



# Report of an inspection of a Child Protection and Welfare Service

Name of service area:	Louth Meath
Name of provider:	Child and Family Agency Tusla
Type of inspection:	Child protection and welfare - Risk
Fieldwork ID:	MON_0036442
Date of inspection:	25 – 27 April 2022
Lead inspector:	Sharron Austin
Support inspector(s):	Una Coloe Pauline Clarke Orohoe Niamh Greevy Hazel Hanrahan Tom Flanagan

## About this inspection

The Health Information and Quality Authority (HIQA) monitors services used by some of the most vulnerable children in the state. Monitoring provides assurance to the public that children are receiving a service that meets the requirements of quality 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 continuous improvement so that children have 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 services provided by the Child and Family Agency (Tusla) to protect children and promote their welfare.

HIQA monitors Tusla's performance against the *National Standards for the Protection and Welfare of Children* and advises the Minister for Children, Equality, Disability, Integration and Youth and Tusla.

In order to promote quality and improve safety in the provision of child protection and welfare services, HIQA carries out inspections to:

- **assess** if the Child and Family Agency (the service provider) has all the elements in place to safeguard children and young people
- **seek assurances** from service providers that they are **safeguarding children** by reducing serious risks
- **provide** service providers with the **findings** of inspections so that service providers develop action plans to implement safety and quality improvements
- **inform** the public and **promote confidence** through the publication of HIQA's findings.

## How we inspect

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

The key activities of this inspection involved:

- the analysis of data
- interview with the area manager
- focus groups with principal social workers and social work team leaders
- focus groups with social workers and social care staff
- speaking with families
- the review of local policies and procedures, minutes of various meetings, staff supervision files, audits and service plans
- the review of 38 children's case files.

### **Acknowledgements**

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

## Profile of the child protection and welfare service

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.

Tusla 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 manager known as a regional chief officer. The regional chief officers report to the national director of services and integration, who is a member of the executive management team. Child protection and welfare services are inspected by HIQA in each of the 17 service areas.

### **Service area**

Louth Meath is situated in North Leinster, on the east coast of Ireland and in close proximity to Dublin and is part of the North South Axis. While Louth is the smallest county in Ireland, it has a high population density composed of the first and third largest urban areas (Drogheda and Dundalk) outside of designated cities. The Louth Meath area is a large geographical area with distances of 115kms at its broadest which has an impact on accessing resources and responding to need.

The total population (Census 2016) of Louth Meath is 323,928. The population was 307,032 in 2011 and 274,090 in 2006. This indicates a population surge of a 5% (increase since 2011) and a 15% (49,838) increase since 2006. It comprises three of the largest and fastest growing towns in Ireland. Three towns in the area are in the top five most populated towns in Ireland –

1. Drogheda - 40,956 +6.2%
3. Dundalk - 39,004 (+3.1%)
5. Navan - 30,153 (+5.7%).

Louth Meath has a population of 93,093 children and young people which is the 5<sup>th</sup> highest child population per Tusla area and representing 28.47% of Dublin North East's (DNE) population. Children aged less than 18 years represents 28.47% of the area's total population. This includes 29.3% of Meath's population (57,134) and 27.2% of Louth's population (35,046). The number of children (0-17yrs) increased by 6%, from 87,562 to 93,093. It is clear that Louth Meath's population is still increasing and that there is likely to be an increased demand for children's and young people's services over the next decade.

The service area is under the direction of the regional chief officer for the Tusla Child and Family Agency Dublin North East Region. There is an area manager and three principal social workers with the responsibility for the delivery of child protection and welfare services. There is also a senior manager in place for Prevention Partnership and Family Support (PPFS).

At the time of inspection, there was a principal social worker post for the three dedicated point of contact (DPC) teams, and 2 principal social worker posts for the seven assessment and intervention (A&I) Teams. There were social care and family support practitioner staff in place to support the diversion of referrals at the dedicated points of contact, which do not meet the threshold for a child protection service, but which require other supports and interventions. In addition to this, they also supported the completion and implementation of social work led assessment and safety plans.

There was a duty intake system in place for the service area. Within this system, screening and intake of incoming referrals were completed by the DPC teams located in Navan, Drogheda and Dundalk. When initial assessments were required, these were completed by seven A & I teams located across both counties (three in Meath and four in Louth). Each of these teams comprised a combination of social workers, senior social work practitioners, social care leaders, social care workers and family support practitioners. They were each managed by a social work team leader who reported to their respective principal social worker.

## Compliance classifications

HIQA judges the service to be **compliant, substantially compliant or non-compliant** with the standards. These are defined as follows:

- **Compliant:** A judgment of compliant means the service is meeting or exceeding the standard and is delivering a high-quality service which is responsive to the needs of children.
- **Substantially compliant:** A judgment of substantially compliant means the service is mostly compliant with the standard but some additional action is required to be fully compliant. However, the service is one that protects children.
- **Not compliant:** a judgment of not compliant means the service has not complied with a standard and that considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of children using the service will be risk-rated red (high risk) and the inspector will identify the date by which the provider must comply. Where the non-compliance does not pose a significant risk to the safety, health and welfare of children using the service, it is risk-rated orange (moderate risk) and the provider must take action within a reasonable time frame to come into compliance.

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

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

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

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

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

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

Date	Times of inspection	Inspector	Role
25 April 2022	09:00 – 17:00hrs (onsite)	Sharron Austin	Inspector
	09:30 – 16:30hrs (onsite)	Una Coloe	Inspector
	09:30 – 16:30hrs (onsite)	Pauline Clarke Orohoe	Inspector
	09:30 – 16:30hrs (onsite)	Hazel Hanrahan	Inspector
	09:00 – 16:30hrs (remote)	Tom Flanagan	Inspector
26 April 2022	09:00 – 17:45hrs (onsite)	Sharron Austin	Inspector
	09:30 – 16:30hrs (onsite)	Una Coloe	Inspector
	09:30 – 16:30hrs (onsite)	Niamh Greevy	Inspector
	09:30 – 16:30hrs (onsite)	Hazel Hanrahan	Inspector
	09:00 – 16:00hrs (remote)	Tom Flanagan	Inspector
27 April 2022	09:00 – 17:00hrs (onsite)	Sharron Austin	Inspector
	09:30 – 17:00hrs (onsite)	Una Coloe	Inspector
	09:30 – 17:00hrs (onsite)	Niamh Greevy	Inspector
	09:30 – 16:30hrs (onsite)	Hazel Hanrahan	Inspector
	09:00 – 17:00hrs (remote)	Tom Flanagan	Inspector

## Views of people who use the service

Hearing the voices of children is very important in understanding how services work to meet their needs and improve outcomes in their lives. As part of our inspection methodology, HIQA requested that children be identified by the area to speak with inspectors about their experiences. The children who were asked chose not to speak with inspectors on this occasion.

This inspection focused on the management of child protection and welfare referrals, from the point of receipt of the referral to the completion of an initial assessment. Inspectors spoke with nine parents who were receiving, or had received a child protection and welfare service and listened to their experiences. The majority of parents spoke positively about the service and voiced that they and their children were well supported. They were provided with information as to the reason for service involvement and information on support and advocacy groups. Some described the service as having a positive impact on them and their children and that the service became involved in a timely manner and supported them through the process.

The majority of parents who spoke to the inspectors stated that they were involved in all aspects of the process from assessments, to network groups and the creation of safety plans. They stated that the social worker explained the reason for their involvement with the family and parents understood their role as well as the role and involvement of the different agencies. Parents described good partnership, working and communication with professionals, in increasing safety and reducing risk, for the child. They said that the service focused on resources and networks that the family already had, to build support. However, not all parents felt part of the assessment process as some said they did not know the reason for the service's involvement. Some stated that initial assessments were not explained to them or they did not fully understand that they were part of an assessment undertaken by the social worker. Parents from different cultural backgrounds felt that the service was not culturally responsive to their needs as additional resources, such as translation services, needed to aid good communication were not effectively used and they did not feel engaged in all aspects of the process.

All parents who spoke with inspectors said they received home visits from social workers. Some on a number of occasions as this was part of the assessment of the child's needs and parent's capacity to meet the child's needs. These home visits included observation of the family home and amenities for the child, and provided the social worker with information about how family life would impact on the child. Safety plans were used by the service to promote the ongoing safety and wellbeing of



children. Parents stated that the social worker provided support through a safety plan and monitored it to ensure the child was kept safe from harm. In some cases, the plans were developed together with families and when changes to the plan occurred, they were part of this process. Parents said the service continued to assess, with their family, their strengths, needs, and progress with safety plans. Some parents said that the social worker completed work with their children to help them to understand what was happening. However, this was not the experience shared by other parents.

Some comments from parents about social work involvement included:

"did everything that she said would do" and was described as "seeing things from everybody's point of view"

"changed my life" as a result of the support provided

"made a big difference in our lives"

"felt heard"

"was wonderful with my child" and "was able to communicate really well with him"

"the main thing about the social worker was that she put my daughter first"

"was only concerned that my daughter was okay and that she was safe"

"the issue of safety for my daughter was the main thing"

"communicated well with my child"

"my child felt safe and there was good support".

The views of other parents were not as positive and some expressed dissatisfaction with the service or said that further support was needed. Other comments included:

"hard to get through to the social worker"

"social worker more interested in the child" and didn't explain why they were involved.

Where children had additional needs, parents told inspectors that the social worker took steps to tailor their approach to be child friendly and researched the child's additional needs so as to ensure better communication.

Where cases were closed to the service, parents stated that case planning was undertaken and they were provided with information by the service as to the reason behind their decision-making. A closure letter was received by parents and additional support services were put in place where needed. Some comments from parents about the closure of cases was described as:

" they were very open in their communication with us"

"the social worker gave us the reasons"

"when the case was closed she gave me the reasons and then sent a letter"

"made sure that I still had the family centre for support".

## Capacity and capability

This inspection was a risk-based inspection which focused on the management of child protection and welfare referrals, from the point of receipt of the referral about a child, to the completion of an initial assessment and the aligned governance arrangements in place to ensure a safe, effective and timely service delivery to these children. The area was not in compliance with Tusla's standard business processes in relation to the timelines for the completion of preliminary enquiries or initial assessments and safety planning was poor. Measures implemented to address issues impacting on compliance with standards were not timely at effecting change. The monitoring and oversight of cases that awaited a service required improvement to be fully effective.

Overall, this inspection found that management systems could not ensure that children and families received a timely service in line with legislation, policy, regulations and standards. The service area could not provide adequate assurances on the safety of their service. There was a shortfall in resources to meet the demands of the service. There were gaps in the monitoring and oversight of waitlisted cases, including the quality of safety planning. There were delays in response times for children and families, who were waiting prolonged periods for preliminary enquiries and initial assessments. The service were not timely at effecting change so as to ensure that children and families received a child protection and welfare service in line with standard business processes.

Assurances were sought from the area manager on a number of areas of practice following this inspection including, on the effective monitoring and review of cases awaiting allocation and actions taken to mitigate potential risks to the safety, protection and welfare of children while they awaited allocation. In addition, assurances were sought in relation to a specific case where inspectors were concerned about the safety of children. An appropriate response was received in relation to the specific case. However assurances returned, as to the overall safety of the service, were not adequate and risks within the service were escalated to the National Office of Tusla for further assurances.

The service was managed by an experienced and well established area manager. During interview, she articulated her vision for the service, the organisational culture and the performance management approach with senior managers to provide the best quality service. The area manager also outlined the challenges the service faced in trying to ensure a timely and effective service to children and families, which she identified were, as a result of staffing vacancies and resourcing issues. The priority for the service was the restructuring of the children-in-care and assessment and intervention teams, so as to assist with a more integrated and consistent response to service demands. However, these measures, intended to address issues impacting on

compliance with standards, were not timely at effecting change. Discussions in relation to this had begun pre-COVID-19 and the area manager told inspectors that the timeline for this restructuring was the end of quarter two 2022. This was also outlined within the service area plan for 2022.

The service area had a stable and experienced management team and there were clear lines of responsibility. Governance meetings were held on a monthly basis to discuss and address a wide range of issues across the service area as a whole. These were attended by the area manager, principal social workers across children in care, fostering, aftercare, child protection and welfare (dedicated point of contact team and assessment and intervention team), child protection case conference, Prevention Partnership & Family Support Programme (PPFS) managers, as well as business support. Senior management meetings, as well as meetings with team leaders, were also held monthly and more often if required. Minutes of these meetings showed the agendas were wide-ranging and that they discussed all aspects of the service. While team leaders were involved in some of these meetings, they told inspectors that they would benefit from a specific team leader forum in addition to the regular leadership meetings to discuss issues arising related to their role.

The majority of the teams were highly skilled and experienced and managers told inspectors that newer staff were receiving adequate support and training from more experienced staff and managers within their teams. However, the service area was under pressure as staff vacancies impacted on services delivered to children and families. This occurred despite the best efforts of the management team, including workforce analysis, meetings with HR and participation in a national recruitment and retention forum. At the time of the inspection, the child protection and welfare service had nine vacancies as well as five staff on maternity leave.

The area manager told inspectors that Tusla's Chief Executive Officer held a national recruitment and retention forum in December 2021 to specifically look at strategies to address this. The area manager met with Tusla's national human resources (HR) department to explore a strategy for the service area given the staffing issues and the impact on the service. A comprehensive action plan was put in place and some identified actions were being implemented or were in place. This included offering Tusla contracts to agency staff, as well as the initiative to recruit permanent staff to cover maternity leaves. Two social care staff had transferred into the area prior to the inspection and two new agency staff were due to start in the Louth area. A provider assurance report submitted following the inspection fieldwork, outlined further developments in relation to staff recruitment and retention. This would see eight staff from the graduate programme starting with the agency from June to September 2022 and further staff to be offered posts.

The area were in the process of reviewing applications for a social work team leader position to fill one vacant post and two other permanent team leader posts, initially to cover maternity leave. Interviews were due to be held in the weeks following

inspection. This was part of the management plan for dealing with unallocated cases. The plan in place was that these measures, alongside the restructuring of the children-in-care and assessment and intervention teams, would increase the area's capacity to deal with cases awaiting allocation.

Planning for the service area was good. Actions were clearly outlined to meet the objectives. However, progress was impeded by persistent shortfalls in the capacity of the service to meet demands. The service plan for 2022 was appropriately aligned to Tusla's own corporate and business plan objectives and was in the final year of a five year plan. Of the 16 objectives outlined in the area's service plan, two actions had been completed in March 2022. Other actions were not due for completion at the time of inspection. Examples of some of the objectives outlined in the service plan included improved management and governance of the service, collaborative working with other agencies including An Garda Síochána and the development and retention of staff. In addition to the service plan, the area also had a quality improvement plan which focused on findings from previous HIQA inspections of the child protection and welfare service. This was monitored, tracked and reviewed at management meetings in conjunction with performance and activity data and reports.

The area manager told inspectors about Tusla's 'High Need/Low Harm' project that had commenced in the area. This project related to cases identified as being 'High Need/Low Harm' where there were delays in responding to children and families. A review of cases awaiting allocation was undertaken as part of an introductory workshop by Tusla's Integrated Practice Reform Steering group. A sample of cases awaiting allocation were reviewed using a standardised review template so as to identify themes and patterns on issues that impact on progressing these cases. It focused specifically on cases where preliminary enquires had been completed and cases had been assigned a low or medium priority and were awaiting initial assessment to be undertaken. This service area was selected to pilot this project as one of five Tusla service areas with the highest number of unallocated cases at the end of 2021. The intention was that a new team of five staff will be established, once analysis of the outcome of the project was determined. One of the key objectives of this team would be to reduce the number of unallocated cases and the waiting times for children and families. Key measures would see a 5% reduction in unallocated cases at intake and initial assessment by the end of quarter two 2022 and 10% by end of quarter four 2022. Recruitment for this team was set to commence by the end of quarter two 2022.

The organisational culture in the service encouraged open communication and team working. Inspectors found that there were good communication systems across the service area to ensure that staff were supported and kept informed about any changes with regard to service delivery. Relevant information sharing was evidenced in management and governance meeting minutes, and from interviews and discussions with staff by inspectors across the different grades. Inspectors found that managers and staff had a good level of knowledge of individual cases as well as the area and its community. Further information or clarification sought during the inspection fieldwork on actions or decisions on individual children's files was provided to inspectors.

The area manager told inspectors that senior managers were held to account and were challenged when their practice was not effective. Similarly, the area manager was held to account by the regional chief officer. Staff told inspectors that they felt well supported by their team leaders. They said that they received regular supervision and good direction on issues specific to their cases. They also described good peer support in the service area. Staff also commented on the support they received from managers in relation to their personal development plans and training.

The area manager acknowledged that they were not adhering to Tusla's national standard business processes and did not have the resources to ensure compliance. This risk was regularly discussed at governance meetings and risk escalated to senior management. Notwithstanding, there were a number of quality assurance mechanisms in place. Audits relevant to the inspection undertaken in 2021 and 2022 included two audits of notifications to An Garda Síochána in accordance with Children First undertaken by Tusla's Practice Assurance and Service Monitoring Team (PASMT); three internal audits, of which two assessed the application of thresholds and decision-making in response to referrals, as well as the recording of ethnicity; and the third looked at the area's adherence to Tusla's staff supervision policy. Overall, the internal auditors were satisfied that there was a consistency applied in screening cases amongst the three DPC teams and consistent decision-making for closing and or diverting cases with sufficient evidence of safety for a child. However, the area required more substantial action to effectively reduce the impact of known risks on service delivery.

The area manager received information and some assurances on the operation of the service through monthly governance meetings, discussions at team meetings, review and monitoring of monthly and quarterly metrics and comparison with national metrics, risk escalations, "need to knows (NTKs)", and individual supervision sessions with senior managers, as well as, oversight of audits of various aspects of the service. However, the area manager could not be effectively assured by, governance arrangements and structures in place, that the service delivered was safe, effective and timely as there continued to be risks relating to staff vacancies and resource issues that led to gaps and delays in the service provided to children and families. The

service could not meet their legislative requirements and there was no clear plan or timeline within which these risks would be address. A sample of minutes reviewed by inspectors found mixed quality records. Governance and senior management meeting records demonstrated good discussion of agenda topics with clear actions recorded where required. Follow up or matters arising from previous meetings were clearly addressed, however, a sample of other team meeting minutes across the service demonstrated that clear decision-making and persons responsible were not consistently recorded.

Operational risks were set out in the service area risk register reviewed by the inspectors and were appropriately risk assessed and risk rated. This fed into a regional risk register. Fifteen risks were recorded on the risk register catalogue. The main risks that related to this inspection were unallocated cases, staffing, impact of the cyber-attack and the impact on service provision during COVID-19. Risk management was regularly discussed at the senior management meetings as demonstrated in a sample of meeting minutes reviewed by inspectors. While efforts were being made to address risk, so as to minimise the impact on service provision, these were not effective. The area did not have capacity to implement identified controls and risks in relation to staffing capacity and unallocated cases remained at the time of inspection.

A 'Need to Know' (NTK) reporting process was in place to inform senior managers and Tusla's national office of significant issues relating to individual children and other serious incidents and adverse events relating to children in care. Inspectors reviewed a sample of NTK records and found they were reported and responded to appropriately. There was a clear process in place when a need to know report was escalated to the area manager. The quality, risk and service improvement officer provided feedback to managers and staff as to how the risk was being managed locally or escalated to the regional chief officer, as well as the next steps that need to be taken. The area manager confirmed this with inspectors, that responses to NTK reports were communicated to staff directly through their managers, as well as through team meetings. Despite this process, some staff told inspectors that they do not get feedback on risks escalated.

Improvements were required in management oversight of children's records on NCCIS to ensure that records accurately reflected all decisions and work completed. Not all information was recorded or uploaded to children's case files in a timely manner. Inspectors found that there were significant gaps in records maintained by social workers and managers on individual cases. In addition, records of supervision containing decisions and direction on individual cases were not consistently uploaded onto NCCIS.

The provision of formal supervision within the area required improvement as practice was inconsistent and some records were of poor quality. While a training needs analysis and associated training plan were completed by the area, the recording of

regular continued professional development discussion to identify and respond to any learning gaps was absent on the supervision records. Other areas for improvement in relation to staff supervision identified by inspectors included documenting of staff wellbeing discussions and actions assigned brought forward to the next session to hold staff accountable for their work.

The quality of a sample of 14 staff supervision records across various grades, differed from each supervisor in terms of case notes and forms used. Some records demonstrated that separate individual case supervision records were used to reflect good case discussion with clear accountable decision-making, while others did not, as they lacked any detail to inform good analysis of the individual cases. Inspectors found some well-recorded supervision records that evidenced professional development through training, skills development and knowledge, and how staff have applied this in their practice with children and families. In these records, inspectors found that a proportionate number of cases were explored that looked at risk, prioritising the staff member's worries, actions to be completed and interventions to be put in place. The majority of supervision records were typed and legible, however, some supervision records were hand written and were not always legible. While not applicable to all staff, inspectors found that case load management was discussed in supervision and some used the case load management tool template as part of their supervision record. Where caseloads were assessed as being unmanageable, no clear decisions or next steps were recorded in the supervision record on how to address this.

The area manager's supervision records evidenced that supervision with the regional chief officer was regular with good discussion in all relevant areas across the service. The supervision of principal social workers by the area manager also evidenced the same.

Staff wellbeing was reported by staff as very important in the area. The service area had a staff wellbeing and retention strategy for 2022–2023. Tusla's national health, wellbeing and employee assistance programme was available to all staff providing a range of staff supports including counselling, staff wellbeing workshops, and other services. This was complemented by a range of local wellbeing initiatives, for example, a number of workshops were delivered by an external clinician in the field of psychotherapy in the previous year and further workshops were planned in 2022. Staff and managers told inspectors of other supports in place which included, wellness days, reflective practice days, mindfulness sessions, lunch and learn opportunities as well as individual and group supervision. A team leader development programme was in place and most of the team leaders had some training on introduction to management. They told inspectors that there was good mentoring in place for them. Alongside Tusla national initiatives, the service area also had in place a practice partnership with NUI Maynooth in relation to its Master of Social Science (Social Work). The area viewed this partnership as an opportunity to provide a positive entry into the social work

profession and to support students to enter their working life with key skills and knowledge that are applicable in all areas of social work practice.

**Standard 3.2**

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

The service had clear governance arrangements and established strategic and operational plans in place. Issues impacting on compliance with standards were not effectively responded to and did not ensure timely management of risks. Delays in responding to the needs of children and families requiring a child protection and welfare service existed and measures implemented to address delays in response times for preliminary enquiries and initial assessment were not effective. Significant improvements were required in the monitoring and oversight of waitlisted cases, including the quality of safety planning, so as to ensure that children and families were safe while they waited for a service. Caseload management, case supervision and the provision of formal supervision to staff required improvement and children's records were not adequately maintained.

**Judgment**

Not compliant

**Standard 5.2**

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

The service area had experienced and committed managers and staff who had the required skills and knowledge to efficiently perform their duties in the management of referrals. Despite contingency plans and staff retention initiatives, the area did not have a sufficient number of staff to ensure a timely and effective service to children and families.

**Judgment**

Substantially compliant



## Quality and safety

Overall, the quality and safety of child protection and welfare services required improvement to ensure an effective response in meeting the needs of all children and their families. Inspectors found that immediate risk to children was responded to appropriately and where risks were clearly identified within referrals these were effectively managed. The screening of referrals were completed in a timely manner and the quality of completed initial assessments were of a good standard. However, the area was not in compliance with Tusla's standard business processes in relation to the timelines for the completion of preliminary enquiries or initial assessments and safety planning was poor. Additional management action was required to further reduce waiting lists and improve the recording of this process.

At the time of this inspection, there were delays in response times for some children and families, and expected timeframes for preliminary enquiries and initial assessment were not being consistently met. Measures implemented to address issues impacting on compliance with standards were not timely at effecting change. The monitoring and oversight of cases that awaited a service required improvement to be fully effective. Inspectors found that where children were allocated to a social worker, work undertaken was child centred and individualised to the needs of children and their families.

On the first day of inspection fieldwork, there were 124 cases at preliminary enquiry stage, of which 21 were awaiting allocation. While this figure was low, the wait times from the point of referral to the current process stage of awaiting allocation for preliminary enquiry ranged from one to four months (16 cases), six months (three cases), eight months (one case) and 10 months (one case).

Data provided to HIQA prior to the inspection fieldwork demonstrated that there were 154 cases awaiting allocation for initial assessment. On the first day of the inspection fieldwork, the number of cases awaiting the start of an initial assessment was 168, of which 111 were awaiting allocation to a social worker. The delays from the point of referral to the current process stage of awaiting allocation for initial assessment ranged from four to 13 months, indicating persistent and significant delays in completing preliminary enquiries before children and families then waiting for initial assessments. The existence of a waitlist across the stages of the child protection and welfare process meant that children were not receiving the service they required in a timely manner.

The service area had a protocol in place in relation to the governance and management of unallocated cases dated October 2020, but this was not consistently implemented. According to the guidance, all high risk referrals must be acted upon immediately, as well as cases where the risk level changes due to new information received. A weekly duty meeting should take place at which all new referrals would be actioned and prioritised and existing unallocated cases reviewed. The protocol outlines that the outcome of these meetings should include the allocation of cases, or where this is not possible, actions to be decided and undertaken by the duty social worker. An 'active on duty' system was used within the duty social work teams, which meant that actions required to be undertaken on waitlisted cases were completed by rotating social workers on the duty roster.

The respective principal social workers for the DPC team and assessment and intervention team outlined to inspectors that they carried out the review of cases awaiting allocation. Actions identified, which were required to be undertaken while awaiting a service, were then allocated to be completed as availability of resources allowed. A number of actions were assigned to a social care leader on the team, and updates were provided on progress at the next review meeting. However, the review of waiting lists did not effectively ensure that risks to children while they waited for a service were identified and managed appropriately in all cases. Inspectors found that while reviews were taking place, not all cases were reviewed routinely or on a weekly basis, actions to address risks were not being implemented in a timely and effective way and records of reviews were poor.

Unallocated cases post preliminary enquiry, in the assessment and intervention teams, were dealt with by the unallocated team in Louth. This team comprised of a team leader, two social workers and a social care leader. They reviewed the wait list on a weekly basis. Managers and staff told inspectors that while this team had made a huge difference and did substantial work to reduce the waitlist, they continued to have a huge number of unallocated cases. They outlined the struggle to reduce the number of cases on the waitlist and that the team were not able to move cases on. Some of the reported reasons for this were staffing and unmanageable caseloads, including a mixed caseloads of child protection and welfare cases, as well as children in care.

Inspectors found that the review of cases awaiting allocation records were not consistently uploaded to NCCIS and available on the child's file. Staff and managers also told inspectors that not every case awaiting allocation reviewed gets formally written up on a review sheet. Inspectors reviewed a sample of eight cases for evidence that reviews of cases awaiting allocation were being undertaken in line with the local protocol. Five referrals were awaiting allocation since October 2021. The frequency of reviews of these cases ranged from one to four reviews in the intervening period. The review of the remaining three referrals awaiting allocation since July, August and December 2021 ranged from three to five reviews in the intervening period. The principal social worker for one team provided inspectors with a ring binder which held handwritten review records primarily for 2021. These records did not always clearly record how cases were progressing from week to week, or reflect robust decision-making during the review process. On the basis of the sample of files reviewed, it was clear that the protocol for the management and review of wait lists was not being implemented as required. As cited above, assurances were sought following inspection on the management of cases awaiting allocation, as well as appropriate actions to mitigate potential risks to the safety, protection and welfare of children while they await allocation following the inspection fieldwork.

The quality of case records overall was variable; with evidence of ongoing gaps or delays in uploading key documents on NCCIS. Inspectors reviewed 38 records for the purpose of examining the quality of monitoring and oversight of cases and found that nineteen of 38 case records had poor monitoring and oversight. Front line staff and managers told inspectors that staffing issues and other competing pressures had led to delays in meeting timeframes for writing up case notes or uploading documents to NCCIS. Given the ongoing gaps and stretched workforce capacity; this meant workers were not always equipped with all the relevant information they needed when covering the work of a colleague.

As outlined previously, Tusla's 'High Need/Low Harm' project had commenced in the area. Inspectors saw examples of completed case reviews using the required template for this project on a number of files. Managers and staff were aware of this project and told inspectors that this would have a positive impact on the allocation of cases requiring an initial assessment.

Inspectors found that there were appropriate systems in place to ensure that screening was prioritised by social workers. Dedicated point of contact (DPC) teams operated in Navan, Dundalk and Drogheda. These teams received and processed all new referrals on unknown and closed cases. Screening is the first step taken by a child protection and welfare service to establish the appropriateness of the referral to the service, and to identify 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, a prioritisation category is applied to the case, as well as a category of the abuse based on the information provided in the referral.

Screening in the majority of cases was completed within 24 hours and records evidenced immediate actions taken to ensure the safety of children when required. Referrals were classified into the relevant categories of abuse, such as physical, sexual, or emotional abuse, neglect or child welfare concern and assigned a priority level. The screening process clearly indicated the level of intervention children required from the social work service. When screening was completed, the case was either allocated to a social worker or was placed on a waiting list for preliminary enquiry to be completed. Inspectors found that referrals were appropriately categorised, prioritised and appropriate thresholds were applied.

This inspection found that there were risks to children in the area, as the service was not in a position to respond to referrals as required. Preliminary enquiries were significantly delayed in many cases. An effective quality screening and preliminary enquiry gives social workers the appropriate information to decide what action is required to progress the referral and to protect children at risk. Senior managers told inspectors that the service area were not in a position to meet Tusla standard business processes in the management of referrals which states that preliminary enquiries should be completed within five days and recorded on an intake record. In the absence of resources to manage referrals within five days, the service area operated a traffic light system for guiding staff in the prioritisation of preliminary enquiries. The traffic light system in place stated that high priority cases were to be completed within 5 days, medium priority cases within 15 days and low priority cases within 20 days.

Managers told inspectors that all high-priority cases were allocated and urgent action was taken when required. Inspectors reviewed 31 of 38 referrals for the timeliness and quality of preliminary enquiries, of which 23 were completed and eight were still in progress. Nine of the 23 were completed within the five day timeframe. Of the remaining 14 cases, inspectors found delays in the completion of preliminary enquiries ranging from two weeks (four cases), to five months (two

cases) with one case waiting seven months for the completion of preliminary enquiries. Where preliminary enquiries were still in progress in eight cases, inspectors found delays in completion of these enquiries ranging from one month (two cases), to nine months in one case. Under Tusla's standard business processes, it is not a requirement to see children as part of the preliminary enquiry. However, where it takes weeks or months as outlined above to complete, these delays raise concerns for safeguarding where referrals are open to the service, but children are not met with for such long periods.

Further information on a number of cases was sought from individual social work staff and managers during the inspection fieldwork as records did not demonstrate that risks were assessed and managed. Assurances as to children's safety in addressing known risks was received in some cases. However, further action was required and inspectors sought assurances as to the systematic risks associated with the poor management of waiting lists in the area.

Inspectors found that where preliminary enquiries had been completed, the majority of completed intake records contained good quality analysis of available information. Inspectors found evidence of internal checks, adequate interagency co-operation and consultation with families that informed decision-making at this stage and in the majority of cases, details were clarified with the referrer prior to completion as required.

Inspectors found that safety planning was central to the work undertaken by social workers with children and families in the area, but required improvement. This inspection found that the quality of safety planning was poor in the majority of cases as plans were limited in detail to evidence how the area is assured that children were safe. Safeguarding measures and safety plan arrangements were not generally recorded in a formal record. They were found to be recorded in various parts of the child's file including case notes, intake records, and assessments or discussed in case supervision.

Inspectors reviewed safety planning, in terms of ensuring that necessary actions to safeguard children were taken where there were reported child protection and welfare concerns within the process stages up to completion of initial assessment. Inspectors reviewed 20 cases in relation to safety planning and found three (15%) of these had adequate or good quality safety plans in place. However, these were not subject to regular monitoring or review. An example of good practice, where timely action was taken to ensure the safety and welfare of a child was found in one of these three cases. The remaining 17 (85%) cases showed minimal safety planning that were either poor quality or entirely absent. Examples included safety plans that were not timely, lacked essential information, were poorly recorded and were not reviewed or monitored. In one case, the social worker told inspectors that the safety plan for the child was completed by another professional involved with the child, however, this was not recorded on the child's file. In another case, the safety plan was inadequate as it made no reference to violence within the home and resulting risk to the child. A third case demonstrated delayed safety planning prior to the birth of a child and no record of social work contact over three months after the child was born. Overall, where plans were inadequate or of poor quality, inspectors could not determine how the plans were reviewed, monitored and updated regularly in response to changing circumstances in a family to ensure their effectiveness.

The area manager outlined that the principles of safety planning was an area that required improvement and needed to be stronger. Safety planning had been identified as an area for improvement in 2022 as demonstrated in the area's quality improvement plan. The area's service plan for 2022 evidenced discussions with senior managers in relation to safety planning workshops with an action for completion by June 2022.

This inspection found that the service area was not in adherence with Tusla timeframes and best practice principles for initial assessments. Tusla's standard business processes outlines that an initial assessment is completed within a 40 day timescale from the date of the initial report into Tusla. However, the service was not achieving this target with some cases drifting for long periods. The purpose of the initial assessment is to determine whether there has been harm or potential for future danger to a child and if there is any existing safety present to address this harm.

Data provided by the area showed that of the 5473 referrals received over the previous 12 months, 468 (9%) required an initial assessment. The area reported that 201 initial assessments had been completed in the same period, of which 17 (8%) were completed within the required timeframes. At the time of the inspection, there were 267 initial assessments ongoing. Inspectors reviewed 16 files where a determination had been made that an initial assessment was required and found

that eight were completed, one was in progress and seven had not yet commenced at the time of inspection. Four of the completed initial assessments met the required time frame. The remaining four initial assessments took between three to four months (three cases) and one case took eight months to complete. The rationale for delays were not consistently recorded on the initial assessment form. Some staff told inspectors that prioritising work on initial assessments was impacted due to the demands of court work on children in care cases.

Of the referrals that required an assessment, four cases did not commence in a timely manner, with delays between two to nine months. One case identified as high priority required a pre-birth child protection conference, however, the initial assessment commenced two months after the child was born. There was delayed safety planning for the birth of the child and no social work contact for more than three months after the child was born.

Inspectors examined completed initial assessments for the purpose of assessing quality and found that the analysis of risk and children's needs were of a good standard and appropriate recommendations for action were identified within completed initial assessments. Where required, assessments were informed by good quality sharing of information from relevant professionals. With the exception of one case, inspectors could see that social workers met with or spoke to children on their own about the assessment process, appropriate to their age.

Inspectors were concerned about the safety of children in one case reviewed as part of this inspection. In this case the initial assessment was still in progress at the time of the inspection, despite being identified as high priority case at the preliminary enquiry stage in June 2021. Inspectors found that a review of this case by a senior manager in December 2021 noted that the case should proceed to a child protection case conference and possible instigation of care proceedings. Despite this, the oversight of this case was not effective as actions were not completed. This case was escalated to the area manager following the inspection to seek assurances in relation to the safety for these children and the plan to ensure a prompt assessment of their needs and risks. Adequate assurances in relation to these concerns were received prior to issuing this report.

A review of a high-priority case awaiting initial assessment demonstrated that while there was a safety plan in place the case remained unallocated. As such, the safety plan was not monitored to ensure the child was safe. Similarly, in a child sexual abuse case that was awaiting an initial assessment at the time of inspection, inspectors found that the safety plan put in place in May 2021 had not been monitored or reviewed since that time. A senior manager told inspectors that this case and similar child sexual abuse cases, which were primarily prioritised as

medium or low risk cases, had been escalated to their line manager as the team did not have capacity to work some of these cases. Inspectors found that as a result of that escalation by the team leader to their line manager, a clear plan was put in place to address risks and manage these cases. However, significant drift had occurred and children and families involved in these cases had waited long periods for a service.

There was good liaison between An Garda Síochána and the duty teams, through individual contact, garda liaison meetings and senior local management liaison forum meeting. Principal social workers and garda superintendents met as a senior local management liaison forum every three months. Minutes of these forums reviewed by inspectors reflected the discussions and information sharing between both agencies. There was also evidence that the subject of garda notifications was discussed on a number of occasions in senior management meeting records.

Notwithstanding the overall positive findings of audits undertaken by Tusla's Practice Assurance and Service Monitoring Team (PASMT) of notifications to An Garda Síochána in accordance with Children First in 2021 and more recently in 2022, inspectors found that improvements were required. Inspectors reviewed 18 referrals where a crime was suspected and a garda notification was required, of which 13 notifications were appropriately made and five were not. Six of 13 notifications were made in a timely manner. Three of the remaining seven notifications were made between one to three weeks after receipt of referral and four were delayed between one to two months. A garda notification was required at the point of screening for two of the five notifications not made, however, these were still outstanding at the time of inspection since November and December 2021. In one case, the allocated social worker told the inspector that a decision had been made that a notification was not warranted following discussion with the parents.

Case closures were managed effectively. However, closure summaries and rationales for closure were not clearly recorded on the children's files. Inspectors reviewed 12 files for the purpose of examining the closure process and found that all were appropriately closed. Actions and decisions to close a case were found in either a case note, case supervision record or in a closure letter to the parent. Inspectors found that families were informed of the decision-making process and there was evidence of interagency cooperation as was appropriate to these cases. However, records of closures varied in quality and did not always provide a comprehensive summary or rationale for closing the case.



**Standard 2.3**

Timely and effective action is taken to protect children.

There were unassessed risks to children in the area as the service was not in a position to respond to referrals as required. Preliminary enquiries were significantly delayed in many cases. The existence of a waitlist across the preliminary enquiry and initial assessment stages of the child protection and welfare process meant that safety was unknown for children while they awaited assessment. This meant that systems and processes in place were not effective in ensuring appropriate safeguarding actions were taken in respect of all children awaiting a service.

**Judgment**

Not compliant

**Standard 2.4**

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

While immediate risk to children was responded to, additional management action was required to further reduce waiting lists and improve the recording of this process. Waitlists remained for preliminary enquiries and initial assessments which meant that assessments of children's needs were not completed within the required time frames. The quality of safety planning was poor in the majority of cases as plans were limited in detail to evidence how the area is assured that children were safe. Where plans were inadequate or of poor quality, inspectors could not determine how the plans were reviewed, monitored and updated regularly in response to changing circumstances in a family to ensure their effectiveness.

**Judgment**

Not compliant

**Standard 2.5**

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

Completed initial assessments demonstrated that the analysis of risk and children's needs were of a good standard and appropriate recommendations for action were identified. However, the service area was not in adherence with Tusla time frames for initial assessments and best practice, with some cases drifting for long periods. The reasons for delays were not consistently recorded on the initial assessment form and actions to ensure children's safety while they waited were not always timely.

**Judgment**

Not compliant

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

Inspection ID: MON\_0036442

Date of inspection: 25 – 27 April 2022

## 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.

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

A finding of:

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

## Section 1

The provider is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when

making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

**Compliance plan provider’s response:**

Standard Heading	Judgment
Standard 3.2	Not compliant
<p>Outline how you are going to come into compliance 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.</p> <p><b>Action 1:</b> A practice review day was completed at the Dedicated Point of Contact (DPC) on the 9<sup>th</sup> June 2022 to complete preliminary enquiries (PE) on all cases over 30 days. The area will continue to facilitate these practice review days on a fortnightly basis as required (see Action 3 below). We will review cases remaining unallocated as part of our practice review days.</p> <p><b>Responsible:</b> DPC Principal Social Worker &amp; Team Leaders  <b>Completed by:</b> Completed &amp; ongoing</p> <p><b>Action 2:</b> All cases awaiting allocation were reviewed and any cases that required action or immediate allocation were progressed. This has been completed for DPC and the Assessment and intervention teams (A&amp;I).</p> <p><b>Responsible:</b> DPC &amp; A&amp;I Principal Social Worker &amp; Team Leaders  <b>Completed by:</b> Completed</p> <p><b>Action 3:</b> A new rotational system was introduced in Navan from the 13<sup>th</sup> June 2022 which will replicate the approach in Louth. At the end of this two week period, any case that is not completed as per the agreed timeframes (as outlined below) will be subject to a practice review response which are being held fortnightly. The aim of this approach is to increase compliance and governance.</p> <p><b>Responsible:</b> DPC Principal Social Worker &amp; Team Leaders  <b>Completed by:</b> Completed &amp; ongoing</p> <p><b>Action 4:</b> An intermediate response has been devised which aims to reduce all referrals awaiting preliminary enquires (PE). From a combination of overtime and new resources, all cases will be subjected to preliminary enquiries using an intermediate timeframe.</p> <p>The resources agreed are –</p> <ul style="list-style-type: none"> <li>• Social care worker (SCW) commenced on the 21<sup>st</sup> June and a further two SCW's have been identified as CPL recruitment agency are progressing recruitment.</li> <li>• A professionally qualified social worker (PQSW) is assisting the area on a part-time basis, commenced the week of the 13<sup>th</sup> June.</li> </ul>	

- Prevention Partnership & Family Support (PPFS) staff available to assist preliminary enquiries for low risk cases and arranging supports for other families awaiting PE as appropriate. Commenced on the 13<sup>th</sup> June 2022.

The focus of the intermediate response is to progress the following outcomes:

- all Medium PE being completed in 20 days and Low PE in 25 days. By 15 July 2022.
- all Medium PE being completed in 15 days and Low PE in 20 days. By 19 August 2022

If we exceed these timeframes, practice review days are scheduled fortnightly to complete (as per Action 3 above).

**Responsible:** Regional Chief Officer (RCO), Area Manager (AM) & Dedicated Point of Contact (DPC) Principal Social Worker (PSW).

**Completed by:** 19 August 2022

**Action 5:** To enable Louth Meath (LM) to complete preliminary enquiries (PE) as per the standard business process (SBP), the following new resources have been approved and will be recruited for LM –

- A new DPC team in Meath (1 Team Leader, 1 Senior Practitioner, 3 PQSWs, 1 Social Care Worker, 1 Administrative staff or equivalent in terms of SCW grade).
- Additional resources allocated to the Louth team (2 Social Care Leaders and 2 Social Care Workers).

On recruitment of the above staff and the establishment of teams, LM plan to be compliant with the SBP.

**Responsible:** Principal Social Worker & Team Leaders

**Completed by:** 1 October 2022

**Action 6:** To enable LM to increase the timeliness of Initial Assessments (IAs), a project team is being established to progress the IAs on all unallocated Low and Medium risk cases over six weeks. This team will include social workers and social care workers; a combination of agency staff and re-allocation of existing staff. This is a temporary team that will focus on the specific task of bringing our IAs to completion. The first action for the team will be to review immediate safety plans and develop interim safety plans of the children awaiting a service. The outcome will be that -

- interim safety will be established
- all cases over six weeks will be reviewed and allocated based on our assessment of need
- the Assessment & Intervention (A&I) teams (that will have been newly restructured) will be in a position to focus on the timely completion of Initial Assessments on an ongoing basis.

**Responsible:** A&I Principal Social Worker & Team Leaders

**Completed by:** Team to commence by the 15 July 2022 & be completed in 4 months.

**Action 7:** The principal social workers (PSWs) for the A&I & Dedicated Point of Contact (DPC) will review timeframes for the allocation and the timeframe for the completion of Preliminary Enquiry (PE) & Initial Assessments (IAs) on a weekly basis. An oversight

meeting with the area manager will occur monthly to review progress and identify any outstanding risks.

**Responsible:** A&I & DPC Principal Social Workers, National Child Care Information System (NCCIS) User Liaison Team Leader and Area Manager

**Completed by:** Introduced in July 2022

**Action 8:** The area reviewed their terms of reference (TOR) for the Monthly Governance on the 20 June 2022 and this will now be amended to include compliance with standard business process (SBP) timeframes.

**Responsible:** Area Manager

**Completed by:** Completed

**Action 9:** The changes to our structures and increased resources will be included in our revised protocol for the Governance and Management of cases awaiting allocation. We will reiterate the need to use the Review Form for Cases Awaiting Allocation (as per SBP) and this form will be scanned onto NCCIS.

**Responsible:** DPC and A&I Principal Social Worker, Team Leaders & Area Manager

**Completed by:** 31 July 2022 and ongoing

**Action 10:** The Beacon project which is a family support initiative will have increased funding & support to enable the teams to provide appropriate community support and address additional child & family needs.

**Responsible:** Regional Chief Officer (RCO) and Prevention Partnership & Family Support (PPFS) Senior Manager.

**Completed by:** 1 August 2022

**Action 11:** A programme of Safety Planning workshops has commenced in Louth Meath, occurring on the 15 June 2022. This will include specific workshops as indicated by analysis of data and the low harm high need analysis. (see Action 5 of Standard 2.3 for further details)

**Responsible:** Assessment & Intervention (A&I) & Dedicated Point of Contact (DPC) Principal Social Worker & Team Leaders, Signs of Safety Team.

**Completed by:** 15 June 2022 and ongoing

**Action 12:** A practice memo on Supervision will be re-issued to all staff to remind them of the need to discuss Continued Professional Development, Wellbeing, and review of agreed actions, legibility and the uploading of individual case records onto the National Child Care Information System (NCCIS).

**Responsible:** A&I and DPC Principal Social Worker & Area Manager

**Completed by:** 30 June 2022

<p><b>Action 13:</b> A Principal Social Worker (PSW) has taken a lead role in supporting and mentoring Team Leaders and PSWs on the adherence and use of the Caseload Management tool. She has commenced supporting Team Leaders in May 2022.  <b>Responsible:</b> Principal Social Worker for Child Protection Notification System (CPNS)  <b>Completed by:</b> Completed</p> <p><b>Action 14:</b> The area is holding a number of workshops on NCCIS recording to include naming convention. The scheduled dates are 6<sup>th</sup> July, 10<sup>th</sup> August and 7<sup>th</sup> September 2022.  <b>Responsible:</b> NCCIS User Liaison Team  <b>Completed by:</b> 7<sup>th</sup> September 2022</p>	
Standard 5.2	Substantially compliant
<p>Outline how you are going to come into compliance with Standard 5.2: Staff have the required skills and experience to manage and deliver effective services to children.</p> <p><b>Action 1:</b> The Louth Meath Recruitment, Retention &amp; Wellbeing Strategy will continue to be implemented over the course of 2022 and 2023. Our action plan is being monitored to ensure progress.  <b>Responsible:</b> Principal Social Workers, Team Leaders, Area Manager &amp; Business Support Team  <b>Completed by:</b> Implementation through 2022/23</p> <p><b>Action 2:</b> Completion of the national workforce stabilisation project. This has included -</p> <ol style="list-style-type: none"> <li>1. the permanent appointment of staff in temporary appointments over 2 years (resulting in 4 staff appointed)</li> <li>2. the permanent appointment of agency staff (resulted in 7 conversions)</li> <li>3. the designation of maternity leave posts at permanent (resulted in 7 re-graded)</li> </ol> <p><b>Responsible:</b> Business Support Team  <b>Completed by:</b> Completed in June 2022</p> <p><b>Action 3:</b> The following recruitment actions to be progressed:</p> <ul style="list-style-type: none"> <li>• 8 staff members have accepted the graduate programme and further staff are to be offered posts. Onboarding will start from <b>June to September 2022</b></li> <li>• 2 staff members (Children’s Service Worker) have commenced on the Dundalk Assessment and Intervention Team - Commenced on <b>16th May 2022</b></li> <li>• Interviews have been held for Social Care Workers. Completed in <b>May 2022</b></li> <li>• Interviews for Social Care Leaders, scheduled beginning <b>4th July 2022</b></li> <li>• Team Leader interviews for Louth Meath (LM) occurred on <b>20 May, 26 May and 27 May 2022</b>. Also permanent Team Leader interviews occurring on <b>14 July 2022</b></li> <li>• Principal Social Worker interviews on <b>11 July 2022</b></li> </ul> <p><b>Responsible:</b> Tusla Recruit, Regional HR and Area Manager  <b>Completed by:</b> 30 September 2022</p> <p><b>Action 4:</b> The Appointment of 18 new staff -</p> <ul style="list-style-type: none"> <li>• The new staff for Louth Meath as outlined in Action 5 (S 3.2) above</li> </ul>	

- The new staff for LM as part of the High Need Low Harm Team

**Responsible:** Tusla Recruit with Local LM support

**Completed by:** 1 October 2022

**Action 4:** A review of vacancies will be completed in Quarter 4 2022 to identify what posts were not filled. Consideration will be given to recruitment of additional grades that could be employed to support the statutory work and vacancies filled.

**Responsible:** Area Manager & Business Support Team

**Completed by:** 31 October 2022

**Action 5:** Fortnightly meetings and/or reports will take place between Louth Meath and Tusla Recruit to monitor progress of recruitment

**Responsible:** Regional HR, Tusla Recruit and LM Business Support Team

**Completed by:** Commenced June 2022

**Action 6:** Ongoing and persistent risks regarding staffing availability will continue to be escalated to Regional Chief Officer (RCO) and will be reviewed and discussed at Regional Operational Risk Management Service Improvement Committee (RORMSIC) which is also fed up to National Operational Risk Management Service Improvement Committee (NORMSIC).

**Responsible:** Quality, Risk & Service Improvement (QRSI) Officer LM, Area Manager & RCO

**Completed by:** Ongoing

Standard 2.3

Not compliant

Outline how you are going to come into compliance with Standard 2.3: Timely and effective action is taken to protect children.

**Action 1:** An intermediate response has been devised which aims to reduce all referrals awaiting preliminary enquiries. From a combination of overtime and new resources, all cases will be subjected to preliminary enquiries using an intermediate timeframe.

The resources agreed are –

- Social care worker (SCW) commenced on the 21st June 2022 and a further two SCW's have been identified as CPL (recruitment agency) are progressing recruitment.
- A professionally qualified social worker (POSW) is assisting the area on a part time basis, commenced the week of the 13<sup>th</sup> June 2022.
- Prevention Partnership & Family Support (PPFS) staff available to assist preliminary enquiries (PE) for Low risk cases and arranging supports for other families awaiting PE as appropriate. Commenced on the 13<sup>th</sup> June 2022.

The focus of the intermediate response is to progress the following outcomes

- all Medium PE being completed in 20 days and Low PE in 25 days. By 15 July 2022

- all Medium PE being completed in 15 days and Low PE in 20 days. By 19 August 2022  
If we exceed these timeframes, practice review days are scheduled fortnightly to complete (as per Action 3 above).

**Responsible:** Regional Chief Officer (RCO), Area Manager (AM) & Dedicated Point of Contact (DPC) Principal Social Worker (PSW)

**Completed by:** 19 August 2022

**Action 2:** To enable Louth Meath (LM) to complete Preliminary Enquiries (PE) as per the standard business process (SBP) the following new resources have been approved and will be recruited for LM –

- A new DPC team in Meath (1 Team Leader, 1 Senior Practitioner, 3 PQSWs, 1 Social Care Worker, 1 Administrative staff or equivalent in terms of SCW grade).
- Additional resources allocated to the Louth team (2 Social Care Leaders and 2 Social Care Workers).

On recruitment of the above staff, LM plan to be compliant with SBP.

**Responsible:** Principal Social Worker & Team Leaders

**Completed by:** 1 October 2022

**Action 3:** To enable LM to increase the timeliness of Initial Assessments (IAs), a project team is being established to progress the IAs on all unallocated Low and Medium Risk cases over six weeks. This team will include social workers and social care workers; a combination of agency staff and reallocation of existing staff. This is a temporary team that will focus on the specific task of bringing our IAs to completion. The first action for the team will be to review immediate safety plans and develop interim safety plans of the children awaiting a service. The outcome will be that -

- interim Safety will be established
- all cases over six weeks will be reviewed and allocated based on our assessment of need
- the Assessment & Intervention (A&I) teams (that will have been newly restructured) will be in a position to focus on the timely completion of IAs on an ongoing basis.

**Responsible:** A&I Principal Social Worker (PSW) & Team Leaders

**Completed by:** Team to commence by the 15 July 2022 & completed in 4 months.

**Action 4:** A programme of Safety Planning workshops has commenced in Louth Meath (LM), occurring on the 15 June 2022. This will include specific workshops as indicated by analysis of data and the low harm high need analysis. (see Action 5 of Standard 2.3 for further details)

**Responsible:** A&I & Dedicated Point of Contact (DPC) Principal Social Worker & Team Leaders & Signs of Safety Team

**Completed by:** 15 June 2022 and ongoing

**Action 5:** Implementation of the National High Need Low Harm Project which will assist in reducing the number of cases awaiting allocation. This initiative includes recruiting a



specific team but also on changes to practice and local structures. The identified actions for LM for 2022 include a plan of work with a number of confirmed dates and actions -

#### Practice

- Learning team to deliver Safety Planning in Action Workshop - **Quarter 4 2022**
- Workshop on Safety Planning and Domestic Abuse - **15 June 2022 & ongoing**
- Input on immediate Safety Planning at IA - **19 July 2022**
- Strengthening IR & IA processes - **Commencing on 24 June 2022, but ongoing**
- Joint Practice Review - Learning event for Team Leaders and local implementation plan - **31 March 2022 & 17 & 18 October 2022**

#### Local Structure

- Review, Evaluate, Direct (RED) meetings to be reviewed in line with revised guidance
- Meeting with referral community
- Local Group to support integrated working with commissioned services & Family Support

**Responsible:** Area Manager, A&I PSWs and the national project team

**Completion by:** 15 June but ongoing

Standard 2.4

Not compliant

Outline how you are going to come into compliance with Standard 2.4: Children and families have timely access to child protection and welfare services that support the family and protect the child.

**Action 1:** An intermediate response has been devised which aims to reduce all referrals awaiting Preliminary Enquires. From a combination of overtime and new resources, all cases will be subjected to preliminary enquiries using an intermediate timeframe.

The resources agreed are –

- Social Care Worker (SCW) commenced on the 21st June 2022 and a further two SCW's have been identified as CPL recruitment agency are progressing recruitment.
- A professionally qualified social worker (PQSW) is assisting the area on a part-time basis, commenced the week of the 13<sup>th</sup> June 2022.
- Prevention Partnership & Family Support (PPFS) staff available to assist Preliminary Enquiries (PE) for Low risk cases and arranging supports for other families awaiting PE as appropriate. Commenced on the 13<sup>th</sup> June 2022.

The focus of the intermediate response is to progress the following outcomes:

- all Medium PE being completed in 20 days and Low PE in 25 days. By 15 July 2022
- all Medium PE being completed in 15 days and Low PE in 20 days. By 19 August 2022

If we exceed these timeframes, practice review days are scheduled fortnightly to complete (as per Action 3 above).

**Responsible:** Regional Chief Officer (RCO), Area Manager (AM) & Dedicated Point of Contact (DPC) Principal Social Worker (PSW)

**Completed by:** 19 August 2022

**Action 2:** To enable Louth Meath (LM) to complete Preliminary Enquiries (PE) as per the standard business process (SBP) the following new resources have been approved and will be recruited for LM –

- A new DPC team in Meath (1 Team Leader, 1 Senior Practitioner, 3 PQSWs, 1 Social Care Worker, 1 Administrative staff or equivalent in terms of SCW grade).
- Additional resources allocated to the Louth team (2 Social Care Leaders and 2 Social Care Workers).

On recruitment of the above staff, LM plan to be compliant with SBP.

**Responsible:** Principal Social Worker & Team Leaders

**Completed by:** 1 October 2022

**Action 3:** To enable LM to increase the timeliness of Initial Assessments (IAs), a project team is being established to progress the IAs on all unallocated Low and Medium Risk cases over six weeks. This team will include social workers and social care workers; a combination of agency staff and re-allocation of existing staff. This is a temporary team that will focus on the specific task of bringing our IAs to completion. The first action for the team will be to review immediate safety plans and develop interim safety plans of the children awaiting a service. The outcome will be that -

- interim Safety will be established
- all cases over six weeks will be reviewed and allocated based on our assessment of need
- the Assessment & Intervention (A&I) teams (that will have been newly restructured) will be in a position to focus on the timely completion of IAs on an ongoing basis.

**Responsible:** A&I Principal Social Worker & Team Leaders

**Completed by:** Team to commence by the 15 July 2022 & completed in 4 months.

**Action 4:** The Beacon project which is a family support initiative will have increased funding & support to enable the teams to provide appropriate community support and address additional child & family needs.

**Responsible:** Regional Chief Officer (RCO) and Area Manager

**Completed by:** 1 August 2022

**Action 5:** A programme of Safety Planning workshops has commenced in Louth Meath (LM) with the occurring on the 15 June 2022. This will include specific workshops as indicated by analysis of data and the low harm high need analysis. (see Action 5 of Standard 2.3 for further details)

**Responsible:** Assessment & Intervention (A&I) & Dedicated Point of Contact (DPC) Principal Social Worker, Team Leaders & Signs of Safety Team

**Completed by:** 15 June 2022 and ongoing

Standard 2.5	Not compliant
<p>Outline how you are going to come into compliance with Standard 2.5: All reports of child protection concerns are assessed in line with <i>Children First</i> and best available evidence.</p> <p><b>Action 1:</b> An intermediate response has been devised which aims to reduce all referrals awaiting Preliminary Enquires (PE). From a combination of overtime and new resources, all cases will be subjected to preliminary enquiries using an intermediate timeframe.</p> <p>The resources agreed are –</p> <ul style="list-style-type: none"> <li>• Social care worker (SCW) commenced on the 21st June 2022 and a further two SCW's have been identified as CPL recruitment agency are progressing recruitment.</li> <li>• A professionally qualified social worker (PQSW) is assisting the area on a part-time basis, commenced the week of the 13<sup>th</sup> June 2022.</li> <li>• Prevention Partnership &amp; Family Support (PPFS) staff available to assist PE for Low risk cases and arranging supports for other families awaiting PE as appropriate. Commenced on the 13<sup>th</sup> June 2022.</li> </ul> <p>The focus of the intermediate response is to progress the following outcomes</p> <ul style="list-style-type: none"> <li>• all Medium PE being completed in 20 days and Low PE in 25 days. By 15 July 2022</li> <li>• all Medium PE being completed in 15 days and Low PE in 20 days. By 19 August 2022</li> </ul> <p>If we exceed these timeframes, practice review days are scheduled fortnightly to complete (as per Action 3 above).</p> <p><b>Responsible:</b> Regional Chief Officer (RCO), Area Manager (AM) &amp; Dedicated Point of Contact (DPC) Principal Social Worker (PSW)</p> <p><b>Completed by:</b> 19 August 2022</p> <p><b>Action 2:</b> To enable Louth Meath (LM) to complete Preliminary Enquiries (PE) as per the standard business process (SBP) the following new resources have been approved and will be recruited for LM –</p> <ul style="list-style-type: none"> <li>• A new Dedicated Point of Contact (DPC) team in Meath (1 Team Leader, 1 Senior Practitioner, 3 professionally qualified social workers (PQSWs), 1 Social Care Worker (SCW), 1 Administrative staff or equivalent in terms of SCW grade).</li> <li>• Additional resources allocated to the Louth team (2 Social Care Leaders and 2 Social Care Workers).</li> </ul> <p>On recruitment of the above staff, LM plan to be compliant with SBP.</p> <p><b>Responsible:</b> Principal Social Worker &amp; Team Leaders</p> <p><b>Completed by:</b> 1 October 2022</p> <p><b>Action 3:</b> To enable LM to increase the timeliness of Initial Assessments (IAs), a project team is being established to progress the IAs on all unallocated Low and Medium Risk cases over six weeks. This team will include social workers and social care workers; a combination of agency staff and re-allocation of existing staff. This is a temporary team that will focus on the specific task of bringing our IAs to completion. The first action for the team will be</p>	

to review immediate safety plans and develop interim safety plans of the children awaiting a service. The outcome will be that -

- interim Safety will be established
- all cases over six weeks will be reviewed and allocated based on our assessment of need
- the Assessment & Intervention (A&I) teams (that will have been newly restructured) will be in a position to focus on the timely completion of IAs on an ongoing basis.

**Responsible:** A&I Principal Social Worker & Team Leaders

**Completed by:** Team to commence by the 15 July 2022 & completed in 4 months.

**Action 4:** The restructuring of Child Protection and Children in care teams will be completed as per our Service plan. This restructuring will occur over the course of Quarter 3 2022.

**Responsible:** Area Manager and Principal Social Workers

**Completed by:** 30 September 2022

**Action 5:** A programme of Safety Planning workshops has commenced in Louth Meath (LM), occurring on the 15 June 2022. This will include specific workshops as indicated by analysis of data and the low harm high need analysis. (see Action 5 of Standard 2.3 for further details)

**Responsible:** Assessment & Intervention (A&I) & Dedicated Point of Contact (DPC) Principal Social Workers, Team Leaders & Signs of Safety Team

**Completed by:** 15 June 2022 and ongoing

**Action 6:** The Practice Memo on Garda Notifications will be re-issued and the completion of Garda Notifications will be discussed at the leadership meeting held with all Team Leaders on the 5<sup>th</sup> July 2022. We have also commenced including a rationale for the non-completion of Garda Notifications in Section 31 of our Intake Records from the 11 May 2022. We will review outcome of phase 3 of the national Garda Notification audit to identify if there are any additional learnings (due to be issued next week).

**Responsible;** Principal Social Workers & Area Manager

**Completed by:** 31 July 2022

**Action 7:** A Practice Memo on Supervision will be re-issued to all staff to remind them of the need to discuss Continued Professional Development, Wellbeing, and review of agreed actions, legibility & the uploading of individual case records onto NCCIS.

**Responsible:** Principal Social Worker & Area Manager

**Completed by:** 30 June 2022

## 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	Regulatory requirement	Judgment	Risk rating	Date to be complied with
<b>Standard 3.2</b>	Children receive a child protection and welfare service, which has effective leadership, governance and management arrangements with clear lines of accountability.	Not Compliant	Red	1 October 2022
<b>Standard 5.2</b>	Staff have the required skills and experience to manage and deliver effective services to children.	Substantially compliant	Yellow	31 October 2022
<b>Standard 2.3</b>	Timely and effective action is taken to protect children.	Not Compliant	Red	1 October 2022
<b>Standard 2.4</b>	Children and families have timely access to child protection and welfare services that support the family	Not Compliant	Red	1 October 2022

	and protect the child.			
<b>Standard 2.5</b>	All reports of child protection concerns are assessed in line with <i>Children First</i> and best available evidence.	Not Compliant	Orange	15 November 2022