



Report of an inspection of Child Protection and Welfare Service.

Name of service provider:	Child and Family Agency
Name of network:	Galway North
Type of inspection:	Announced
Date of inspection:	24 – 27 February 2026
Service ID:	OSV-0009404
Fieldwork ID	MON-CPW-GN-260126

About this inspection

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

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

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

This inspection was a monitoring inspection of the Galway North network to monitor compliance with *the National Standards for the Protection and Welfare of Children* (2012). The scope of the inspection included standards 2.2, 2.4, 3.3 and 4.1 of the *National Standards for the Protection and Welfare of Children* (2012).

This inspection identified some concerns about the child protection and welfare service in the Galway North network and the impact this was having on children.

How we inspect

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

The key activities of this inspection involved:

- the analysis of data
- interview with the area manager
- focus group with four principal social workers
- focus groups with seven frontline managers consisting of three social work team leaders, three social care managers and one senior child and family support networks (CFSNs) coordinator
- focus group with nine frontline workers consisting of six social workers and three social care leaders
- the review of local policies and procedures, minutes of various meetings, staff supervision files, audits and service plans
- observation of meetings relevant to the standards being assessed:
 - a child protection case conference
 - integrated front door team (IFD) screening and intake meeting
 - planning meeting between managers across the integrated front door team and local integrated team (LIT)
 - a meeting with a commissioned service
- the review of 44 children's case files.

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

Acknowledgements

HIQA wishes to thank staff and managers of the service for their cooperation.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the standards under three sections which are:

1. Views of people who use the service.
2. The dimension of capacity and capability.
3. The dimension of quality and safety.

The standards are organised for ease of reporting under each of these dimensions.

1. Views of people who use the service

This section of the report describes the experiences of children who have been supported by the service. It provides a summary of responses to the children's surveys received before or during the inspection, our interactions and conversations with children, families and staff, and our observations during focus groups and during the inspection.

It describes in general terms how children describe and talk about their daily lives, what the service is like and how the service provider and staff support them.

2. Capacity and capability of the provider to deliver a safe quality 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.

3. 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.

A full list of all standards and the dimension they are reported under can be seen at the end of this report.

Profile of the child protection and welfare service

The Child and Family Agency

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

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

- child protection and welfare services
- educational welfare services
- psychological services
- alternative care
- family and locally-based community supports
- early years services.

Child and family services are organised into 30 networks and are managed by area managers. The networks are grouped into six regions, each with a regional manager known as a regional chief officer. The regional chief officers report to the chief operations officer, who is a member of the national management team.

Child protection and welfare services are inspected by HIQA in each of the 30 networks.

Network

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

Service provision and description

Tusla provides integrated child protection and welfare services, family support services, alternative care services and a range of other network support and business services across the newly constituted Galway North network area.

In line with the Tusla national model of service delivery, the network has an Integrated Front Door team working across all of the network and two Local Integrated teams. Local Integrated team 1 covers Galway city and the west Galway /Connemara area. Local Integrated team 2 covers central, north and east Galway.

The Integrated Front Door team is responsible for the screening and assessments of child protection and welfare reports and identification of the most appropriate service pathway response. Each Local Integrated team holds responsibility for the delivery of safety and child protection planning activity, family support interventions and alternative care. Teams are situated across nine service sites in Galway City, Oughterard, Tuam, Ballinasloe and Athenry.

Demographics

The geographical county of Galway is divided into two distinct administrative areas: Galway city and County Galway. Measuring 6,149 square kilometres, County Galway is the second largest county in Ireland. Galway city has been one of Ireland's most rapidly developing urban area for several years. In the 2022 census, Galway city population growth rate was measured at 7.3%.

The Galway North network area has a total population of 226,790 and a child population of 51,488. There are 73,985 under the age of 24 years. Of the total network population, 52,665 were born outside of Ireland. As a result, Galway North is a highly diverse and multi-cultural network with strong ethnic identities. Galway North also incorporates the single largest and most populous Gaeltacht area in the country. In the last census, over 10,000 people in North Galway indicated that they spoke Irish on a daily basis. Additionally, Galway North has a high traveller population with 1,749 living in Galway city and 2,509 in County Galway as a whole. This represents 17% per 1,000 head of population, compared with the national average of 6%.

Deprivation levels

County Galway is not characterised by extremes of affluence or deprivation. According to the latest published deprivation indices, 3% are categorised as affluent, 5.5% as disadvantaged, 42% as marginally below average and 49% as marginally above average.

The most affluent parts of Galway North are situated in the wider environs of Galway city, particularly to the West of the city. The most disadvantaged parts of the network are along the isolated west coast and in the towns of Tuam and Ballinasloe. There are also pockets of disadvantage in Galway city east in housing estates with predominantly new community families and high traveller populations. In all of these communities, Tusla is providing targeted family support services, primarily delivered by Tusla's own family support staff and through a range of Tusla funded voluntary and community service providers and Family Resource Centres. Two new Family Resource centres are currently being developed with support from Tusla in Tuam and Ballinasloe.

Staffing

There are 132 staff assigned to the Galway North network. All critical post holders are in place with three PSW's providing leadership to the Integrated Front Door and the two Local Integrated teams. There are six professionally qualified social workers (PQSW) and four senior social work practitioners assigned to the two Safety and Welfare teams on the Integrated Front door. These teams are led by two social work team leaders.

Across the two Local Integrated teams, there are a further 14 social workers and five senior social work practitioners assigned to the Safety and Welfare teams, also led by two social work team leaders. There are three Family Support teams across the new structure. There are 15 assigned social care staff on the Integrated Front Door and 27 social care staff assigned to the Local Integrated teams. The management structure of each of these team is now fully integrated and social work and family support colleagues are co-located on several service sites.

Compliance classifications

HIQA judges 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.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
24 February 2026	09:00hrs to 17:00hrs 09:00hrs to 17:00hrs 09:00hrs to 17:00hrs 10:00hrs to 17:00hrs	Adekunle Oladejo Rachel Kane Lorraine O'Reilly Sabine Buschmann	Lead Inspector Support Inspector Support Inspector Support Inspector
25 February 2026	09:00hrs to 17:00hrs 09:00hrs to 17:00hrs 09:00hrs to 17:00hrs 09:00hrs to 17:00hrs 12:00hrs to 17:00hrs	Adekunle Oladejo Rachel Kane Lorraine O'Reilly Sabine Buschmann Susan Geary	Lead Inspector Support Inspector Support Inspector Support Inspector Support Inspector
26 February 2026	09:00hrs to 16:00hrs 09:00hrs to 15:30hrs 09:00hrs to 15:00hrs 09:00hrs to 16:00hrs 09:00hrs to 14:00hrs	Adekunle Oladejo Rachel Kane Lorraine O'Reilly Sabine Buschmann Susan Geary	Lead Inspector Support Inspector Support Inspector Support Inspector Support Inspector
27 February 2026 (Remote)	09:00hrs to 17:00hrs 09:00hrs to 17:00hrs 09:00hrs to 17:00hrs 09:00hrs to 17:00hrs	Adekunle Oladejo Rachel Kane Lorraine O'Reilly Sabine Buschmann	Lead Inspector Support Inspector Support Inspector Support Inspector

Views of children who use the service

Understanding children's experiences of how a service is meeting their needs and improving their lives through speaking with them and their families is an important aspect of an inspection. Although, all children were allocated to a worker at the time of the inspection, some of these children and their families have had no contact with the service due to delays in progressing the assessments of child protection and welfare referrals. Some families may not have been aware of the referral, therefore, it was not appropriate for inspectors to contact these children and their families. In other instances, inspectors deemed it inappropriate to contact children and their families due to the sensitive nature of the referrals.

However, children's experiences were established through the review of case records and other relevant documents. Inspectors also interviewed frontline staff and managers in order to establish if children and their families had received a timely and safe service that is of good quality and well-governed. Overall, inspectors found that, in most cases, children at immediate risk of harm were responded to in a timely manner. The content of a referral was effectively analysed and where it was identified that there was a potential or actual immediate risk to children, effective immediate action was taken in the majority of the cases, to ensure that children were kept safe.

Inspectors saw an example of a child at risk of significant harm being responded to in a timely and effective manner, resulting in the child being taken into the care of Tusla to protect and promote their wellbeing. Another example of good practice reviewed during the inspection included a child at risk of child sexual exploitation being responded to appropriately and services being effectively coordinated to meet the child's needs.

Inspectors also reviewed cases whereby improvements were required with regard to the adequacy of the immediate action taken to address the concern to ensure that children were safe and their welfare promoted. For example, a referral about a child that had alleged physical abuse which potentially resulted in bodily harm did not receive an immediate social work response, or a medical assessment to establish the condition of the child's health and wellbeing, as required. There was a concern about the viability of the safety plan put in place for this child. In another case, the assessment of a physical abuse referral for a child which was received four months prior to the inspection had not been progressed and effective actions had not been taken to establish the safety and wellbeing of the child.

These two cases were escalated to the integrated front door (IFD) principal social worker for immediate action during the course of the inspection. The response provided confirmed that actions had been completed to ensure these children's safety and that risks identified were being effectively managed. However, the lack of timely action, and the delay in effectively responding to these children meant that children may have continued to suffer, they may have limited recall of the incident and valuable medical evidence may have been lost.

Overall, the management of child protection and welfare concerns in Galway North required improvement. Inspectors reviewed referrals prior to and after Tusla's reform programme and found that the network did not consistently adhere to *Children First: National Guidance for the Protection and Welfare of Children* (2017), or Tusla's own standard business processes. This meant that children did not always receive the service they required in a timely manner and this could increase the concerns for their welfare with potential negative impact.

While delays were found in the screening of referrals pertaining to children in care that were allocated to workers within the local integrated teams (LIT), for the most part referrals were screened in a timely manner. However, beyond screening¹, there were delays for the majority of children, despite them being allocated to a worker. Examples of these and the impact included:

- a child protection and welfare referral about a child in care received 15 working days prior to the inspection that had not been screened, when this should have been reviewed by close of business on the next working day, and had the screening completed within five working days. This meant that the risk of harm to the child had not been determined.
- 54 days delay that was still ongoing at the time of the inspection for the completion of preliminary enquiries² (PE) for an emotional abuse referral, prioritised as medium that was received after the reform when this should have been completed within 10 working days. This meant that the service had not gathered relevant information to assess the safety and wellbeing of the child.

¹ This is to assess whether the Social Work Teams need to complete preliminary enquiries under the Referral process

² The purpose of preliminary enquiries 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

- 62 days delay in completing PE for a child welfare concern referral, prioritised as medium, and received prior to the reform, when this should have been completed within five days. This meant the child could have been subjected to further risk of harm due to the delay in completing PE.
- delays of 122 days (approximately four months) that was still ongoing at the time of the inspection for the completion of initial assessment³ (IA) for a physical abuse referral, prioritised as high and received prior to the reform, when this should have been completed within 40 days. Although safety was established for the child, no report was made to An Garda Síochána. This meant that the abuse could not be investigated, as required due to the lack of notification to the Gardaí.
- 120 days delay in completing initial assessment for a child welfare referral prioritised as medium and received prior to the reform, when this should have been completed within 40 days. For this child, it meant that their needs had not been addressed in a timely manner.

The above examples illustrate that delays in completing child protection and welfare assessments were not confined to referrals received prior to the reform programme. Referrals to the service after the commencement of the reform also had not been consistently managed in line with Tusla's interim standard business process. Staff who spoke with inspectors said that they don't always have the capacity to progress assessments in a timely manner, due to growing demand for services and significantly high caseloads. This meant that children's needs for protection and their welfare needs were not always effectively assessed and addressed in a timely manner.

In addition to the two individual children's cases escalated to the principal social worker for an immediate action, HIQA requested an immediate review of all open and closed physical abuse cases in the Galway North IFD team, to ensure that no other children had been left at potential risk. Furthermore, inspectors also sought assurance from the area manager in relation to the service capacity to carry out assessments and other risks identified which will be outlined later in this report. The response provided demonstrated that actions had been taken or planned to address these concerns.

³ The purpose of the initial assessment 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.

Capacity and capability

On the 1 January 2026, Tusla reorganised their local and regional services. This resulted in the number of Tusla networks increasing from 17 service areas to 30 networks. This reform created a single point of entry through the introduction of an integrated front door (IFD) team in each network for all referrals related to child protection, family support, and Meitheal⁴. Two local integrated teams (LIT) were also established in every network. The aim of this reform is to enhance accessibility by ensuring children and families connect with the right service quickly.

This is the first inspection of the Galway North network following the reform programme. In this inspection, HIQA found that, of the four national standards assessed:

- two were substantially compliant
- two were not compliant.

The governance and management arrangements in place to assure management at local, regional and national level that the service in the Galway North network is protecting children and promoting their welfare required significant improvements. Overall, the inspection found that, despite the network reaching the ceiling for their staffing allocation, the child protection and welfare service was not adequately resourced to ensure effective management of referrals. Nonetheless, managers had a good awareness of the levels of need and the demand for services and they deployed and utilised the available resources in an effort to meet children's needs and support families. The area manager told inspectors that further review of the current resource allocation model has been scheduled at national level to determine the adequacy of resources allocated to the network.

Staff who spoke with inspectors expressed positive views about the impact of the reform programme. Managers supported staff to understand and implement changes in line with the local integrated service delivery (LISD) model. However, the inspection found that some of the systems in place to monitor the service compliance with standards, policy, legislation and regulations were ineffective. Information governance with regard systems in place for updating and obtaining key performance metrics, such as children's allocation status, current process

⁴ Refers to Tusla-led early intervention practice model designed to identify and respond to the strength and needs of children and their families by bringing together various support services to improve children's outcome.

stage, and notification of suspected child abuse to Gardaí, needed improvement to ensure that they were accurate and reliable. The monitoring system to ensure timely screening of CPW referrals about children in care was inadequate.

There was poor oversight of staff caseloads. Although, all children were allocated to a worker at the time of the inspection, the number of cases allocated to some of the social workers on the IFD team was unmanageable. Necessary work, including assessment of children's needs were not being undertaken in a timely manner, in line with the standard business process.

The monitoring and oversight of children's case records required improvement. Significant gaps were found in the records of some of the children's cases reviewed by inspectors. Some children's records were not being routinely updated as required, due to caseload pressure, and the level of work already undertaken was not evident in some cases. Accountability with regard staff expectation around the requirement to update children's case records was unclear and this required improvement.

Delays were found in progressing some cases beyond screening and there were concerns in relation to the capacity of the integrated front door staff to carry out PE's and IA's, in light of their unmanageable caseloads. This meant that children still had to wait after they had been deemed to meet the criteria for a service and allocated to a worker. The service was not operating safely and there were significant risks associated with these children whose cases were neither being worked nor being routinely reviewed, as they were not subjected to the same governance as children on a waiting list, in line with Tusla policies and best practice.

There was an appropriate system in place to escalate risk which could not be resolved locally to senior managers. However, risk management processes needed further strengthening to ensure that all risks were identified with appropriate measures put in place to manage the risk. There were systems in place to share and implement learning in order to improve services for children and families. However, some learnings from previous HIQA inspections were not effectively shared and implemented, and this requires further improvement.

Standard 3.3

The service has a system to review and assess the effectiveness and safety of child protection and welfare service provision and delivery.

Systems in place to review and assess the effectiveness and safety of the child protection and welfare service in the Galway North network was inadequate and needed significant strengthening. Caseload management was poor and ineffective. There was a risk to the safety and welfare of children who were allocated but not receiving services, due to unmanageable caseloads assigned to a number of staff. Significant improvement was required to ensure that children's records were kept up to date. The monitoring and oversight system in place to ensure that CPW referrals about children in care were screened in a timely manner was not effective. The system in place for the monitoring of service compliance and key performance metrics required further improvement to ensure that they are reliable.

The governance and management arrangements for the monitoring of the service compliance with standards, policy, legislation and regulations was not robust. As part of the inspection, the network area provided information about reports that could be generated from Tusla case management system for monitoring and oversight purposes. However, inspectors found that not all aspects of the key performance metrics were reliable. For example, information with regard the allocation status of children and their current process stage that was provided during the inspection was not consistent with the records reviewed by inspectors. This raised a concern about the information governance in respect to the accuracy of data that provides assurance to the management at local, regional and national level that the service was protecting children and promoting their welfare at all stages where a child protection social work response was required.

Furthermore, the system of recording on the referral screening form when Garda notification was required was not consistently followed by all staff and there was poor monitoring and oversight of this process. The inspection found discrepancies in the information provided in relation to referrals that required a notification to Gardaí. This meant that the service could not accurately monitor and assess their compliance with the Children First (2017) requirement to notify Gardaí of any suspected child abuse. From the sample of cases reviewed, 12 referrals that required notifications to Gardaí were either not completed at all or not completed in a timely manner, at the time of the inspection.

The interim standard business process outlined temporary measures to ensure notification to An Garda Síochána was sent on time for relevant referrals received by the service. This document acknowledged that practice varies across the

regions. While this interim arrangement was due to be reviewed in quarter two 2026, the inspection found variations in practice within the IFD teams in Galway North network with regard to Garda notification and further work was required to ensure clarity for staff and to promote consistency. From interview with staff, it was clear that staff practice differed across teams in relation to when to send a notification of child abuse to the Gardaí. While there was a regional standard operating system in place, this was new and only came into effect a few days prior to the inspection.

Caseload management for staff in the Galway North IFD teams was poor and was not being effectively monitored and evaluated on a regular basis, to identify and mitigate potential risks to the safety, protection and welfare of children. For example, at the time of the inspection a social worker was allocated 78 cases and another social worker had 72 cases at different stages of Tusla's business process. One social worker told inspectors that they have had up to 100 cases in the period prior to the inspection.

Unmanageable caseloads meant that some of the children were not receiving the required service despite being allocated to a worker. This represented a hidden and unrecognised waiting list that posed significant risk to those children as their cases were not subjected to the same governance and oversight mechanism as unallocated children, in line with Tusla's policies and best practice. It also meant the publicly reported data and data provided to Tusla senior management in relation to unallocated children was inaccurate, as children were allocated in name only, but cases were effectively not being worked.

This issue was previously found by HIQA in other Tusla areas, and had previously been highlighted to Tusla senior management. Inspectors reviewed a sample of five cases that were allocated to three staff in the IFD team with high caseloads. There were significant delays in carrying out assessments of child protection and welfare concerns to determine the needs of the children in all five cases. Additionally, case records were not up to date in three of the five cases reviewed.

Up-to-date children's records support the service to review progress, evaluate interventions, and enables informed decision-making. Accountability with regard to updating children's records required significant improvement to ensure that staff had a clear understanding about expectations to keep records up to date. Children's records on Tusla's case management (TCM) system were not being routinely updated and they were not maintained contemporaneously, as required. This meant that the level of work that had been undertaken in some cases was unclear and could not be determined.

The monitoring and oversight systems in place to ensure children records were accurate and kept up to date required significant improvement. Inspectors had significant concerns regarding the lack of records on TCM in relation to actions taken or work already completed on some of the children's case files reviewed. In order to ascertain the safety and welfare of these children, inspectors contacted several staff and managers throughout the inspection to clarify concerns that were not evidently addressed in the children's records, and to seek an update on the majority of children's cases that were reviewed.

The oversight of CPW referrals about children in care to ensure timely screening required improvement. Delays were found in the review and screening of referrals pertaining to children in care and this is outlined further in this report under standard 2.2. In addition, there were delays in the completion of preliminary enquiries (PE) for the majority of cases reviewed, as well as the commencement and completion of some initial assessments (IAs). While these delays were known to managers, effective actions had not been taken to evaluate the risk posed by this. Staff who spoke with inspectors attributed these delays to caseload pressure and said that they don't always have the capacity to progress assessments and update children's records in a timely manner, due to growing demand for services and high caseloads.

The network did not operate a waitlist system for children referred; however, the caseload pressure meant that allocated workers were unable to always complete PE's and IA's within the specified timeframes, and fulfil other functions of their role such as ensuring case records were up to date, in line with policies. Supervision records reviewed by inspectors demonstrated that while high caseloads were discussed in supervision and staff had described their caseload as "overwhelming", no effective action was taken by managers to address this.

In addition to the two individual children's cases escalated as outlined earlier in this report, an assurance was sought from the area manager in relation to the concerns about the capacity of the integrated front door staff to carry out assessments of children's needs in light of their significant caseloads. Further to this, the area manager was requested to provide assurances with regard to children's records being kept up to date and that all child abuse cases were notified to the Gardaí without delays. The response provided outlined a satisfactory improvement plan to bring the service into compliance with standards and legislation.

A plan was in place for a 'practice review' for 2026 at regional and national levels. A practice review meeting had taken place before the start of the reform

programme. This was facilitated by the practice assurance and service monitoring (PASM) team and was attended by the area manager for Galway North. Planned and completed audits in 2025 was considered at this meeting and priority areas for practice review at regional and national levels for 2026 was outlined. This included the regional PASM team supporting the network in developing self-audit tools and improving the quality of case recording. While these had not been completed at the time of the inspection, the area manager told inspector that a plan was underway to develop a set of audit tools for the front line managers.

A screening and intake meeting was held every two weeks by the safety and welfare staff of the IFD team to review and discuss referrals. Inspectors observed this meeting and also reviewed the meeting minutes. This was found to be child-centred with good discussion about the presenting needs of each child and the next step to be taken. However, not all open referrals were discussed and had work to be completed identified. Garda notification was also not routinely discussed at this forum despite it being part of the meeting minutes template.

There were risk management processes in place; however, these needed further improvement to ensure that all risks were identified and mitigations were adequate and effective in managing the risk. There were local and regional risk registers which were regularly reviewed and updated. While no risk associated with the reform programme had been escalated to the regional register, three of these risks had been identified locally and captured in the local risk register. For example, one of the identified risks related to children's needs not being assessed in a timely manner as a result of staffing levels within the reform programme being fixed at a specific point in time, resulting in a reduced capacity for the service to fulfil its statutory duties. While control measures were identified, such as ensuring referrals were processed in line with the business processes, this control was not consistent with the findings of this inspection. In addition, risk pertaining to unmanageable caseloads that resulted in the lack of capacity to progress assessments in a timely manner was not identified, assessed or addressed.

An appropriate system was in place to escalate identified risks to management at local, regional and national level, and staff were aware of this. Inspectors reviewed a Need To Know⁵ (NTK) report in relation to a child with complex needs. Management response was clear and adequate and it was evident that measures were being taken to ensure that the needs of the child were effectively met.

⁵ Process of escalating incidents and issues to senior management which might pose a risk to individual children or to the organisation

There were appropriate systems in place to ensure that learning arising from the monitoring and evaluation of the quality and safety of aspects of the service was shared. The regional operations risk management and service improvement committee (RORMSIC), attended by the Galway North area manager provided oversight and drove improvements in the quality and safety of services in the region. A sample of the minutes of this committee meeting that were reviewed by inspectors showed that learning from internal audits and HIQA inspections, including matters relating to compliance with standards and service improvement plans were routinely discussed and monitored, in order to improve services for children and families. However, as outlined earlier, some learnings from previous HIQA inspections had not been effectively identified, disseminated and implemented.

The Galway North network was committed to continuous improvement; however, some of the measures in place were at their infancy and their impact was not fully evident at the time of the inspection. Following the reform programme, the network had constituted a new local (QRSI) committee consisting of staff from all teams in the network area. This new committee had their first meeting a week prior to the inspection and discussed local performance matters. For example, it was noted at this meeting that current available metrics did not fully capture the intensity of workload pressure in the network area, and this aligned with the findings of the inspection with regard to gaps in the network area performance metrics outlined earlier.

A number of regional meetings such as PSWs group had been established to discuss and understand how the local integrated service delivery is being embedded across the region. Similarly a terms of reference had been developed for a network group meeting to provide a formal forum for managers across the five networks in the mid-west region to collaborate, share learning, and support effective governance and oversight. Furthermore, inspectors spoke with the regional quality risk and service improvement (QRSI) lead for the mid-west region. They informed inspectors of their role in the setting up of a new regional governance structure and standardising practice to promote a consistent approach across the region.

Overall, systems in place to review and assess the effectiveness and safety of the child protection and welfare service in the Galway North network required improvement. The systems of oversight to ensure timely screening of CPW referrals about children in care was inadequate. There was poor oversight of staff caseloads and no effective action had been taken when staff expressed concern about their high caseloads in supervision. Children had to wait for a service,

despite being allocated to a worker. These children were not subjected to the same governance arrangements as children on the waitlist and this posed significant risk to their safety and wellbeing. There were appropriate systems in place for the management of risk and sharing of learning. However, further improvement was needed with regard to the effective sharing and implementation of all learnings, risk identification and mitigations. It is for these reasons that this standard is judged not compliant.

Judgment

Not Compliant

Standard 4.1

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

The child protection and welfare service in Galway North deployed and utilised the available resources in an effort to protect children and promote their welfare. While there was a plan in place at the national level to review the resource allocation model following the reform, the CPW service in Galway North was not adequately resourced to ensure effective management of referrals, at the time of the inspection. As part of the reform programme, the network area had been structured in line with the local integrated service delivery (LISD) model. Although, the majority of key posts were filled, there were a number of vacancies, including critical posts of two social work team leaders in the safety and welfare teams within the IFD team at the time of the inspection.

Information provided for the inspection demonstrated that the IFD team consisted of one principal social worker who managed the service. There were two senior child and family support network (CFSN) coordinators, two safety and welfare teams consisting of one social work team leader, social workers, including senior social work practitioners and a domestic violence worker. In addition, there was a family support team within the IFD team and this comprised of social care grade staff. A team of business support staff was in place to assist these teams. There were two social work team leaders' vacancies on the IFD team at the time of the inspection. One PSW from the local integrated team (LIT) had a dual role of overseeing the delivery of service within the LIT while also acting as a team leader for one of the safety and welfare teams on the IFD team. The area manager told inspectors that the service was in the process of filling these vacancies.

The area manager told inspectors that Galway North was above its pay budget ceiling for staff at the time of the inspection. However, this did not reflect in the service capacity to meet demands and respond effectively to all CPW referrals, in line with the timeframe set out in the standard business process. They informed inspectors that the resource allocation model for the reform programme was underpinned by key factors such as the activity level in the network with regard referral rates and the complexities of cases. Other variables such as the deprivation index, size of the network and the availability of community and voluntary services within the network were also taken into account.

The area manager said that further analysis had been scheduled at the national level to review the current resource allocation model, and that this will be informed by the data with regard activity level in the first quarter of operationalising the reform programme in the network areas. However, the inspection found that the network was not adequately resourced. While children were allocated, their cases were not being worked due to social workers high caseloads. This meant that the service had not been accurately reporting the number of children who were waiting for a service for long periods of time, prior to the reform. This had negatively impacted resources allocation to the Galway North network.

Local managers had a clear strategic direction and had set out key priorities for the network in 2026. These included to consolidate the realignment of teams within the LISD model across the network, and ensure an optimal use of internal and commissioned resources to deliver services across a range of needs from universal, targeted and protective, in line with the LISD programme. The area manager told inspectors that the regional workforce plan was being developed at the time of the inspection. However, there was a local workforce plan in place that outlined key priorities for the network and this aligned with Tusla's people and change objectives. This plan, which was submitted prior to the inspection, reflected an ongoing need to improve the staffing levels. It showed that the number of whole time equivalent (WTE) in the network was 115.52 with social care leader grades, at 31.50 WTE making up the largest proportion, followed by social worker at 20.89 WTE. The projected optimal WTE was not yet known pending further analysis at a national level. Since the start of the reform programme in January 2026, there had been no leavers or starters in the Galway North network.

The CPW service in Galway North network was geographically organised effectively. Teams were mostly co-located across the network area. There was a strong focus on joined up working, sharing of information and cross service

activity between integrated front door teams and the local integrated teams. The family support team worked collaboratively alongside their social work counterparts to respond to the needs of families and children. The senior CFSN coordinated the local voluntary and community services to support early intervention for children and families in the network.

Staff were supported in implementing changes in line with the local integrated service delivery (LISD) model. Staff who spoke with inspectors were positive about their views with regard to the overall impact of the reform. An example given was the integration of family support service to the IFD team which they said will enable quicker responses to some child welfare referrals and the new timeframe for the completion of screening and preliminary enquiries was also noted as a positive development. Despite this, staff also expressed concerns about the adequacy of resources in the network. For example, they outlined growing demands for service, inadequate staffing level and high caseloads allocated to staff as concerns.

While the reform programme had not entirely bed in by the time of the inspection, managers proactively monitored referral rates to understand trends and they strived to manage the resources in place to respond to the service demands. In the period of six weeks following the start of the reform programme, there had been an average of 712 CPW cases opened to the network. Although these cases were allocated, as previously outlined under standard 3.3, due to staff being stretched beyond their capacity as a result of unmanageable caseloads, some of these were not being effectively worked or reviewed for emerging risks.

Roles such as the prevention partnership and family support (PPFS) manager with responsibility for commissioned services had been moved from local network to the regional level, as part of the reform programme. Local managers endeavoured to use available resources to the best effect and there was an effective use of commissioned services to meet the needs of children and families. The network area had appropriate service level arrangements in place with two agencies to provide services on its behalf to certain cohorts of children with higher needs. The IFD PSW held oversight responsibilities for cases referred to these services and they told inspectors that one of these services operated on a priority basis which was needs-led, therefore did not operate a waiting list. This was to ensure that this service targeted the children with the highest needs at the most appropriate time.

Managers held regular meetings with the agencies that provided services to vulnerable children and families. Inspectors observed a meeting with one of the

locally commissioned service that provides wrap around supports to children deemed at high risk of home or alternative care placement breakdown. The inspection found that the commissioned service was deployed to meet prioritised needs of the children referred.

Overall, the inspection found that the child protection and welfare service in Galway North was not adequately resourced to ensure effective management of referrals. While further analysis was planned to review the adequacy of allocated resources, local managers demonstrated a good understanding of the levels of need and demand for services in the network. They had structured the teams in line with the local integrated service delivery (LISD) model in an effort to meet the prioritised needs of children and families. However, despite the network being at ceiling with regard staffing, the resources available to operate the new model of service delivery in Galway North at the time of inspection was not adequate to meet demands and provide a quality service for children and their families. As a result of these, this standard is deemed substantially compliant.

Judgment

Substantially Compliant

Quality and safety

Overall, the Galway North network did not manage all child protection and welfare referrals in a timely way, in line with the timeframe set out in the prevailing Tusla standard business process, based on when the referral was received. While the majority of screening was completed in a timely manner except for those pertaining to children in care, there were delays in the completion of preliminary enquiries as well as the commencement and completion of some of the initial assessments. Significant delays were found in the screening of referrals pertaining to children in care that were received after the reform and allocated to workers within the local integrated teams (LIT). Some of these referrals were not reviewed for immediate risk by the close of business on the next working day from receipt of the report, in line with the interim standard business process.

For the most part, prompt action was taken with regard to children who were deemed to be at immediate risk. However, improvement was required to ensure that immediate action taken was consistently effective in addressing the concern. Inspectors had significant concerns about the adequacy of actions taken to protect children who had been referred for physical abuse. As noted earlier in this report,

two individual children's cases were escalated for immediate action as a result of this concern. The response provided indicated that appropriate action had been taken to ensure the children's safety.

Timely notification of suspected child abuse to An Garda Síochána (police) needed further improvement. The inspection found that Gardaí were not notified of all suspected child abuse in line with Children First (2017) and there were delays in completing notifications of some child abuse referrals to Garda.

Where there were early indications of concerns about the welfare of children, the Galway North network promoted and supported early interventions to address these. There were senior child and family support networks (CFSN) coordinators in the IFD who took a localised, community-based approach to coordinate accessible support that was appropriate in meeting the children and families identified needs. Similarly, family support services had been effectively integrated into the IFD team, in line with the LISD model, and they were responsible for some welfare cases, as appropriate. The service responded appropriately on receipt of further reports of concerns for children previously referred and gave special consideration to vulnerable groups of children as outlined in Children First (2017).

Overall, referrals were appropriately categorised and prioritised and children with the highest level of needs received a timely service that support the family and protect the child. While there were delays in the commencement and completion of some initial assessments, the completed IAs reviewed by inspectors demonstrated the use of appropriate interventions to promote strengths within the family and prevent risk of harm to children. A sample of closed cases reviewed by inspectors showed that they were appropriately closed and the family were informed when the case was closed.

Standard 2.2

All concerns in relation to children are screened and directed to the appropriate service.

The majority of child protection and welfare (CPW) referrals received by the Galway North network since the start of the reform programme were reviewed for immediate risk by a social work team leader or a social worker by close of business on the next working day from receipt of the report. Overall, most of the referrals were screened promptly within five working days, in line with the interim standard business process, except for referrals pertaining to children in care. Similarly, the majority of referrals prior to the reform were also screened in a

timely manner. Referrals were appropriately categorised and prioritised. For the most part, effective immediate actions were taken when children were identified to be at risk of harm.

However, in some cases, actions taken were not always appropriate in addressing the concerns. In addition, improvement was required in relation to the timely screening of all referrals pertaining to children in care allocated to workers within the LIT. Further to this, An Garda Síochána were not notified of all suspected child abuse in a timely manner, in line with Children First (2017), and there were delays starting and completing preliminary enquiries after children had been deemed to meet the criteria for a service.

Data provided for the inspection showed that there were 689 open CPW referrals. 277 of these were received since the start of the reform programme and the information provided noted that all were reviewed for immediate risk by close of business on the next working day; however, this was not consistent with the findings of this inspection as some children in care referrals were not reviewed for immediate safety, as required. 216 referrals had a screening record completed within five days and the remaining 61 were completed outside of the specified timeframe. Of these, 23 required Garda notification and 104 had an outcome of intake record which meant that there were reasonable grounds for concern for these children and further investigation was required through preliminary enquiries (PE).

There was an interim standard business process for the integrated front door teams and this came into effect in January 2026 when the reform programme commenced. This document replaced the previous one and provided guidance to staff in relation to the management of referrals from the initial point of contact through to the completion of an initial assessment. This interim document set out a new timeframe for the completion of screening and preliminary enquiries process stage and outlined the response pathway for the referral based on the outcome of the assessment. It was aimed at ensuring that children and families could access the right service, at the right time, in the right place, by the right professional.

A social work team leader or a social worker from the integrated front door (IFD) was required to review all referrals for immediate risk to the child by close of business on the next working day from receipt of the report and this was found to be the practice in Galway North from the majority of case records reviewed, except for those that related to children in care. Overall, the majority of new referrals were screened by the screening worker on the IFD safety and welfare

team for determination of appropriate response pathway, within five days in line with the interim standard business process. While there were minor delays in the signing off of some screening by managers, generally all screening forms were approved by the relevant social work team leaders.

There was evidence of good practice in relation to immediate action taken when children were identified to be at risk of immediate harm. However, further improvement was required to ensure that immediate action was appropriate and effective in addressing the concerns consistently for all children. For example, inspectors reviewed two referrals of physical abuse whereby immediate action taken was not proportionate to the level of risk posed to the children and the safety plan did not adequately address the concern for the welfare and wellbeing of these children. As noted earlier, these children's cases were escalated to the manager for a follow up and an immediate review of all physical abuse referrals was sought. The response provided indicated that appropriate action had been taken to ensure the children's safety.

Nationally, there were appropriate policies, procedures, guidance and evidence-based frameworks in place in relation to thresholds, categorisation and, prioritisation of cases. Staff were knowledgeable about the categories of abuse, the thresholds of need and the prioritisation levels. They applied these correctly to the circumstances of the referral of children and their families. Staff conducted internal checks to establish if children and their families were known to the service or had been referred previously. This meant that children with the highest level of needs for a service got it in a timely manner.

Inspectors reviewed 49 referrals – both pre and post reform referrals for the timeliness and quality of the screening and found that the vast majority – 35 (71%) were screened on time in line with the prevailing standard business process. The content of referrals was appropriately analysed for risks. While there were delays in the remaining 15, for the most part, these delays were minor, except for referrals that were related to children in care and allocated to workers within the local integrated teams.

Overall, concerns about children were appropriately categorised in line with Children First (2017), and children with the highest level of needs were correctly prioritised. The mid-west region had developed a standard operating procedure to guide staff with regard to responding to CPW concerns about children in care. However, there were significant delays in the screening of referrals pertaining to children in care that were received after the reform had commenced and the screening task was changed to the responsibility of the allocated worker within the

local integrated teams. Of 15 children in care referrals reviewed, only one showed that it had been reviewed for immediate risk by close of business on the next working day, as required, in line with the interim standard business process. There were delays ranging from three to 20 days in the completion of screening in seven of these 15 referrals. This raised concerns about the governance and oversight of these referrals, as already outlined under standard 3.3.

Tusla reform programme created a single point of entry for all referrals, including family support referrals. The family support service had been effectively integrated into the front door in the Galway North network as part of the reform and there was good joint working and collaboration across teams within the integrated front door. The portal for family support was not yet active at the time of the inspection but the Galway North network had started uploading paper-based family support referrals onto the TCM system. Inspectors reviewed three referrals that were related to family support requests and found that the assigned family support staff made prompt contact with the family to identify appropriate support and intervention.

Most of the PE's reviewed were not completed in line with the prevailing standard business process at the time of the referral. Inspectors sampled 22 intake records completed as part of PE, these consisted of 12 pre-reform referrals and 10 referrals after the reform. Only six (27%) of these were completed within the specified timeframe and the remaining were delayed for periods ranging from five days to over five months with an ongoing delay seen in a number of them. Although the service did not operate a waitlist at the time of the inspection, the impact of delays at preliminary enquiry stage was clearly evident in several cases reviewed, these included cases that had drifted and were not being routinely reviewed, reprioritised or audited.

While all children whose records were reviewed during inspection had an allocated worker, the inspection found that, in some cases, the allocation of worker to children had not made a difference to the timely assessment of their needs. Allocated workers were unable to progress assessments in a timely manner due to their significantly high caseloads. This meant that children and families were not always assessed and directed to the most appropriate service in a timely manner.

In addition, the requirement for the timely notification of suspected child abuse cases to Gardaí, in line with Children First (2017) was not consistently complied with. Inspectors identified seven child abuse referrals that were not reported to An Garda Síochána, as required. This meant that these suspected child abuse cases could not be investigated by Gardaí in a timely way to determine if a crime had

been committed, as they had not been reported. Further to this, there were significant delays of between eight days and over three months in the notification of another five abuse referrals to Gardaí.

Overall, most concerns received by Galway North network in relation to children were screened. However, improvement was required with regard timely review and screening of CPW referrals pertaining to children in care, as well as ensuring that appropriate actions were taken in a consistent manner when children were identified to be at immediate risk of harm. Furthermore, improvement was required with regard timely completion of preliminary enquiries to ensure children and families were directed to the appropriate service. Notifications of child abuse to An Garda Síochána required significant improvement to ensure that they are completed in a timely manner. It is for these reasons that this standard is judged not compliant.

Judgment

Not Compliant

Standard 2.4

Children and families have timely access to child protection and welfare services that support the family and protect the child.

The CPW service in Galway North network was planned and delivered in line with the new local integrated service delivery (LISD) models. This consisted of integrated front door and local integrated teams. The network had effectively implemented this model to facilitate children and families timely access to services that support the family and protect the child. This model was aimed at ensuring an integrated team approach to deliver an accessible and timely support to children and families.

There was a good focus on early interventions to address concerns about the welfare of children. Families and children had access to different types of support services, including access to services in the community. However, further improvement was required with regard to timely commencement and completion of initial assessments (IA) for all children in order to determine children's needs or additional supports required, and to establish existing family strength and their support network.

In an effort to promote timely access to the right service for children and families at the right time, Tusla interim business process outlined a number of possible outcomes following intake records being completed. Some children may have their

referrals closed, they could require family support services or Meitheal, and some children may require an initial assessment (IA). The purpose of an initial assessment is to determine whether there has been harm, if there is potential for future danger to the child, and if there is any existing safety present to address this harm. IA's should be completed within forty days of a referral being received about a child.

Data provided by the network for the inspection showed that, of 277 referrals received since the start of the reform programme, 104 required an intake record and of these, 27 children required an intake assessment. Of these 27, four IA's had been completed and two were awaiting allocation. Although, the Galway North network had no waiting lists for children at the time of the inspection; initial assessments were not progressed in a small number of cases reviewed, in line with the timeframe set out in the standard business process.

Inspectors reviewed 10 cases where an IA was required. These comprised of five referrals that were received prior to January 2026 when the reform programme started and five that were received after January 2026. Of these, four were commenced and completed in a timely manner, in line with the timeframe set out in the standard business process. Another four were ongoing at the time of the inspection and three of these were within the 40 days' timeframe. There were delays in the commencement and completion of the remaining two. These delays ranged from one month to over four months after the referrals had been received.

The quality of initial assessments that had been completed was good. These assessments set out the potential risk of harm to the child, identified personal and family strengths and support networks, and clearly described the needs of the child. Children and families were visited by the social worker and there was good observations of children's presentation recorded. Consultation with children, parents, other agencies and professionals, as relevant was for the most part, clearly documented. Age appropriate tools were used to help children share their views about their worries, what's going well in their lives, and their dreams for the future. These views were found to inform the safety plans put in place. Although, there were two cases where the record of IA did not adequately reflect the rationale for decision making with regard to safety planning and consultation with the child's identified network. Further clarification was provided to inspectors by the worker and their line manager.

Appropriate consideration was given to past child protection and welfare concerns in the context of multiple referrals and cumulative harm. A regional standard operating procedure had been approved prior to the inspection to provide

guidance to staff in relation to the management of multiple referrals and the assessment of cumulative harm. Managers told inspectors that work was ongoing on Tusla's case management system (TCM) with regard to the reporting function about multiple referrals as this was not available at the time of the inspection. However, from the children's records sampled, inspectors were able to establish that when referrals of concern were received about the same child and their family more than once, all the information about the other referrals was held together. All available information was used to determine the current and most up-to-date picture of any harm to the child and what was needed to ensure their welfare and safety.

Staff who spoke with inspectors were aware of the potential impact of cumulative harm on children and took appropriate steps to address this risk. Staff had received training in the understanding and assessment of cumulative harm. A review of the practice and decision making in relation to cases categorised as re-referrals to include the consideration of cumulative harm is planned for quarter two 2026 by the regional practice assurance and service monitoring (PASM) team.

Special consideration was given to vulnerable groups of children who may be more susceptible to harm. For example, a dedicated worker was assigned to families and children from new communities, and a child with particular vulnerabilities received a timely service that was well coordinated to meet their needs and promote a better outcome.

The Family support service played an important role in meeting children's needs in Galway North network and these teams had been integrated into the front door team since January 2026, in line with the LISD model. Appropriate processes were in place to ensure collaborative working between social workers and the family support service. Inspectors observed a planning meeting between principal social workers and the family support managers from both the integrated front door and local integrated teams. This was found to be effective in the review and planning of joint areas of work under the new integrated structure to ensure timely access to services for children and families.

In addition, there were two senior child and family support network (CFSN) coordinators in the Galway North network. These workers were part of the IFD team and they were responsible for the coordination of services between statutory, community and voluntary agencies in order to promote timely access to support services for children and families. They worked closely with other teams to ensure the prevention partnership and family support (PPFS) programme of work was fully embedded within the IFD team, in line with the LISD model. Senior CFSN

coordinators were also responsible for the implementation of Meitheal in the network area.

Children and their families benefitted from the CPW service for as long as it was needed. Although, there were delays in closing some children's cases that no longer required social work led input, inspectors reviewed three cases marked for closure and another three that had been closed. The inspection found that there were appropriate and sustainable arrangements in place to keep children safe and the rationale for the decision to close was appropriate. Closed cases were reviewed and signed off by the social work manager prior to closure to make sure they were not being closed too soon. Families were informed when their children's case was closed.

Overall, the Galway North network facilitated children and families to access child protection and welfare services. The service promoted and supported early interventions for concerns about the welfare of children and addressed these through family support services. Staff engaged families and involved them in all aspects of planning to prevent risk of harm to children, as appropriate. However, further improvements was required with regard to the timely commencement and completion of initial assessments (IA) for all children. It is for these reasons that this standard is deemed substantially compliant.

Judgment

Substantially Compliant

Summary of standards assessed and judgments made on this inspection

National Standards for the Protection and Welfare of Children (2012)	Judgment
Capacity and capability	
Standard 3.3 The service has a system to review and assess the effectiveness and safety of child protection and welfare service provision and delivery.	Not compliant
Standard 4.1 Resources are effectively planned, deployed and managed to protect children and promote their welfare.	Substantially compliant
Quality and safety	
Standard 2.2 All concerns in relation to children are screened and directed to the appropriate service.	Not compliant
Standard 2.4 Children and families have timely access to child protection and welfare services that support the family and protect the child.	Substantially compliant

Compliance Plan for Galway North Child Protection and Welfare Service OSV – 0009404

Inspection ID: MON- CPW-GN-260126

Date of inspection: 24 – 27 February 2026

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Standard 3.3 The service has a system to review and assess the effectiveness and safety of child protection and welfare service provision and delivery.	Judgment: Not Compliant
Outline how you are going to come into compliance with Standard 3.3: <ol style="list-style-type: none">1. The Area Manager has re-organised the Network Senior Management Team (SMT) team meetings in Galway North Network. Each SMT meeting will now note and record the activity within the Network on a monthly basis, which will reflect trends and changes in the Network. The Area Manager has adapted the Networks Governance structures and developed a terms of reference (TOR) to clarify the purpose of governance groups, specify roles, responsibilities and expectation of the group. The membership of the group which will now consist of the IFD PSW, 2 LIT PSW's, CPC Chair and the Network business manager. The TOR sets out standing agenda items, along with specific key performance data, which is assigned to each member to complete using an agreed template, which will be recorded at each governance group, so performance can be analysed and monitored. The performance data that will be reviewed will now include information relating to timeframes for completion of standard business processes, including screening required and completed on CPW concerns for all CiC. Staffing, caseloads and cases awaiting allocation will also be reviewed at this meeting. Whilst initially governance groups were planned for quarterly, this will now be scheduled bi-monthly for the next 6 months and thereafter once per quarter. This will assist in ensuring adherence to standards, policy, legislation & regulations. This will be in place by the end of Q2 2026.2. Principal Social Workers operate monthly team meetings with their Social Work Team Leaders and Family Support Team Leaders. PSW's will develop these meetings to incorporate monthly governance structures and reviews with the IFD team and the LIT teams at local levels. These governance reviews will examine relevant performance data and metrics. A standardised agenda of what performance data will be reviewed at these	

meetings will be agreed between PSW's and the Area Manager, but will include: timeframes for recording and completion of standard business processes, management and oversight of children in care referrals, along with ensuring adherence to standards, policy, legislation & regulations. This will be in place by the end of Q2 2026.

3. The Area Manager and the IFD Principal Social Worker have reviewed caseloads for staff on the Safety and Welfare teams (SWT) for the Integrated Front Door (IFD). The number of children open to Safety and Welfare Teams (SWT) on the IFD teams in the Network has now reduced by 25%, since the time of the Inspection. This has been achieved with the short term addition of other staff resources being allocated to the IFD team, by transferring child welfare cases to the IFD family support team and through the creation of a waiting list in the Area, which currently holds child welfare cases only. This action is ongoing.
4. In accordance with the regional SOP "SOP – Notifications by Tusla to An Garda Síochána 2026", Principal Social Workers have been reviewing the Garda Notification TCM report with Social Work Team Leaders in every supervision to ensure compliance that all referrals which require a Tusla notification to An Garda Síochána are forwarded, without delay. SWTL's and PSW's respond immediately when reviewing this report to ensure that all referrals that requires a notification to AGS are forwarded promptly and without delay. This has improved processing times and will continue to do so. These reports will also be presented to the Governance Group with the Area Manager. This action is ongoing.
5. All referrals will be screened within 24hrs in Line with the Integrated Front Door, Standard Business Process. The SWTL and the PSW in supervision, will review TCM for an overview of: Allocated caseloads to the IFD team and LIT teams; review a report on screening for all abuse categories; and review cases awaiting allocation, to ensure governance and oversight of the management of these reports. Each PSW will also review children in care data in supervision for governance and oversight of the management of child protection and welfare referrals received on children in care. The PSW and Area Manager will review performance data in supervision and at quarterly governance meetings. This action is ongoing.
6. A PASM audit has been scheduled for Q3 for Galway North for a review to be completed on "*practice and decision making in relation to cases categorized as re-referrals to include the consideration of cumulative harm*". This action will be completed in Q3 2026.
7. The Area Manager in conjunction with the regional QRSI lead will schedule a review of the risk register to ensure the risks identified by HIQA are captured on the risk register with the appropriate controls, actions and mitigations in place. This action will be completed by the end of Q2 2026.

8. The Area Manager chairs quarterly QRSI meetings in the Network and one of the standing agenda items for this meeting is HIQA and PASM reports, and shared learning. Actions identified are presented and tracked at these meetings, which is also attended by the regional QRSI lead. If there are any outstanding actions, these are presented to RORMSIC (Regional Oversight Risk Management). These meetings are attended by PSW's who will share the learning with their SWTL's at their local meetings and implement agreed actions for sharing of learning from inspections. This action is ongoing.
9. The General Manager / Regional Professional Support Manager operates a regional calendar collating all learning and development events, where all briefings and trainings which will include learning from PASM and HIQA actions plans are ran across the networks and region to ensure effective dissemination of learning from inspections. This action is ongoing.

Standard 4.1

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

Judgment:

Substantially Compliant

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

1. Timely completion of screening of all CPW referrals for CiC will be tracked and monitored through governance group systems and structures, which have been outlined under standard 3.3. above. As part of this revised governance, all screening forms on CPW concerns for CiC in the Network are completed. This action is ongoing.
2. The Area Manager and IFD Principal Social Worker have reviewed processing of referrals on the IFD team and applied changes to functioning. All child welfare referrals will be screened and processed by the IFD family support team now, which will create more capacity for the Safety and Welfare team to progress child protection assessments. The Network has now also stood up a waiting list, which will be governed and managed in line with the regional SOP "management and governance of children awaiting allocation, 2026". This will also be reviewed at Network Governance meetings, chaired by the Area Manager. This action is ongoing.
3. The Area Manager and the IFD Principal Social Worker have reviewed caseloads for staff on the Safety and Welfare teams (SWT) for the Integrated Front Door (IFD). The number of children open to Safety and Welfare Teams (SWT) on the IFD has now reduced by 25%, since the time of the Inspection. This has been achieved with the short term addition of other staff resources being allocated to the IFD team, by transferring child welfare cases to the IFD family support team and through the creation of a

waiting list in the Area, which currently holds child welfare cases only. This action is ongoing.

4. There is now a permanent SWTL in post managing the Safety and Welfare team 1 for the IFD. The SSWP post holder who was acting as SWTL has resumed her SSWP role and responsibilities, which has increased capacity on this team. On Safety and Welfare team 2 with the IFD, there is a SSWP acting into a SWTL post and interviews to establish another regional SWTL panel have now been completed. The SWTL permanent post for safety and welfare team 2 will be appointed from this panel. This will be completed by the end of Q2 2026.
5. As already noted for standard 3.3, in accordance with the regional SOP "SOP – Notifications by Tusla to An Garda Síochána 2026", Principal Social Workers have been reviewing the Garda Notification TCM report with Social Work Team Leaders in every supervision to ensure compliance that all referrals which require a Tusla notification to An Garda Síochána are forwarded, without delay. SWTL's and PSW's respond immediately when reviewing this report to ensure that all referrals that requires a notification to AGS are forwarded promptly and without delay. This has improved processing times and will continue to do so. This action is ongoing.
6. The General Manager for Performance Support in the region led a training day on the 15th April 2026. This was attended by the IFD PSW, SWTL's and Safety and Welfare staff. Information examined included responding to child protection reports in a timely manner, in particular responses to child physical abuse cases. This has supplemented learning and development across the IFD teams. This action is completed, but learning will be ongoing.

Standard 2.2

All concerns in relation to children are screened and directed to the appropriate service.

Judgment:

Not Compliant

Outline how you are going to come into compliance with Standard 2.2:

1. As outlined under standard 3.3, point 2, the Area Manager is standing up revised governance structures. Governance meetings will be held between the Area Manager and Principal Social Workers, bi-monthly for 6 months and then quarterly, where specified performance data, in accordance with a terms of reference which sets out standard agenda items, will be regularly reviewed. The data that will be reviewed will include: screening of CPW referrals for CiC; adherence to standard business process timelines; oversight and assurance that all referrals that require a Garda Notification are sent, without delay. This will ensure accountability and responsibility for the dataset reviewed. There will be a concentration on the management

and oversight of abuse category cases, to ensure allocation and timely processing of referrals. This will be in place by the end of Q2.

2. As part of this revised governance, all screening forms on all child protection and welfare concerns for children in care in the Network are completed.
3. The Area Manager convened a review group of senior managers, including Social Work Team Leaders and Principal Social Workers to undertake a comprehensive and timely review the issues raised. They included:
 - All open child physical abuse cases, which amounted 116 open cases, and
 - All child physical abuse cases closed within the last 6 months, which amounted to 151 closed cases.

The purpose of this review was to provide an assurance that all physical abuse cases were appropriately prioritised and to confirm Garda Notification were completed. This action has been completed.

4. All new referrals that are reported as an abuse category will be screened, reviewed and recorded by a Professionally Qualified Social Worker, to assess immediate safety and to the completion of a Garda Notification. Performance data to assess and monitor this will be tracked in Network governance groups. This action will be ongoing.
5. An action plan has been agreed by the IFD PSW with oversight from the Area Manager for the management of child welfare referrals. The family support IFD team will operate a screening and allocation system for all new child welfare referrals that are received to the IFD service. This will create capacity and enable the Safety and Welfare team to prioritise and work high priority abuse referrals on the IFD Safety and Welfare team. This system is now operational in the Network and will incrementally create capacity for the Safety and Welfare team to progress child protection assessments more efficiently. This action will be ongoing.
6. The Area Manager and the IFD Principal Social Worker have reviewed caseloads for staff on the Safety and Welfare teams (SWT) for the Integrated Front Door (IFD). The number of children open to Safety and Welfare Teams (SWT) on the IFD has now reduced by 25%, since the time of the Inspection. This has been achieved with the short term addition of other staff resources being allocated to the IFD team, by transferring child welfare cases to the IFD family support team and through the creation of a waiting list in the Area, which currently holds child welfare cases only. The waiting list will be governed and monitored in line with the Mid-West regional SOP on "management and governance of children awaiting allocation, 2026". An overview of caseloads and review of governance of the waiting list forms part of the standing agenda items which will be

regularly reviewed at governance group meetings with Principal Social Workers and the Area Manager. This action will be ongoing.

7. The SWTL will review caseloads of all staff in the Integrated Front Door team in supervision in line with Tusla's caseload management policy. During supervision the SWTL will review all child protection cases, process stages and ensure that there is evidence of recording on TCM. Any caseload that is unmanageable will have recorded actions written into the Supervision Record on the next steps to address the caseload and cases will be reallocated or placed on a waiting list if required. This action will be ongoing.
8. All high priority cases will be continue to be allocated to Professionally Qualified Social Worker's (PQSW's). These cases will be reviewed at supervision by the SWTL, and immediate next steps will be agreed between the SWTL and PQSW. This action will be ongoing.
9. The IFD PSW or identified other will undertake a practice review of IFD Safety and Welfare team cases on a quarterly basis, during 2026. This IFD PSW or equivalent other will review will at least 5% of open abuse category cases. This action will be ongoing.
10. The General Manager for Professional Support completed a briefing to all IFD team members on screening on the 15th April 2026. It was attended by the PSW, SWTL's and safety and welfare staff at the IFD. A flowchart for processing child protection and child welfare referrals has been to demonstrate how processes and practice can work together to ensure abuse categories are responded to immediately. This will be agreed with the Area Manager, Principal Social Worker and General Manager and this will be implemented by the start of Q3.
11. This initial briefing was further supported by the regional Signs of Safety learning and development officer (SofS LDO). The SofS LDO was and continues to be available on site in Galway North for practice support and case consultations one day per fortnight. This commenced on Wednesday 18th March and will continue until the 24th June 2026. The SofS LDO is also running drop in clinic's to support SofS implementation.
12. As already noted in standard 3.3, point 6, A PASM audit has been scheduled for Q3 for Galway North for a review to be completed on "*practice and decision making in relation to cases categorized as re-referrals to include the consideration of cumulative harm*". This will be completed in Q3 2026.
13. SWTL peer support for the Network has been agreed by the Area Manager and will be delivered by the Regional General Manager for Professional Support. This will deliver monthly professional development sessions and quarterly peer support meetings. The General Manager has developed an implementation plan, to commence in Q3, which is on track.

14. PSW peer support has been agreed with the Area Manager and is currently in the process of being stood up. Dates are to be scheduled for Q3 for implementation across the Region.

Standard 2.4

Children and families have timely access to child protection and welfare services that support the family and protect the child.

Judgment:

**Substantially
Compliant**

Outline how you are going to come into compliance with Standard 2.4:

1. PSW's for the IFD and LIT teams have agreed and scheduled regular transfer meetings in the Network, for both the Safety and Welfare teams and the Family Support teams. Cases that are nearing completion and require longer term intervention will be identified in advance of these meetings by the SWTL or Family Support Manager and discussed with the allocated worker. This will assist in prioritising completion of recording in order to ensure timely transfers to the most appropriate team. These meetings will be operational by the end of Q2 2026.
2. As outlined earlier in standards 2.2 and 3.3 governance structures and governance meetings, which are reviewed at Area Manager level and below will become embedded in the Network. Timelines and completion of standard business process forms will be tracked and monitored in these forums. This will create a higher level of responsibility and accountability. This will be in place by the end of Q2 2026.
3. As outlined in standard 2.2, point 6, the Area Manager and IFD Principal Social Worker have agreed that child welfare referrals will be managed by the IFD family support team. This will create more capacity on the Safety and Welfare teams so recording timeframes can be improved. This will be in place by the end of Q2 2026.
4. The Network has now created a waiting list on the IFD teams, to create more capacity on the Safety and Welfare teams. This will support the Safety and Welfare teams to concentrate on the timely completion of initial assessments of child protection concerns. This action will be ongoing.

**Section 2:
Standards to be complied with**

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

The provider has failed to comply with the following standards(s). Standard	Judgment	Risk rating	Date to be complied with
Standard 3.3 The service has a system to review and assess the effectiveness and safety of child protection and welfare service provision and delivery.	Not Compliant	Orange	End of Q3, 2026
Standard 4.1 Resources are effectively planned, deployed and managed to protect children and promote their welfare.	Substantially Compliant	Yellow	End of Q2, 2026
Standard 2.2 All concerns in relation to children are screened and directed to the appropriate service.	Not Compliant	Orange	End of Q3, 2026
Standard 2.4 Children and families have timely access to child protection and welfare services that support the family and protect the child.	Substantially Compliant	Yellow	End of Q2, 2026

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