

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

Name of service area:	Dublin South Central
Type of inspection:	Focused
Date of inspection:	8 – 11 April 2025
Lead inspector:	Adekunle Oladejo
Support inspector(s):	Sabine Buschmann Sharon Moore Rachel Kane Susan Geary Saragh McGarrigle
Fieldwork ID	MON-0046588

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 the actions identified to address non-compliances during the previous inspection in February 2024. The key issues that were followed up in this inspection related to:

- Children being placed on waitlists for allocation of a social worker.
- Children placed on waitlists for initial assessments to be completed.
- Recording attempts to complete home visits as home visits to children, when children had not been seen or met with by a Tusla professional.
- Poor oversight of safety planning for children who were not allocated a social worker.
- Poor oversight of children on the Child Protection Notification System¹ (CPNS).
- The lack of recognising the impact of cumulative harm² on children.
- Children listed on the CPNS without an allocated social worker as required by *Children First: National Guidance for the Protection and Welfare of Children*, (2017).
- Information governance issue: naming of social work teams on Tusla's Case Management (TCM) system
- Significant systems risks pertaining to an absence of effective governance and oversight, given the findings outlined above, as well as inaccurate prioritisation levels with regards to the level of risk to children and cases being diverted inappropriately.

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 one standard and not compliant in four standards. 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.

¹ Refers to a secure database that contains a national record of all children who have reached the threshold of being at ongoing risk of significant harm and where there are ongoing child protection concerns.

² Refers to the effects of multiple adverse or harmful circumstances and events in a child's life.

How we inspect

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

The key activities of this inspection involved:

- the analysis of data
- interview with the area manager
- interview with the:
 - TCM lead
 - regional quality risk service improvement (QRSI) manager
 - regional Special Emergency Arrangement (SEA) Coordinator
- focus group with five principal social workers
- focus group with nine frontline staff, including one social work team leader, five social workers, two domestic violence workers and one social care leader
- focus group with two social care managers
- observations of practice relevant to the standards being assessed:
 - duty and intake teams
 - complex case forum
 - weekly allocation meeting
- the review of local policies and procedures, minutes of various meetings, staff supervision files, audits and service plans
- the analysis of the service area's submitted SAQ
- the review of 54 children's case files.

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

Acknowledgements

HIQA wishes to thank staff and manager of the service for their cooperation with inspectors during the course of this inspection.

Profile of the child protection and welfare service

The Child and Family Agency

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

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

- child welfare and protection services, including family support services
- existing Family Support Agency responsibilities
- existing National Educational Welfare Board responsibilities
- pre-school inspection 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 national management team.

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

Service area

This information was submitted by the service:

Dublin South Central (DSC) is one of the four Tusla areas within the Dublin Mid-Leinster Region. The service area is managed by the area manager under the direction of the regional chief officer for Tusla Dublin Mid-Leinster region. The area's management structure for the child protection service comprised of an area manager and five principal social workers (PSWs) – two PSWs were responsible for the duty and intake team and two PSWs were responsible for the child protection and welfare services. One PSW was in charge of child protection conferences. Team members across the service comprised of social work team leaders, social workers including senior practitioners, social care managers, social care leaders, social care workers and family support practitioners including a domestic violence liaison worker.

DSC is situated in Leinster, on the east coast of Ireland and part of the south eastern side of Dublin. It is one of the 17 national service areas and is part of the Dublin Mid-

Leinster (DML) Region. DSC is located in the Dublin City Council and South County Dublin areas south of the river Liffey comprising of the South Inner City, Ringsend, Rialto, Inchicore, Rathmines, Rathfarnham, Rathgar, Terenure, Whitechurch, Palmerstown, Ballyfermot, Clondalkin, Lucan, Newcastle, Rathcoole and Saggart.

It is a small and densely populated geographical area with distances of 25 kilometres from coast to the furthest point inland. The total population (Census 2022) of Dublin South Central is 305,278. The population of children is 73,730 which has increased from 65,564 since the previous census in 2016.

The area reflects a mixture of urban and suburban characteristics with a mix of social housing, private rentals, and gentrified propriety combined with established and new housing developments. There is evidence of significant population growth with areas such as Lucan, Saggart and southwest Dublin having significant increase between censuses. This growth is forecast to continue given the numerous planned developments including several large-scale Land Development Agency developments.

The deprivation index (2023) indicated that the areas in DSC are between -22.5 in Clondalkin (Rowlagh) to 15.73 in the city centre (Usher Quay). Overall, the area displays high levels of deprivation with 13 electoral districts at various levels of disadvantages with the Small Areas (SAs) revealing more detailed information with very and extremely disadvantaged areas in Ronanstown, Collinstown, part of Ballyfermot and the Southwest Inner City.

DSC has a highly diverse population with 30% of population living in Dublin Central South having not born in Ireland and 25% belong to ethnic minority. While this may be indicative of the urban population, similarly such diversity can be seen in the south western suburbs of Clondalkin and Lucan.

As of the beginning of 2025, DSC had one International Protection Accommodation Service (IPAS) accommodation centre and 14 emergency accommodation centres accommodating approximately 832 children. The area also contains several hubs³ that support homeless families. Overall DSC could be characterised as an area balancing suburban expansion, urban renewal and persistent socioeconomic divides.

³ Refers to a model of accommodation for families experiencing homelessness.

Compliance classifications

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

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

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

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

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

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

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

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

This inspection was carried out during the following times:

Date	Times of inspection	Inspector name	Role
8 April 2025	09:00hrs to 17:00hrs	Adekunle Oladejo	Lead Inspector
	09:00hrs to 17:00hrs	Sabine Buschmann	Support Inspector
	09:00hrs to 17:00hrs	Sharon Moore	Support Inspector
	09:00hrs to 17:00hrs	Rachel Kane	Support Inspector
9 April 2025	09:00hrs to 17:00hrs	Adekunle Oladejo	Lead Inspector
	09:00hrs to 17:00hrs	Sabine Buschmann	Support Inspector
	09:00hrs to 17:00hrs	Sharon Moore	Support Inspector
	09:00hrs to 17:00hrs	Rachel Kane	Support Inspector
	09:00hrs to 17:00hrs	Susan Geary	Support Inspector
	09:00hrs to 15:00hrs	Saragh McGarrigle	Support Inspector
10 April 2025	09:00hrs to 17:00hrs	Adekunle Oladejo	Lead Inspector
	09:00hrs to 17:00hrs	Sabine Buschmann	Support Inspector
	09:00hrs to 17:00hrs	Sharon Moore	Support Inspector
	09:00hrs to 17:00hrs	Rachel Kane	Support Inspector

	09:00hrs to 17:00hrs 09:00hrs to 15:00hrs	Saragh McGarrigle Susan Geary	Support Inspector Support Inspector
11 April 2025 (Remote)	09:00hrs to 17:00hrs 09:00hrs to 17:00hrs 09:00hrs to 16:00hrs 09:00hrs to 17:00hrs 09:00hrs to 15:00hrs	Adekunle Oladejo Sabine Buschmann Sharon Moore Rachel Kane Saragh McGarrigle	Lead Inspector Support Inspector Support Inspector Support Inspector 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 only children who were allocated to workers at the time of the inspection. However, no children were contacted due to the sensitive nature of some of the referrals that brought them to the attention of the service, and in some cases, due to the inappropriateness of contacting children when there had been no contact or no continuous and consistent involvement of social workers in their case.

Notwithstanding this, inspectors were able to establish the experience of the service provided or impact of a service not being provided to children, through the review of their records. Overall, inspectors found that when children were allocated, the quality of services provided to them or for their benefit was good. Welfare of children was central to decisions made. There were examples of good practice such as the assessment of pre-birth concerns and the service responding appropriately, in a timely manner, to ensure the welfare of the child was protected and promoted. In another case, cumulative harm was appropriately considered and reflected in the assessment of referrals. However, the inspection found that, in most cases children experienced significant delays in receiving a child protection and welfare (CPW) service. This was as a result of children not being allocated in a timely manner and being placed on a waiting list after they had been deemed to meet the criteria for a service. It was clear that the welfare and protection needs of some of the children referred to the Dublin South Central service area were not always met in a timely and effective manner. Examples of the impact of this on children are outlined below:

- A referral from An Garda Síochána (AGS) which indicated that a child may have been contacted by a person of concern known to AGS was prioritised as low, and placed on a waiting list for over 12 months. Dublin South Central staff did not make contact with AGS and their colleagues in the service area where the person subject of abuse allegations resided to establish the level of risk posed. This case was escalated to the area

manager following the inspection who ensured that the child was met with and the risk, if any, established.

- For one child there had been three referrals, two of which were for physical abuse. One of these dated back to 26 months prior to the inspection and was placed on a waitlist. The third came in as a child welfare referral and was received two months prior to the inspection. This had not been screened to establish the risk of harm to the child and ensure that it was correctly categorised.
- A young child was referred and known to the service for 12 months due to domestic violence concern and emotional abuse. Preliminary enquiry⁴ (PE) was completed, and the child was prioritised as high and was unallocated. There was no safety plan in place and despite a manager's review of the referral a year later, indicating a need for a safety plan, this had not happened at the time of inspection. This meant that the child's safety was potentially at significant risk due to the lack of a required safety plan and the long period that the safety plan had not been in place. This case was escalated to the area manager following the inspection and a satisfactory response was received.
- Multiple referrals were received for a child, who was placed on the PE waitlist for 10 months and the PE was still not completed at the time of the inspection – three months later. An interim safety plan was in place; however, this had not been consistently monitored (the child had not been regularly visited by Tusla staff) to ensure that it was effective in keeping the child safe. The child was not allocated a social worker but a secondary worker was allocated.
- A sexual abuse referral was received 14 months prior to the inspection, in relation to a child, with another concern referred one month later. The child was placed on a waitlist and prioritised as medium, with no consideration given to revising the priority following the receipt of the second referral. The child had not been met with despite audits carried out by a manager that indicated that this should be done. The child had still not received any therapeutic support at the time of the inspection.
- A referral was received 12 months prior to the inspection due to a domestic violence concern. In February 2025, the child was allocated to a worker for

⁴ The purpose of PE included gathering of relevant information regarding a reported concern and considering the immediate safety of a child and taking necessary immediate protective action, if required.

the commencement of an Initial Assessment⁵ (IA), however this had not started at the time of the inspection. This demonstrated that in this case, delay in progressing referrals was not confined to children who were unallocated but those whose cases were assigned to a worker also experienced delays. While an interim safety plan was in place, this was not being monitored.

- Referral of allegation of physical abuse in respect of a child with complex needs was inappropriately categorised as a child welfare concern, and prioritised as medium. Gardaí were not notified of this allegation of abuse. This was brought to the attention of the area manager and response provided showed that Gardaí had been notified after the inspection.
- Referral from Gardaí in respect of a one year old baby. Further clarifying information was required to determine whether there was a risk to the baby but this had not been sought six months later. This meant that the wellbeing of this baby was not established, as required.

The above cases illustrated gaps in the service capacity to carry out assessments of children's welfare and protection needs in a timely manner. This had resulted in children waiting for significantly long periods in many cases for the required support and interventions.

All children's cases above were brought to the attention of the area manager for a response. Inspectors escalated 13 cases and the response provided indicated that all cases had actions completed to ensure children's safety and that risks identified were being effectively managed.

Capacity and capability

This report reflects the findings of a follow-up inspection of Dublin South Central Child Protection and Welfare (CPW) service, 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:

- Five standards were not compliant.

⁵ The purpose of the IA is to determine whether there has been harm, if there is potential for future danger to the child/children, and if there is any existing safety present to address this harm.

While some progress had been made since the last inspection with regards to the percentage of children who were unallocated, and in the recruitment and retention of staff, the service remained challenged in its capacity to fulfil its statutory obligations. Deficits in service provision found at the previous inspection 14 months earlier had persisted and risks to the management of children's safety remained and required to be addressed as a matter of urgency.

This inspection found that governance systems at all levels did not ensure that all children received a timely and safe service due to the shortfall in resources to meet demands in the area. Previously, this was due to the number of vacant posts; however, the service area had recruited to fill the majority of vacancies since it was last inspected. Therefore, this risk had moved from staff vacancies to inadequacy of resources allocated in relation to the demands for service. While there was a 13% reduction in the number of children on waitlists since the previous inspection, the pace of improvement was very slow and at 41%, the number of children awaiting a service remained unacceptably high at the time of this follow-up inspection. In addition, the majority of new staff were inexperienced and required significant level of support from managers.

Although, the governance and oversight systems had slightly improved since the last inspection, this did not ensure that children received services to meet their needs in a timely manner. The management and oversight of the service, from referral through completion of assessments and implementation of all necessary interventions to support children, still required significant improvement. Unallocated cases, which posed one of the biggest challenges in the service, were not consistently discussed and reviewed in all governance meeting records examined by inspectors. Gaps were found in the monitoring and oversight of waitlisted cases, including the completion of safety planning.

Concerns identified during the previous inspection had persisted. As a result, the Chief Inspector re-escalated risks in relation to the inadequate management and oversight of children listed on the CPNS, and brought concerns about the continuous challenges to the capacity of the service to manage referrals and complete assessments in a timely manner, and the ongoing shortcomings in the safeguarding of children, to the attention of Tusla's Chief Executive Officer (CEO). An assurance was sought in respect to the area's compliance with Standard 3.1 of the National Standards for Child Protection and Welfare. Appropriate assurances were provided by the CEO which included the allocation of all children on the CPNS to professionally qualified social workers, increased governance and oversight systems and the allocation of five additional social work posts was outlined in the response.

The service area did not ensure that all children referred to the CPW service received a timely and appropriate response. Screening of referrals was generally found to be timely and in some, but not all cases, children who were considered at immediate risk of harm and prioritised as high, received an appropriate response. However, in the majority of cases, children who were prioritised as medium or low experienced very lengthy delays and did not receive an appropriate response that met their needs in a timely manner. For the majority of referrals that were deemed medium or low, after screening had been completed, children were placed on a waiting list for PE and IA, in some cases without adequate safety being established. While managers reviewed waitlists as a quality assurance mechanism, audits were not consistently effective and recommended actions were not always completed.

There was a service improvement plan in place that aligned with the national service improvement plan; however, the service continued to struggle with staffing capacity to provide timely, effective and consistently safe services to all children. A local standard operating procedure (SOP) was in place for the management of unallocated cases but this was not fully aligned with the national policy and staff practice did not consistently demonstrate safety planning for unallocated high priority cases as outlined in the national policy. Staff told inspectors that they could not comply with the SOP due to the lack of staffing capacity and the volume of referrals.

There was a significant blockage in the service area's capacity to transfer cases across teams, as appropriate. At the time of the inspection, there were 26 children in care being held by the CPW team and 18 of these were awaiting to be transferred to the dedicated children in care team, with significant delays in some cases. Staff and managers who spoke with inspectors expressed concerns about the lack of adherence to the transfer pathway policy. They said that this had created additional pressure points on an already overstretched service and meant that they were not always able to respond to duty cases, as required. Serious operational concerns such as unallocated children on the CPNS were routinely escalated, as required. However, mitigation of this risk was not always appropriate or adequate.

Staff spoke positively about support they were getting from their managers and they demonstrated commitment to providing a good quality service that met children's needs. However, they were hampered in achieving this in a consistent manner due to a number of factors such as insufficient staffing level, unmanageable caseloads, lack of capacity to transfer cases across the teams, and lack of experience of Irish child protection systems and practice in relation to the majority of new staff.

When children were allocated a social worker, for the most part, the quality of work reviewed by inspectors was child-centred and of good quality. However, many of the newly recruited staff were inexperienced as they were recently qualified or new to working in the jurisdiction. Therefore, they naturally required high levels of support from their mentors and managers. This had impacted on the skill-mix and experience in the service area and resulted in a scenario whereby social work and social care staff without appropriate expertise were being allocated to complex child protection 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.

The service area judged themselves to be not compliant with this standard. Inspectors agreed with this judgment. This inspection found that Dublin South Central service was not performing its functions in line with the legislative requirements, national policies, standards, and Tusla's own policies, processes and procedures to protect children and promote their welfare.

Data submitted for this inspection showed that 689 of 1647 children opened to the service were unallocated. This accounted for 41% of open cases and represented a 13% decrease from the previous inspection in February 2024, when 54% of children were unallocated (1055 of 1951). While some progress had been made to reduce the number of children on waitlists, the area manager outlined to inspectors that the service continued to struggle with staffing capacity to respond to the demand and provide safe and responsive services. Children continued to be placed on waitlists for a considerable length of time. Beyond screening, there were lengthy delays for the majority of children and there were unallocated children at every stage of the process.

Tusla's senior managers were aware of the challenges facing the service area in meeting their statutory obligations under legislation and in achieving compliance with the standards. While actions had been taken, these were not adequate in addressing the longstanding challenges in a sustainable manner. In late 2023, prior to the commencement of the risk-based inspection programme across Tusla service areas, including Dublin South Central, where there was at least 25% of children without an allocated social worker, Tusla developed a national service improvement plan that set out actions that were required at national, regional and local level, to reduce the number of children on a waitlist to below 25%. Examples of anticipated impact of this improvement plan included ensuring that unallocated children had access to an allocated keyworker, and enhanced capacity at the front

door⁶. The objective of the plan was to reduce the number of children awaiting CPW assessment while ensuring children and families receive a proportionate, appropriate, and helpful response.

The Dublin South Central service area had developed a local service improvement plan that incorporated local actions from the national service improvement plan and was aligned with Tusla's business plan (2024 - 2026). This plan was finalised in March 2025, therefore it was at an early stage of implementation at the time of the inspection. It outlined key areas of focus for the service in 2025 and reflected a strong desire to provide a responsive service and achieve best possible outcomes for children and young people in the area. Of the 38 actions set out in the local service plan, one was completed, three were ongoing and the remaining actions were not due at the time of the inspection. While senior managers demonstrated commitment to progress and implement the plan, they also recognised the constraints associated with delays regarding some actions at the national level. Local managers were focused on an incremental improvement and progressing actions within their local plan.

Following the previous HIQA inspection in 2024, the compliance plan submitted by Tusla indicated that a review of the local standard operating procedures (SOP) related to unallocated children would be conducted to ensure that the local process for the management of unallocated children was aligned to the national policy by the end of March 2025. While the area had a SOP in place and managers had noted that it was aligned to the national policy and guidance, the area's local procedure clearly outlined that due to staff shortages and the volume of referrals, it was not always possible to immediately allocate high priority cases. Therefore managers would decide at allocation meetings which high priority cases required the most immediate response. Despite the acceptance in the SOP that the service area was not in a position to respond in a consistent and timely manner to all children prioritised as high and in need of services, staff said that it was still challenging to implement the SOP due to lack of capacity. They told inspectors that after screening, they were unable to comply with the processing of referrals in line with the timeframes set out in the standard business process, or in a timely way, in line with Children First (2017).

The inspection found that there were gaps between the local SOP for unallocated cases and the national policy and there was a lack of adherence to the national policy. For example, the national policy stated that:

⁶ The front door service was where staff responded to initial contacts made by professionals who were concerned about a child.

"High priority children and young people, who are deemed to be at most risk of harm, will always be prioritised for allocation. Where there are challenges in allocating all high priority children and young people, the team focus will be on escalating the risk and strengthening safety and other supports until allocated".

At the time of the inspection, there were 49 children unallocated who were prioritised as high. The local SOP did not reflect the escalation pathway and records reviewed by inspectors, including supervision records did not show escalation of these unallocated high priority cases, in line with the national policy. In addition, staff practice did not consistently demonstrate a key principle of the national policy with regards to safety planning for unallocated high priority cases. Of 12 high priority cases reviewed, inspectors identified one case without the required safety plan or support in place. This was escalated after the inspection and a satisfactory response was received. In another case, assurance was sought and received in relation to the monitoring of a safety plan in place for a child prioritised as high.

The Dublin South Central service area had a system in place to monitor and track service improvement issues identified at the previous inspection. Managers maintained a tracker that reflected HIQA findings with regards to areas of the service that required improvement. Actions to address each issue and the person with responsibility for the implementation, including timeframe and status were clearly outlined. Of 33 areas identified, 13 were completed, five were ongoing and 10 were not due. The remaining service improvement actions were Tusla national actions and some were ongoing at the time of the inspection. For example, one of the actions that was ongoing at the time of this inspection was the implementation of the national case allocation framework to address ineffective governance and management of unallocated cases.

There were appropriate policies, procedures, guidance and evidence-based frameworks in place in relation to thresholds, categorisation and, prioritisation of cases; however, these were not consistently adhered to. While improvements were noted regarding risks identified at the previous inspection in respect to the inappropriate prioritisation of referrals and lack of recognition and assessment of cumulative harm and neglect, further work was required regarding appropriate categorisation of referrals. From records sampled, inspectors identified four cases whereby an incorrect category was assigned to the referral. One of these had been picked up and corrected following an audit by a manager. However, the remaining three were identified by inspectors. The impact of this incorrect categorisation was that there was potential that children could be left in harmful environments without appropriate protection or intervention. All three identified cases were brought to the attention of managers for appropriate action, however

as inspectors only sampled a small number of cases, this issue could potentially have been a wider issue.

In addition, this inspection found a lack of adherence to Tusla's practice guidance that underpins the management of child protection and welfare referrals pertaining specifically to children in care. Due to the significant non-compliance with the standard found, an urgent compliance plan was sought following this inspection. This is discussed in detail under the quality and safety section of this report.

While a new national policy was developed for staff supervision, not all service areas were required to move to the new process, and Tusla gave service areas the option of operating the new policy or continuing to follow the previous policy. Dublin South Central service area had not implemented the new policy and was operating the old supervision policy at the time of the inspection. The area manager told inspectors that a decision was made to implement the new policy across the DML region at the same time and that a plan was being finalised for delivery of supervision training to all staff.

Staff were knowledgeable about the functions they were responsible for under the relevant legislation, policies and standards to protect children and promote their welfare. From observation, speaking with staff and review of records, inspectors found that duty and intake staff were familiar with how to process new referrals and demonstrated knowledge about the children whose cases they were working on. However, staffing capacity issues and a consistently high number of new referrals meant that children did not routinely receive the right service at the right time. For example, staff told inspectors that they do not have the capacity when screening referrals to make phone calls to clarify information and establish children's wellbeing, unless it is a high priority referral. This meant that relevant information had not been obtained to assess whether referrals met the criteria for a Tusla service, and if there was a need to complete preliminary enquiries in line with Children First (2017), and thus the priority rating afforded the case was based on minimal information.

Overall, this inspection found that due to staffing capacity issues, the service area was unable to fulfil its statutory obligations to deliver timely and consistent services to all children, in accordance with relevant legislation, national policies, standards and Tusla's standard business process. Local procedure for the management of cases awaiting allocation was ineffective and not fully aligned with the national policy. As a result, this standard is deemed 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.

The service area judged themselves to be not compliant with this standard. Inspectors agreed with this judgment.

The inspection found that the management structure and governance systems of the service had been strengthened since the last inspection. However, significant improvement was still required to ensure effective oversight and management of risk to promote the delivery of a safe, consistent service to children. The majority of concerns identified during the previous inspection had persisted and remained issues of concern during this follow-up inspection.

There were clearly defined governance arrangements in place that set out the lines of authority and accountability. The Dublin South Central service area was managed by an experienced area manager who had the overall responsibility and authority for the delivery of the service, under the direction of the Regional Chief Officer for Tusla's DML region. There were five PSWs who were responsible for the CPW service in the area. They were supported by nine social work team leaders in both duty and intake and CPW pillars. Teams were located in three offices and there were five teams each in the duty and CPW pillar. Three PSWs managed teams from both pillars, and a PSW who just started had no team at the time of the inspection. One PSW was in charge of child protection conferences. Team members consisted of social work team leaders, social workers, domestic violence liaison worker, social care manager, social care leaders and social care workers. The duty and intake pillar had three senior social work practitioners and there was no senior practitioner in the CPW pillar. A team leader's post had just become vacant in the duty and intake pillar a week prior to the inspection and another team leader post that was due to become vacant just after the inspection. A plan was progressing to fill these posts.

Managers told inspectors that the staff capacity had increased since the previous inspection. They said the area was not able to fill the vacant posts last year; however, the majority of these posts, including management posts had been filled and this had provided greater governance and oversight of the service. For example, managers said that team leaders were able to carry out more frequent audits of cases awaiting allocation and they had been able to implement a better oversight system to monitor children on the CPNS. Nonetheless, they were aware of the challenges still facing the service and they were doing their best to manage demands within the available resources. Managers demonstrated commitment to the continuous improvement of the quality of the service and they showed

leadership by making significant effort to support and retain staff. Staff told inspectors that they felt supported by their line managers.

This inspection found that the management and oversight of the service, from referral through completion of assessments and implementation of all necessary interventions to support children, required significant improvement. For example, while there was good oversight of referrals by the duty and intake teams, and evidence of timely and appropriate screening in the majority of cases, inspectors identified poor case oversight and monitoring with regards to referrals pertaining to children in care that were not screened in a timely manner and this potentially placed children at risk. An improved focus on safety planning was required, children were placed on waiting lists without adequate safety being established. There was also a significant lack of management oversight and monitoring of safety planning for children.

Concerns identified during the previous inspection regarding inadequate management and oversight of children listed on the child protection notification system (CPNS) were known to managers at all levels but these had not been effectively addressed. The service area had undertaken their own review prior to the inspection and found gaps in practice and while some gaps were addressed prior to the inspection, not all of them had been progressed. While interim safety plans had been agreed at case conferences, inspectors found significant delays in formally developing, approving and monitoring of children's child protection safety plans. There were up to six months delays for children to have an approved child protection safety plan in place following their case conferences and there were significant gaps in visiting children on the CPNS. This meant that plans to keep children safe were not always in place and not consistently being monitored, and children who had reached the threshold of being at ongoing risk of significant harm were not being visited regularly to ensure their ongoing safety, and this posed significant risk to those children.

Furthermore, consistent allocation of social workers to children on the CPNS needed some improvements. Data returned by the area for the inspection indicated that there were three children listed on the CPNS that were not allocated to a professionally qualified social worker (PQSW). By the time of the inspection, while these children had been recently allocated, there were significant gaps in the allocation of social workers to some children. For example, a three month delay was found in allocating a child and there were periods when children were unallocated, and cases where there were frequent changes to the allocated worker.

One of the national actions in the compliance plan submitted following the previous inspection was the effective implementation of a case allocation

framework pertaining to children requiring a CPW service. This was aimed at guiding local areas in the allocation of cases where a social worker cannot be allocated. While this action was set for implementation in March 2025, the inspection found that this had not progressed in line with the scheduled timeframe and work was still ongoing at the time of the inspection to implement this action.

Managers reviewed waitlists as a quality assurance mechanism and examples of good practice was found with regards to cases being reprioritised as high when children's safety could not be established. However, audits were not consistently effective and recommended actions were not always completed. For example, inspectors identified cases whereby actions identified following audits, including the need to visit children and the implementation of safety planning had drifted and had not been implemented.

In addition, the system in place which aligned with the national policy for the weekly oversight of unallocated high priority cases which was conducted via the audit trail on the TCM record was ineffective and not fit for purpose. There was no record kept of the analysis of the cases reviewed, including decisions made. Similarly, the process in place for the review of medium and low priority cases required improvement to ensure that this was carried out in a systematic manner. The local SOP showed that oversight of these cases was conducted through audits of random selection of referrals awaiting allocation. This meant that cases were not routinely audited to prevent the risk of drifting.

Managers were filling operational gaps due to the lack of service capacity to meet demands in the area, and this had impacted on their managerial duties. Data submitted for this inspection showed that 41 cases were allocated to managers for various reasons. Four were allocated to a PSW for the purpose of oversight of Section 20 reports⁷ allocated to an external service and 14 were either cases assigned to students or those awaiting closure approval. Eighteen of these related to children listed on the CPNS and were allocated to one manager who had no team in place when they started four months prior to the inspection but had since had staff to manage and supervise. While one PSW appropriately held oversight responsibility for cases that were awaiting initial assessment and identified to be suitable to be assigned to a commissioned service, this had reached 68 cases by the time of the inspection. This had impacted on the monitoring and oversight provided by the managers. They told inspectors that they were directly providing caseworks and overseeing workers caseloads, while also undertaking a significant upskilling programme for new staff and this had created additional pressure on their workload.

⁷ Refers to when judge directed Tusla to undertake an investigation of a child's circumstances such as their welfare, safety, health and care and provide a report to the court.

When children's needs could no longer be met within their family settings and there was a need to take them into care, there were significant challenges around the service capacity to transfer these cases to the dedicated team with responsibility for children in care. Managers had appropriately recognised this as a risk and placed it on the risk register. At the time of the inspection, there were 26 children in care being held by the CPW team and 18 of these were waiting to be transferred to the dedicated team, with significant delays in some cases. This had created additional pressure points on an already overstretched service and meant that staff were not always able to respond to duty CPW cases.

Staff and managers who spoke with inspectors expressed concerns about the lack of adherence to the transfer pathway policy that specified a six week timeframe for cases to transfer. Staff said that they had met with their managers and outlined this concern, and also brought it up in supervision. However, they said there was no outcome from this meeting. Records reviewed by inspectors demonstrated this issue was regularly discussed with staff expressing significant concerns about competing demands regarding spending significant part of their time on court proceedings to the detriment of their front door duties. They told inspectors that they often had to prioritise children in care and this has had a knock-on impact on their capacity to meet their obligations to children in need of services.

A finding from the previous inspection related to the absence of oversight and governance of the CPW pillar. The area had since put a stronger focus on improving local governance and service improvement processes and this had slightly improved the governance and oversight of the service. However, this did not ensure that children received services to meet their needs in a timely fashion. Unallocated cases and the waitlist did not feature as an agenda or discussion point in the majority of the meeting minutes reviewed by inspectors. Team meetings were held every month in the CPW and duty and intake pillars, and attended by the respective PSWs and their team leaders. Minutes of these meetings reviewed by inspectors showed key discussion around operational matters, including vacancies, recruitment initiative and reform programme⁸.

A department-wide staff meeting took place every two months and this brought all staff in the area together to ensure that all aspects of the service worked together to advance the vision, mission, strategic objectives and practice development of the service. The senior management meetings, chaired by the area manager, were held monthly, the purpose of this meeting included to develop, implement and review the strategic and business plan for the area and ensure that policies are

⁸ Refers to Tusla's programme of reform which aims to ensure timely, equitable, integrated and consistent practice across the service areas.

implemented and local guidance was developed across the area. Leadership group meetings took place every two months and the focus of this included staffing development, resources management, and to provide updates about learning opportunities. These meetings had facilitated collaboration across teams in reviewing key activities and priorities such as recruitment and retention of staff and the service improvement plan.

An area governance meeting was in place and attended by the area manager and the PSWs. This took place every month to oversee key quality, risk and service improvement activity. However, this had not effectively mitigated the risk associated with children on the waitlist. There was a particular focus on the activity data and key metrics for the preceding month was presented and discussed. This reflected discussions about referrals, open cases and unallocated cases including case related matters such as children listed on the CPNS and children placed in Special Emergency Arrangement⁹ (SEA). However, the service area was unable to take effective mitigation actions with regards to the unallocated children due to insufficient staffing capacity. Quality improvement processes such as complaints and compliments were discussed and the risk register was reviewed and updated at this forum, as required.

One child had been placed in a SEA accommodation; however, they had moved to a more suitable placement during the inspection, in line with their assessed needs. Inspectors reviewed regional governance meeting records and interviewed the regional SEA coordinator. This inspection found that there was a good oversight system in place. Cases pertaining to children placed in SEA's in the service area had been brought to complex case forum meetings to provide support, advice and oversight.

Regionally, a new oversight group had been put in place since the previous inspection. While there was evidence of discussion regarding data and key regional performance metrics in respect to open and unallocated cases, this forum had not effectively addressed the longstanding issue of children on the waitlist in Dublin South Central. This group consisted of area managers in the DML region, the regional QRSI manager and other business support managers. The meeting was chaired by the regional chief officer and it had supported areas in the DML region to address common issues such as the recording of unallocated cases on the Tusla case management system (TCM). Actions required to resolve identified issues were outlined and updates were provided on aspects of operational matters, as required.

⁹ Refers to emergency settings where a child/young person is accommodated in a non-statutory and/or unregulated placement e.g. Hotel, B&B, Holiday centre, Activity centre, Tusla property or privately leased property. The child is supervised by Tusla staff, or staff provided by a private provider, or community and voluntary provider (or combination of those). The overall responsibility for the child remains with the placing service area and region.

There were risk management processes in place, however, these did not consistently mitigate the risks for some of the children who were in need of a responsive and accessible service in order to meet their needs and promote their wellbeing. The area manager maintained a risk register which outlined a number of risks, including those relevant to the CPW service. While risks such as insufficient staffing level and inability to transfer cases were effectively identified and control measures in place, inspectors found that due to challenges around staffing capacity, the controls were not always adequate to effectively address identified risks.

The national compliance plan showed that the terms of reference for the National Operations Risk Management and Service Improvement Committee (NORMSIC) will be reviewed by January 2025, to strengthen its role in the identification of mitigating and monitoring actions in relation to unallocated children. A sample of minutes from the NORMSIC and Regional Operations Risk Management and Service Improvement Committees (RORMSIC) was reviewed by inspectors. While NORMSIC minutes showed key discussions in relation to thematic learnings from audits and HIQA inspections to improve compliance levels across services, risks posed by the lack of access to a CPW service for children had not been effectively mitigated or managed.

A number of quality assurance mechanisms were in place in the service area but capacity to implement actions arising from these needed to be strengthened. The QRSI post that was filled after the previous inspection was vacant at the time of this inspection as the post holder had just gone on long-term leave. The area manager told inspectors that a plan was underway to recruit for this post. Inspectors interviewed the regional QRSI manager and found that they supported all areas in the region to progress service improvement plans and, along with another manager, they were covering the vacant QRSI officer's post in Dublin South Central.

In June 2024, Tusla Practice Assurance and Service monitoring (PASM) team completed an audit of Child Protection Conference (CPC) Safety Planning for children listed as active on the CPNS in Dublin South Central. The report was issued in October 2024 and found good practice with regards to visits and ongoing liaison between the allocated worker and family support networks. The audit identified inconsistent practice in respect to the development of safety plans and the recording of the agreed monitoring and review arrangements in line with the relevant policies, procedures and guidelines. Staff awareness of the safety planning process was also noted as requiring improvement. The timeline set for the implementation of actions to address these gaps ranged from immediate to April 2025. This inspection found that these deficits remained and had not been robustly and adequately addressed.

While there was evidence of follow-up to audit findings, inspectors found that required actions were not consistently implemented to address gaps identified. A system was introduced one month prior to the inspection to monitor social worker's allocation, home visits and safety plans for children on the CPNS, in line with the action plan set out in the PASM audit report. The area manager told inspectors that this was possible due to an increase in the management capacity as a result of the recruitment of a PSW. The tracker identified delays in 25 cases regarding launching, approving and monitoring of children's child protection safety plans. By the time of the inspection, some of these were still not approved. In some cases, where children had been visited, there were no records of these visits, and in other cases there had been gaps in visits to children. Concerns regarding poor oversight of children listed on the CPNS was identified and escalated following the previous inspection. While the area was aware of significant risks associated with this concern, this issue had continued and had not been effectively addressed and resolved.

An appropriate system was in place to escalate incidents and issues to senior managers. Inspectors reviewed the Need To Know¹⁰ (NTK) reports that were relevant to the scope of this inspection. Risks such as unallocated children on the CPNS were routinely escalated, with clear impact outlined including, staff reporting unmanageable caseloads due to depleted staff in the CPW team and children's safety plans not being appropriately reviewed and monitored. However, the operational response with respect to the mitigation of this risk was not always appropriate or adequate. For example, mitigations included the allocation of 24 children to a manager returning to the service area who had no team in place when they started and allocation of complex CPNS cases to inexperienced or new graduates. While oversight of these cases was provided by managers, their capacity was already stretched.

Overall, staff supervision required improvement. Supervision records reviewed by inspectors showed that the majority of the sample, including new staff, did not receive supervision on a regular basis and in line with Tusla's 2013 policy which the service area was operating. Of 11 supervision records reviewed by inspectors, seven were held at intervals outside of the timeframe specified in the policy. Although records demonstrated good practice in addressing performance issues when required and showed good focus on staff support and professional development; however, supervision for the most part was of mixed quality and did not always reflect analysis of case and decision-making, including progress made in implementing actions decided at the previous supervision. Therefore, it was not

¹⁰ Process of escalating incidents and issues to senior management which might pose a risk to individual children or to the organisation

clear how the manager was tracking the progress of the cases from one supervision to the next.

Case management tools were effectively used to monitor workers caseloads and it provided managers an insight into how workers were coping with cases assigned to them with regards to whether they were manageable or not. A sample of case management tools reviewed showed that, while some workers described their caseload as manageable, a number of worker's had also noted that their caseloads were unmanageable. Staff told inspectors that it was always discussed in supervision when their caseloads become unmanageable. They stated that changes made often led to another workers caseload becoming unmanageable as cases were shifted around. Notwithstanding this, staff were very positive about the support that they were getting and said that managers were very approachable. They told inspectors that there was an open door culture and that there was always someone available should they need help, support or guidance with cases they were working on.

Overall, this inspection found that while governance arrangements had improved since the previous inspection, the Dublin South Central service area remained challenged with regards to risk management and the management oversight of unallocated cases. The capacity to transfer cases across teams and the ability to implement actions following audits required significant improvement. In addition, the quality and timeliness of supervision needed improvement. For these reasons this standard is deemed to be not compliant.

Judgment: Not compliant

Standard 4.1

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

The service area judged themselves to be substantially compliant with this standard. Inspectors did not agree with this judgment, and rated it as not compliant.

The inspection found that the DSC child protection and welfare service was not adequately resourced to meet the demand and ensure that all children were protected and their welfare promoted. While some progress had been made in the recruitment and retention of staff since the previous inspection in February 2024 which had resulted in the service area filling the majority of vacant posts and

reaching their affordable pay budget¹¹ (APB), the service remained significantly challenged with regards to staffing capacity to respond and progress child protection and welfare referrals in a timely manner. This was against a backdrop of a consistently high number of referrals and meant that a significant number of children were not receiving a service.

Data provided by the area showed that 78 staff of different grades, including social workers, PSWs, social work team leaders (SWTLs) and business support staff had joined the service area since January 2024. These were spread across different services in the area and they were a mix of external, graduates from overseas, transfers and internal promotion. Conversely, 28 staff had left for reasons such as transfers, career breaks, retirement and resignation. While this trend demonstrated a gain in the overall number of staff, there was still a chronic lack of service capacity to progress referrals in line with the timeframes set out in Tusla national policy, and in line with Children First (2017). Children were on waiting lists for PE and IA stage for protracted periods of time. In addition, a significant number of new staff were inexperienced and either newly graduated, or from overseas, and this presented its own challenges as outlined further under standard 5.2.

The area manager was aware of the changes in the staffing situation and recognised that, since the previous inspection, the service had moved from a risk of staff vacancies to a risk of insufficient staffing allocation. This was reflected in the workforce analysis completed in January 2025 and data and trend analysis of referrals carried out in February 2025. These analyses identified significant gaps between the current resources and what will be required to address these challenges. They showed that there had been a consistent increase in referrals to the service over the previous number of years which had placed strains on resources and capacity to respond in a timely and efficient manner. For example, in 2024, there were 7770 referrals which was an increase of over 1000 from 6712 in 2023 and 6117 in 2022. A report¹² published in 2023 by Tusla showed that, at 9.8%, DSC had the second highest referral rate among Tusla service areas and this was higher than the national average of 7.5% of children.

The staffing analysis further showed that the area was almost at full complement of staff but still not meeting the standardised business process timeframes and continued to struggle to allocate children in need of a service. The area manager told inspectors that a business case had been submitted for additional staff. They said that, senior manager's response to the business case indicated that the request will be considered as part of the ongoing reform programme and a gap

¹¹ A budgeting approach based on what the organisation can afford

¹² Annual Review on the Adequacy of Child Care and Family Support Services Available – 2023 (Tusla website, August 2024).

analysis being carried out at the national level. However, they said that Dublin South Central service area was allowed to exceed their APB in the context of 50 additional posts that were to be divided between all service areas, as outlined in the national compliance plan.

Tusla was progressing their integrated national programme of reform which was aimed at improving access to a timely, equitable, integrated service across the service areas. The national service improvement plan reflected actions to support the implementation of the reform programme and key deliverables to achieve this action were set out in the national compliance plan that was submitted following 2024 inspections. This included a people and change strategy and implementation plan that focused on recruitment and retention for CPW services. One of the objectives in the area's service improvement plan which aligned with the national plan was the strengthening of recruitment and retention to provide a more supportive environment for staff, six local actions were identified and they were at various stages of implementation at the time of the inspection. For example, one service improvement action that was ongoing at the time of the inspection related to the further development of coaching and mentoring and making this available to all staff in the service area in line with the *Tusla People Strategy (2022 – 2024)*.

In an effort to improve the responsiveness of the service, the Dublin South Central front door child protection and welfare service had been restructured since the last inspection. The service was operating a patch system¹³ across two office locations. This new system was based on the analysis of referral data across the area, and it came into effect in November 2024. The area had been divided into two patches and there were three social workers on duty in each patch. A central phone line with one duty social worker assigned served both patches and handover took place at the end of the weekly roster in each patch. Team leaders covered duty for two weeks at a time to maintain continuity and it was reported that workers were covering referrals from a smaller catchment area, which had improved efficiency.

Inspectors observed the new duty system and the handover meeting between the team members and found that staff were responsive to the referrals that came in, with support and guidance from their team leaders. The handover meeting was comprehensive with good communication of safeguarding actions undertaken, immediate safety planning that was put in place where required, and safety networks that were met with. Outstanding actions that the incoming duty workers needed to follow up on were clearly communicated. Staff including managers were very positive with regard to the new system. They reported that this new system had improved the timeliness of responding to referrals and had supported workers to get to know children and their families better.

¹³ An area-based system whereby referrals were directed to the team based on the location where the referral originated.

While actions were being taken to reduce the number of unallocated cases, this was not adequate. The service area had implemented a process known as a “blitz”. This was a one day event that took place at regular intervals whereby a category of cases awaiting allocation was selected and a number of workers, with support from managers, progress these cases to closure or diversion as required.

As part of Tusla’s reform programme, a resource profiling and gap analysis for community services across the new networks was ongoing at the time of this inspection. However, there were structures in place in the area to divert cases as appropriate to community-based or family support services. There were two social care managers who supported responses to cases that were medium and low priority – one was based within duty and intake and supported the work of the team and the other assisted in the safety planning.

They told inspectors that, since the previous inspection, there was more clarity with regards to their role and responsibilities. They said that they assisted with network meetings, safety planning and home visits. They also engaged with relevant external agencies, including commissioned services to ensure that children and families received an appropriate response. The area manager told inspectors that they regularly reviewed commissioned services in line with local needs, budgets and priorities and this had been strengthened since the previous inspection by the appointment of a coordinator.

Managers monitored referral trends and responded appropriately. One trend noted related to the high level of referrals regarding domestic violence. Three domestic violence support liaison officers were appointed to contribute to responses to referrals where domestic violence and abuse was a presenting concern or issue. Inspectors saw evidence that they supported children and families with safety planning, as required.

The service area had moved away from a low harm high need response pathway for cases categorised as medium or low harm. However, the service had partnered with a community voluntary organisation to enhance responses to children assigned low and medium priority and awaiting a service. This commissioned service supported the area in the completion of initial assessment for children on the waitlist who were medium or low priority and categorised as child welfare, neglect and emotional abuse. A PSW provided oversight of these cases and had a meeting every two weeks with the managers from the commissioned service. At the time of the inspection, 68 children were identified as suitable for this team and initial assessments had commenced on 26 of these cases. However, while the commissioned service was significant in assisting the service area to allocate out medium and low intake assessments, this was inadequate in meeting the demands

of the service area, as a number of children identified as suitable had not received a service.

Overall, while there had been an increase in the staffing resource in the area since the previous inspection and managers were striving to manage, plan and deploy available resources, this was not sufficient to provide an effective service that protects children and promotes their welfare. Due to the inadequacy of resources and an increasing demand for service, the area was challenged to deliver the right service at the right time to all children and their families. It is for this reason that this standard is deemed to be not compliant.

Judgment: Not compliant

Standard 5.2

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

The service area judged themselves to be not compliant with this standard. Inspectors agreed with this judgment.

Some staff did not have the required skills, experience and competencies to manage and deliver effective services that meets the needs of children. There was a significant number of new staff in the service which had impacted on the skill-mix and experience. Many of these were recent graduates or other grades of staff and were inexperienced in child protection and welfare practice. Recently graduated staff required additional mentoring and input from managers in order to support them in incrementally dealing with more complex cases. In addition, inspectors found that social care staff were being allocated to complex child protection cases.

While staff turnover remained an issue, this had stabilised somewhat since the previous inspection, the service had a number of temporary vacancies which they were struggling to fill and there were imbalances in skill-mix and experience across the teams. For example, the CPW pillar had no senior social work practitioner and the large proportion of staff in that team were grades other than professionally qualified social workers. This meant that children were not always allocated a professionally qualified social worker in line with national standards and some children were allocated to staff that did not have experience or training in child protection and welfare. However, a national plan was progressing at the time of the inspection to implement the case allocation framework. This included a

training needs analysis of social care staff undertaking CPW work, as part of the national compliance plan.

In order to address staffing capacity issues, a local plan was in place for the recruitment and retention of staff. This reflected initiatives at the national and local levels. Recruitment and retention was a standing agenda in the majority of the local governance meeting and there was evidence that efforts such as overseas recruitment, annual graduate campaign and apprenticeship scheme targeted at increasing staffing capacity was producing desired outcomes. However, due to the skill and experience profile of new workers that had joined the service, there was a requirement for a significant upskilling programme to support staff and ensure that practice was of a good standard. The area had plans in place in relation to the training and support provided to new staff.

Managers had several years of experience working within Tusla and there was a strong focus on staff's welfare and wellbeing. Staff expressed positive views about initiatives such as the mentoring programme, compressed working week pilot, staff wellbeing initiatives and enhanced support at induction. The mentoring programme involved the allocation of a mentor to new starters, returners and those being promoted within their roles, for support and guidance in order to aid their transition to their new role. Extraordinary measures in place, included introduction of compressed working week pilot and graduate panel whereby initial offers were made for posts in the Dublin South Central service area only. In spite of this, there remained a significant gap in the level of required skills and experience in the area to manage and deliver effective services to children.

There was a staff retention group in place who met every two months. Key agenda items discussed by the group included staff appreciation, improving support for new line managers and attracting new workers to the area. There were 18 vacancies within the service at the time of the last inspection, this had reduced to 4.61 whole-time equivalent vacancies and represented a significant drop in the number of unfilled posts. Despite this, staff and managers reported that there was still a significant staffing pressure on the service and this continued to impact on the capacity to allocate cases. This was reflected in that, at 41% the area continued to carry a significantly high percentage of unallocated children. There had been only 13% reduction in the number of unallocated children since the previous inspection, despite the service area being at almost full staffing capacity. This illustrated the lack of significant impact the increase in staffing level has had on the number of children on waitlists. Managers said that posts had been redeployed from other teams to the service in an effort to increase capacity, however, this had not made a significant difference and that they had been asked to help out in the other pillars as well as mentoring new staff across the teams.

Social care staff were being inappropriately allocated to complex child protection cases. For example, inspectors found a case where a child who was recently delisted from the CPNS was allocated to a social care worker without a handover and the staff had very limited knowledge of the case, including new referrals that had been received about the child. The agreed safety plan was not in place for this child. This was escalated to the manager during the inspection and a satisfactory response was provided. Social care staff that spoke with inspectors expressed significant concern about performing duties of a social worker without adequate training and also said that their caseload could be unmanageable at times.

Managers were working hard to improve practice and ensured that Tusla's national approach to practice was embedded and implemented in a consistent manner. A comprehensive training plan for 2025 was in place and reflected the training requirements for staff. These included training that were deemed mandatory, those that needed to be refreshed at a specified interval and specialist training which was undertaken, as required. Further training had been carried out to strengthen staff capacity and understanding of the national approach to practice and the associated assessment framework. The service area had developed a partnership project with a university in order to integrate trauma-informed practices in responding to the complex needs of children and their families in the Dublin South Central service area. At the time of the inspection, 21 staff had taken up available courses as part of their continual professional development.

Managers told inspectors that there was a delay in the implementation of a national workshop for the management of cumulative harm that was scheduled for completion by the end of March 2025, as set out in the national compliance plan. There was a regional standard operating procedure that guided staff practice in relation to the identification and assessment of cumulative harm and there was evidence from cases reviewed that cumulative harm was considered as appropriate. Managers told inspectors that the national workshop is due to take place in July 2025.

Overall, the service area did not have sufficient staff in place with an appropriate skill-mix, qualifications, competencies and experience to ensure the delivery of effective services to children. There were significant numbers of new staff in the service which had impacted on the skill-mix and experience and social care staff being allocated to complex child protection cases was not acceptable. Despite steps taken to support the recruitment and retention of staff in the area, significant gaps remained in the level of required skills and experience to manage and deliver effective services to children. It is for this reason that this standard is deemed to be not compliant.

Judgment: Not compliant

Quality and safety

Overall, the quality and safety of the child protection and welfare service in Dublin South Central required significant improvement to ensure that it met the needs of all children, in line with Children First (2017). This inspection found that the service area did not provide a good quality and safe service for all children in line with Children First, particularly those who were on the waiting list.

The service area lacked the staffing capacity to consistently deliver a safe, effective, and timely service to all children. There were significant delays in progressing PE's and IA's. The majority of cases reviewed by inspectors showed that the service did not adhere to the timeframe set out in Tusla's standard business processes and this meant that children and their families did not receive a timely service.

Adherence to the standard business process in line with timeframes facilitates safe and timely response to children's needs because it enables social workers to get clarity on the level of risk, coordinate supports and address issues promptly. The service area was not adhering to Tusla's standard business processes with respect to the timeline set for screening, preliminary enquiry and initial assessment. There were also gaps in safety planning for children.

National actions that were implemented following the previous inspection of the area in 2024 to support service provision in the Dublin South Central service area had not addressed longstanding issues in a sustainable manner, with respect to the timely access to a service for children. The service area remained challenged and continued to struggle in ensuring that all children referred to the child protection and welfare service received a timely, equitable, consistent, safe and effective service.

The service area was addressing the issue of delays in IAs by commissioning an external agency to complete IAs for certain category of cases that were prioritised as medium and low. The aim of this partnership was for the external agency to complete IAs for children marked as medium or low priority and categorised as child welfare, neglect and emotional abuse. At the time of this inspection, 68 children were identified as suitable for this team and initial assessments had commenced in only 26 of these. The system in place for the oversight of these cases required improvement. The PSW who managed these cases did not keep records of meetings with the external agency. Due to the number of children who met the criteria and were waiting to be assigned to the external agency, the

system in place for decision-making with regards to the order on how cases got assigned needed improvement to ensure it was transparent, equitable and clearly recorded.

This inspection found that the majority of child protection and welfare referrals were screened in a timely manner; however, there was significant non-compliance with regards to screening of child welfare referrals pertaining to children in care. Inspectors reviewed eight welfare referrals in respect of children in care and found that seven were not screened to assess the risk posed to these children and determine if preliminary enquiries were required. Due to the significant risk identified, inspectors sought an urgent compliance plan in respect to Standard 2.1 from the area manager. The response received showed that actions had either been taken or planned to address the identified risk.

In addition, inspectors identified 13 cases where the level of concern for the children necessitated escalation to the area manager. These were a mix of allocated and unallocated cases at different stages of the standard business process. A satisfactory response was subsequently provided which indicated that all cases had actions completed to ensure children's safety and that risks identified will be effectively managed.

The previous inspection had found that many children were waiting for prolonged periods for PE and IA to take place, sometimes, without adequate safety being established. This inspection also found this to be the case. This meant that sufficient progress had not been made and children's welfare and wellbeing were not adequately promoted and protected in a consistent manner. This concern was previously escalated to Tusla's CEO and again following this inspection, due to the protracted and continuous shortcomings in the safeguarding of children, particularly those on the CPNS, the Chief Inspector brought this risk back to the attention of Tusla CEO with regards:

- delays in developing, approving and monitoring of children's Child Protection Safety Plans. Inspectors found significant gaps in visiting children on the CPNS
- children on the CPNS without Child Protection Safety Plan put in place for up to six months following their case conferences
- there were gaps in the allocation of social workers to some children on the CPNS. Inspectors saw examples where children did not have an allocated social worker for extended periods and also cases where there were frequent changes to the allocated worker which led to increased inconsistency in management of the safety risks for these children.

A satisfactory assurance was received from the Tusla CEO following this escalation. This set out actions that will be taken to ensure that children assessed to be at risk of ongoing harm and listed on the CPNS receive an adequate service that protects and promotes their wellbeing.

Further improvement was required to strengthen the consistent implementation of the *Joint Working Protocol for An Garda Síochána/Tusla – Child and Family Agency Liaison*. There was also a need for a consistent approach to practice in relation to the timely notification to Gardaí where there was suspicion that a crime had been committed against a child.

Standard 2.1

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

The service area judged themselves to be not compliant with this standard. Inspectors agreed with this judgment.

This follow-up inspection found that there were still significant gaps in service provision and due to the lack of resources, the Dublin South Central service area was not putting adequate measures in place to support the protection of children and the promotion of their welfare through the consistent implementation of *Children First* (2017). Due to the volume of referrals received and lack of capacity to effectively respond to children in a timely manner, it was not possible in many cases to conduct PE and IAs in line with *Children First* (2017) and Tusla's own standard business process. In addition, significant improvements were required to ensure that children who required a safety plan had one in place and that they were being effectively monitored.

All referrals to Tusla should be screened on the day they were received, irrespective of the source and preliminary enquiries (PE) should be completed within five days of the referral. While the majority of referrals were screened in a timely manner and outlined the next steps to be taken as part of the PE, inspectors found significant non-compliance with regards to screening of CPW referrals pertaining to children in care. A sample of eight referrals were reviewed, the majority of these were received almost a month prior to the inspection. Of eight reviewed, seven were not screened to assess the risk and determine if preliminary enquiries were required. Due to the significant and urgent risk that this posed to the wellbeing of children and in line with HIQA escalation policy, inspectors sought an urgent compliance plan under standard 2.1 from the area manager to address this. The response received was satisfactory and the compliance actions outlined were adequate and will address the identified risk.

Data submitted for this inspection showed that there were 197 children opened to the service with a safety plan in place and 45 of these were unallocated. Safety of the children was not always established once a referral was received, in line with Children First (2017). Inspectors found that not all children who required a safety plan had one in place. Of a sample of 18 cases reviewed that required a safety plan, five of these had no safety plan in place. These were escalated to managers and responses indicated that a safety plan had been put in place. Inspectors also found that in some cases where a safety plan was put in place, these were not being effectively monitored to ensure they were serving the intended purpose of proactively keeping children safe.

Children were placed on waiting lists for a PE and IA for long periods of time and this was consistent with the findings of the last inspection. Inspectors reviewed 28 cases where PE was required and found significant delays and children being placed on wait lists for extended periods of time. Only in four cases reviewed was the PE completed within five days as set out in the standard business process. One child was on the PE waitlist for over two years and 12 children were waiting for six months or longer, the remaining children were on the waitlist for periods ranging from one to six months. These significant delays meant that these children may remain at risk, or have unmet needs, since no action was taken to establish what their needs were and whether social work led intervention or diversion to another service was required. Additionally, the priority rating assigned at the screening stage of high, medium, or low priority, was based on extremely limited information, and therefore potentially may not have been a true reflection of the level of risk.

Following the previous inspection and the significant concern identified relating to children on the waitlist, Tusla developed an action plan for this service area and submitted it to HIQA. Part of the national action to support the area was to initiate an 'unallocated case project for preliminary enquiries'. The aim of this project was to process a volume of referrals awaiting allocation for PE and complete an intake record, while identifying any serious risks to children and ensuring that where required, these referrals progressed to IA in a timely manner.

The initial projection was a project team to be comprised of five PQSWs with a commitment of 41 hours per week over a three-month period to process 300 referrals awaiting a PE. The project commenced in early September 2024 and was managed and supervised by a dedicated social work team leader. There was an increase in the staffing capacity during the course of the project until it ended in February 2025. This team processed 300 referrals, with more than half being progressed to closure. The project team also identified 48 children who required an IA.

Due to the sustained pressure in the Dublin South Central service area with regards to the volume of referrals and lack of service capacity to allocate children on the waitlist, a rapid response project was also developed as part of national, regional and local service improvement plans to address the unallocated waiting list. This was in addition to the aforementioned 'unallocated case project for preliminary enquiries'. The key focus of this team was to carry out 100 PE's (increased to 159) and complete an intake record on referrals categorised as medium priority, over a five day period. The team comprised of 26 PQSWs from around the country and they progressed 102 cases to closure, 38 cases were identified as requiring an IA and 19 cases were diverted.

While these efforts were made at the local, regional and national level to address gaps in service provision with regards to the number of children on waitlists, this had not addressed the longstanding issue in the area with respect to the timely access to service for children in a sustainable manner. The service area continued to struggle in ensuring that children received a timely and consistent service to meet their needs. Data submitted for this inspection showed that, despite measures implemented at the national and regional level to support the area in reducing their waitlist for PE, there were 281 children still awaiting PE at the time of the inspection, and 120 had been waiting for more than three months. In addition, while there had been a reduction in the number of children awaiting PE, managers recognised that the consequence of this was an increase in the number of children in need of an IA. This meant that those children who required an IA, in some cases had moved from one waitlist to another. Overall, PE's recorded on intake record forms that were reviewed by inspectors were of good quality with thorough network checks being completed and in some cases, initial safety plans were put into place, when needed.

Data provided by the area prior to the inspection showed that 199 children were on the waitlist for IA. Of these, 25 had been waiting for more than three months. Inspectors reviewed 22 cases that required completion of an IA after the PE had been completed. Of these, only two were completed within the 40 day timeframe from the date of referral, in line with standard business process. One child waited for over one year before the commencement of IA and two children were still waiting 12 months after they were referred. Eight had been on the waitlist for periods ranging from three to 12 months. The remaining were also significantly delayed for periods ranging from two months and above and some were identified to be appropriate for a commissioned service to complete the IA. This meant that the service had failed to determine in a timely and consistent manner whether a child was at risk of harm. In some cases, it had not been established if sufficient safety was present for these children and if a safety plan was required. For example, a child had been waiting for IA for over a year and a safety plan that

was put in place had not been monitored to ensure that it is keeping the child safe.

To mitigate against considerable delays in the completion of IAs for some children, the Dublin South Central service area had commissioned an initial assessment partnership model with a community voluntary organisation. The aim of this partnership was for the commissioned service to complete IAs for children marked as medium or low priority and categorised as child welfare, neglect and emotional abuse, with the consent from both parents. At the time of this inspection, 68 children were identified as suitable for this team and, as mentioned earlier, 26 IAs were being progressed by the commissioned service. While criteria for cases that could be allocated to the commissioned service were clear, there were 42 children waiting to be assigned and the system in place for the decision-making with regards to the order on how cases got assigned to this service needed to be strengthened to ensure that it was clearly recorded, transparent and equitable.

Inspectors reviewed a sample of four IAs completed by Tusla social workers and found them to be of good quality. Social workers responded to the children's needs and met with them, there were good observations of children's presentation recorded, and consultation with children, parents, and other agencies and professionals was good. A participatory tool designed to engage children in conversations about their worries, what's going well in their lives, and their dreams for the future, was effectively used. Risk assessments showed a good analysis of strengths and existing safety factors. IA reports reflected consultation with the children's support networks. Concerns in relation to the children and required next steps were clearly identified.

Significant improvements were required to ensure that children in need of protection were adequately kept safe. At the time of the inspection, there were 67 children who were deemed at ongoing risk of significant harm and listed on the CPNS. While interim safety plans had been agreed at case conferences, inspectors reviewed records of 14 children on the CPNS and had significant concerns about delays in formally developing, approving and monitoring of children's child protection safety plans in five of these cases.

In one case reviewed, a child that was listed on CPNS had no safety plan in place six months after their child protection conference. In seven cases, there were up to six months delays for children on CPNS to have the required child protection safety plan in place following their case conferences. Inspectors also found significant gaps in visiting children on the CPNS with children not being seen, in line with their safety plan. This was consistent with the findings of last inspection and meant that adequate progress had not been made.

Data submitted for the inspection showed that 39 children listed on the CPNS had been unallocated for longer than a week within the previous six months. Inspectors found an example of a three month delay allocating a social worker to a child on the CPNS. Furthermore, there were significant gaps in the allocation of social workers to some of the children on the CPNS. There were periods of time when children were unallocated, and cases where there were frequent changes to the allocated worker. While some children on the CPNS were allocated to managers, these cases were being worked by other staff members that did not have the knowledge, experience or adequate training in child protection and welfare.

After the 2024 inspection, risks associated with the inadequate management and oversight of children on the CPNS were escalated to the Chief Executive Officer (CEO) of Tusla. Due to continuous and ongoing risks identified by inspectors in respect to the same concerns during this inspection, the Chief Inspector escalated this risk again to the Tusla CEO for a response. A satisfactory assurance was received that set out actions that will be taken to ensure that children assessed to be at risk of ongoing harm and listed on the CPNS received adequate service that protects and promotes their wellbeing.

Since the previous inspection, the area had made some progress with regards to the reduction in the number of children who were not allocated to a social worker. In February 2024, when the area was last inspected, 1055 of 1951, representing 54% of open cases were not allocated. However, data provided for this inspection showed that this number had reduced to 41% unallocated open cases. This demonstrated a 13% reduction in the number of unallocated cases within a 14 month period. Managers told inspectors that the reduction was as a result of an increase in staffing capacity in the service area. They also recognised that more work was needed to further reduce the significantly high number of children on the waitlist.

Part of the national compliance plan was to develop and implement a standardised An Garda Síochána (AGS) notification report by the end of April 2025. While this was not in place in the area at the time of this inspection, improvement was required to strengthen the consistent implementation of *Joint Working Protocol for An Garda Síochána/Tusla – Child and Family Agency Liaison* and ensure that Gardaí were regularly notified of child abuse concerns in line with Children First (2017). The managers had regular liaison meeting with Gardaí and relevant referrals from both agencies were discussed at the meetings. There was also an appropriate arrangement in place for senior managers to meet every quarter and discuss operational matters to support an effective joint working between the agencies. Notwithstanding, inspectors found a six month delay in one case where a notification to An Garda Síochána was required and four other cases where the

required notification was not sent. There was a need for a consistent approach to practice in relation to the timely notification to Gardaí where there was suspicion that a crime had been committed against a child.

Overall, Dublin South Central service area did not manage child protection and welfare referrals in a timely way, in line with Children First (2017). While the area had made a small amount of progress in reducing the number of children on waitlists, significant shortcomings were found in the screening of referrals relating to children in care, and children were placed on the waiting list at all stages of the process for a prolonged period of time. This meant that there were protracted delays in the completion of PEs as well as the commencement and completion of IAs. Children's safety was not always established following the receipt of a referral, and children on the CPNS were not adequately safeguarded through timely implementation and monitoring of child protection safety plans. Further work was needed to ensure Gardaí were notified of child abuse in line with Children First (2017). For this reason, the standard is deemed not compliant.

Judgment: Not compliant

Appendix 1 - Full list of standards considered under each dimension

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

Standard Title	Judgment
Capacity and capability	
Standard 3.1 The service performs its functions in accordance with relevant legislation, regulations, national policies and standards to protect children and promote their welfare.	Not compliant
Standard 3.2 Children receive a child protection and welfare service, which has effective leadership, governance, and management arrangements with clear lines of accountability.	Not compliant
Standard 4.1 Resources are effectively planned, deployed and	Not compliant

managed to protect children and promote their welfare.	
Standard 5.2 Staff have the required skills and experience to manage and deliver effective services to children.	Not compliant
Quality and safety	
Standard 2.1 Children are protected and their welfare is promoted through the consistent implementation of <i>Children First</i> .	Not compliant

Compliance Plan for Dublin South Central Child Protection and Welfare Service OSV – 0004416

Inspection ID: MON-0046588

Date of inspection: 8 -11 April 2025

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider has generally met the requirements of the standard, but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider has not complied with a standard and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a

significant risk to the safety, health and welfare of children using the service will be risk rated red (high risk), and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of children using the service it is risk rated orange (moderate risk), and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

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

Compliance plan provider's response:

<p>Standard 3.1</p> <p>The service performs its functions in accordance with relevant legislation, regulations, national policies and standards to protect children and promote their welfare.</p>	<p>Judgment:</p> <p>Not Compliant</p>
<p>Outline how you are going to come into compliance with Standard 3.1:</p> <p>Action 1: The area has reviewed adherence to national implementation of the unallocated cases policy. In particular is focusing on "<i>High priority children and young people, who are deemed to be at most risk of harm, will always be prioritised for allocation. Where there are challenges in allocating all high priority children and young people, the team focus will be on escalating the risk and strengthening safety and other supports until allocated</i>". There will continue to be escalations of risk as appropriate. Progress has been in a reduction of unallocated high priority cases and increased oversight. There is a review of all cases listed over 1 week* as high unallocated on a weekly basis to ensure that there are other support and inputs where there is a delay in allocating a Social Worker. (*the reason for this is that within the week the case is being actively work on duty and it is before the allocation meeting)</p> <p>Responsible: Area Manager (AM)</p> <p>Completed by: 31 May 2025 & ongoing.</p> <p>Action 2: Where risks remain after the Principal Social Worker (PSW) review, this will be escalated to the AM. On a monthly basis an oversight meeting with the AM will occur to review progress and identify any outstanding risks</p> <p>Responsible: Principal Social Workers (Duty and Child Protection & Welfare team)</p> <p>Completed by: 30 June 2025 & ongoing.</p>	

Action 3: The area reviewed their Terms of Reference (TOR) for the Monthly Governance to include compliance with Standardised Business Process (SBP) timeframes and to improve oversight of unallocated cases including risk mitigation.

Responsible: Area Manager

Completed by: 31 May 2025

Action 4: The area introduced a structure of bi-monthly waiting list workshops (practice review days) in April 2025 which focuses on progressing cases to completion. The purpose of this approach is to reduce the length of time low/medium risk cases are awaiting allocation.

Responsible: Principal Social Worker (Duty)

Completed by: 30 April 2025 & ongoing.

Action 5: A Rota system has been devised across the service area to increase resources available to duty intake. This focus is to increase capacity overall but also to focus on strengthening safety and other supports until allocated.

Responsible: Area Manager

Completed by: 31 July 2025

Action 6: A Preliminary Enquiry (PE) project is being progressed in the area to support the completion of Preliminary Enquiries including safety plans.

Responsible: Principal Social Workers (Duty)

Completed by: Starting in Sept 2025

Action 7: A resource of an additional post will be allocated to Duty / intake to review safety plans at the front door will be expanded to increase screening of low / medium risk cases.

Responsible: Area Manager

Completed by: 31 Aug 2025

Action 8: The area is implementing the revised Tusla supervision policy. Briefings were completed on the 16 & 24 June with plan to have new policy fully implemented by the end of Qtr. 3

Responsible: Area Manager

Completed by: Completed by end Qtr. 3 2025

Action 9: The area will continue to implement the actions within the existing Service Improvement Plan (SIP), area service improvement and Tusla's People and Change Strategy related to the recruitment, retention & support of staff (as can be seen in section 4.1 and 5.2 below.

Responsible: Area Manager

Completed by: End of Qtr. 4 2025 (new staff will be in post pre-Oct 25)

Action 10: The area will implement the practice and processes for an integrated front door and rapid review of the intake process as per the national implementation plan. The objective of this to ensure improved compliance relating to quality standards, legislation and policies including provision of more timely response to child protection and welfare (CPW) referrals.

Responsible: Principal Social Worker (Duty)

Completed by: End of Qtr. 1 2026

Standard 3.2

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

Judgment:

Not Compliant

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

Action 1: Implementation of the compliance plan related to screening of child protection and welfare (CPW) referrals pertaining to children in care was submitted on the 23 April 2025. This included -

1. All open referrals on children in care teams were reviewed on or before the 17 April 2025 by the PSW for duty / intake. This involved screening and/or linking of referrals where appropriate.
2. A review was undertaken with business support to ensure that all were aware that all child protection referrals are to be sent to Duty/ intake for screening and all welfare referrals were to be sent to the CIC teams.
3. All Social Work Team Leaders on the children in care teams have been reminded that child welfare referrals received must be screened as per the Standardised Business Process and the Responding to Child Protection and Welfare Concerns of Children in Care Practice Guidance Version 2 January 2025 (CPWCIC Guidance Jan 2025)
4. To ensure compliance with point three, the PSWs for CIC are monitoring new referrals post the 17th of April to ensure that all screenings by the Children in Care Teams are occurring as per the Standardised Business Process & CPWCIC Guidance Jan 2025.
5. Given the issue with linking of referrals, User Liaison had commenced a program of work to meet all Team Leader in CIC on TCM related issues. Since the inspection there have been meetings on the 16th & 17th April with teams. There are further dates scheduled for the 30th of April & 16th May.
6. A practice workshop on the new guidance re CPW referral Children in Care (to follow up on a presentation at leadership meeting) occurred on the 13 May which was attended by all relevant staff. The purpose of this workshop is to ensure that all were clear on the process and responsibilities but also to identify any challenges to be addressed.

7. While the above interim processes (3-4) have been devised to ensure consistent implementation of Children First, we are reviewing the above system & a practice guide was issued on the 28th of May 2025 which reflects any learning as per the workshop above or emerging issues during this period. Finally, review of referral process stage for children in care will be reviewed at the Governance meeting. This will not only include screening but will ensure there are no delays at Intake Records and Initial Assessments.

Responsible: Principal Social Workers (CIC)

Completed by: 28 May 2025 & ongoing.

Action 2: A resource of an additional post will be allocated to Duty / intake to review safety plans at the front door will be expanded to increase screening of low / medium risk cases.

Responsible: Area Manager

Completed by: 31 Aug 2025

Action 3: A post is being realigned to review unallocated safety plans (SOS) & focus on actions emerging in audits of unallocated on the CPW teams.

Responsible: Area Manager

Completed by: 31 July 2025

Action 4: In response to the "*delays in developing, approving, and monitoring of children's Child Protection Safety Plans. Inspectors found significant gaps in visiting children on the CPNS by TUSLA staff*", the area submitted the following plan on the 2 May 2025

All children made active on the CPNS have an interim safety plan developed at the Child Protection Conference (CPC) in DSC. However, it is acknowledged that there was not a CPC Safety Planning Form on one case at the time of the inspection and there were delays with others. The following actions are also being progressed: Five additional social workers are onboarding/ transferring at present which will mean that the team have will exceeded the approved social worker level allowing greater capacity to ensure standards are met. To date 2 PQSWs have commenced and one pre coru registered worker.

A second Principal Social Worker was appointed to the area on the 18 March which will increase governance, support and oversights.

There was a comprehensive programme of Signs of Safety - Safety Planning workshops - in the lead up to the inspection 31 March 2025. A further workshop on safety planning to cover the remainder of staff took place on the 09 May 2025. Furthermore, safety planning workshops for domestic violence took place on the 8 May and a further workshop is scheduled for the 24th of July 2025.

- Signs of Safety Group Supervision has been recommended in the area with monthly sessions commencing on the 07 May 2025. The impact of same will be monitored by the Area Manager.

- The area has developed a tracker to monitor key areas of challenge including the launching of CPC Safety Plan forms and visits to children. This will be supported by the CPC chair as part of an auditing role and will be monitored at the local area Governance meeting. This can be accessed as part of future PASM reviews.
- The area has developed a practice memo which is a step-by-step approach to developing, approving, and monitoring of CPC Safety Plans. This has been issued to all relevant frontline staff.

Responsible: Principal Social Worker CPW

Completed by: 31 May 2025 & ongoing.

Action 5: In response to "gaps in the allocation of social workers to some children on the CPNS. Inspectors saw examples where children did not have an allocated social worker for extended periods and also cases where there were frequent changes to the allocated worker which led to increased inconsistency in management of the safety risks for those children. The following actions are also being progressed:

Five additional social workers were onboarding/ transferring which meant that the team will have exceeded the approved social worker level allowing greater capacity to ensure standards are met. To date 2 PQSWs have commenced and one pre coru registered worker.

A second Principal Social Worker was appointed to the service on the 18 March 2025 which will increase support, governance and oversights contributing to compliance with the standards.

While it has been challenging when a child transfers from duty intake to CPW, the approach that has been taken by the area is to allocate to a PQSW within two weeks post transfer. While this is a reducing factor given increasing social work levels, there is a clear management plan which has oversight by a Team Leader and Principal Social Worker and active involvement including visits as is identified at the point of transfer including continued involvement of previous worker.

DSC has developed a tracker to monitor key areas of challenge, and this includes the launching of CPC Safety Plan forms and visiting of children. This will be monitored at the area Governance meeting.

DSC has developed a practice memo which is a step-by-step approach to developing, approving, and monitoring of CPC Safety Plans. This has been issued to all relevant frontline staff.

A workshop was developed on purposeful visits to children and will be undertaken with all DSC staff by the end of Quarter 2.

Responsible: Principal Social Worker CPW

Completed by: 30 June 2025 & ongoing.

Action 6: The Area will implement the National Case Allocation Framework as it pertains to children requiring a child protection and welfare response. In interim there will be a review of allocations to ensure that there are no workers appointed as the primary worker for a child that should have an allocated PQSW

Responsible: Principal Social Worker (Duty and CPW)

Completed by: 31 August (National dependency)

Action 7: The Area will continue to monitor levels of allocations across the entire service to support the effective use of resources and support the transfer of children in care to the CIC teams. This has been made possible with increased functionality of Tusla Case Management (TCM).

Responsible: Area Manager

Completed by: Started 1 July 2025.

Action 8: The area has reviewed the Governance Meeting TOR to include a more in-depth oversight of cases awaiting allocation. While this will continue to review of current KPIs (MTP and also Power BI report), there will be an increased focus on mitigations to address same. There will be clear mitigating actions to effectively address the risks and where not possible, risks will continue be escalated to the Service Director and Regional Operations Risk Management and Service Improvement Committee (ROMSIC).

Responsible: Area Manager

Completed by: Completed & ongoing.

Action 9: In line with the national service improvement plan, existing regional governance structures have been aligned to agreed terms of reference with a standardised reporting template in place for reporting to the national governance group.

Responsible: Service Director

Completed: In place and ongoing.

Action 10: The area will review the Term of Reference (TOR) of all meetings to ensure that the actions and progress in relation to cases awaiting allocations are discussed and progress noted. There will be variations to reflect the TORs of each meeting type.

Responsible: Area Manager

Completed by: 31 July 2025

Action 11: The recruitment of the Maternity Post for the QRSI officer is ongoing.

Responsible: Area Manager

Completed by: End of Qtr. 3.

Action 12: The area is implementing the revised Tusla supervision policy. Briefings were completed on the 16 & 24 June with plan to have new policy fully implemented by the end of Qtr. 3

Responsible: Area Manager

Completed by: Completed by end Qtr. 3 2025

Action 13: The area will implement the practice and processes for an integrated front door and rapid review of the intake process as per the national implementation plan. The objective of this to ensure improved compliance relating to quality standards, legislation and policies including provision of more timely response to CPW referrals.

Responsible: Principal Social Worker (Duty)

Completed by: End of Qtr. 1 2026

Action 14: The area will implement any agreed actions that emerge following the internal quality improvement review of the implementation of Signs of Safety which was agreed by 30/06/2025 and is now at data analysis stage. The plan is to hold workshops before the 7th of November, and all actions will be completed by the end of Qtr. 4.

Responsible: Area Manager

Completed by: End of Qtr. 4.

Standard 4.1

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

Judgment:

Not Compliant

Outline how you are going to come into compliance with Standard 4.1:

Action 1: The area will continue to implement the many actions within their SIP and Service plan related to the recruitment of staff. These actions are supported by Tusla's People and Change strategy relating to increased supply of social work staff and also improved retention. The actions include -

Continued onboarding of PQSW (graduates, International and external)

We have supported Social Work/Social Care sponsorships, bursaries, apprenticeships schemes to increase supply. This involved supporting 2 PSQW apprenticeships in 2024 and 8 from 2025 class, also two bursaries for PSQW through Robert Gordon.

We have reviewed & strengthened our placement coordination system to support social work and social care students. The aim is to support graduates to return to the agency post qualifying.

Continue regional summer initiative whereby Social Work students will be employed over summer months. In 2025, we have eight number. While this provides additional capacity over the summer months when staff are on leave, it also aims to support graduates to return to the agency post qualifying.

Responsible: Area Manager

Completed by: End of Qtr. 4 2025

Action 2: The area will continue to implement the many actions within their SIP and Service plan related to the support of staff. The actions include Focus on employee experience through retention & support strategy including awareness of Critical Incident Stress Management (CISM), Mentorship, first 100 days for all staff. This included the training of a CISM worker, mentoring and reviewed induction.

Improve induction experience & monitoring for all. A focus is on an enhanced Induction for staff not trained in Ireland and the introduction of induction for first timeline managers.

Completion of review of compressed week pilot and implement recommendations.

Responsible: Area Manager

Completed by: End of Qtr. 4 2025

Action 3: The area will continue to implement the many actions within their SIP and Service plan related to the training of staff. The actions include Support attendance at leadership & management training and development to embed the Tusla Leadership Competency Framework. This will include first timeline manager, Legal Framework for Manager and UCD leadership course. Promote coaching and mentoring further in DSC. This programme is developed and is available currently.

Increase oversight of Mandatory training for all staff and Support attendance at non mandated training such as Mediation skills, Trauma informed Practice as per the Training plan 2025.

Undertake Training Needs Analysis and implement comprehensive plan for all staff (cross refer with Unallocated SIP)

Responsible: Area Manager

Completed by: End of Qtr. 4 2025

Action 4: The administrative boundary of DSC 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 DSC area. This reform will also result in realignment of staff to ensure a timelier response to CPW referrals.

Responsible: Executive Management Team

Completed by: Start of Qtr. 1 2026

Standard 5.2 Staff have the required skills and experience to manage and deliver effective services to children.	Judgment: Not Compliant
<p>Outline how you are going to come into compliance with Standard 5.2:</p> <p>Action 1: The area will continue to implement the many actions within their SIP and Service plan related to the training of staff. The actions include</p> <ol style="list-style-type: none"> 1. Support attendance at leadership & management training and development to embed the Tusla Leadership Competency Framework. This will include first timeline manager, Legal Framework for Manager and UCD leadership course. 2. Promote coaching and mentoring further in DSC. This programme is developed and is available currently. 3. Increase oversight of Mandatory training for all staff and Support attendance at non mandated training such as Mediation skills, Trauma informed Practice as per the Training plan 2025. 4. Undertake Training Needs Analysis and implement comprehensive plan for all staff (cross refer with Unallocated SIP) <p>Responsible: Area Manager Completed by: End of Qtr. 4 2025</p> <p>Action 2: While a number of actions are noted above re staff who were not trained in Ireland, we would also like to highlight the following additional supports –</p> <ul style="list-style-type: none"> • A regional enhanced induction for new staff will continue. • The local DSC induction for all new staff • A mentoring (fortnightly) session with a Team Leader <p>Responsible: Area Manager Completed by: Completed & ongoing.</p> <p>Action 3: Training plan for Social Care staff relating to child protection, safety planning and any other identified training needs will be implemented. Note; while this is also a national action, in the interim a plan is being progressed. The AM has scheduled a meeting with the Regional Manager for Workforce Learning and Development on the 24th of July to advance a plan. However, in the interim various courses are being offered to social care staff including all mandatory training, a comprehensive induction plan which started on the 18 June, signs of safety workshops, resistance and engaging with Families etc.</p> <p>Responsible: Area Manager Completed by: Started on the 18 June but ongoing.</p>	

Standard 2.1 Children are protected and their welfare is promoted through the consistent implementation of <i>Children First</i> .	Judgment: Not Compliant
<p>Outline how you are going to come into compliance with Standard 2.1: See action 1 & 2 as per the Standard 3.2 above</p> <p>Action 3: The area reviewed their TOR for the Monthly Governance to include compliance with SBP timeframes and to improve oversight of unallocated cases including risk mitigation. Responsible: Area Manager Completed by: 31 May 2025</p> <p>Action 4: The area introduced a structure of bi-monthly waiting list workshops (practice review days) in April 2025 which focuses on progressing cases to completion. The purpose of this approach is to reduce the length of time low/ medium risk cases are awaiting allocation. Responsible: Principal Social Worker (Duty) Completed by: April 2025 & ongoing.</p> <p>Action 5: A resource of an additional post will be allocated to Duty / intake to review safety plans at the front door will be expanded to increase screening of low / medium risk cases. Responsible: Area Manager Completed by: 31 Aug 2025</p> <p>Action 6: A post is being realigned to review unallocated safety plans (SOS) & focus on actions emerging in audits of unallocated on the CPW teams. Responsible: Area Manager Completed by: 31 July 2025</p> <p>Action 7: A Preliminary Enquiry (PE) project is being progressed in the area to support the completion of Preliminary Enquiries including safety plans. Responsible: Principal Social Workers (Duty) Completed by: Starting in Qtr. 3.</p> <p>Action 8: The area will implement the practice and processes for an integrated front door and rapid review of the intake process as per the national implementation plan. The objective of this to ensure improved compliance relating to quality standards, legislation and policies including provision of more timely response to CPW referrals.</p>	

Responsible: Principal Social Worker (Duty)

Completed by: End of Qtr. 1 2026

Action 9: The Area will implement the National Case Allocation Framework as it pertains to children requiring a child protection and welfare response. In interim there will be a review of allocations to ensure that there are no workers appointed as the primary worker for a child that should have an allocated PQSW

Responsible: Principal Social Worker (Duty and CPW)

Completed by: 31 August(National dependency)

Action 10: The area has reviewed the Governance Meeting TOR to include a more in-depth oversight of cases awaiting allocation. While this will continue to review of current KPIs (MTP and also Power BI report), there will be an increased focus on mitigations to address same. There will be clear of mitigating actions to effectively address the risks and where not possible, risks will continue be escalated to the Service Director and Regional Operations Risk Management and Service Improvement Committee (ROMSIC).

Responsible: Area Manager

Completed by: Completed & ongoing.

Action 11: Continue to work with all teams to monitor and ensure adherence to AGS notification. We will implement the standardised assurance report for the oversight and management of AGS notifications at area level. We are also exploring a sample of cases where there is a question mark as to the appropriateness of a notification to ensure additional guidance is provided.

Responsible: DPC Principal Social Worker & Team Leaders

Completed by: End of Qtr3 (national dependency).

Section 2:

Standards to be complied with

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

Standard	Judgment	Risk rating	Date to be complied with
Standard 3.1 The service performs its functions in accordance with relevant legislation, regulations, national policies and standards to protect children and promote their welfare.	Not Compliant	Red	31/10/2025
Standard 3.2 Children receive a child protection and welfare service, which has effective leadership, governance, and management arrangements with clear lines of accountability.	Not Compliant	Red	31/10/2025
Standard 4.1 Resources are effectively planned, deployed and managed to protect children and promote their welfare.	Not Compliant	Orange	31/03/2026
Standard 5.2 Staff have the required skills and experience to manage and deliver effective services to children.	Not Compliant	Orange	31/03/2026
Standard 2.1 Children are protected and their welfare is promoted through the consistent implementation of <i>Children First</i> .	Not Compliant	Red	31/10/2025

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

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