of current or future demands in the area or resources required to achieve these objectives as the new Tusla reform project was reviewing supply and demand and gap analysis across the service areas nationally.

The area manager identified that there were gaps in commissioned services and that a significant gap was the lack of support services for children to remain in their placements. While a formal analysis of the demands in the local area was not completed, the area manager advised that a comprehensive project was being undertaken by the children and young people service committee (CYPSC), which was in draft at the time of the inspection and focused on a gap analysis for all children's services in the area. In the self-assessment questionnaire, the service identified that commissioned services were regularly monitored by a senior manager in terms of the quality of the service being provided. Staff advised that commissioned services were engaged at the earliest stage to support families who are on the waiting list.

While there continued to be large waiting lists in the area, the staff team identified that the lack of placements options for children coming into care, resulted in staff also spending increased time monitoring and overseeing children in SEA's and was a resource challenge. In addition, staff who were already managing large waiting lists were also struggling to find placements for children deemed to be at risk. At the time of the inspection, there were 11 children placed in special emergency arrangements which placed a significant additional demand on the child protection and welfare teams and the monitoring of these placements was resource intensive.

The service developed a number of contingencies in order to effectively manage the service and to lessen the impact of staff vacancies on children and families accessing the service. The area manager converted the funding for two vacant posts in order to fill an acting principal social worker post on the intake and assessment team so as to cover critical staff vacancies. While this was a positive development, it was noted that this resulted in a backfill which created gaps in experienced staffing on other child protection teams.

Social care staff across the service were deployed to screen, complete intake records and complete assessments in order to reduce waiting lists and the completion of initial assessments reducing waiting time for families. The area identified that 343 (25%) of 1388 cases were assigned to professionals, other than a professionally qualified social worker. At the time of the previous inspection, a decision was made regionally that cases open to CPW which were deemed low to medium risk could be allocated to experienced and dedicated social care staff with appropriate oversight from a social work team leader or a principal social worker. Since the previous inspection, a system was in place to identify the number 'allocated' to a dedicated worker, and the number allocated to a professionally qualified social worker.

The screening of the referral process had been streamlined on one team in order to maximise on social work capacity to progress cases on the intake teams. A decision was made that the screening of referrals was to be completed by the social work team leaders on one team which allowed the duty social work staff more capacity to respond to emergencies and support inexperienced staff by conducting joint home visits as required. This was welcomed in the area and improved oversight of the screening process on this team.

There were contingencies put in place for in the absence of senior management on the assessment and intervention teams. Staff on assessment and intervention teams raised concerns with respect to the gaps in senior management on their teams. The area manager put a wider rota in place to manage this and additional cover for out-of-hours placements and placement moves. A rota was in place at the time of the inspection and staff from the other teams within the service and from the regional office were deployed to the child protection and welfare team, they were assisting with the supervision and support to the team on a rotational basis. The area manager also identified that they assisted with the review of cases on the waiting list. While this was a short term contingency measure to provide support and oversight to the team, it was not sustainable given the level of support required, the large waiting lists and new staff requiring additional support on the team. This posed a risk to the oversight and management for the team who required a more long term response to this gap in oversight and management.



In order to manage large waiting lists, staff advised that regular practice review days were held to address allocation of cases to the intake and assessment teams, and the closure and diversion of cases. The area manager identified that funding was secured for two, six month pilot projects for a commissioned service to assist with initial assessments in an effort to reduce the waiting lists. The terms of reference indicated that this team was established to enhance the area's response to children who were referred to the service where it had been identified that a child welfare assessment was required; this was in order to reduce the waiting lists across teams and to redirect child welfare cases away from child protection teams in order to provide a timely response. The timeframe for the launch of this pilot was April 2025 however, it was not in place at the time of the inspection. While these projects were slow to progress, staff were optimistic that these projects were on-boarding at the time of the inspection.

Further to this, a plan was recently established to address the backlog of cases and a business case had been approved to offer overtime for a limited period for staff to work through the back log of cases awaiting allocation on the intake and assessment teams. This was a new initiative; the benefits of which could not be seen at the time of the inspection.

At the time of the inspection, a project was at planning stage to further address the waiting lists in the area. It was a time limited project for 20 weeks; which was run in conjunction with a commissioned service. This resource was designed to provide short term support hours to identified social work teams to focus on current waiting lists. Due to an under spend in commissioned service, resources were used to fund a staff member to look at waiting lists assisting with the progression of cases awaiting allocation. While the progress of this project was delayed staff were optimistic about the project.

The process around the diversion of referrals was also streamlined for the more timely diversion of referrals to family support and intervention at the earliest stage possible. There was a recent initiative to refer low category cases to PPFS at an earlier stage in order to provide a more appropriate timely support to families who do not need a child protection response but whom may need information and signposting to community supports. Diversion meetings were held with PPFS where approximately 20 cases per month categorised as low, requiring closure or signposting in each area were transferred in a more timely way. There was a review of this process in February 2025 and a decision was made to continue with this referral process.

A national decision was made to disband the low harm, high needs team and this was renamed as the Louth East Meath family intervention team within the area. The aim of this team was to enhance the service's response to children who have been referred to the service and have received a preliminary enquiry which has identified that a child welfare assessment was required. The objectives of this team included the reduction of waiting lists by accepting child welfare cases of all priorities to ensure an effective service was provided to children and families. This team was operating under a new SOP for the family intervention team, the benefits of which could not be reviewed on this inspection. However, staff advised that due to staffing difficulties, the service had to allocate some abuse category cases to this team for a period but these cases were in the process of being transferred to other team at the time of the inspection. The inspection found that some referrals reviewed for this team were not updated on TCM and had been transferred and allocated to a different team.

The area manager endeavoured to plan the resources available to her to meet greatest risk and prioritised needs, there remained long waitlist of children awaiting allocation in the area. The area continued to have significant resource issues, not only in terms of staffing but also placements for children. The national compliance plan has had a limited impact in this area with regards to the increase allocation of resources. This area received a limited increase in staffing to address children awaiting allocation in the child protection service. Positively, there were clear plans in place with commissioned services to address waiting lists which were to become operational in the near future. While the service was creative in their use of resources, there were continual challenges to provide a timely service to children and families coupled with increased demand. While plans were outlined in the service improvement plans to manage cases awaiting allocation some were not yet progressed and there remained significant waiting lists of children awaiting allocation in the area. For these reasons this standard was deemed substantially compliant.

**Judgment:** Substantially compliant

## **Standard 5.2**

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

The service identified in the self-assessment questionnaire that the area was substantially compliant in this standard. The inspectors disagreed with this statement and deemed it to be not compliant.

The national compliance plan had a clear plan in place to ensure that there was skilled and experienced staff in place in order to provide a safe and effective service to children. There were a number of actions outlined in which the Louth Meath area had incorporated into their local service improvement plan; however this inspection found that the service area had no training needs analysis completed to fully understand the level of skill and experience of the current staff team; this is in respect to both social care and social work staff.

In the previous HIQA inspection, there were gaps in the assessment in cumulative harm in the child protection and welfare service. In line with the national compliance plan national workshops on cumulative harm were to be developed and implemented by the end of March 2025 and the roll out of the workshop would be ongoing for 2025. While awaiting these workshop, the service areas were required to address this deficit in their local service improvement plans. In line with the national compliance plan, the local service improvement plans contained an action in the area of cumulative harm. There was one workshop where there was discussion with front line staff about the importance of cumulative harm, however further workshops were required in light of new staff commencing in the service area. On this inspection inspectors found that in files sampled that there was improvement in the consideration of cumulative harm.

The principal social worker informed inspectors that the area contributed to a regional training needs analysis in the area as outlined in the national compliance plan but a local training needs analysis was not available in the area. The area had no actions in respect to the analysis of social care staff undertaking child protection work in the area in their SIP. However, the service held five workshops in the six months prior to the inspection which related to analysis at intake, preparing for safety planning with families and timelines and trajectories, however, due to the lack of analysis, the training needs of the current team could not be established at the time of the inspection. There were both experienced and new staff on the child protection teams. Staff noted that new incoming staff were on boarding to teams where there were critical vacancies such as team leader and principal social workers to provide consistent support and leadership to newer staff.

The national compliance plan clearly outlined, there would be a roll out of supervision, mentoring and training programmes for all staff in 2025 as per *People and Change Strategy*. This action was not contained in the local SIP and the inspection found there were gaps in the supervision of staff and people in management positions without adequate leadership training.

The local SIP did not contain actions with respect to discussion of staff training needs in their one to ones. While there were some discussion about training in supervision, this information was not collated or analysed on an area level. From a

review of files sampled, it was evident there was a level of skills and competencies within the staff team, however due to the lack of analysis and planning with respect to skills and training needs; this required improvement.

A retention project working group was established in February 2025 in order to strengthen retention support in the region, this was led by the area managers and a regional HR manager. While this retention group were to meet monthly, there were delays in the establishment of this forum and one meeting was held in April 2025. Agenda items included workforce planning and the introduction of team coaching alongside individual coaching which should be available from July 2025. Exit interview themes were discussed which included discussion about large caseloads and unsociable hours as the main reason for staff leaving the service. Other agenda items included the graduate initiatives and the difficulty filling these posts as some positions were filled by students. Actions agreed at these meetings included the gathering of updates from a previous national staff surveys conducted in 2022 and the formal dissemination of the findings from exit interviews.

In line with Tusla's *People and Change Strategy 2022 - 2024*, eight strategic objectives were agreed in order to improve Tusla's ability to attract, develop and retain staff. While some actions had progressed, improvement was required. It was evident that some actions were in place with initiatives such as the development of workforce plans, overseas initiative to attract staff and the building of the social work graduate programme. This strategy also outlined actions such as the appropriate allocation of work and caseload management, ensuring '*what matters to me conversations*' which related to the discussion with staff about what matters to them within areas across the region, and the importance of personnel development planning and staff supervision as core management processes focus on staff competency. However, inspectors found that these actions, were not consistently implemented within the service.

There were some retention initiatives in place in the area, however strengthening of some of these initiatives was required. Staff advised of the time provided to the mentoring of apprentices in the area. While the use of professional development plans were not in place across the child protection and welfare service, some staff were engaging with continued professional development. Staff were encouraged to attend regional learning days. The area manager advised that the career progression initiatives had been reviewed to promote career progression in the agency and promote retention. There were clearer pathways for staff to progress their careers in Tusla. Inspectors saw examples of good practice where staff members were allocated time for training in areas they had expressed an interest, and to feed this learning back to their teams. There were also initiatives such as clear career pathways for staff and a return to Tusla policy.

Staff who had joined the service in the previous 12 months spoke of some retention initiatives in place such as the phased introduction of cases for new staff. There were mechanisms in place such as group supervision which allowed staff to bring complex cases and seek advice and guidance regarding the management of same from colleagues. Experienced staff on duty and intake teams held cases for new starters; in order to allow them to work cases from the start. Staff told inspectors of the positive experience of starting in the service, the induction period and felt supported as new staff in their role. Staff spoke of past training attended and newer staff had professional development plans. Newer staff identified that they had reduced caseloads while adjusting to the role and peer mentors were available to them.

Staff were advised of Tusla's employee assistance programme service and there were additional individualised support services provided to staff in the previous 12 months as required. Wellbeing initiatives were encouraged in the area and staff spoke of initiatives such as 'lunch and learns', group supervision which were supporting staff with the review of with complex cases through team discussions. Staff advised that the departmental team days which brought teams together, had an element of learning and team building such as breakfast mornings and 'lunch and learn' initiatives. However, there was no designated budget for these initiatives.

Staff also told inspectors that there was an element of burn out on teams and they were over stretched to meet the demands of the service, the additional pressures of having children in SEA placements, lack of placements, large waiting lists and the increased level of aggression towards staff was all having an impact on the teams. Some supervision records also highlighted the pressures on the team's and management's ability to sustain supervision arrangements. The area manager advised that they met with staff to discuss their concern about workloads, changing line managers due to ongoing unplanned leave and management of same. At this meeting, staff highlighted concerns such as the inability to sign off forms due to absence of management, covering work for absent workers, driving long distances and lack of placements. There were mixed findings with respect to the frequency and quality of supervision provided. Of 14 supervision files reviewed, seven staff did not receive supervision in line with frequency outlined in the policy. While supervision was occurring, there were some files which had no records of individual supervision and rather supervision solely focused on case discussion and guidance. In one supervision file record, it indicated that there was no formal supervision on file but informal meetings had occurred due to the number of cases which required discussion. A review of case files showed that case management decisions were not always recorded on the child's file on TCM.

While the quality and frequency of supervision was mixed, there were some good examples of guidance to staff with respect to adherence to policies, awareness of new policies and commitment to attend training as required. Inspectors reviewed three new staff supervision files, and found one file contained limited records of a probation or induction period on file. In the sample of files reviewed staff were registered with the relevant professional statutory body.

Workshops undertaken in the past six months included analysis at intake which reviewed analysis and decision-making at intake, the use of the national assessment framework and scaling which was attended by 17 staff on the duty and intake teams. However, not all new staff had attended these workshops. While there were staff who were internally promoted and acting up in management positions, there were gaps in training in management and supervision to support them in their roles.

Following the previous inspection in April 2024, the RCO committed to ensuring the regional learning forum had addressed the issue of cumulative harm at a learning event in September 2024. Further dates for learning events were to be scheduled for October, November and December 2024; however these events did not take place.

Although the area had a work force plan in place; there were insufficient staff to provide a child protection and welfare service. There remained issues with staff retention which impacted on the continuity of service provided to children and families. While there were some retention initiatives, and the quality and frequency of supervision was mixed; it required improvement. Some newer staff were on teams which did not have team leaders for periods of time, while contingency plans were in place to provide support, these were not sustainable given the level of support required. The frequency of workshops such as cumulative harm required review given the numbers of new staff to the service. Staff were acting in management positions however, not all had training in providing staff supervision as required or had management qualifications. While staff training was discussed in supervision, there was no overall training needs analysis in the area at the time of the inspection. It is for this reason, this standard was deemed not compliant.

**Judgment:** Not compliant

## Quality and safety

The service held large waiting lists of children awaiting allocation at all stages of the child protection and welfare service. There was an increase in the numbers of children awaiting allocation since the previous inspection. Of 798 (57%) children awaiting allocation, 455 (57%) had no allocated worker. As a result, children and families were receiving an inconsistent service from staff completing tasks for cases on a waiting list.

While the majority of referrals were screened in a timely way, there were delays in the sign off of some screening records on TCM. Following screening, there were considerably long waiting lists of children awaiting a preliminary enquiry and an initial assessment. As a result, there was a large cohort of children waiting for a service where the level of risk to the child was not yet fully ascertained by the social work department. Children were awaiting for long periods for assessments where risk could have potentially increased or the impact of their circumstances could potentially be more significant over time for a child. While staff were managing the majority of cases awaiting allocation in line with Tusla national policy for the management of cases awaiting allocation, children and families were not receiving the right service at the right time which could potentially impact the quality and effectiveness of assessment and outcomes for children into the future.

The majority of completed preliminary enquiries and initial assessments, while delayed, were of good quality, with examples of child centered consultation, consideration cumulative harm, visits to children and initial safety planning measures taken. However, some families were communicated with by several social work staff while accessing this service. This was as a result of the high turnover of staff, staff covering for leave arrangements and duty workers assigned tasks on cases awaiting allocation. Practice had improved in some areas since the last HIQA inspection, for example the awareness amongst the staff team and their consideration of cumulative harm and the notification of referrals of concerns to An Garda Síochána as appropriate.

While the service was implementing the standard operating procedure for the oversight of cases awaiting allocation, further strengthening of the management of cases awaiting allocation was required. There were reviews of cases awaiting allocation, with tasks agreed for completion by duty social workers, and allocation and reprioritisation of referrals; which was based on new information received. However, the inspection found that while there was regular review in the majority of cases awaiting allocation, further strengthening was required in the oversight and monitoring of cases to ensure its effectiveness. Improvement was also

required in the oversight of allocated cases as there were gaps in records of case management on some files reviewed.

Further improvement was required in the monitoring and review of safety for children. While in the majority of cases reviewed immediate actions were taken to establish children's safety, this required improvement in some of the cases reviewed. There were also gaps in the oversight and monitoring of safety plans for children and families.

As noted previously in this report, inspectors escalated 11 cases following the inspection due to concerns identified in allocated and unallocated cases. A satisfactory response was received from the area manager. Although the area has a local SIP in place that was mostly aligned to the national compliance plan; the area remained challenged with regards adherence to Children First (2017) and Tusla's standards business process and as a result children referred to the service were not receiving a timely service and improvements were required in the monitoring of safety plans.

### **Standard 2.1**

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

In the self-assessment questionnaire, the service identified the area was not compliant with this standard. Inspectors agreed with this judgment.

As per Tusla national compliance plan for child protection and welfare, the Louth Meath service area had a local service improvement plan in place as of January 2025. This service improvement plan was put in place following the HIQA inspection 2024 and contained a number of actions for the area to come into compliance with this standard. The area manager noted she was monitoring and tracking the service improvement plan but there were some delays. The local SIP was mostly aligned to the national compliance plan, as it contained the following actions to address waiting lists and adherence to Children First 2017 for example:

- regular practice review days were held to address waiting lists, this included a review of cases and as a result case were allocated or closed
- plan in place to commission a service to support the completion of assessments, this was due to be implemented in April 2025 but at the time of the inspection it was not actioned
- social care and social care leader staff to continue to assist with the completion of assessments to reduce waiting lists.



The local service improvement plan was tracked and monitored; however there were some gaps in records with regards to the monitoring of the service improvement plan. Certain actions were completed such as a local review of safety planning for children on the CPNS. In line with the national compliance plan there were clear actions regarding the effective oversight of Garda notifications at area level.

In line with the national compliance plan, an internal validation exercise for the review of the national approach to long term and interim safety planning was to be concluded by the end of June 2025, this was not available in this area at the time of the inspection. In the latter part of 2024 the area manager informed HIQA that an audit in respect to safety planning would be conducted in quarter four 2024 and at the time of this inspection this audit remained outstanding. There were clear actions in relation to the safety planning for children on the CPNS, but the local service improvement plan contained no action with respect to safety planning across the child protection service.

The service outlined that due to the capacity to meet the increasing demands for the service, it was not possible to allocate all children to a social worker. As a result, some families received a service from a waiting list while awaiting the allocation of a social worker, others from social care staff who completed tasks to increase safety or further the assessments. The service identified that children prioritised as medium and low were awaiting a service over lengthier periods of time or received an inconsistent service from waiting list workers. This inspection found that children were not receiving a timely service in line with Children First (2017) and there was significant drift and delay on the progression of cases. While the service identified that children with high needs were prioritised for allocation, data received prior to the inspection indicated, there were 45 children deemed to be at high priority whom were not allocated to a professionally qualified social worker.

There had been an increase in the number of referrals received in the area over the past three years. Data submitted indicated that there has been an increase of 15% referrals over the past three years. Data submitted prior to the inspection indicated, that there were 1388 open cases and 798 (57%) of those cases were awaiting allocation. Of those 798 children awaiting allocation 455 (57%) had no allocated worker as outlined in the national standards. The remaining 343 (43%) of children awaiting allocation were allocated to a professional other than a professionally qualified social worker. Data provided by the service prior to the inspection indicated that there were 45 cases deemed high priority and 482 cases deemed as medium priority; who were awaiting allocation to a professionally qualified social worker. However, of the 45 high priority cases 33 were allocated to social care staff. Of the 482 medium priority cases 192 were allocated to

social care staff. Fifty five children were placed on the CPNS all of whom were allocated to a social worker.

There were 7531 referrals received in the previous 12 months which represented an increase year on year in referrals received by the service. In line with Tusla's standard business process, all child protection and welfare reports to Tusla should be screened on the day they are received in order to assess the immediate risk to children and ensure the referrals are directed to the appropriate service. However, data indicated that only 5224 of these referrals were screened within 24 hours. Staff identified that TCM was unable to measure this key performance indicator as it extends over two working days; therefore this figure was accounted for screening over two days for this reason. Staff also advised that this figure may represent multiple referrals open for the same concern which may not have been linked and closed in a timely way. This finding, further highlights concerns regarding information governance and systems to ensure timelines in standard business processes are adhered to.

The service area had three dedicated points of contact in each of the three office locations in the area. There was a duty system in place to respond to children and families at the point of referral to the service in which two staff members rotated on a two weekly basis to respond to referrals coming into the service. Inspectors observed staff who were on duty during the inspection and found appropriate actions were taken on receipt of referrals to safeguard children as appropriate, and cases were responded to and prioritised as appropriate. In an effort to streamline the screening process on one team during periods of increased demand, a decision was made for screening to be completed and signed off by social work team leaders. This meant that duty staff had more availability to carry out tasks and immediate actions, such as home visits to children as required.

Data provided prior to the inspection indicated that 42 referrals were awaiting screening. The service indicated that of those 42 referrals, 19 were not allocated to any worker. Of these 19 cases, one was awaiting screening over one month, nine were awaiting over 24 hours and nine were awaiting allocation over one week. Inspectors reviewed screening on 46 files and found that the majority of referrals were screened at the time of the inspection. One case was not screened and it was considerably delayed and awaited screening for over six months. This case was escalated following the inspection in order to establish the safety of the child. The service provided assurances that the screening was completed and a safety plan was in place, however this information was incorrectly recorded on a sibling's file. The inspection found that in six cases reviewed there were delays in the managerial sign off of screening. For example, in one file, while screened at the time of the inspection, inspectors found there was a significant delay of nine months in the sign off of the screening form on TCM.

Following screening, there were considerably long waiting lists of children awaiting a preliminary enquiry. Once a referral is screened and deemed appropriate for the service, a preliminary enquiry is required when there are reasonable grounds for concern for the child and further assessment is required, in order to help the social worker to understand the child's history, decide on the most appropriate response and to determine if there is a risk of harm to the child. In line with standard business processes, a preliminary enquiry should be completed within five days of the referral being received. Data submitted prior to the inspection indicated that of the 7531 referrals received in the previous 12 months, 1989 had an intake record completed, with 121 of those intake records completed within the five day timeframe in line with standard business process. The area manager outlined that this was a national issue and that the standard business processes were under review within Tusla.

Data provided prior to the inspection indicated that there were 650 cases that were awaiting allocation to a professionally qualified social worker for a preliminary enquiry. While 403 of these cases were being worked by another professional such as a social care worker, 247 of these cases were not allocated to any worker in order to progress the preliminary enquiry. Of the 247 referrals awaiting allocation to a worker, nine referrals were waiting longer than three months for an intake record and 104 referrals were waiting longer than one month, 103 were waiting longer than one week for an intake record to be completed. This represented a large cohort of children waiting for a service where the level of risk to children was not yet fully ascertained by the social work department and this posed a risk to the child.

Inspectors reviewed 13 cases which were identified as awaiting an intake record. In the majority of cases reviewed, there were delays in the completion of intake records. While on review of referrals marked as awaiting allocation, some files contained evidence of the commencement of intake records, and some tasks were undertaken by the duty and intake team to ascertain and implement safety for the child and progress with some tasks. However, this practice required strengthening, as HIQA escalated five of the 13 cases awaiting preliminary enquiry, as there were limited records of timely action taken to ascertain safety for the children. In one case, no visits had occurred to a child where there was an allegation of child sexual abuse and no Garda notification was made as the team were awaiting the completion of a preliminary enquiry which they did not have capacity to complete. Tusla provided satisfactory assurances that this case was allocated for completion of an intake record and that they had established that a Garda notification was not required.

In response, Tusla provided assurances that following the inspection, intake records were progressed, visits to children took place and safety plans were in place and monitored for those children where required. The service identified that following further enquiries, they were able to close two of those cases which were on a waiting list. A referral dated October 2024 identified that the child's intake record was in progress and was incorrectly filed on a sibling's file. In another referral received in October 2024, while work was occurring on this case, the preliminary enquiry remained in draft due to staff sick leave. Inspectors found that in the remainder of cases reviewed, cases awaiting intake records, the initial safety measures were in place while the child was awaiting an intake record to determine the level of risk to the child. Inspectors identified that four referrals identified as awaiting an intake record had intake records completed or were marked for closure which raised concerns for the integrity of data in the area.

While the majority of preliminary enquiries were delayed, inspectors found that once completed, preliminary enquiries were of good quality. Inspectors sampled 25 completed intake records and found that there were delays in the majority of referrals reviewed, with timelines ranging from two weeks to nine months for the completion of intake records. While the majority of cases were delayed due to capacity issues among the team, there were also delays due to the managerial sign off of intake records. However, inspectors found that the majority of completed intake records, while delayed were of good quality, with examples of consideration cumulative harm, visits to children and initial safety planning measures taken. However, the progression of preliminary enquiries were required in a more timely way to ensure the service had a better understanding of the risk to the child and that adequate safety planning arrangements were in place.

There were considerable delays for the completion of initial assessments for children in order to adequately consider the child's needs, the level of risk they are exposed to and to plan an appropriate response for the child. Data received prior to the inspection indicated that there were 129 cases awaiting allocation for an initial assessment. Five of those were waiting over six months, 33 were waiting over three months and 42 were waiting over one month. Inspectors reviewed 21 cases where children were awaiting an initial assessment. The inspection found that there were long delays for the commencement and completion of initial assessments for children, for example five files reviewed related to referrals received approximately one year previous. The majority of files reviewed contained records of actions taken to demonstrate that safety was established and the tasks had taken place to commence the initial assessment. However, it was of concern that children were waiting for long periods for initial assessments where risk could have potentially increased or the impact of their circumstances could potentially be more significant over time for a child.

There was mixed practice with respect to safety planning in the service. While this inspection found some improvements in the establishment of safety while cases were awaiting allocation, further improvements were required. At the time of the previous inspection, a systems risk was escalated to Tusla due to the lack of monitoring and review of safety plans for children. At the time of the previous HIQA inspection in 2024, inspector's escalated 13 cases post fieldwork due to lack of monitoring and updating of safety plans.

On this inspection the findings in respect to safety planning was mixed, while there was evidence that safety was established in many cases there were also some gaps identified in other cases reviewed. Further to this there were gaps identified relating to the monitoring of safety planning in the previous 12 months. For example, while staff were communicating with network persons identified to monitor safety for families, there was limited evidence of home visits to children and families in order to monitor and review safety plans. During the inspection, staff advised of plans in place to complete home visits and facilitate network meetings, however, there were gaps in the records to show appropriate monitoring and oversight of safety for these children.

Following the inspection, HIQA also sought and received assurances with respect to some additional cases where there were gaps due to the lack of monitoring of safety plans across files reviewed. For example, in one case, HIQA sought assurances regarding a visit to a child and the monitoring of the safety plan in place for a referral that was received in April 2024. In another case, HIQA sought and received assurances that children were met with and the monitoring of the safety plan was in place while the initial assessment was ongoing. Satisfactory assurances were provided that following the inspection, home visits were undertaken or scheduled and necessary safety plans were in place and monitored.

At the time of the previous inspection, HIQA escalated where Garda notifications were not completed in line with Children First (2017). Eight individual cases were escalated to the area manager. On this inspection, inspectors found that there was improvement in the service's timely notifications to An Garda Síochána in line with Children First (2017). On this inspection, HIQA escalated one case where the necessary Garda notification was not made and the area manager provided assurances that this was completed following the inspection. In two cases reviewed there were delays in the notification of allegations of abuse to An Garda Síochána.

At the time of the previous inspection, there was a systems risk escalation due to the lack of consideration of cumulative harm on a number of cases. The inspection found that the majority of files reviewed considered previous referrals and consideration of past harm with examples of staff accessing archived files in order

to adequately consider cumulative harm. Data provided prior to the inspection found that there were 185 open cases about whom there were three or more referrals in the past three months. Eighty nine of these referrals were awaiting allocation. Inspectors reviewed three of these referrals which were prioritised as medium priority and found that while they were awaiting allocation, there was evidence of cumulative harm being considered for these children and safety was established while they were awaiting allocation. However, HIQA sought assurances during field work with respect to the prioritisation of one case due to the number and content of previous referrals received. Following the inspection, HIQA also sought and received assurances with respect to the prioritisation of a case in light of previous referrals. In both cases, Tusla provided assurances that they were satisfied with the prioritisation of the referrals following the consideration of previous referrals and existing safety measures in place.

There were significant delays in the completion of initial assessments from when the referral was received into the service, which raised concerns that children in the area were not always receiving the right service at the right time. However, the quality of assessments once completed were of good quality. Inspectors reviewed seven cases where the initial assessment had been completed. There were lengthy delays in the completion of initial assessments from one month to 17 months since the initial referral. In two cases, inspectors found that due to the length of time taken to complete the initial assessments, this impacted the quality and effectiveness of the assessment and the provision of the right service at the right time to the child.

Inspectors reviewed four cases which were diverted to PPFS and found that cases were diverted appropriately. There were 24 cases which were awaiting at diversion stage. The staff team identified that the length of time cases awaiting allocation at diversion stage was not gathered by the area.

Data provided indicated that there were 354 cases awaiting closure. Inspectors reviewed seven closed cases and found that cases were closed appropriately with appropriate safety established and supports in place. Referrals were made to support services where required.

At the time of the previous inspection, HIQA escalated four cases which were allocated to team leaders which showed drift and delay in the work completed on the file. At that time, the service identified that team leaders were holding cases for specific reasons; such as where they were newly appointed team leaders who had previously worked the case as a social worker and were familiar with the case. The area identified that, in general, team leaders in the area do not hold cases.

On this inspection, inspectors reviewed six cases which were allocated to team leaders. In one case, inspectors found that work was conducted while allocated to team leaders, however, some records were filed on sibling's files. One case was marked for closure as appropriate. In another case the case was being worked by a team leader alongside a student social worker. In another, a case was recently allocated to a team leader as the social worker was leaving the service and the team leader was familiar with the case, which showed work was progressing on the case. However, inspectors found there was drift in two cases which were allocated to team leaders. HIQA escalated two of these cases as mentioned earlier in this report with respect to the assurance regarding visits to a child and the monitoring of a safety plan.

Inspectors found that the service area was unable due to lack of capacity to implement the standard business processes which meant that children and families were not receiving a timely service based on their needs. Since the previous inspection, the inspection team noted improvements in notifications to An Garda Síochána and staff awareness of and consideration of cumulative harm. While there was a standard operating procedure for the management of cases awaiting allocation, the monitoring and review of safety for children remained a concern and required improvement. While there was a mechanism in place to review cases awaiting allocation which was in place on the majority of files reviewed, some strengthening was required to ensure its effectiveness. Children were not receiving the right service at the right time which posed a risk to children and families.

**Judgment:** Not compliant

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

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

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



# Compliance Plan for Louth Meath Child Protection and Welfare Service OSV – 0004410

**Inspection ID: MON-0046608**

**Date of inspection: 6 - 9 May 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 act 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><br>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><br><b>Not compliant</b> |
|--|--|
| <p><b>Action 1:</b> The Service Improvement Principal Social Worker will undertake a Supervision File Audit in October 2025 to ensure that supervision is of good quality and is being provided as per National Supervision Policy. This audit will include the review of discussion of caseloads at supervision. The local area training register which holds records of all staff mandatory training will also be reviewed. Any actions will be added to the Service Improvement Plan and will be tracked and monitored. Learning and evidence of good practice will be shared among the team managers for onward action.</p> <p><b>Responsible:</b> Service Improvement Principal Social Worker<br/><b>Completed by:</b> 28<sup>th</sup> November 2025</p> <p><b>Action 2:</b> The Service Improvement Principal Social Worker will complete an audit on cases awaiting allocation in September 2025 to review safety planning and monitoring in place. Any actions identified in this audit will be provided to the responsible managers for follow up and completion. These actions will be tracked and monitored on the local Service Improvement Plan which is reviewed by the Area Manager for follow up as required.</p> <p><b>Responsible:</b> Service Improvement Principal Social Worker<br/><b>Completed by:</b> 31<sup>st</sup> October 2025</p> <p><b>Action 3:</b> The area has increased capacity to address a backlog of referrals awaiting assessment after a number of posts at the front door were vacant for a period and waiting lists increased.</p> |  |

There has been an improvement in compliance with Tusla's Standard Business Process by introducing measures to enable a timelier service to be provided to children and families. These measures include:

- A new Service Level Agreement with a Child & Family Service who are now in place across both counties and are assisting the Child Protection and Welfare teams by completing Initial Assessments in a timely manner. The area has sought additional funding to ensure continuation post the 6-month pilot period which has been approved for an additional 6 months pending further approval for 2026.

- The area has also used the underspend in another service level agreement to provide support services to the Child Protection and Welfare teams in Louth Meath to reduce waitlists and to provide a timelier service. A Family Support Practitioner at the front door is assisting front door social workers with tasks appropriate to increase social work capacity. This will be reviewed by the Service Improvement Principal Social Worker in September 2025.

- A six-week overtime project was implemented in the area which proved very efficient in reducing the numbers awaiting allocation across Dedicated Point of Contact teams across Louth Meath. All these measures to date have reduced the number of cases awaiting allocation across Child Protection and Welfare teams in Louth Meath significantly. As of 22.8.25 the Child Protection and Welfare teams in the area have 15% of cases awaiting allocation as opposed to the figure's pre-inspection. Managers at Child Protection and Welfare will continue to reduce this figure with the additional capacity created.

**Responsible:** Area Manager

**Completed by:** 31<sup>st</sup> July 2025

**Action 4:** The Louth Meath area team have a service improvement plan which includes all actions from audits, inspections, and investigations. These actions are tracked and updated regularly and as required. To ensure that the area performs its functions in accordance with relevant legislation, regulations, policies and standards the Practice Assurance and Service Monitoring team also conduct reviews of key practice areas. Any future actions will be added to the local Service Improvement Plan and will be tracked and updated accordingly. The area will also review the service improvement plan to ensure it is fully aligned with the National Compliance Plan.

**Responsible:** Area Manager & Quality Risk and Service Improvement Lead

**Completed by:** Completed and ongoing

**Action 5:** The area will review how we record the review and monitor of safety plans on unallocated and allocated cases. This will inform clear recording on TCM and seek guidance from Signs of Safety Practice Lead as to how we best evidence the monitoring and reviewing of safety plans. The area will review the use of naming convention which will identify more clearly when safety plans are being monitored and reviewed. The recording of review and monitoring of safety plans will also be discussed in supervision with practitioners and any actions agreed for follow up.

**Responsible:** Service Improvement Principal Social Worker

**Completed by:** 30<sup>th</sup> September 2025

**Action 6:** Timely completion of accurate case notes will be added to the Supervision agenda and reviewed with staff on a monthly/six weekly basis. Should there be any diversion from this practice Social Work Team Leader's will be required to escalate the matter to their relevant line manager for appropriate follow up. The importance of timely accurate case notes will be added as an agenda item on Team Meetings. Any additional requirements for business support is an agenda item at the Business Support Governance Meeting.

**Responsible:** Principal Social Worker Louth / Meath Child Protection & Welfare

**Completed by:** 30<sup>th</sup> September 2025

### **Standard 3.2**

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

### **Judgment:**

**Not compliant**

**Action 1:** The area manager and regional chief officer will continue to work with the national reform programme team and steering group as part of Tusla's Reform Programme which will see Louth and Meath moving to separate network areas. This will improve direct access to services for children and families and will also aid the integration of services for children and families accessing them. Part of the full re-structure programme will involve the development of a resource allocation model for local areas which will support alignment of services to demand. The area manager and regional chief officer will plan service provision accordingly to the evidence informed review of the data through the use of the model when available.

**Responsible:** Regional Chief Officer

**Completed by:** 28<sup>th</sup> November 2025

**Action 2:** A meeting will be scheduled with the Area Manager, Quality Risk and Service Improvement Lead and Regional Quality Risk and Service Improvement Manager to conduct a comprehensive review of all risks on the area risk register to identify the operational challenges and barriers and to identify additional controls and mitigations that can be put in place to robustly manage the risk. Where these controls/mitigation actions are not addressing the risk, risks will continue to be escalated to the Regional Chief Officer, Regional Quality Risk and Service Improvement Manager and Regional Quality Risk and Service Improvement Committee. The area risk register will continue to be reviewed and updated by the area management team in its governance meetings and supervision between area manager and Quality Risk and Service Improvement lead. The Regional Quality, Risk and Service Improvement Committee report template will be reviewed, and proposed amendments will be discussed at the next Regional Quality, Risk and Service Improvement Committee meeting to ensure strong governance of risks and service improvement plans. The Regional Chief Officer reports to National Local Integrated Service Delivery Steering Group on progress and highlights any risks on risk register which is reviewed and mitigations identified.

**Responsible:** Quality Risk and Service Improvement Manager

**Completed by:** 28<sup>th</sup> November 2025

**Action 3:** The area has a Service Plan that is developed annually, and it is developed on review of learning from practice and feedback from service users that form the needs assessment of the area for the year ahead. The area will review this plan to ensure that it captures feedback/recommendations from complaints, feedback from planning days, audits and feedback forms.

**Responsible:** Quality Risk and Service Improvement Lead and Area Manager

**Completed by:** 31<sup>st</sup> October 2025

**Action 4:** To ensure adherence to the Tusla National Information governance policy and legislation, in addition to the area data review in governance meetings, the area has implemented monthly Data Integrity Meetings with Social Work Team Leader's and Grade 5 business support managers. These meetings commenced in August 2025 and provide an opportunity to review and update the performance and activity recorded on Tusla Case Management system across all social work departments to ensure data accuracy. These meetings also identify any delays/risks in adherence to the Standard Business Process and improve the quality-of-service delivery. Screening completion dates of new referrals and timeliness will also be monitored and discussed during the monthly Data Integrity Meetings. Any actions identified will be reported into the senior management team governance meetings for monitoring.

**Responsible:** Area Manager

**Completed by:** 29<sup>th</sup> August 2025

**Action 5:** The area has an area learning plan for the national approach to practice. As part of this plan the Child Protection and Welfare teams will avail of the support the Signs of Safety Practice Lead in ensuring that the area is screening referrals with a clear focus on cumulative harm, as well as providing guidance to staff in implementation of immediate safety plans and strategies for review of same.

In addition, to continue effective governance and management oversight of safety planning for children listed on the Child Protection Notification System and unallocated cases, the Service Improvement Principal Social Worker will undertake regular reviews to provide an assurance that appropriate safety planning is being implemented, monitored and reviewed in accordance with the National guidelines and Tusla's Standard Business Process. A review was conducted in May 2025, the action plan was completed and added to the area Service Improvement Plan and all areas of learning have been shared across all relevant social work departments. A further review is scheduled for September 2025 and December 2025, and any learning will be shared accordingly.

**Responsible:** Service Improvement Principal Social Worker

**Completed by:** 31<sup>st</sup> October 2025

**Action 6:** Duplicate profiles are an issue on Tusla's Case Management system. There is an ongoing national Information and Communication Technology project working on merging duplicate profiles, this is a complex process and is likely to take some time before it is complete. In the interim Tusla Case Management system support have issued detailed guidance on the creation of new person profiles on Tusla Case Management system. Clear guidance tools to support with this are available to all staff via the Tusla Hub. These will also be emailed directly to local staff teams. In addition to this as part of Data Protection Week (October 2025) the Privacy Officer will facilitate a local presentation to address this issue. This presentation will then be circulated to all Louth Meath staff.

**Responsible:** Tusla Case Management User Liaison

**Completed by:** 31<sup>st</sup> October 2025.

**Action 7:** Cloning notes, files and forms across sibling files is usual practice on Tusla's case management system and is a useful tool in the maintenance of up-to-date files. The practice is that case notes and forms should be cloned in draft and edited to make them personal to the sibling. The guidance document on cloning from the Tusla hub has been recirculated to all staff with an emphasis on the

importance of only cloning where appropriate between sibling files. Where staff become aware that they have clone a document or case note in error they have been advised to notify the Tusla Case Management User Liaison Officer /Data Quality who will delete the document.

**Responsible:** Tusla Case Management User Liaison Officer

**Completed by:** 31<sup>st</sup> August 2025

**Action 8:** As part of a plan for increased governance for High Priority Unallocated cases, a change to the area Standard Operating Procedure has been agreed. Any high priority case awaiting allocation will be reviewed on a weekly basis by the Duty Manager as part of the Duty Review Meeting. Agreed actions will be set out for the duty worker for the following week. If after two weeks the cases remain unallocated the case will be risk escalated to the Principal Social Worker by the Duty Manager for Principal Social Worker review and action.

**Responsible:** Principal Social Worker Louth / Meath Child Protection & Welfare

**Completed by:** 30<sup>th</sup> September 2025

**Action 9:** The area has increased capacity to address a backlog of referrals awaiting assessment after a number of posts at the front door were vacant for a period and waiting lists increased.

There has been an improvement in compliance with Tusla's Standard Business Process by introducing measures to enable a timelier service to be provided to children and families. These measures include:

- A new Service Level Agreement with a Child & Family Service who are now in place across both counties and are assisting the Child Protection and Welfare teams by completing Initial Assessments in a timely manner. The area has sought additional funding to ensure continuation post the 6-month pilot period and this has been agreed for a further 6 months.

- The area has also used the underspend in another service level agreement to provide support services to the Child Protection and Welfare teams in Louth Meath to reduce waitlists and to provide a timelier service. A Family Support Practitioner at the front door is assisting front door social workers with tasks appropriate to increase social work capacity. This will be reviewed by the Service Improvement Principal Social Worker in September 2025.

- A six-week overtime project was implemented in the area which proved very efficient in reducing the numbers awaiting allocation across Dedicated Point of Contact teams across Louth Meath. All these measures to date have reduced the number of cases awaiting allocation across Child Protection and Welfare teams in Louth Meath significantly. As of 22.8.25

the Child Protection and Welfare teams in the area have 15% of cases awaiting allocation as opposed to the figure's pre-inspection. Managers at Child Protection and Welfare will continue to reduce this figure with the additional capacity created.

**Responsible:** Area Manager

**Completed by:** 31<sup>st</sup> July 2025

#### **Standard 4.1**

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

#### **Judgment:**

**Substantially compliant**

**Action 1:** The administrative boundary of Louth Meath will change significantly as part of the planned structural changes taking place as part of the reform programme. This reform will achieve increased capacity for governance with the addition of one new senior manager who will take lead in directing and overseeing part of the existing Louth Meath area. This reform will also result in realignment of staff and an analysis of resource allocation under a new model, to ensure a timelier and more integrated response to Child Protection and Welfare referrals.

**Responsible:** Regional Chief Officer Dublin North-East

**Completed by:** 5<sup>th</sup> January 2026

**Action 2:** The area manager will continue to seek a level of resourcing to meet the ongoing needs of the service on a sustainable basis. Successful initiatives in providing more timely services will be forwarded to the Regional Chief Officer and have been included for submission for additional funding as part of the Tusla estimates process and business planning. This will be discussed at 1:1 meetings between the area manager and regional chief officer

**Responsible:** Regional Chief Officer Dublin North-East

**Completion:** Submission completed August 2025

**Action 3:** To inform strategic planning on service delivery and service planning in the area and to ensure that the service plan is informed by the lived experience of children and families receiving a service, the consultation views that were obtained in the Louth and Meath Children Young People and Services Committee plans will be added into area service plan when the plans have been approved Nationally as part of the Children Young People and Services Committee service planning



process. The Children Young People and Services Committee co-ordinators will present these plans at the Senior Management Team meeting and will outline the indication of needs within each county as an interim measure.

**Responsible:** Children Young People and Services Committee Co-Ordinator  
Louth & Meath

**Completed:** 28<sup>th</sup> November 2025

**Action 4:** The area manager and Business Support Manager for the area will continue to work with the Regional Human Resource lead to ensure that recruitment and retention issues are identified, monitored and actioned. A schedule of monthly recruitment and retention meetings have been set for the year. The agenda for this meeting include the backfilling of critical posts that are temporarily vacant due to maternity leave/long term sick leave. Any delays with recruitment are identified and escalated to National Tusla recruit as appropriate. The area will continue to promote initiatives that increase the area team workforce including: a pilot scheme for drivers/ Student Placements are supported, and dedicated time given for practitioners to take students/ Graduate Campaigns/ Apprenticeship scheme.

The recruitment plan in place is actively recruiting to fill all remaining social work posts. Of the remaining vacant posts 7 have a candidate onboarding (area wide) that will be complete within 2025.

Our actions to fill the 7 remaining social work posts (area wide) include Rolling campaigns via the Tusla website, agency spend with our approved agency partners, local expression of interests internally for secondment opportunities, bespoke campaigns for hard to fill posts when requested by the area, ongoing promotion of Tusla as an employer. This year we have engaged with the Ulster University to increase the potential number of graduates applying to social work posts across Dublin North-East with Northern Ireland based students a clear pathway for applications.

**Responsible:** Regional Human Resources Manager Dublin North East

**Completed by:** 31 December 2025

**Action 5:** There is an ongoing review of the commission of services to ensure a targeted response to children and family's needs. Service Level agreement /Commissioned services are regularly monitored by senior managers in terms of the quality of the service being provided, which includes safe practices and positive outcomes for children. Services such as Eplus, Foroige and the Youth Advocate Programme are engaged with at the earliest stage to support families that are on the waiting list receive support at the earliest point.

**Responsible:** Area Manager  
**Completed by:** Completed and ongoing

**Standard 5.2**

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

**Judgment: Not Compliant**

**Action 1:** An area training needs analysis template has been circulated to all teams to collate all the existing work that is being completed in area. The information from the training needs analysis will be recorded on the Area Service Improvement Plan as per the National Compliance plan. Regional Training needs analysis will be identified through the new Supporting Performance and Development Plan, from which Workforce Learning and Development will share with the local area which will form the basis for actions for implementing the area plans.

**Responsible:** Child Protection and Welfare Principal Social Worker Louth and Meath

**Completed by:** 31<sup>st</sup> October 2025

**Action 2:** The temporary filling of vacant Principal Social Worker post has been completed with reassignment of one Principal Social Worker on a temporary basis from the area senior management team to cover this post. Assistance with additional tasks being covered has been provided from Regional Office which has increased the senior management capacity caused by this essential realignment. This is ensuring the supervision of two social work team leaders and governance and oversight of cases allocated and awaiting allocation on the child protection teams.

**Responsible:** Area Manager

**Completed by:** 30<sup>th</sup> June 2025

**Action 3:** The Service Improvement Principal Social Worker will undertake a Supervision File Audit in October 2025 to ensure that supervision is of good quality and is being provided as per National Supervision Policy. This audit will include the review of discussion of caseloads at supervision. The local area training register which holds records of all staff mandatory training will also be reviewed. Any actions will be added to the Service Improvement Plan and will be tracked and monitored. Learning and evidence of good practice will be shared among the teams.

**Responsible:** Service Improvement Principal Social Worker

**Completed by:** 28<sup>th</sup> November 2025

**Action 4:** All referrals are prioritised and categorised at screening, intake and initial assessment stage to ensure that all risks to the children including cumulative harm are taken into consideration. The area will ensure that all relevant staff will attend national/regional workshops on cumulative harm. The next workshop is scheduled for October 2025.

**Responsible:** Professional Support Manager Dublin North-East

**Completed by:** 28<sup>th</sup> November 2025

**Action 5:** A review will be completed to ensure that all Team Leaders and Principal Social Workers have the necessary supervision training. If it is identified that any Team Leader/Principal Social Worker has not completed the training, they will be encouraged and supported to complete the online module on HSELand and complete the follow up in person training. A refresher course is also available for any Child Protection and Welfare managers wishing to avail of it.

**Responsible:** Principal Social Worker Child Protection & Welfare Louth and Meath

**Completed by:** 28<sup>th</sup> November 2025

**Action 6:** The Area Manager and Business Support Manager are actively working with regional Human Resource to progress recruitment via a variety of means to address staffing issues. This includes:

- The area was prioritised for recruitment through Human Resource.
- Overseas candidates
- Student Placement
- Summer Initiatives
- Apprenticeship programmes
- Graduate campaigns

The recruitment plan in place is actively recruiting to fill all remaining social work posts. Of the remaining vacant posts 7 have a candidate onboarding (area wide) that will be complete within 2025.

Our actions to fill the 7 remaining social work posts (are wide) include Rolling campaigns via the Tusla website, agency spend with our approved agency partners, local expression of interests internally for secondment opportunities, bespoke campaigns for hard to fill posts when requested by the area, ongoing promotion of Tusla as an employer of choice. This year we have engaged with the Ulster University to increase the potential number of graduates applying to social

work posts across Dublin North-East with Northern Ireland based students a clear pathway for applications.

**Responsible:** Regional Human Resources Manager Dublin North-East

**Completed by:** 31 December 2025

**Action 7:** The Supporting Performance and Development Plan has been launched Nationally, and online workshops are available for staff to attend to support continuous development and assurance. All staff will be encouraged to attend.

**Responsible:** Business Support Manager

**Completed by:** 28<sup>th</sup> November 2025

**Standard 2.1**

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

**Judgment:**

**Not compliant**

**Action 1:** There is a robust management system in place in Louth and Meath to review unallocated cases and actions required. The waiting list is reviewed regularly, including the risk to the child(ren) to ensure children are safe from harm and receive a response in a manner that is as timely and effective as possible in relation to their identified risk and need. Due to initiatives such as: Overtime project/ backfill of vacant post due to maternity and long-term sick leave/ use of Service Level Agreements with partner agencies to provide support at the front door the percentage of unallocated cases has reduced to 15% across the Child Protection and Welfare teams in the area (22/8/25). The number of high priority unallocated cases has reduced to 7 young people (22/8/25) and these referrals are being actively worked on the duty system by the social worker/social care leader on the team.

A high level of governance of the cases awaiting allocation will remain in place. Data will continue to be monitored at area governance meetings and in supervision with the Area Manager and Regional Chief Officer. The use of the national dashboard will also be used to review unallocated cases as part of the quarterly regional/national assurance programme.

**Responsible:** Area Manager

**Completed by:** 29<sup>th</sup> August 2025

**Action 2:** The monthly data integrity meeting will assist in addressing the issue with the required drift of case closures awaiting sign off by management. Practice review days are in operation to address any backlogs. The data presented at Governance Meetings is broken into teams and will be discussed for follow up by

Principal Social Worker if required. In addition to this the area aims to introduce a practice whereby the User Liaison Officer will undertake training with all Social Work Team Leader's and Grade 5 admin on the use of the Dashboard on Tusla Case Management system. The expectation will be that Social Work Team Leaders will review cases on staff's dashboards during monthly supervision to ensure that appropriate and timely action will be taken to address any gaps in service provision. This training has been scheduled to take place in Quarter 3 of 2025.

**Responsible:** Tusla Case Management User Liaison Officer

**Completed by:** 31<sup>st</sup> October 2025

**Action 3:** The Signs of Safety Practice Lead will assist Child Protection and Welfare team managers with their implementation of Children First by providing support to the area, in terms of appropriate screening of referrals, completion of Intake Records and Initial Assessments. Any additional learning needs identified will be added to the area learning plan.

**Responsible:** Signs of Safety Practice Lead Dublin North-East

**Completed by:** 31<sup>st</sup> October 2025

**Action 4:** The area has identified the need for a review of Safety Plans on cases awaiting allocation across Assessment & Intervention teams. The Service Improvement Principal Social Worker has scheduled this review to be completed in September 2025. All learning from this review will be shared across relevant social work departments and any actions recorded and monitored on the local area Service Improvement Plan. To ensure the ongoing review of cases waiting allocation across Assessment & Intervention Teams the area is committed to ensuring that the Principal Social Worker attends the Duty Review Meeting monthly to ensure governance and oversight of the local Standard Operating Procedure.

**Responsible:** Service Improvement Principal Social Worker

**Action 5:** The Signs of Safety Practice Lead will facilitate workshop with dedicated point of contact teams in relation to immediate safety planning and a workshop with Assessment and Intervention teams in relation to monitoring and review of safety plans. Continued use of group supervision following the workshops and Principal Social Worker attendance at a group supervision in Quarter 4 will ensure that learning from these workshops are embedded among the teams.

**Responsible:** Signs of Safety Practice Lead/Child Protection and Welfare Principal Social Worker's

**Completed by:** 31<sup>st</sup> October 2025

**Action 6:** The area will continue to implement the local Standard Operating Procedure for the 'Management and Governance of cases awaiting allocation' which is aligned to the National Standard Operating Procedure. The area will ensure that any challenges in relation to the implementation of this will be discussed in supervision and governance meetings. At times when there is a rise in the number of cases awaiting allocation at the point of screening 'Practice Review Days' will be scheduled to address any risk factors and ensure that a timely service is being provided to families most at need. The area has sought the ongoing continuation of a pilot project with a service level agreement which has requested of the Director of Services and Integration in Tusla.

**Responsible:** Child Protection and Welfare Principal Social Worker's Louth and Meath

**Completed by:** 28<sup>th</sup> November 2025

**Action 7:** A new Standard Operating Procedure has been implemented across the area for the diversion of non-child protection referrals to Prevention Partnership and Family Support at the earliest point to ensure that a proportionate response is provided to children and families and that families are allocated to the service that best meets their needs, thus ensuring that there is a consistent approach to the safe management and oversight of referrals across the area. This process was put in place in July 2025. This is due for review in October 2025 with shared learning and actions to be further implemented.

**Responsible:** Area Manager

**Completed by:** Completed and review for completion by 31<sup>st</sup> October 2025

**Action 8:** Louth Meath will complete a compliance tracker as part of the Service Improvement Plan to ensure all actions outlined in the compliance plan are tracked and monitored. This will outline the status, timeframe, action owner, completion date, completion notes, and any outstanding gaps preventing completion. This will be reviewed during supervision with the Quality Risk and Service Improvement Lead and during senior management governance meetings.

**Responsible:** Quality Risk and Service Improvement Lead

**Completed by:** 30<sup>th</sup> September 2025

**Action 9:** To ensure that there is a greater level of governance of unallocated cases the area has made a commitment to change practice in respect of high

unallocated cases as per Standard 3.2 Action 8. The area is also committed to ensuring that the Principal Social Worker attends the Duty Review Meeting monthly to ensure governance and oversight of the local Standard Operating Procedure.

**Responsible:** Child Protection & Welfare Principal Social Worker Louth / Meath  
**Completed by:** 30<sup>th</sup> September 2025

**Action 10:** Timely completion of accurate case notes will be added to the Supervision agenda and reviewed with staff on a monthly/six weekly basis. Diversion from practice will be escalated to the Principal Social Worker for appropriate follow up. In addition, the PSW will review the data user activity report on a monthly basis, adding additional governance and to identify where support might be needed.

**Responsible:** Principal Social Worker  
**Completed by:** 30<sup>th</sup> September 2025

**Action 11:** The area has increased capacity to address a backlog of referrals awaiting assessment after a number of posts at the front door were vacant for a period and waiting lists increased.

There has been an improvement in compliance with Tusla's Standard Business Process by introducing measures to enable a timelier service to be provided to children and families. These measures include:

- A new Service Level Agreement with a Child & Family Service who are now in place across both counties and are assisting the Child Protection and Welfare teams by completing Initial Assessments in a timely manner. The area has sought additional funding to ensure continuation post the 6-month pilot period.

- The area has also used the underspend in another service level agreement to provide support services to the Child Protection and Welfare teams in Louth Meath to reduce waitlists and to provide a timelier service. A Family Support Practitioner at the front door is assisting front door social workers with tasks appropriate to increase social work capacity. This will be reviewed by the Service Improvement Principal Social Worker in September 2025.

- A six-week overtime project was implemented in the area which proved very efficient in reducing the numbers awaiting allocation across Dedicated Point of Contact teams across Louth Meath. All these measures to date have reduced the number of cases awaiting allocation across Child Protection and Welfare teams in Louth Meath significantly. As of 22.8.25 the Child Protection and Welfare teams in the area have 15% of cases

awaiting allocation as opposed to the figure's pre-inspection. Managers at Child Protection and Welfare will continue to reduce this figure with the additional capacity created.

**Responsible:** Child Protection & Welfare Principal Social Worker Louth / Meath  
**Completed by:** 30<sup>th</sup> September 2025



## 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><br>The service performs its functions in accordance with relevant legislation, regulations, national policies and standards to protect children and promote their welfare. | Not compliant           | Red         | 28 November 2025         |
| <b>Standard 3.2</b><br>Children receive a child protection and welfare service, which has effective leadership, governance, and management arrangements with clear lines of accountability.    | Not compliant           | Red         | 28 November 2025         |
| <b>Standard 4.1</b><br>Resources are effectively planned, deployed and managed to protect children and promote their welfare.  | Substantially Compliant | Yellow      | 5 January 2026           |
| <b>Standard 5.2</b><br>Staff have the required skills and experience to manage and deliver effective services to children.   | Not compliant           | Orange      | 31 December 2025         |

|  |               |     |                  |
|--|---------------|-----|------------------|
| <b>Standard 2.1</b><br>Children are protected and their welfare is promoted through the consistent implementation of <i>Children First</i> . | Not compliant | Red | 28 November 2025 |
|--|---------------|-----|------------------|

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