



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Name of service area	Midlands
Type of inspection:	Focused Inspection
Date of inspection:	25-27 November 2024
Fieldwork ID	MON-0044969
Lead inspector:	Saragh McGarrigle
Support Inspector(s):	Erin Byrne, Mary Lillis, Rachel Kane, Bernadette Neville

About this inspection

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

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

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

This inspection was a focused inspection of Midlands Child Protection and Welfare Service to monitor compliance with the National Standards for the Protection and Welfare of Children. The scope of the inspection included standards 1.3, 2.2, 2.3, 2.5, 3.2 and 6.1 of the National Standards for the Protection and Welfare of Children (2012).

This inspection identified serious and growing concerns about the capacity and sustainability of the service area to screen and assess referrals within reasonable timeframes 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 reviewed documentation such as children's files, policies and procedures and administrative records.

The key activities of this inspection involved:

- the analysis of data
- interview with the area manager
- interview with the Tusla Case Management (TCM) system User Liaison Officer
- interview with a Business Manager

- focus group with two principal social workers
- focus group with six social work team leaders
- focus group with social workers and social care leaders
- the review of local policies and procedures, minutes of various meetings, staff supervision files, audits and service plans
- the review of 46 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.

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, Equality, Disability, Integration and Youth. The Child and Family Agency Act 2013 (Number 40 of 2013) established the Child and Family Agency with effect from 1 January 2014.

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

- child welfare and protection services, including family support services
- existing Family Support Agency responsibilities
- existing National Educational Welfare Board responsibilities
- pre-school inspection services
- domestic, sexual and gender-based violence services.

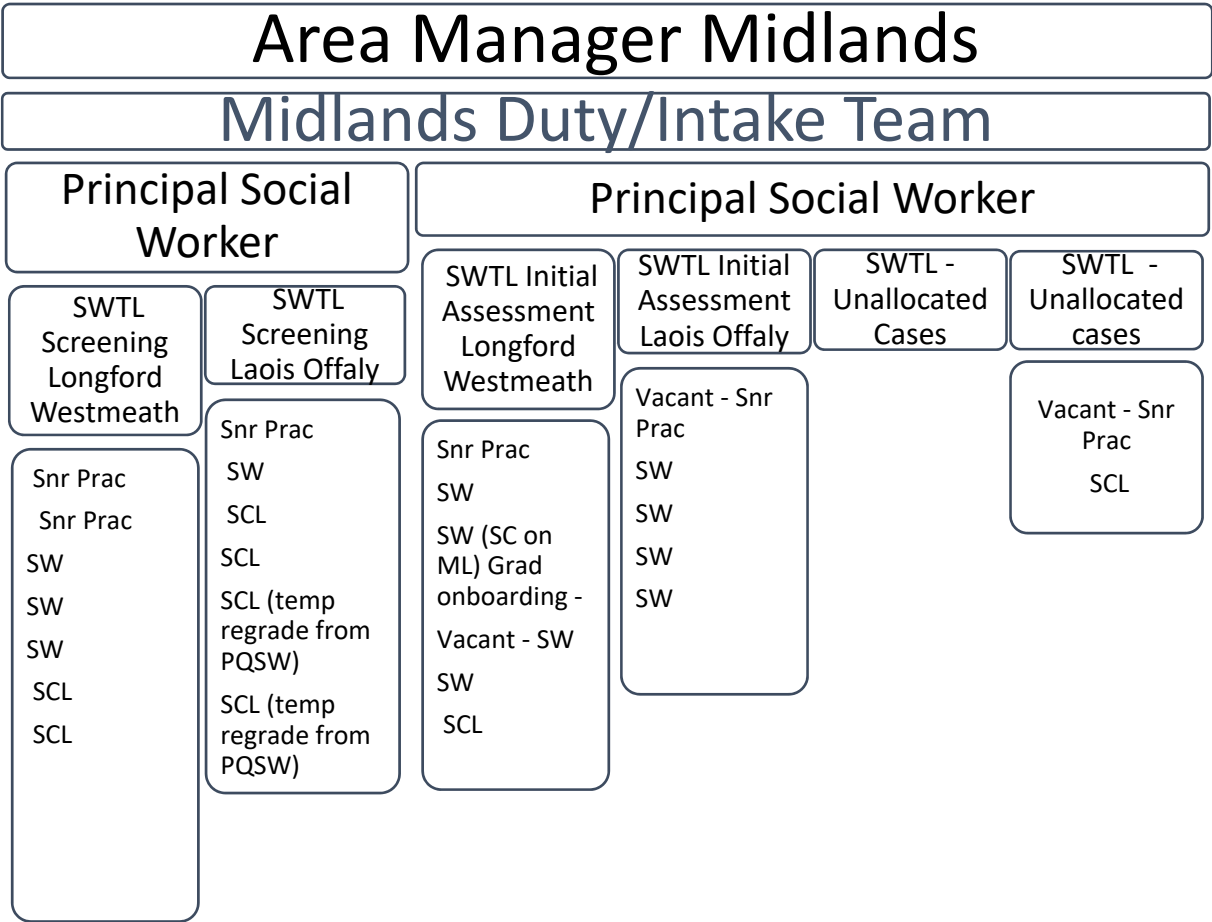
Child and family services are organised into 17 service areas and are managed by area managers. The areas are grouped into six regions, each with a regional manager known as a regional chief officer (RCO). The regional chief officers report to the National Director of Services and Integration, who is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

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

Service area

The Tusla Midlands area comprises the counties of Laois, Longford, Offaly and Westmeath, totalling an area of 6451.27 sq.km. Based on the Census 2022 results, all four counties have evidenced an increase in population. The total population is now referenced as 316,799 (2022) compared to 289, 695 (2016). The number of children (0-17yrs) has also increased from 80,193 (2016) to 86,918 (2022).

The Midlands area is one of the four Tusla areas within the Dublin Mid-Leinster Region. The region is under the direction of a chief officer. The area management structure for the child protection duty / intake service comprises of an area manager and two principal social workers managing teams comprising of social work team leaders, social workers, and social care leaders. Area services are based across the four counties.



At the time of the inspection, the Midlands duty and intake team comprised of two screening teams, who had responsibility for screening and completing preliminary enquiries and two initial assessment teams, where cases requiring initial assessment were transferred to. These teams were led by social work team leaders and had seven front line staff, who were a mix of social workers and social care leaders. There were also two recently established 'unallocated teams', one comprising of a social work team leader and the other had a social work team leader, a social care leader and there was a vacancy for a senior practitioner social worker. The unallocated teams were established in response to the considerable unallocated cases, the purpose was to monitor and review the cases that are unallocated as well as responding to any new information received regarding these cases.

Background to this inspection:

This was a focused inspection undertaken to validate the assurances received from Tusla, at the request of HIQA, about the integrity of data regarding the number of unallocated cases, published on the Tusla website and the management of unallocated cases from the point Tusla received the referral to the allocation of the referral to a social worker until a preliminary enquiry or initial assessment were completed.

The monitoring of unallocated cases falls within the bigger context of HIQA's risk based monitoring programme that was established in 2023 and aimed to assess the effectiveness of Tusla's national service improvement plan (SIP) in response to a large number of children, nationwide, referred to Tusla, who did not have an allocated social worker. Service areas where at least 25% of children had not been allocated a social worker in child protection and welfare or foster care services were included in the monitoring programme.

In October 2023 HIQA requested data on the numbers of cases which were not allocated to a professionally qualified social worker in each of the Tusla areas, including the Midlands area. The figures provided by Tusla, at that time, indicated that the Midlands area child protection and welfare service had 11% of cases not allocated to professionally qualified social workers. From November 2023 to July 2024 the data published on the Tusla website and provided to HIQA showed that in the Midlands child protection and welfare service unallocated cases did not rise above 16%. As a result the Midlands service area was not included in this monitoring programme at the time or throughout 2024. However, as will be outlined further in this report, these figures were not accurate and in fact the Midlands child protection and welfare service area would have exceeded the 25% on a number of occasions, meaning it should have been included in HIQA's provider programme.

Between December 2023 and April 2024 HIQA noted the increasing number of high priority unallocated cases in the Midlands area, so in May 2024 assurances were sought from the Midlands area manager. The area manager advised of industrial action and staff leave which meant there was no capacity to validate the data, including numbers of unallocated cases, this meant the published metrics were inaccurate. The area manager gave assurances to HIQA that all unallocated cases had oversight and governance and there was a service improvement plan in place. The area manager advised that the issues which impacted the area’s ability to validate data was resolved.

In July 2024, during a meeting regarding other service areas, HIQA received information from Tusla that principal social workers and team leaders in the Midlands service area were allocated significantly high numbers of cases. HIQA wrote to the regional chief officer who, over the course of August to October 2024, responded with additional information and assurances. The regional chief officer provided information on the numbers of unallocated cases in June and in August. These figures highlighted the disparity between published unallocated cases and the actual unallocated cases in this area for June and August 2024. The table below illustrates the disparity in the child protection and welfare unallocated cases:

Month	Tusla published data: Unallocated cases – unallocated children in care cases = total unallocated child protection and welfare cases	Data provided by RCO: Unallocated Child protection and welfare cases	Difference
June 2024	262–55=207 cases * 14% of total cases	429 cases * 30% of total cases	+222
August 2024	258-60=198 cases* 16% of total cases	319 cases* 26% of total cases	+ 121

*This figure does not include cases that were allocated to social care leaders. Therefore the number of cases unallocated to a professionally qualified social worker was higher.

The information provided by the regional chief officer also highlighted significant delays at preliminary enquiry stage of assessment, which should be completed within five days of a referral being received, as the information provided outlined that more than 43% of cases were waiting over a week to be allocated and 23% of cases unallocated prior to preliminary enquiry stage were waiting over a month to be

allocated. This meant that there was no assessment or service provided to these children by Tusla for over a month after Tusla was notified of concerns.

The information also outlined delays at initial assessment stage, which should be completed within 40 days of the referral, where more than half of the unallocated cases in August were waiting more than a month to be allocated and another 36% had waited more than three months to be allocated. This meant that cases that had been identified at preliminary enquiry stage of needing further assessment and support were not receiving a timely service.

In October 2024 the regional chief officer did give assurances that all the cases unallocated at preliminary enquiry stage in August had since been allocated or closed and 54 of the cases unallocated at initial assessment stage had since been allocated. They also gave assurances in relation to governance and oversight of unallocated cases in the area.

In October 2024 HIQA made the decision to carry out a focused inspection in order to validate the assurances provided in relation to the management of unallocated cases and in relation to the management of data.

Compliance classifications

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

<p>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.</p>
<p>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.</p>
<p>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.</p>

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

Theme 1 : Child-centred Services	
Standard 1.3	Children are communicated with effectively and are provided with information in an accessible format.

Theme 2. Safe and Effective services	
Standard 2.2	All concerns in relation to children are screened and directed to the appropriate service.
Standard 2.3	Timely and effective action is taken to protect children.
Standard 2.5	All reports of child protection concerns are assessed in line with Children First and best available evidence.

Theme 3:Leadership, Governance and Management	
Standard 3.2	Children receive a child protection and welfare service, which has effective leadership, governance, and management arrangements with clear lines of accountability.

Theme 6: Use of Information	
Standard 6.1	All relevant information is used to plan and deliver effective child protection and welfare services.

This inspection was carried out during the following times:

Date	Times of inspection	Inspector name	Role
25/11/2024	09:00hrs to 17:00hrs	Saragh McGarrigle Erin Byrne Rachel Kane Bernadette Neville Mary Lillis	Lead Inspector Inspector Inspector Inspector Inspector
26/11/2024	09:00hrs to 17:00hrs	Saragh McGarrigle Erin Byrne Rachel Kane Bernadette Neville Mary Lillis	Lead Inspector Inspector Inspector Inspector Inspector
27/11/2024	09:00hrs to 16:30hrs	Saragh McGarrigle Erin Byrne Rachel Kane Bernadette Neville Mary Lillis	Lead Inspector Inspector Inspector Inspector Inspector

Children's experience of the service

Understanding children's experiences of a service through speaking with them and their families is important. However, the primary focus of this inspection was on the management of cases that were waiting for a preliminary enquiry or an initial assessment to be carried out. This meant that in many circumstances children and families had not yet received a service, about which they could share their experiences. More importantly, inspectors were conscious that contacting families, where the risk to the child is relatively unknown, or where the family may not yet be aware of the referral. As a result contact was not made with children and families that were awaiting the service.

From the review of case files, inspectors were able to review some of the experiences of children, who as a result of being placed on a waiting list, or as a result of not being allocated in a timely way, experienced delays in receiving a child protection and welfare service and below are some examples.

A child was referred due to concerns for physical abuse. The case was screened within 24 hours and deemed to be medium priority and was awaiting allocation for preliminary enquiry to be completed. This child had previously been referred to the service with information on the file to indicate domestic violence in the home. While this case had been reviewed twice by a manager in the previous six weeks, no action was taken such as contacting the referrer or contacting the mother to establish the current situation. The level of risk was unknown for that child and they had not received any service to address their needs or assess the risks.

A very young child who was referred in September 2024 due to concerns of domestic violence in the home. At the time of the inspection the case was awaiting initial assessment and no home visit had been completed and there was no safety plan in place for the child. The impact was the level of risk for this small child was unknown. When inspectors raised concerns, a home visit was completed during the inspection and a safety plan was put in place.

A teenager who was living in a home where they were allegedly exposed to domestic abuse. While a preliminary enquiry had been completed, at the time of the inspection the case was unallocated awaiting an initial assessment. While there was a safety plan in place, there had been no monitoring of this safety plan in four months. This case was escalated and contact was made with the family.

A young child living at home where there were concerns that they were not attending medical appointments or preschool. There was a delay of two months before any action was taken on the information. When a home visit was completed immediate action was required and a safety plan was put in place.

A very young child was referred due to concerns that their parents were not meeting their basic needs. It was six weeks before any contact was made with the family to establish the level of the concerns.

Over the course of the inspection seven cases were identified by inspectors where the level of concern for the children necessitated escalating the cases for the attention of the area manager. All of these cases had been unallocated at the time of the inspection and were waiting for preliminary enquiry or initial assessments to be completed. Three of the cases were allocated to a social worker immediately and all of the cases had actions completed to ensure children's safety.

These cases illustrate how, due to the area not having capacity to complete assessments in a timely manner, children and young people had to wait long periods of time for the right interventions.

Capacity and capability

This focused inspection reviewed a sample of 46 cases, six were closed or allocated to a principal social worker for closure and 14 were allocated at the time of the inspection, but were unallocated for periods in the previous 12 months. Twenty-six of the cases reviewed were unallocated at the time of the inspection, of which seven were awaiting a preliminary enquiry and 19 waiting an initial assessment. Seven of the 26 unallocated cases were escalated to the area manager due to concerns, for assurances and action to be taken. The escalated cases represented 27% of the unallocated cases reviewed.

Overall, the inspection found that while there were structured management systems in place for the governance and oversight of unallocated cases, the volume of referrals to the service, the number of unallocated cases and the workload of staff, meant that these systems were not effective. This meant that it was not possible to ensure that all children and families in need of a service received it within a reasonable timeframe. Although the area manager reported that, at the time of the inspection, they were at their full affordable whole time equivalent ceiling in terms of staffing, there was a chronic shortfall in resources to meet the demands of the service. Many children and families were waiting

prolonged periods of time for the completion of preliminary enquiries and initial assessments.

The service was managed by an experienced committed area manager who had implemented good systems of unallocated case reviews and audits to ensure oversight and assess service improvements. The area manager was committed to driving service improvements through review of audits and implementation of the area service improvement plan (SIP). The inspection found that the area management team had at all times a clear picture of the levels of referrals and unallocated cases. Despite this however, these systems were ineffective in fully addressing the risks associated with the capacity of the area to safely manage the volume of referrals and the high number of unallocated cases.

There had been a system breakdown in validating and communicating data to management at regional and national level from October 2023 to May 2024. As a result, inaccurate data in relation to unallocated cases was provided to HIQA and the Midlands area were not included in the provider approach. While this system of validation was rectified in June 2024, at the time of the inspection, inaccurate data continued to be published on the Tusla website. Despite this risk being an ongoing issue for over a year, it was only added to the risk register in October 2024.

Inspectors identified gaps in information management at operational level, whereby a paper based system for screening was in use, which resulted in Tusla Case Management (TCM) dates not reflecting accurately when screening was taking place. This meant that regional and national level management did not have accurate oversight of the screening process in the Midlands area. Following the inspection, HIQA met with the RCO and area manager to outline the risks found and the non-compliances.

There were clearly defined governance structures in place in the area through regular management meetings, supervision and an auditing working group. The area had formal structures of communication at senior management level with An Garda Síochána and a number of working groups which meet regularly with other key agencies in the area. Risk was monitored and managed in the area, through the service risk register. There was a proactive approach to trying to address risks through the use of the service improvement plan. However, many of the risks have remained on the register for a number of years without significant improvement.

Standard 3.2

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

There were clearly defined governance arrangements and structures in place at local, regional and national level that set out the lines of authority and accountability. However, the effectiveness of oversight, management and governance is dependent on the provision of high-quality accurate information that can be analysed to inform service provision. At local level, the area manager and management team had oversight and governance of the child protection and welfare services. However, at regional and national level there were gaps in both oversight and governance arrangements, as a result of poor information governance.

The area manager and management team demonstrated leadership and a commitment to continuous improvement in child protection and welfare services. This was evidenced through the SIP and audits. However, this team worked within the context of significant and increasing numbers of unallocated cases at preliminary enquiry and initial assessment stages which meant that implementing actions on the SIP was a challenge.

A review of published Tusla data and the 'measure the pressure' reports from June to September 2024 (where on a monthly basis, the local area analyse and validate data pulled from TCM and email a report to regional and national management) showed that the number of referrals and open cases in this area were similar to 2023. For the period of June to September 2023 the average monthly referrals were 751 and for the same period in 2024 they were 770. However, during 2024, on a month to month basis there were significant fluctuations in the number of new referrals. For example, in June 2024 there was 260 more referrals than in May, then July saw 154 more referrals than in June. The referrals went down in August by 163, but increased again by 251 cases in September. The significant fluctuation in referral numbers and the increased number of unallocated cases at both preliminary enquiry stage and initial assessment stage meant that limited progress was made with aspects of the service improvement plan.

Regional and national level management oversight was poor in relation to information governance and oversight of unallocated cases. This was because they did not have accurate information about the number of unallocated cases, including cases not allocated to professionally qualified social workers, but allocated to social care leaders. The use of inaccurate information at regional and national level was highlighted given the inaccuracies in Tusla published data in the period October 2023 to June 2024 and the inaccurate data Tusla submitted to HIQA for Midlands's unallocated case numbers as part of the provider approach.

While correspondence from the regional chief officer in July 2024 indicated they were aware of the issues around validated data in the Midlands area, there was no indication of an awareness that the Midlands area were counting cases allocated to social care leaders in child protection and welfare as 'allocated cases'. The area manager reported to inspectors that they were not aware of Tusla's requirement to count these as unallocated cases or differentiate these cases in data validation.

The area manager reported to have near daily contact with the regional chief officer, and there was input by the Midlands management team in forums such as regional management meetings, employment monitoring group and the regional operational risk management and service improvement committee. However, there was only one formal supervision meeting between the area manager and regional chief officer in the 12 months prior to this inspection. Both the area manager and the regional manager reported supervision had been cancelled a number of times due to the competing demands in other areas placed on the regional chief officer. This meant that reporting on risks and progress was not structured in the formal supervision setting.

At local level the six social work team leaders reported to two principal social workers, who in turn reported to the area manager. There were good accountability structures in place in the form of supervision, audits, and management and team meetings. A review of managers' supervision records highlighted frequency was in line with Tusla policy and the records showed clear decision making and that agreed actions were tracked. There were a number of regular management and team meetings which ensured oversight and good communication.

The area manager was proactive in responding to the ongoing high number of unallocated cases through the introduction of the 'unallocated teams', the use of monthly preliminary enquiry workshops for low to medium priority cases and, at the time of the inspection, there were advanced plans for workshops for low to medium priority cases awaiting initial assessment. In July 2024 the area manager had also made a business case for additional staffing resources for the area, while no new posts were provided to the Midlands area, some additional funding was provided, which was used in other areas of the Midlands service.

The unallocated teams consisted of two social work team leaders, one social care leader and a senior social work practitioner post that, at the time of the inspection, was vacant. The work undertaken by these teams included reviewing the unallocated cases awaiting an initial assessment, monitoring safety plans on unallocated cases and responding to new information on the unallocated cases.

The workshops, held every four weeks, were attended by all team members. These workshops worked through identified unallocated low and medium priority cases, with the aim to redirect families to alternative support services and close these cases at the earliest point. At the time of the inspection an audit of these workshops was ongoing to check the effectiveness of this approach.

There was an area audit group who met quarterly to plan and review audits, as well as agreeing actions from the learning from these reports. The focus of 2024, relevant to this inspection, was an audit of initial assessments in the first two quarters of 2024, a safety planning audit and an audit in relation to the workshops. An example of the positive impact of audits was seen where an audit, completed in 2023, identified themes specific to referrals of children with disabilities resulted in the establishment of a working group with the Health Service Executive (HSE) to strengthen interagency work. Similarly a domestic violence working group had been established after an audit highlighted the significant number of referrals where domestic abuse was a feature.

As detailed further in this report, there were significant delays in the completion of initial assessments. The SIP outlined that management had been focused on improving timelines for the completion of preliminary enquiry and initial assessments since 2021 and this was regularly reviewed over the previous three years. A renewed focus on this started in October 2024 when the SIP was updated in response to the audit of initial assessments in quarter 1 and 2 of 2024. The initial assessments audit recommended a number of actions, which were included in the updated SIP. An example of the actions implemented was a change in case supervision sheets to track progress of initial assessments in order to address the identified risk of 'drift' in some assessments where workers continued to gather information instead of making decisions. Other actions included; direction for workers to launch the initial assessments on the date the case is allocated, six weekly meetings for new staff to discuss initial assessments and other topics, effective use of supervision to monitor that clear consistent plans were in place and actions were being carried out, such as reminding staff to use complex case forum or request case consultations if a case was not progressing, and the importance of recording where families were difficult to engage. Given these actions were in place for just a month prior to this inspection, it was not possible to comment on the level of effectiveness.

The impact of the consistent high levels of referrals was identified as an ongoing risk which impacted on many actions on the area's SIP. In July 2024 the area manager submitted a business case regarding the level of unmet need and additional staffing resources required to meet same.

Delays in the completion of preliminary enquiry and initial assessments was a focus of the area's SIP since 2021. This was reviewed regularly from 2022 through to 2024. The SIP noted the consistently high referral rates impacted on progress being made in this area. Furthermore the area manager escalated this risk on the risk register in November 2020, four years ago. While it is clear management at local level have identified and worked consistently to address this area of risk, it remains a risk to children and young people in the community where all preliminary enquiries and initial assessments are not completed in a timely manner, and within the national timeframes.

Inspectors found evidence that team leaders and principal social workers had systems in place to review unallocated cases awaiting initial assessment. These were limited in their effectiveness as for example while new information was noted and this new information in some cases increased the priority of the case, the service did not have the capacity to allocate the case in a timely manner. However there was evidence of actions being completed, such as monitoring safety plans, while cases were unallocated, though the quality of monitoring in some cases was a concern and is addressed further in this report.

Tusla's Standard Business Process and the Midlands area local Standard Operating Procedures had different timeline guidelines for initial assessments. There was significant delays in completion of preliminary enquiries and initial assessments. At all levels, management and frontline staff reported that the timelines of five days and 40 days were unrealistic. However, there was no alternative timeline guidance and in the gap there was drift in timelines. This was noted by management and, as detailed above, attempts to address this was recently undertaken through the updating of the area's SIP. This area for improvement had been identified and ongoing reviews completed since March 2021.

Despite the commitment of managers to ensure good governance and leadership, while there were structured systems in place to review unallocated cases, in reality these reviews had little impact given the high levels of unallocated cases. For example, inspectors reviewed a case relating to siblings who were allegedly neglected. The case was referred in March 2024 and screened within 24 hours. However, the preliminary enquiry did not start until 10 weeks later, and took four weeks to complete. The decision was made to proceed for an initial assessment and the case was identified as a high priority case. As this was deemed a high priority case, the case was reviewed twice by team leaders, in April and again in August, with high priority status remaining. Despite this, the case was not allocated until October 2024, 15 weeks after the preliminary enquiry was completed and 27 weeks after the initial referral. Inspectors found several cases where these reviews were completed, including consideration of priority level, but this did not impact the timeline for allocation.

The service areas risk register had five risks, which were relevant to this inspection. Each risk had actions identified to mitigate the risks as well as dates for regular reviews. The most recent risk added, on 9 October 2024, was that the area was not in a position to return key metrics and effectively validate data due to the data quality and reporting officer being on leave and the backfill of this position not being approved. Of significance is that this was a risk from October 2023 to May 2024 but was not put on the risk register or escalated during that time.

While information on the number of cases allocated and unallocated were being reported publicly, from the period October 2023 to October 2024 there was significant inaccuracies with regard to the number of allocated cases. This is discussed in more detail under Standard 6.1.

Judgment: Substantially compliant

Standard 6.1

All relevant information is used to plan and deliver effective child protection and welfare services.

The information governance systems in place were not effective and resulted in inaccurate reporting of unallocated cases from October 2023 to November 2024, when this inspection took place. The impact of this meant that management at regional and national level did not have oversight of the level of unallocated cases during this time period, which impacted their ability to make informed decisions with regard to support and planning of services to the area. It also resulted in Tusla, at national level, providing inaccurate information to HIQA which prevented this area being identified as part of the HIQA risk based monitoring programme, which commenced in October 2023. The result of the inaccurate unallocated cases data meant that the child protection and welfare service was not identified to be part of HIQA's provider approach and was not a focus for intervention and support by Tusla management at national level, in the same way as the other service areas that fell within HIQA's 2024 monitoring programme.

The screening processes was paper based, in that the screening team leader wrote the screening priority level and next steps on a form which was later uploaded to TCM. This meant there were inaccuracies to screening dates on TCM.

Information governance systems were in place and included systems to collate standardised information, such as the number of open cases and the number of unallocated cases, to share at local, regional and national level. However, at the time of the inspection, these systems were not providing accurate information.

During the period from October 2023 to May 2024 the process of validating collated standardised information from TCM and emailing the report, called 'measure the pressure', to management at regional and national levels ceased. The area manager reported this stopped due to the person with responsibility for validation being on leave and, due to an industrial relation issue at the time, they were unable to reassign this task. This issue was not identified as a risk as it was not put on the risk register at that time.

Since the introduction of TCM in 2022, the Midlands management team identified that the TCM system was not functioning in a manner that allowed them to have reliable oversight of all unallocated cases. In order to mitigate the risks of this, the unallocated cases were instead held on managers' caseloads. This meant there was a significant variance between information on the unallocated cases recorded on TCM and the actual number of unallocated cases. A further information issue was that the area manager was not aware of the requirement to include cases not allocated to a social worker, but instead allocated to a social care leader, in the overall unallocated figures. The data requested from Tusla by HIQA in October 2023 clearly identified that data pertaining to cases allocated to professionally qualified social workers was required. Therefore the data provided, at that time, for the Midlands area cannot be relied upon.

The process of validating information pulled monthly from TCM recommenced in June 2024 and these reports were emailed monthly to regional and national management. However, despite the resumption of these reports, inaccurate unallocated case numbers continued to be published by Tusla on their website and continued to be reported to HIQA up to October 2024, without indication that the information had not been verified or that data was unreliable.

Team leaders reported that in order to search and keep track of 'unallocated cases' they needed to allocate the unallocated cases to themselves. While this was resolved during 2024, it would have impacted on the accuracy and oversight of Tusla management at a national level. At the time of the inspection, managers reported that TCM is now supporting reliable oversight and team leaders are no longer holding unallocated cases on their caseloads for the purpose of oversight.

Both *Children First: National Guidance for the Protection and Welfare of Children* (2017) and the *National Standards for the Protection and Welfare of Children* (2012), identify the requirement of professionally qualified social workers to complete certain tasks, which is why in the context of data, there needs to be clarity that 'allocated cases' are allocated to professionally qualified social workers. There is further information about this under Standard 2.5 of the report. During the inspection it came to light that the Midlands child protection and welfare service were not including cases not allocated to social workers, but instead

allocated to social care leaders in their unallocated cases figures, a Tusla requirement, at that time. This caused significant under reporting of the level of cases unallocated to social workers in the area. At the time of the inspection, in addition to the 457 unallocated cases, there were a further 203 cases that did not have an allocated social worker, and were instead allocated to social care leaders.

While Tusla's case management system (TCM) was in use in the child protection and welfare service of the Midlands area, case management, at screening stage was completed through a paper based system and then later uploaded to TCM by business support staff. The inspection team identified a number of risks with this approach which included; some cases reviewed indicated screening took place outside of the 24 hours requirement, due to the manner the screening form was uploaded; and there were significant difficulties reading the hand written notes, which included directions for next steps in the cases. In addition the initial assessment audit found that initial assessments were not always launched by social workers when cases were allocated and thus created inaccuracies on TCM regarding how long it took for initial assessments to be completed. This impacted on the completion of audits as well as impacting on oversight at regional and national level.

In April 2024, in response to a letter from HIQA querying Tusla published metrics for the area, the area manager advised HIQA that the area data was not being validated due to the staff with responsibility being on leave and an industrial relations issue which prevented other staff from taking on responsibility for this role. Assurances were given that this issue would be rectified by end of May 2024.

The area manager and principal social workers outlined that there was no TCM function to allow cases awaiting allocation to be tracked. To ensure oversight at local level all cases awaiting allocation were 'assigned' to managers at principal social worker and team leader level. While this ensured at local level these managers had clear oversight of these cases awaiting allocation, the actual levels of unallocated cases were not reported at regional and national level, due to this arrangement. This issue was not recorded at that time on the risk register. The impact of this meant that the true level of unallocated cases were not known or being reported on.

The process of screening remained paper based in this service area. The duty team leader, within 24 hours, screened all new referrals to the service, this screening included prioritising and directions for next steps. The screening paper was then uploaded to TCM and the TCM screening was launched by business support staff. Inspectors found that the dates on TCM for screening did not always co-ordinate with the actual screening date recorded on the written screening document (which was scanned to TCM). Inspectors also found a gap between the

dates screening was completed on TCM and the dates when it was signed off on TCM by a team leader, these time gaps were up to three months in a number of cases. Furthermore, inspectors found the hand written notes to be extremely difficult to read. This process had a number of risks regarding accuracy of information on TCM, which lead to impacting on oversight at regional and national level.

The process of cloning information from one sibling to another meant that some children's files reviewed did not contain accurate information about the child, but was copied information about a sibling, which meant it did not accurately reflect that individual child's circumstances or level of risk.

The systems for managing information was not used to best effect to support the delivery and effective decision making for the Midlands child protection and welfare service.

Judgment: Not compliant

Quality and safety

While there was clear evidence that experienced, skilled social workers and social care leaders were carrying out challenging work, the level of referrals to the Midlands, and the high number of unallocated cases, meant there were delays at both preliminary enquiry and initial assessment stages of the assessment process. This meant the quality and safety of the child protection and welfare service, from referral though to initial assessment stage, required significant improvement to ensure it met the needs of all the children and their families who required the service.

Tusla's Standard Business Process details that when a referral is made to Tusla child protection and welfare services, it proceeds through a number of assessment processes and each process has an identified timeline for the assessment to be completed. Screening is the first step and establishes the appropriateness of the referral to the service and identifies children that require a service in a timely manner, including those at immediate risk. If the referral does not meet the threshold for a Tusla service, it can be directed to an alternative service, if appropriate, and closed to Tusla. Where referrals meet the threshold for a Tusla service, as outlined in Children First (2017), a prioritisation category is applied to the case as well as a category of abuse based on the information provided in the referral. Tusla has set a 24 hour timeframe for the completion of screenings.

Once the referral is screened and deemed to meet the threshold for a Tusla service, it progresses to preliminary enquiry stage. The purpose of a preliminary enquiry is to gain further information in order to determine what action is required to address the needs of and risk to the child. Tusla's Standard Business Process sets out a five day timeframe for the completion of this work, including the intake record to be signed off by the social worker and the team leader.

Following a preliminary enquiry, a child and family may require an initial assessment of the concern. The target is for this assessment of concern to be completed within 40 days from the referral date. At the time of the inspection, the Midlands area Standard Operating Procedures (SOP) Child Protection & Welfare document was not in line with the Tusla's Standard Business Process, as it instead allowed 40 days from when the case was allocated to complete initial assessments. This distinction meant that timelines for expected service delivery for initial assessments in the Midlands area were longer than in other Tusla areas. It also meant that audit reports completed by the Midlands management team, which focused on initial assessment timelines did not accurately reflect the amount of time it took for referrals to be completed at assessment stage, in line with the national guidelines.

Inspectors were satisfied that all new referrals were screened and appropriately assigned a priority level within 24 hours. However, given the variations between some of the paper based screening dates and the TCM generated screening dates, it was challenging to make this assessment. Furthermore, as highlighted above, the disparity raised concerns for the ability of management at all levels to have accurate oversight of screening timelines on a daily basis.

Of the 42 cases reviewed that required a preliminary enquiry, 26 (62%) cases had waited four weeks or more between screening and being allocated for a preliminary enquiry to start. Eight of these cases had waited 12 weeks or more for the assessment to start, with one of these cases waiting 24 weeks to be allocated for a preliminary enquiry. Given this was a small sample, it raised concern about the level of time children and families waited for preliminary enquiry to start.

Twenty eight of the cases reviewed during the inspection had initial assessments completed, initial assessments ongoing, or the case was unallocated and waiting for an initial assessment. Of these 28 cases, 24 cases were unallocated for four weeks or longer before the case was allocated for an initial assessment to commence. Fourteen of these waited to be allocated more than 12 weeks, and the longest wait was over 28 weeks. The majority of these cases also had delays between the screening and preliminary enquiry stage. Fourteen of the 28 cases were categorised as high priority with the remaining being categorised as medium

priority. In summary, of the cases reviewed where initial assessment was required, 85% had to wait for at least four weeks before the initial assessment started.

Of the 28 where initial assessments had been completed, had started, or were waiting to be allocated, none met the national Standard Business Process of completion of initial assessment within 40 days of receipt of referral. When timelines were reviewed in the context of the area's standard operating procedures, completion of initial assessment within 40 days of allocation, one met this criteria, three were over 40 days and the remaining three cases had been allocated less than four weeks prior to the inspection. These case reviews highlighted the significant delays in completion of initial assessment for children in the Midlands area which meant these children were not receiving the right support at the right time.

Standard 1.3

Children are communicated with effectively and are provided with information in an accessible format.

When cases were allocated to social workers or social care leaders, there was numerous examples of clear effective communication with children and their families at the preliminary enquiry stage and at the initial assessment stage. There was also evidence of good communication between Tusla staff and other professionals such as An Garda Síochána and education and welfare officers, as part of assessment of risk and supports for families.

However, where cases were awaiting allocation at preliminary enquiry or initial assessment stage, there was either no communication with the families to advise them they were on waiting lists or this communication, sent in letter format, was sent after considerable time unallocated and provided little information by way of expected timelines before the case would be allocated.

Examples of good practice with regard to communication with families during periods the case was allocated included social workers and social care leaders meeting children in their home or in Tusla offices and explaining why Tusla were involved with their family. There was also examples of social workers consulting with and explaining safety plans to children. However, there were a number of cases where there was contact with parents but contact with children was not evident. For example, a family referred had both a preliminary enquiry and initial assessment completed without social workers meeting the children, for a variety of reasons, some of which was outside of the control of the social worker. Despite social workers being unable to have direct contact with the children, the case progression was delayed due to being unallocated for periods of time at each stage of assessment, with the initial assessment completed nine months after the

initial referral. Social workers did not directly meet the children until 12 months after the initial referral. At the time of the inspection, this case was allocated and work was ongoing with the family.

There were some cases where no direct contact with the child was appropriate as there was clear indicators that there was a protective parent in place. There were good examples of parents being given advice and directed to appropriate support services such as domestic violence supports as part of preliminary enquiry stage.

There was no consistent system for sending letters to advise families of delays in assigning their cases, some did not receive letters informing them they were on a waitlist and for those families who received letters, they were not always sent in a timely manner and there was limited information provided in the letters. For example a preliminary enquiry was completed on a case with a decision to progress to initial assessment. This case was then unallocated and eight weeks later a letter was sent to the parent advising them that further assessment was required and the family were on a waitlist. This letter did not indicate how long the family should expect to be on the waitlist for.

There was good communication links between Tusla and other agencies such as Gardaí, disability services and domestic violence services. There were regular meetings with all of these services to support good information sharing and interagency work

Judgment: Substantially compliant

Standard 2.2

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

All new referrals to the service were screened within 24 hours, and immediate action was taken, when appropriate, in cases where children were at immediate risk of significant harm, which was good practice. However, there were delays starting and completing preliminary enquiries, which meant there were delays directing children and families to the most appropriate service. Allegations of physical or sexual abuse were notified to Gardaí as part of screening. Audits were ongoing to ensure the service were identifying and sending notifications to Gardaí in line with Tusla guidelines.

Cases of suspected wilful neglect were, in the main, appropriately identified at initial assessment stage, and notified to Gardaí. However, given the delays for many cases at preliminary enquiry and initial assessment stages, it follows that

there were delays identifying cases of alleged wilful neglect that required notification to Gardaí.

The screening process was paper based, the screening social work team leaders reviewed the information on the referral, and based on this information, assigned a priority level and recorded what the next actions should be. This form was later uploaded to the TCM system by business support staff. From the cases reviewed, the dates on some of the TCM launched screening forms were different to the dates recorded on the paper forms, which were uploaded to the TCM case file. For example, a referral was received on 9 September 2024 and screened on that day, but the TCM screening date was 23 October. Additionally, inspectors found that the handwriting, outlining directions for next steps, was difficult to read on the screening forms. Both these issues hold risks that were addressed earlier under Standard 6.1.

Information provided showed that in the six months prior to the inspection, 509 preliminary enquiries were completed. Of these, 22 were completed within the required five days from referral, that was less than 5% completed within the required timeframe. Of the 46 cases reviewed during inspection, 42 progressed to preliminary enquiry stage. Inspectors found that 26 (62%) of these cases were unallocated for four weeks or more before allocation for a preliminary enquiry. Eight of these 26 cases had waited 12 weeks or more and 24 weeks was the longest delay identified. This meant that, prior to preliminary enquiry, risks were unknown and the priority level also may not have been accurate as there was an absence of information to inform this. Two of the seven cases escalated to the area manager, after the inspection, were cases awaiting a preliminary enquiry. In one of these cases, checks were then completed which confirmed there were no longer concerns and the case could close. However, in the other case, the child and mother required intervention to ensure the child's safety.

The impact of delays at preliminary enquiry stage was evident in several cases reviewed by inspectors, such as a referral received in March 2024 from Gardaí about a domestic violence incident where children were present. The screening was completed with next steps recorded to follow up with Gardaí and explore safety networks. However, no further action was taken until Gardaí sent a second referral in July 2024, four months later, because there had been another incident. The preliminary enquiry assessment was completed in August 2024 and this included a safety plan, which meant that these children had remained without the right intervention and a safety plan, for four months. Delays allocating cases for preliminary enquiries meant that despite Tusla being notified of concerns for children, these children did not receive a timely service and the level of risk for these children were not assessed within reasonable timeframes.

Overall, the preliminary enquiries that were reviewed demonstrated good practice by frontline staff, as families were directed to appropriate services, safety plans were put in place when required, and cases were identified that needed to progress to an initial assessment. Although many of those requiring initial assessment were then unallocated for considerable periods of time awaiting allocation. An example of this was illustrated in a case, received in May 2024, where there was a physical abuse allegation and a preliminary enquiry was completed within two weeks. However, at the time of the inspection, the case was unallocated and waiting for an initial assessment. This case was escalated and assurances were received that the case was scheduled to be allocated in December for the initial assessment.

Most of the preliminary enquiries reviewed were not completed within five days of the referral. It was difficult to assess, in some cases how long the preliminary enquiry work took as the date it started was recorded on TCM as the same date it was completed. An example of delays was a case where the preliminary enquiry took three months to complete. Notes on this file indicated drift in the case with actions and follow-up taking considerable time to complete. Staff and managers highlighted that cases had become increasingly complex and actions such as contacting and waiting for responses from professionals can take time so the current timelines of five days were not realistic.

The quality of some of the preliminary enquiry records required improvement. Examples included information in one child's file primarily related to their younger siblings, not them. In another child's file it was not clear from the records if the case was still open to Tusla and when the inspector contacted the allocated social worker further notes were uploaded, however these notes did not clearly indicate the location or date of meetings with the child.

While overall, work undertaken by frontline staff was ensuring that thresholds of harm and available information was used to guide the actions and next steps to be taken in cases, there was not enough staffing capacity to ensure these actions were taken in a timely manner to ensure children and families received an adequate timely service.

Judgment: Not compliant

Standard 2.3

Timely and effective action is taken to protect children.

There was timely action taken for children who were at immediate risk of harm. However, for children and families whose referrals met the threshold for requiring a Tusla service but did not warrant immediate action, the response and action was delayed because there was not enough capacity to meet the demand for the service.

Any cases reviewed, where there were indicators of children being at immediate risk of harm, immediate action was taken to ensure safety for those children. An example of this was a case where the concerns at referral prompted the need for an immediate response. When attempts to contact the family failed, a home visit was conducted within a week of the referral, with Gardaí called to support appropriately.

There were delays at both preliminary enquiry stage and initial assessment stage. The assurances provided to HIQA prior to the inspection, indicated that in these circumstances safety plans would be put in place, where required, to mitigate against the risk while children waited.

Safety plans were put in place, when appropriate as part of preliminary enquiries and initial assessments. Part of the 'unallocated teams' responsibilities were to monitor safety plans on unallocated cases. At the time of the inspection, the unallocated teams consisted of two team leaders and a social care leader. Information provided prior to the inspection showed that at the end of October 2024 there were 138 unallocated cases where there was a safety plan in place. Inspectors found mixed findings with regard to the quality of the monitoring of safety plans. Some safety plans were monitored appropriately, while others were not monitored adequately; that is the monitoring consisted of phone calls to the parent and no checks completed with the safety networks. In some cases the monitoring of safety plans did not take place at regular intervals. An example of this was in a case where a preliminary enquiry was completed in May, with a safety plan in place and awaiting a preliminary enquiry. A direction to call the mother to check the safety plan was recorded in July, but by November, at the time of the inspection, this had not been completed.

There were initiatives in place, through the service improvement plan, to improve frontline staff's approaches to assessments to limit the risk of a case drifting without a clear decision being made. However, from the cases reviewed, this was still an issue for most cases. In the cases where preliminary enquiries were completed, seven took over a week from when the preliminary enquiry was

started. In the three cases reviewed where initial assessments were completed, they took four, nine and 11 months to be completed.

Part of the screening and preliminary enquiry process was to identify previous referrals to the service and to consider these as part of the overall assessment. It was clear from the cases reviewed that previous referrals were listed on preliminary enquiries and consideration to cumulative harm was part of the assessment, however given the delays, this did not ensure a more timely service.

It was clear from staff interviews and from examples of work completed in cases, that staff had good knowledge of the impact of harm and neglect. However, the service did not have enough capacity to act in a timely manner to promote children's welfare.

There were a number of closed cases reviewed, and in all circumstances these cases were closed appropriately as it was established concerns had been addressed or the threshold for a Tusla referral had not been reached.

Judgment: Not compliant

Standard 2.5

All reports of child protection concerns are assessed in line with *Children First* and best available evidence.

Overall, initial assessments that were completed were of good quality with comprehensive analysis of current concerns and the impact on children. In a number of cases reviewed the outcome was to proceed to child protection conferences which was appropriate.

Fifteen cases, unallocated at the time of the inspection, and awaiting initial assessment were reviewed. Five of these cases (one third of those reviewed) were escalated due to concerns that immediate action was required to assure children's safety. Assurances were received from the area manager that appropriate action was taken in these cases. The level of cases escalated was an indicator of risk when cases are unallocated for such long periods of time.

Children First (2017) describes best practice in relation to child protection and welfare and states that a social worker will carry out a number of tasks when concerns about children are reported to Tusla. These include carrying out initial checks and completing assessments of the concern. The National Standards for the Protection and Welfare of Children, Standard 2.5.2 outlines that 'An accountable, qualified and experienced social worker carries responsibility for the initial assessment which is completed within the required timeframes.' and

Standard 2.5.5: 'A social worker sees the child without his/her family present and observes and communicates with the child in a manner appropriate to his/her age and understanding'. At the time of the inspection, social care leaders were completing initial assessments and preliminary enquiries on cases, contrary to National Guidance and National Standards. The shortage of social workers is a national issue, and the Midlands area is one of several service areas that has been impacted by this. One of the measures to minimise impact on service provision was having social care leaders complete the tasks that had been the responsibility of social workers, and inspectors found examples of good quality work. Inspectors were informed that where social care leaders completed initial assessments, they are supported by co-working with a senior practitioner or a team leader. Social care leaders were supervised by team leaders. While as a contingency in the short term, having social care leaders undertake this type of work may assist in mitigating the risks, it is not a long term solution and requires close monitoring and oversight.

The initial assessments reviewed which were completed were found to be of good quality and were completed to reach a preliminary conclusion about the risk of harm in order to plan an appropriate response. These initial assessments included home visits and meetings with the children. They took the views of children and adults into consideration. They included an assessment of the family's capacity to meet the child's needs and support networks. There was evidence of contact with Gardaí and other professionals such as schools, when required.

The review of cases found significant delays both starting and completing initial assessments. Inspectors noted delays of between four weeks and 20 weeks before cases were allocated for initial assessments. A case that highlights the significance of such delays was a child who, at the time of the inspection, was allocated and listed on the child protection notification system. There was a delay of 12 weeks from when the referral was received until the preliminary enquiry started. The preliminary enquiry took two weeks to complete and the case was then unallocated, awaiting an initial assessment, for 12 weeks.

All initial assessments reviewed took more than 40 days, from date of referral, to date the initial assessment was completed. However, when using the timeframe in the areas local SOP, the date the referral is allocated, there were mixed findings, but the majority took over twelve weeks to complete. An example of these timeframes was a case where the preliminary enquiry was completed eight weeks after the referral was received, then was unallocated awaiting an initial assessment for eight weeks. The initial assessment took 20 weeks to complete. At the time of the inspection, this child was allocated and placed on the child protection notification system, which indicates the level of concern for this child and highlights the possible impact these delays could have meant for the child.

Front line staff and managers highlighted the increasing complexities of the cases they assess and believe that the 40 day timeline is unrealistic. There was also work ongoing, through the local area service improvement plan to shorten timeliness. This work was as a result of initial assessment audits in the first half of 2024, which led to the service improvement plan being updated in October 2024. At the time of the inspection, it was too early to assess whether the actions identified were impacting on shortening the time taken to complete initial assessments, and therefore to intervene quicker to protect children and ensure their safety.

Judgment: Not compliant

Appendix 1 - Full list of standards considered under each dimension

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

Standard Title	Judgment
Capacity and capability	
Standard 3.2 Children receive a child protection and welfare service, which has effective leadership, governance, and management arrangements with clear lines of accountability.	Substantially compliant
Standard 6.1 All relevant information is used to plan and deliver effective child protection and welfare services.	Not compliant
Quality and safety	
Standard 1.3 Children are communicated with effectively and are provided with information in an accessible format.	Substantially compliant
Standard 2.2 All concerns in relation to children are screened and directed to the appropriate service.	Not compliant
Standard 2.3 Timely and effective action is taken to protect children.	Not compliant
Standard 2.5 All reports of child protection concerns are assessed in line with Children First and best available evidence.	Not Compliant

Compliance Plan for Midlands Child Protection and Welfare Service OSV – 0004422

Inspection ID: MON-0044969

Date of inspection: 25 November 2024

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

<p>Standard 3.2 Children receive a child protection and welfare service, which has effective leadership, governance, and management arrangements with clear lines of accountability.</p>	<p>Judgment: Substantially Compliant 30th Dec 2025</p>
<p>Outline how you are going to come into compliance with Standard 3.2:</p> <ul style="list-style-type: none"> • The Midland Area is ensuring compliance re. national definition of cases awaiting allocation -the national reporting system now clearly identifies grade allocated to the case – AM & PSWs. • The schedule of Supervision /1:1 meetings between AM & RCO have been scheduled for 2025 – priority will be given to meeting same. Should for any reason a meeting needs to be changed it will be re-scheduled for as soon as possible – RCO & AM. • A business case has been submitted by the Regional Chief Officer to the national director of services and integration for additional budget to commission an agency to work alongside the intake service to assist with providing more timely diversions and responses to children referred to the service. This is in line with similar response pathways in other DML areas. If approved, this will improve timelines for completion of Preliminary enquiries and initial assessments in the area. – Regional Chief Officer • An adequacy resource model will be finalised in March 2025 as part of Tusla’s reform programme. In the event, the above business case is not approved due to lack of budget, this model will assist in information national allocation of both pay and non-pay budgets as part of the implementation of new network and regional boundaries within Tusla – Adequacy resource model finalised in March 2025; Implementation of new regional and network structures January 2026 - Director of Services and Integration. 	

- The Area has set a target date of June 30th, 2025, to reduce the number of cases waiting in the Duty / Intake service to the national threshold of under 25%. – AM, PSWs & SWTLs. The actions to achieve this are -
Duty/ Intake Workshops which occur every 4- 6 wks with focus on Low - Low Medium PE awaiting allocation.

The workshop processes have been reviewed and efficiencies identified to enhance the throughput of cases.

Screening PSW will review cases awaiting PE's every 4 to 6 weeks to ensure appropriate prioritisation and response- the review will identify any PE waiting that require minimal intervention / diversion to facilitate more timely actions to progress to closure.

As part of the Area Learning Plan a 3-day intensive practice workshop is being planned for May facilitated by Regional Learning & Development Team that will focus on timeliness of decision-making, mapping and scaling within PE. The workshop will also involve the working through of identified PE awaiting allocation.

An additional 3-day workshop has been arranged for the end of March for all Social Work students on placement in the area which will focus on the progression of Low-to-Low Medium rated PE awaiting allocation.

A Review of diversion paths is in progress to identify efficiencies to enhance timeliness of diversion to support services. – AM & PSWs.

- The Area has set a target to reduce cases awaiting IA by 10% per month from March to June. The actions to achieve this are specific to efficiencies and actions identified below in the Area SIP.

Workers to launch the IA form on the date that the case is allocated unless otherwise agreed with SWTL. Workers to be reminded to ensure they change the start date on the form when cloning forms.

As part of the Midlands Duty Induction for new workers, a meeting is held with all new staff every 6 to 8 weeks - IA's, decision-making and timeframes to be placed on agenda. Going forward all new workers are to be provided with the presentation in relation to this topic.

Workers to be reminded of the importance of ensuring that IA forms are written up in a timely manner following the completion of the assessment unless otherwise agreed by SWTL.

Workers and SW Team Leaders are to be reminded of the importance of consistently ensuring there is a clear specific plan re case actions required to be completed between supervision sessions and that this is clearly recorded on supervision sheets.

Monthly data report to be issued from Area User Liaison Officer to PSW re numbers of IA'S closed and time scales for completion.

Area User Liaison Officer to join the 8 weekly PSW Meeting to review any potential TCM efficiencies in IA completions.

– PSWs.

- To assess the effectiveness of changes made to Area SIP (above) specific to timelines for completion of IA re effectiveness, the PSWs will complete an audit by end of Q2. Learnings arising will be incorporated into the Area SIP.
- Area SOP being amended to reflect national timelines for completion of both PE and IA. – PSWs.
- Area SIP being amended to ensure targeted timelines for completion of PE within national timeframes. From March – June the Area will increase the number of PE completed within national timeframes by 5% each month. An audit will be done on the first week of each month to review progress and identify any issues that might be creating challenges - PSWs.
- The area is progressing plans to employ a number of students on Summer (June – Sept) work placements. Following a review of PE waiting by PSW, a plan will be put in place for these workers to work through tasks on a number of low and low medium PEs waiting. This will be done with the close oversight of an identified Social Work manager. – AM & PSW.
- Timeliness of completion of PEs will remain under active review via the supervision process between SWTL and PSW and between PSW and AM.
- Area User liaison Officer will run monthly reports for review by PSWs specific to timeframes for completion of both PE and IA.
- Monitoring of Safety Plans – Area SIP has been amended to emphasise the need for - *All safety plans to have clearly noted timeframes specific to monitoring and review.*

All safety plans within cases awaiting allocation, should have clearly noted timeframes specific to overview and check- ins on safety plan's with the parent and/or lead safety network person and incorporate review of any new information.

The supervision process between Worker and Team Leader for unallocated Cases and supervision between SWTL and PSW will be utilised to review same. PSWs and SWTL for unallocated cases will review on a monthly basis all H rated cases specific to monitoring of safety plans.

PSWs will arrange SWTL to complete an audit of 25 % Safety Plans specific to these changes during Q2 – Area SIP will be amended to reflect any learnings arising - AM & PSWs.

- Actions arising from previous audits that remain outstanding are being collated and will be incorporated into the service improvement plan with defined timeframes for completion PSWs & AM.
- Midland Area is subject to the National CP Compliance Plan - Action - 4.1.2 – Organisational Reform prog – a resource profiling and gap analysis is being

completed for all the new Areas under the structural reform programme and presented to HIQA by end of March 2025 – LISD Programme Delivery Lead.

- The Midland area will continue to prioritise managers’ attendance at Supervision training, Leadership prog / Coaching & Mentoring – AM, PSWs & SWTLs.

Standard 6.1

All relevant information is used to plan and deliver effective child protection and welfare services.

Judgment:

Not Compliant

31/03/2025

Outline how you are going to come into compliance with Standard 6.1:

- The RCO has commissioned an incident review to identify both causal and contributory factors with regard to data quality relating to unallocated cases in the area. This will be completed by 31st March 2025. This incident review will inform service improvements required- RCO.
- The Regional Chief Officer has established a Data & Metrics Oversight Group in the region in November 2024. This group is chaired by the Regional Quality, Risk and Service Improvement Manager and will meet on a quarterly basis. The Midlands Data Quality Officer and TCM User Liaison will attend this group. The Chair will provide a summary report with regard to the work of the group to the RCO after 3 meetings which will include data to support measuring the impact of this action on more effective use of information – RCO.
- A Regional Data and Information Manager has been approved by the Executive Management Team for the region. Key remits of this role will include records management; data quality and integrity; and data business intelligence. It is expected that this post will be filled by June 2025 – RCO.
- The above role will also ensure improved governance relating to the validation of data within the region. In the interim, the regional chief officer has assigned a child care information officer, under line management of QRSI manager to review all data prior to returning nationally.
- The Midland Area is operating in line with the national unallocated cases policy. The Area is ensuring clarity on TCM re cases awaiting allocation – PSW & SWTL no longer holding unallocated cases on TCM – AM & PSW.
- The National performance reporting system now clearly differentiates between cases allocated to SW and other professional grades. The Midland Area will ensure accuracy of grade assigned – AM & PSWs.

- The Midland Area is addressing the identified inaccuracies specific to screening dates on TCM which is linked to the current paper based initial screening form. It is planned that the use of the paper-based screening form will have ceased by end of Q2.

Midland Duty PSWs are linking with other DML Areas with similar referral rates specific to their systems in place.

The business support process is also being reviewed to identify efficiencies to ensure the timeliness of the uploading of referrals received for screening by SWTLs.

All SWTLs have been advised of the importance of ensuring that all electronic screening forms are signed off within the required timeframes. A planned national update of the national recording system specific to the mandated reporting portal being directly linked with the recording system is in progress and this will further assist with reducing steps in the screening process – AM, PSWs & SWTLs.
- All workers have been advised of the importance of ensuring accuracy of information specific to each child when cloning records. Team meetings and the supervision process will be utilised to continue to reinforce this. Duty / Intake PSWs will complete an Audit by the end of Q1 to review accuracy of record cloning. Learnings arising will be incorporated into the area SIP – PSWs.

The duty induction group for new workers will cover the topic of cloning and child specific information in Q1.

Cloning and the topic of child specific information will be put on the agenda for team meetings in Q1.

Learnings arising from audit will be brought back to the team for discussion and focus on learning and service improvements at team meeting in Q2.
- Duty / Intake PSW's are implementing a standard agenda item for 8 weekly meetings in relation to data integrity and service delivery – PSWs.
- Data integrity meetings between duty management and Area User Liaison Officer and Area Data Integrity Officer to continue to be held every 8 weeks throughout 2025 – PSWs.
- Pending the appointment of the regional data manager, an interim measure has been put in place within the region, whereby a childcare information officer, reporting to the regional QRSI manager will review area data returns for quality and verification purposes. In first instance however it is the responsibility of the area to ensure data is accurate and to highlight any issues relating to data quality.

Standard 1.3

Children are communicated with effectively and are provided with information in an accessible format.

Judgment:**Substantially****Compliant****28th Feb 2025****Outline how you are going to come into compliance with Standard 1.3:**

- Midland Area staff completing PE and IAs will ensure consistent contact with children as appropriate to the assessment – Clear rationale will be noted if children are not met with. The supervision process will also be utilised to enhance governance in this area – PSWs & SWTLs.
- Letters will be consistently issued to all families that are awaiting an Initial Assessment – SWTL.
- The current letter will be amended by the PSW to clearly identify the rationale for the child/family being progressed to IA and clarity provided in relation to the contact plan with both the parent and network member. The letter will also incorporate clear contact details of appropriate staff. In progress for implementation by the 24th of February 25 – PSWs & SWTLs.
- The allocated worker at screening has responsibility for sending the letter to families and this will be overseen by SWTL's when signing off on IR's where the outcome of assessment is IA.
- Any referrals following initial screening that indicate the need for an immediate response will be responded to meet immediate need. Should any delays arise specific to the progression of PE, regular communications will occur with the family which will include review of the immediate safety plan in place.

Standard 2.2

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

Judgment:**Not Compliant****30/12/2025****Outline how you are going to come into compliance with Standard 2.2:**

- An implementation plan for Tusla's integrated reform programme will be finalised in Feb 2025 by its programme board, chaired by Tusla's CEO in February 2025. This reform will include structural and practice changes in the way services are delivered within. As a result, the agency will move from 17 service areas (of which Midlands is one of these) to 30 service areas. This will create greater equity with regard to how services are delivered. As part of this programme, a resource allocation model has been developed to ensure more equitable distribution of resources. The planned impact of this reform is that there will be a timelier integrated response provided to children when they require it by using resources within the

area/region and agency more effectively including both social work, social care and other professions/disciplines within the agency – CEO.

- As part of the reform programme, a review of Tusla intake record process commenced in December 2024. Staff across the agency including the Midlands, have been requested to provide feedback on the existing process. Lean and process specialists have been assigned from the national Project Management office to support this review. This review will be completed by 31st March 2025. The planned impact of this review is to ensure resources are used as effectively and optimally as possible – CEO & Director of Services & Integration.
- Midland Area is subject to the National CP & Welfare compliance plan – Action 4.1.1 – references allocation of additional resources to areas in greatest need – this is further linked to the effective use of resources as referenced previously. RCO is strongly advocating for additional resources to meet unmet need identified in Midland Area.
- The new structures of networks and regional for January 2026 and resources aligned under these new structures will be finalised in March 2025. Under the new network structures, the current boundary for Midlands area will no longer be an operational area from January 2026 but rather new networks will be created. A resource adequacy model for these new networks will inform allocation of additional resources for networks, such as the networks in Midlands.
- A business case has been submitted by the Regional Chief Officer to the National Director of Services and Integration (DOSI) for additional budget to commission an agency to work alongside the intake service to assist with providing more timely diversions and responses to children referred to the service. This is in line with similar response pathways in other DML areas. If approved, this will improve timelines for completion of Preliminary enquiries and initial assessments in the area – RCO.
- As part of Tusla’s reform programme, an adequacy model, including reviews of budgets available for commissioning will be finalised in March 2025. This will assist in reviewing overall commissioning services and related budgets and identifying networks of greatest need.
- Midland Area continuing to keep the local process (RED) for diversion to PPFs under active review to ensure it is effective specific to timeliness of case diversion, thus further assisting with timeliness of responses – AM, PSWs & PPFs Manager.
- The Midland Area is addressing the identified inaccuracies specific to screening dates on TCM which is linked to the current paper based initial screening form. It is planned that the use of the paper-based screening form will have ceased by end of Q2.

Midland Duty PSWs are linking with other DML Areas with similar referral rates specific to their systems in place.

The business support process is also being reviewed to identify efficiencies to ensure the timeliness of the uploading of referrals received for screening by SWTLs.

All SWTLs have been advised of the importance of ensuring that all electronic screening forms are signed off within the required timeframes.

A planned national update of the national recording system specific to the mandated reporting portal being directly linked with the recording system is in progress and this will further assist with reducing steps in the screening process – AM, PSWs & SWTLs.

- The Area has set a target date of June 30th, 2025, to reduce the number of cases waiting in the Duty / Intake service to the national threshold of under 25%. – AM, PSWs & SWTLs. The actions to achieve this are - Duty/ Intake Workshops which occur every 4- 6 wks and focus on Low - Low Medium PE awaiting allocation.

The workshop processes have been reviewed and efficiencies identified to enhance the throughput of cases.

Screening PSW will review cases awaiting PE's every 4 to 6 weeks to ensure appropriate prioritisation and response- the review will identify any PE waiting that require minimal intervention / diversion to facilitate more timely actions to progress to closure.

As part of the Area Learning Plan a 3-day intensive practice workshop is being planned for May facilitated by Regional Learning & Development Team that will focus on timeliness of decision-making, mapping and scaling within PE. The workshop will also involve the working through of identified PE awaiting allocation.

An additional 3-day workshop has been arranged for the end of March for all Social Work students on placement in the area which will focus on the progression of Low-to-Low rated PE awaiting allocation.

A Review of diversion paths is in progress to identify efficiencies to enhance timeliness of diversion to support services. – AM & PSWs.

- The Midland Area SIP specific to the Quality of PE – has been amended to incorporate the consistent need to ensure the accuracy of recording & timeliness of same. This will be discussed at team meetings. – PSW.
- Examples of good quality PEs will be circulated to teams and discussed at team meetings. – PSWs.
- The need to ensure accuracy of start dates on the national recording system has been emphasised to all workers and will continue to be a priority within both the data integrity meetings and team meeting - PSW & SWTL.

- The Area User Liaison Officer (ULS) will run monthly checks re accuracy of start dates – ULS & PSW.
- PSWs will complete an Audit of case notes by end of Q1 2025 and facilitate a workshop incorporating learnings identified to be rolled out in early Q2 2025. – PSWs.

Standard 2.3

Timely and effective action is taken to protect children.

Judgment:

Not Compliant

30/12/2025

Outline how you are going to come into compliance with Standard 2.3:

- An implementation plan for Tusla’s integrated reform programme will be finalised in Feb 2025 by its programme board, chaired by Tusla’s CEO in February 2025. This reform will include structural and practice changes in the way services are delivered within. As a result, the agency will move from 17 service areas (of which Midlands is one of these) to 30 service areas. This will create greater equity with regard to how services are delivered. As part of this programme, a resource allocation model has been developed to ensure more equitable distribution of resources. The planned impact of this reform is that there will be a timelier integrated response provided to children when they require it by using resources within the area/region and agency more effectively including both social work, social care and other professions/disciplines within the agency – CEO.
- As part of the reform programme, a review of Tusla intake record process commenced in December 2024. Staff across the agency including the Midlands, have been requested to provide feedback on the existing process. Lean and process specialists have been assigned from the national Project Management Office to support this review. This review will be completed by 31st March 2025. The planned impact of this review is to ensure resources are used as effectively and optimally as possible – CEO & Director of Services & Integration.
- A business case has been submitted by the Regional Chief Officer to the national director of services and integration for additional budget to commission an agency to work alongside the intake service to assist with providing more timely diversions and responses to children referred to the service. This is in line with similar response pathways in other DML areas. If approved, this will improve timelines for completion of Preliminary enquiries and initial assessments in the area.
- In event additional budget cannot immediately be identified, a adequacy resource allocation model will be finalised in March 2025. This will support identification of locations within the area of greatest need with regard to resource requirements.

- The Area has set a target date of June 30th, 2025, to reduce the number of cases waiting in the Duty / Intake service to the national threshold of under 25%. – AM, PSWs & SWTLs. The actions to achieve this are - Duty/ Intake Workshops which occur every 4- 6 wks and focus on Low - Low Medium PE awaiting allocation.

The workshop processes have been reviewed and efficiencies identified to enhance the throughput of cases.

Screening PSW will review cases awaiting PE's every 4 to 6 weeks to ensure appropriate prioritisation and response- the review will identify any PE waiting that require minimal intervention / diversion to facilitate more timely actions to progress to closure.

As part of the Area Learning Plan a 3-day intensive practice workshop is being planned for May facilitated by Regional Learning & Development Team that will focus on timeliness of decision-making, mapping and scaling within PE. The workshop will also involve the working through of identified PE awaiting allocation.

An additional 3-day workshop has been arranged for the end of March for all Social Work students on placement in the area which will focus on the progression of Low-to-Low Medium rated PE awaiting allocation.

A Review of diversion paths is in progress to identify efficiencies to enhance timeliness of diversion to support services. – AM & PSWs.

- The Area has set a target to reduce cases awaiting IA by 10% per month from March to June. The actions to achieve this are specific to efficiencies and actions identified below in the Area SIP.

Workers to launch the IA form on the date that the case is allocated unless otherwise agreed with SWTL. Workers to be reminded to ensure they change the start date on the form when cloning forms.

As part of the Midlands Duty Induction for new workers, a meeting is held with all new staff every 6 to 8 weeks - IA's, decision-making and timeframes to be placed on agenda. Going forward all new workers are to be provided with the presentation in relation to this topic.

Workers to be reminded of the importance of ensuring that IA forms are written up in a timely manner following the completion of the assessment unless otherwise agreed by SWTL.

Workers and SW Team Leaders are to be reminded of the importance of consistently ensuring there is a clear specific plan re case actions required to be completed between supervision sessions and that this is clearly recorded on supervision sheets.

Monthly data report to be issued from Area User Liaison Officer to PSW re numbers of IA'S closed and time scales for completion.

Area User Liaison Officer to attend the 8 weekly PSW Meeting to review any potential TCM efficiencies in IA completions – PSWs.

- To assess the effectiveness of changes made to Area SIP (as above) specific to timelines for completion of IA re effectiveness, the PSWs will complete an audit by end of Q2. Learnings arising will be incorporated into the Area SIP.
- Area SOP being amended to reflect national timelines for completion of both PE and IA. – PSWs.
- Area SIP being amended to ensure targeted timelines for completion of PE within national timeframes. From March – June the Area will increase the number of PE completed within national timeframes by 5% each month. An audit will be done on the first week of each month to review progress and identify any issues that might be creating challenges - PSWs.
- The Midland Area is subject to National CP and Welfare Compliance Plan – Action 4.1.2 – Organisational Reform prog – a resource profiling and gap analysis is being completed for all the new Areas under the structural reform programme and presented to HIQA by end of March 2025 – LISD Programme Delivery Lead.
- The Midland Area is actively participating in a number of National Social Work recruitment and Retention initiatives – the Summer Placement Scheme; the SW Apprenticeship Scheme; SCL bursary scheme specific to pursuing a SW qualification – 3 Area staff participating; SW Career pathways – specific to experienced Social Workers receiving promotion to Snr. Practitioner grade – AM.
- The Area Learning Plan which is currently in the process of being finalised for 2025 and will incorporate a Safety Planning Workshop facilitated by the by the Learning and Development Team. This workshop is scheduled for the end of March. – AM.
- Monitoring of Safety Plans – Area SIP amended to emphasise the need for - *All safety plans to have clearly noted timeframes specific to monitoring and review.*

All safety plans within cases awaiting allocation, should have clearly noted timeframes specific to overview and check- in's on safety plan's with the parent and/or lead safety network person and incorporate review of any new information.

The supervision process between Worker and Team leader for unallocated Cases and supervision between SWTL and PSW will be utilised to review same. PSWs and SWTL for unallocated cases will review on a monthly basis all H rated cases specific to monitoring of safety plans.

PSWs will arrange SWTL to complete an audit of 25 % Safety Plans specific to these changes during Q2 – Area SIP will be amended to reflect any learnings arising - AM & PSWs.

- A workshop for the management of cumulative harm – National Action 5.2.1 – is being prioritised for Areas such as the Midlands who are subject to the National CP and Welfare Compliance Plan. The DML workshops are scheduled for April and May with additional workshops as required in Q3 and Q4. Attendance at the workshops has been incorporated into the Area Learning Plan – PSW & AM.
- Duty induction workshops held every 4-5 weeks, to continue throughout 2025 with sessions focusing on timely and efficient assessments specific to IR and IA. - PSWs.

Standard 2.5

All reports of child protection concerns are assessed in line with Children First and best available evidence.

Judgment:

Not Compliant

30/05/2025

Outline how you are going to come into compliance with Standard 2.5:

- The Midland Area is subject to the national compliance plan CP & Welfare – Action 3.2.4 -The Dir of Services and Integration (DOSI). will implement a Case Allocation Framework as it pertains to children requiring a child protection and welfare response effectively and consistently – March 2025. Framework will assist Areas in guiding the alloc., of cases where a SW cannot be alloc. Action 4.1.2 – Organisational Reform prog – a resource profiling will be completed. – DOSI.
- A workshop for the management of cumulative harm – National Action 5.2.1 – is being prioritised for Areas such as the Midlands who are subject to the National CP and Welfare Compliance Plan. The DML workshops are scheduled for April and May with additional workshops as required in Q3 and Q4. Attendance at the workshops has been incorporated into the Area Learning Plan – PSW & AM.
- National Compliance Plan – Action – 5.2.2 – Pilot training needs analysis of social care staff undertaking CPW work – devise training programme – roll-out to commence May 2025. In the interim practice leads will provide direct support to Soc Care Workers & their teams in implementing the National Approach to CP & Welfare practice – This will be included in the Area Learning Plan. – Workforce Learning & Development & AM.
- National Compliance Plan – Action 4.1.2 – a resource profiling and gap analysis for all the new Areas under the structural reform programme and presented to HIQA by end of March 2025 - LISD Programme Delivery Lead.
- Area subject to national CP & Welfare compliance plan – Action 4.1.1 – allocation of additional resources to areas in greatest need. The Regional Chief Officer is strongly advocating for same based on level of unmet need in the Midland Area. To support greater equity with regard to resource allocation, a adequacy resource model will be finalised in March 2025. This

will inform future resource allocation – Director of Services and Integration.

- The Midland Area is actively participating in a number of National Social Work recruitment and Retention initiatives – the Summer Placement Scheme; the SW Apprenticeship Scheme; SCL bursary scheme specific to pursuing a SW qualification – 3 Area staff participating; SW Career pathways – specific to experienced Social Workers receiving promotion to Snr. Practitioner grade – AM.
- The Area has set a target to reduce cases awaiting IA by 10% per month from March to June. The actions to achieve this are specific to efficiencies and actions identified below in the Area SIP.

Workers to launch the IA form on the date that the case is allocated unless otherwise agreed with SWTL. Workers to be reminded to ensure they change the start date on the form when cloning forms.

As part of the Midlands Duty Induction for new workers, a meeting is held with all new staff every 6 to 8 weeks - IA's, decision-making and timeframes to be placed on agenda. Going forward all new workers are to be provided with the presentation in relation to this topic.

Workers to be reminded of the importance of ensuring that IA forms are written up in a timely manner following the completion of the assessment unless otherwise agreed by SWTL.

Workers and SW Team Leaders are to be reminded of the importance of consistently ensuring there is a clear specific plan re case actions required to be completed between supervision sessions and that this is clearly recorded on supervision sheets.

Monthly data report to be issued by Area User Liaison Officer to PSW re numbers of IA'S closed and time scales for completion.

Area User Liaison Officer to attend the 8 weekly PSW Meeting to review any potential TCM efficiencies in IA completions – PSWs.

To assess the effectiveness of changes made to Area SIP specific to timelines for completion of IA re effectiveness, the PSWs will complete an audit by end of Q2. Learnings arising will be incorporated into the Area SIP.

- Area SIP being amended to ensure targeted timelines for completion of PE within national timeframes. From March – June the Area will increase the number of PE completed within national timeframes by 5% each month. An audit will be done on the first week of each month to review progress and identify any issues that might be creating challenges - PSWs.
- The Midland Area is in the process of submitting a business case for Safe and Together Domestic Violence training to enhance the skill set of staff in identifying and responding to cases of domestic violence – AM.

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 3.2 Children receive a child protection and welfare service, which has effective leadership, governance, and management arrangements with clear lines of accountability.	Substantially Compliant	Yellow	30/12/ 2025
Standard 6.1 All relevant information is used to plan and deliver effective child protection and welfare services.	Not Compliant	Red	31/03/2025
Standard 1.3 Children are communicated with effectively and are provided with information in an accessible format.	Substantially Compliant	Yellow	28/02/2025
Standard 2.2 All concerns in relation to children are screened and directed to the appropriate service.	Not Compliant	Orange	30/12/2025
Standard 2.3 Timely and effective action is taken to protect children.	Not Compliant	Orange	30/12/2025
Standard 2.5 All reports of child protection concerns are assessed in line with Children First and best available evidence.	Not Compliant	Red	30/05/2025

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