Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Service Area Inspection

Health Information and Quality Authority Regulation Directorate monitoring inspection on the progress of the service area's implementation of their child protection and welfare and foster care services actions

Name of service area:	Dublin South West Kildare West Wicklow
Name of provider:	Child and Family Agency Tusla
Type of inspection:	Risk based Service Area Inspection
Date of inspection:	07 – 11 December 2020
Lead inspectors:	Pauline Clarke Orohoe Sharron Austin
Support inspector(s):	Caroline Browne, Leanne Crowe, Una Coloe, Susan Talbot

About this inspection

This inspection of Dublin South West Kildare West Wicklow (DSWKWW) Service Area was undertaken due to the on-going risks within both the Foster Care and Child Protection and Welfare services in the area. Inspections of the child protection and welfare service in April 2019 and foster care service in September 2019 identified non-compliances and serious risks to the protection and welfare of children in the area.

This inspection was a combined foster care and child protection and welfare inspection aimed at assessing the progress within the area with respect to agreed actions by the area manager identified to address risks to children across both services in response to previous inspections. In the context of this inspection, the areas inspected related to identified risks and therefore the entire standard was not assessed in all cases.

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
- interviews with the area manager and principal social workers
- speaking with parents and children
- the review of local policies and procedures, minutes of various meetings, staff supervision files, audits and service plans
- the review of children's case files and foster carers files.

The inspection team issued a standard request for documentation and data to the service area in relation to each theme of the inspection. The inspection team endeavored to evaluate progress within the area in the management of identified risks and engaged with the social work teams and management with respect to the systems and governance issues which were acknowledged by the area following the previous inspections of the services.

Where an inspector identified a specific issue/systems risk that may present an immediate and or potential serious risk to the health or welfare of children, then, in line with HIQA policy, these risks were escalated to the relevant local Tusla manager during the inspection

fieldwork and or following completion of the inspection fieldwork to the Tusla area manager, regional service director and or Tusla's director of services and integration.

Acknowledgements
The Authority 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 service area

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, INtegratoin 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 four regions, each with a regional manager known as a service director. The service directors report to the director of services and integration, who is a member of the national management team.

Service area:

Dublin South West Kildare West Wicklow is one of the 17 areas within Tusla's Child and Family Agency. It is a diverse area that comprises four county boundaries: County Kildare, Wicklow, South Dublin and Dublin South City. The area comprises of rural communities, large rural towns, commuter belt towns and communities of extreme deprivation. The overall population for the entire area is 402,436 people, with 27% of the population under 18 years inclusive, totally 108,186 children and young people (CSO 2016). There was a 5%

increase in the 0 – 17 year old populations from 2011 to 2016, with an overall population surge of 4.9% in the period.

Of the 17 Tusla areas, Dublin South West Kildare West Wicklow is the second largest Tusla area, and has the 3rd highest level of deprivation. The 2016 Pobal HP Deprivation Index outlines that 11,788 people were residing in areas classed as most disadvantaged in 2016, which is 10.8% of population of the area. Of this group, 29.2% or 3446 were under age of 18. The unemployment rates for the area exceed the national average at 25,657. 13% of the population were unemployed in 2016.

The area is under the management of the Service Director for the Dublin Mid Leinster region, and is managed by the Area Manager who has responsibility for the management team.

Children in Care:

The area has three fostering teams based across the region in Naas, Celbridge and Tallaght. Each of these teams are managed by a social work team leader who reports to a principal social worker. There are two principal social workers in the area with responsibility for fostering and children in care, one for Kildare West Wicklow and one for Dublin South West. The area also had a Social Work Team Leader with responsibility for foster care reviews. The aftercare manager for the area reported to the Principal Social Worker for Fostering and Children in Care in the Kildare West Wicklow area.

Child Protection and Welfare:

The child protection and welfare service was restructured on the 23 March 2020, with the service area divided into four geographical areas covering Tallaght North and Dublin 12, Tallaght South, Kildare North and Kildare South. As part of the restructuring, the area developed four Intake and Assessment teams and four Child Protection and Welfare teams to cover these areas. Each of these teams is managed by an individual Social Work Team Leader.

The intake and assessment teams manage child protection and welfare concerns from the point of referral and screening through to the end of initial assessments for their area. Each Social Work Team Leader screens and prioritises all referrals received to their respective office. Management oversight is provided by one dedicated principal social worker for the intake and initial assessment teams.

The Child Protection and Welfare teams are responsible for children where there is an identified need for ongoing social work intervention following the completion of the initial

assessment. These teams do not complete initial assessments unless a new concern is identified for a child who is currently open to their team. Management oversight is provided by one dedicated principal social worker for the child protection and welfare teams.

The area also has two Principal Social Workers with responsibility for chairing case conferences.

Dublin South West Kildare West Wicklow Service Area monitoring and inspection activity

Below is a brief overview of inspection activity and engagement with the Dublin South West Kildare West Wicklow service area, including engagement with Tusla's previous chief operations officer in relation to the risks identified during 2019 within this service area.

April 2019

In April 2019 an inspection of the child protection and welfare services was undertaken in the area. Four standards were examined, and all were found to have major non-compliances.

The area had been prioritised for inspection due to risks identified during a previous inspection of the foster care service in 2018. At that time, the area identified that staffing deficits compromised the delivery of a safe and effective service.

The following were the key risks identified during the inspection of the child protection and welfare service in April 2019:

- Public access to the child protection service, via a drop in service was restricted in the Tallaght office.
- Individual referrals did not always receive an individual response through a unique preliminary enquiry, and the overall quality of preliminary enquiries carried out in the service area was poor.
- The quality of screening in the area was varied and threshold levels were not consistently recorded.
- The service area was not routinely notifying An Garda Síochána of suspected crimes of wilful neglect or physical or sexual abuse against a child in a timely manner.
- Plans to embed safety planning in practice were not implemented, and safety plans were not being drawn up in a timely and consistent manner.
- Children did not have timely access to a child protection and welfare service.
- The service had a waiting list at the preliminary enquiry stage, and there were no systems in place to formally review cases on a waiting list for preliminary enquiry.

- Some cases were closed to the service without the required checks and the rationale for closing either completed or recorded on information technology systems.
- Service planning was inadequate, and information technology systems had not been sufficiently implemented to support the social work teams.
- Referrals received were not being entered onto information technology systems in a systematic, consistent and appropriate manner.
- Risk management in the area was not effective at identifying all risks and putting measures in place to mitigate them.
- The oversight of child protection and welfare cases was poor in the area.
- The monitoring of cases through formal supervision did not provide adequate oversight.

June 2019

In June 2019 HIQA completed a focused inspection in Dublin South West Kildare West Wicklow. This inspection focused on the role of Tusla social workers in monitoring placements of children in residential care, in line with the Child Care (Placement of Children in Residential Care) Regulations, 1995. The inspection found that the area was substantially compliant with three of the four regulations examined, and moderately non-compliant with one regulation.

September 2019

As part of the HIQA 2019 monitoring programme, a focused inspection of the statutory foster care services in the area was completed in September 2019. The inspection found that out of the six national standards examined, the area was compliant with one standard, substantially compliant with one standard and moderately non-compliant with the remaining four standards.

The key risks identified during the September 2019 inspection which were assessed during this inspection related to the timely completion of relative foster care assessments. Improvements were required in relation to the governance and oversight of relative foster care assessments to ensure they were completed in a timely manner without undue delays. Clarity was needed in relation to the safeguarding arrangements in place for children placed with unassessed carers. Assurances were sought at that time from the service director that necessary action would be taken to improve governance and oversight of assessments of relative foster carers in the area. Satisfactory assurances were provided.

February – September 2020

In 2019 the area was one of five service areas subject to a service improvement plan by Tusla's National office. An update on the progress made in relation to the service improvement plan for the area was sought and received from the then chief operations officer. A second update was requested and received from the area manager at the end of quarter two 2020.

In August 2020 a provider assurance report was completed by the area manager in response to a request by HIQA. Following the review of the information contained within the provider assurance report, a meeting was arranged in September 2020 by HIQA's Head of Programme for children's services, with Tusla's national director of services and integration, and the relevant managers in the area. The meeting was convened to discuss the lack of assurances provided by the area in their provider assurance report, areas where further assurances were required and Tusla's plan to address areas of concern. Additional assurances were provided by Tusla following this meeting relating to:

- the child protection notification system
- Children in care and Section 36(1)D Assessments
- Aftercare
- Retrospective cases

Following a review of the responses received from Tusla, HIQA made a decision to undertake an inspection in the area in December 2020.

December 2020

A combined foster care and child protection and welfare inspection was carried out. The focus of this service area inspection was to assess progress in relation to implementation of measures to enhance the capability and capacity of the service to deliver safe and effective foster care and child protection and welfare services in Dublin South West Kildare West Wicklow, and the extent to which these measures have addressed the non-compliances found, as well as concerns escalated by HIQA, during monitoring inspections in 2019.

The inspection was undertaken from 7th – 11th December and was conducted over five days. The standards covered during this inspection are outlined in the table below.

Foster Care	Child Protection and Welfare
Standard 19 Health Boards have effective structures in place for the management and monitoring of foster care 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 2.4** Children and families have timely access to child protection and welfare services that support the family and protect the child. **Standard 2.5** All reports of child protection concerns are assessed in line with Children First and best available evidence. **Standard 2.6** Children who are at risk of harm or neglect have child protection plans in place to protect and promote their welfare. **Standard 2.7** Children's protection plans and interventions are reviewed in line with requirements in Children First. **Standard 2.10** Child Protection and welfare case planning is managed and monitored to improve practice and outcomes for children. **Standard 3.1** The service performs its functions in accordance with relevant legislation, regulations, national policies and standards to protect children and promote their welfare. **Standard 3.3** The service has a system to review and assess the effectiveness and safety of child protection and welfare service provision and delivery.

Compliance classifications

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

Compliant	Substantially compliant	Non-compliant Moderate	Non-compliant Major
The service is meeting or exceeding the standard and is delivering a high-quality service which is responsive to the needs of children.	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.	The service is not compliant with the standard. Where the non-compliance (moderate) does not pose a significant risk to the safety, health and welfare to children using the service, the provider must take action *within a reasonable time frame* to come into compliance.	The service is not compliant with the standard. Where the non-compliance poses a significant risk (major non-compliance) to the safety, health and welfare of children using the service the provider responds to these risks in a timely and comprehensive manner.

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:

Leadership, Governance and Management

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:

Safe and Effective Services

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
07.12.2020	10:00 – 16:30	Pauline Clarke Orohoe Sharron Austin Caroline Browne	Lead inspector Co Lead inspector Inspector
08.12.2020	09:30 – 16:00	Pauline Clarke Orohoe Sharron Austin Caroline Browne Susan Talbot Una Coloe Leanne Crowe	Lead inspector Co Lead inspector Inspector Inspector Inspector Inspector Inspector (remote)
09.12.2020	09:30 – 17:00	Pauline Clarke Orohoe Sharron Austin Caroline Browne Susan Talbot Leanne Crowe	Lead inspector Co Lead inspector Inspector Inspector Inspector (remote)
10.12.2020	09:30 – 16:30	Pauline Clarke Orohoe Caroline Browne Susan Talbot Una Coloe Leanne Crowe	Lead inspector Inspector Inspector Inspector Inspector (remote)
11.12.2020	09:30 – 16:00	Pauline Clarke Orohoe Susan Talbot Una Coloe Leanne Crowe	Lead inspector Inspector Inspector (remote) Inspector (remote)

Views of people who use the service

Child Protection and Welfare service

Inspectors spoke with nine parents and two children who were receiving a child protection and welfare service.

Parents and children had mixed views in relation to their experience of the service. All parents confirmed that, where appropriate, social workers visited them at home and met with their children. Parents described how social workers maintained contact with them in a safe manner during the COVID-19 pandemic.

Six of the nine parents spoken with felt that, overall, they had positive experiences with the service. Four parents confirmed that there had been no changes to the social worker allocated to them over the last number of months. Parents who had positive experiences with the service felt that they were supported and that social workers were approachable and helpful. Five parents outlined how the social worker supported them to access community based services for their children. Six out of nine parents felt that their social worker kept them informed about any developments or action being taken. One parent described their social worker as "easily contactable" and "very upfront and honest". Other parents felt that their social worker was "good", "so helpful" and was "putting their child's safety first".

Some parents described a more negative experience with the service. Three of nine parents spoken with were not satisfied with the poor levels of communication between them and their social worker. These parents spoke about their social workers failing to keep them informed of developments or notify them of appointments in a timely manner. These parents did not always feel that their social worker was listening to them or acknowledging their requests or their concerns. Another parent spoke about the disruption that was caused by the changes in the social worker assigned to their family. Two parents also described how, when initially seeking assistance from the service, they did not receive a satisfactory response or the support that they felt they required for their family. One parent felt "let down by the service" in this regard. However, as social workers were allocated to these families at the time of the inspection, parents were hopeful about the support that may be provided to them in the coming months.

Three parents had not been informed of the complaints process and a further three parents were unsure about whether they had been informed of this process. Three parents confirmed that they were aware of how to complain to the service.

Two children spoke about their experience with the service. Both children confirmed that the social worker had met them at home and had spoken with them on their own. One child felt supported by their social worker, saying that "they give advice and help me". They felt that their social worker listened to them and their views about the decisions being made. They thought that their social worker had made a difference. Another child felt that they did not need the help of their social worker and that the social worker hadn't yet made a difference to their life.

Capacity and capability
Leadership, Governance and Management

Introduction

The inspection of the Dublin South West Kildare West Wicklow area was undertaken to examine progress within the area in implementing actions identified to address risks to children in both the child protection and welfare and foster care services. Since the last inspection, the area had restructured their staff resources and child protection and welfare teams in an effort to manage referrals at the front door in a more timely manner. Additionally, the area has focused upon staff recruitment and retention to address the issue of staff vacancies in the area. While significant work had been undertaken and progress has been made, further improvements were required in order to ensure children and families received a timely service, and to bring the service area into compliance with the standards.

Service Area Management systems

Governance and management systems in the area of child protection and welfare services had improved, and further improvements were required to ensure that children and families received a timely and appropriate service. The area had a defined management structure with clear lines of accountability and responsibility. The senior management team had focused on addressing areas of risk within their service. The management team had implemented strategic service improvements and significant restructuring of the child protection and welfare service had occurred in March 2020. This restructuring of existing resources focused on reducing unallocated cases across the various process stages from the front door through to the child protection notification system. The service area was divided into four geographical areas covering Tallaght North and Dublin 12, Tallaght South, Kildare North and Kildare South. As part of the restructuring, the area developed four Intake and Assessment teams and four Child Protection and Welfare teams to cover these areas. This process was reviewed by the management team in December 2020. They reflected on the areas that were working well, areas that needed further development and set out actions that needed to take place to address the identified gaps. The area held post intake prioritisation review days within the child protection and welfare service once per quarter. The purpose of these days was to provide social work team leaders with the opportunity to review cases open to their teams alongside their team leader colleagues from within the child protection and welfare pillar. These review days were attended by social work team leaders and principal social workers. Staff told inspectors that these review days allowed teams to review both allocated and unallocated cases.

Management oversight of the relative foster care assessment process remained insufficient. While the area had provided previous assurances to HIQA, the systems that were put in place did not bring about improved management oversight. Although there was a tracker in place to facilitate the management team in their oversight of the assessment process, gaps were identified which had not been addressed and sufficient progress had not been made to complete assessments in a timely manner. The tracker was not adequate to provide sufficient oversight to the management team on the progress of all assessments. Additionally, the lack of capacity in the area to commence relative assessments had not been addressed in a timely manner, despite previous assurances from the area that the management oversight of this issue would improve. Garda vetting of foster carers or other significant adults/young people over 16 had not been updated on seven of the files reviewed, and while the area had implemented actions to address the oversight of Garda vetting of foster carers, it was not effective as gaps remained on some files. This system risk was escalated to the area manager following the inspection, and satisfactory assurances were received.

Governance and management oversight of the after care service had improved. At the time of this inspection, there was an aftercare manager in place which was not in place during the previous HIQA inspection. Monthly governance meetings had commenced with terms of reference having been agreed. The strategic plan for the service was being developed at the time of the inspection. The aftercare service was recognised as requiring further development in relation to the staffing resources, and also the quality and oversight of the aftercare service particularly in relation to the provision of support to the younger age groups availing of the services. Two additional aftercare worker posts had been approved for the area following the completion of a workforce analysis, and a recruitment plan had been put in place to address these staffing issues.

There was a culture of learning and development within the area. As part of the restructuring, the service area had directed resources into the creation of two Quality Risk and Service Improvement (QRSI) team leader posts. The area manager told inspectors that these posts had added additional capacity to support organisational learning, and support stronger governance and continuous improvement in practice. Managers gave examples of the QRSI team leaders completing monthly audits of intake records, audit of safety plans and notifications to An Garda Síochána across the child protection and welfare service. Inspectors found evidence that the learning from these audits were shared with the staff teams, and had informed additional support and training for frontline workers. The introduction of the QRSI team leader posts provided greater opportunity to support practice improvement within the service. While file audits, audits of documents and risk management audits were

evident on the foster care files, these audits did not adequately provide assurances in relation to the timeliness of assessments, and the previously escalated issues relating to the significant drift and delay in the assessment process. There were no audits or records of management oversight on the aftercare files. An auditing tool had been developed for aftercare files, and audits were due to commence in January 2021. Improvements required across the aftercare service were discussed during team meetings, and a system had been developed to ensure referrals to the service were received in a timely manner.

Service planning had improved in the area since the previous inspection. The management team held service planning days and identified priority areas for practice development during the year. The area manager told inspectors that priorities for the area included the continued reduction of the waiting lists, and this had led to the development of a project team in October 2020 which focused on reducing the waitlist of low and medium cases awaiting preliminary enquiry. This team was resourced by staff from both the area and regional services, with a projected end date of December 2020. The area manager also told inspectors that the timely completion of relative foster care assessments, and the staffing of the aftercare service were key priorities for the service area going forward.

The recruitment and retention of staff was also identified by the area manager as a priority for the service area Principal social workers told inspectors of the initiatives that had been put in place to support and retain existing staff. The management team were aware of the need to support their social work teams, and particularly those newly recruited staff members. Staff wellbeing initiatives and training workshops were in place to support staff to provide a timely and effective service in the area. Social workers told inspectors that the introduction of the project team "made working in the area much more manageable, and has supported staff to stay working within the area".

Supervision and caseload management was in place within the child protection and welfare teams as a means of supporting staff and progressing casework. A case management tool had not yet been developed for the aftercare service. However, the area manager advised that the national case management tool for aftercare services was being piloted and was due to be rolled out in the area in quarter two of 2021. The aftercare manager said she had regular case supervision with the team but these records had not been uploaded on the files at the time of the inspection. While case supervision records were available in relation to relative foster care assessments, and the stage of the assessment was discussed and actions identified, there was insufficient action taken when a lack of progress in carrying out the actions between supervision sessions was evident.

Communication

The service area had good systems of communication in place. Staff told inspectors that team meetings took place on a regular basis across the child protection and welfare service, and inspectors saw evidence of regular team meetings across the foster care and aftercare service. Senior management meetings and governance and oversight meetings also took place to monitor service provision across the area. There was evidence that discussions took place throughout the service regarding areas of good practice, and also areas that required improvement. Training and development needs were also discussed on a regular basis. For staff within the child protection and welfare service, supervision was used as a mechanism to discuss issues related to practice and learning and development needs of staff members. Social workers told inspectors that there was a culture of openness and support, and that group supervision was used also within the child protection and welfare teams.

There was frequent communication with community and statutory agencies across the service area. The service area had a clear referral pathway in place to ensure that children and families who were referred to the child protection and welfare service, and required support from community services were appropriately referred to these services. There was a clear system of management oversight and accountability to ensure that children who were referred to a commissioned service for the completion of initial assessments were tracked. The aftercare manager was developing a system to ensure improved oversight of the provision of aftercare services by an external provider, which included the provision of bi-monthly reports and 'gatekeeper' meetings with the provider. This was in addition to regular service level agreement meetings that were already taking place with this provider. As this system was under development it was not yet possible to assess the impact which it had on governance and quality of the aftercare service. The area had a service level agreement in place with an external provider which had been contracted by Tusla to complete relative foster care assessments. Principal social workers told inspectors that updates are requested from the provider to monitor the progress of assessments. While there was evidence of communication with external providers regarding the progress of assessments that were contracted out, this varied from emails with the provider, mid-way meetings and updates provided on the file. Inspectors found that while relative foster care assessments completed by the external provider were included on the tracker held by the area, the process for tracking these assessments was inconsistent and did not provide adequate management oversight of the assessment process.

Governance of information

The National Child Care Information System (NCCIS) was used to record children's case records. While referrals had been entered on NCCIS since February 2019, the

area manager told inspectors that the area had moved to a completely paperless filing system in October 2020. A working group had been established in the area to guide this process. Inspectors were told that information on young people involved with the aftercare service was held in three locations across paper files, soft records stored on the shared server drive and on NCCIS for young people under eighteen years of age. While the aftercare service plan indicated that NCCIS was to be the primary system of file recording used for children under 18 years, inspectors were provided with paper files to review the aftercare records for these children. The aftercare service had not yet fully commenced the electronic storing of their records on childrens files on NCCIS. This impacted on how information was shared, and managers and allocated social workers ability to access the work completed with the young people. This had been identified as an area for action in the service improvement plan.

The risk register identified risks in relation to NCCIS. These risks included data quality concerns, particularly in relation to migration from the previous system used in the area. Wider IT issues were identified on the risk register as contributing to some of the userability issues including sites that had slow internet connections, and specific site area issues which created challenges including the inability to attach emails. Challenges had also existed in relation to the interface between NCCIS and Tusla's standard business processes. A project group was in place to progress these issues, and were linking with the NCCIS data reporting lead and teams in the area on an ongoing basis to provide support. Following the inspection, inspectors were told that the issue relating to Tusla's standard business process and NCCIS had been resolved and these processes had been aligned.

Inspectors found that data management practices in relation to some children's files were poor, and relevant documents such as case notes had not been uploaded or completed. This impacted on the ability of managers to review case work, and in particular to review all relevant information for children who were on the waiting list for child protection and welfare services. Inspectors found potential risk in the management and oversight of case files due to the lack of appropriate notes of case work on individual children's files being uploaded onto NCCIS. This was also evident on a file reviewed in relation to the CPNS system where a child protection plan and case notes regarding social work visits to the family had not been uploaded. The area manager acknowledged that Covid-19 had impacted social worker's ability to upload documents onto NCCIS, as some were home working and did not have access to scanners. However, this did not impact the workers ability to upload case notes onto NCCIS. The area manager also acknowledged that prior to October 2020 paper files were still in existence for some children. Inspectors sought assurances from the area manager following the inspection fieldwork to address this issue. Satisfactory assurances were provided.

In relation to the aftercare service, the aftercare manager acknowledged that the case notes were not up-to-date and did not always reflect the level of work completed and support offered to the young people. The aftercare manager had addressed this issue and with the support of senior management had put a plan in place to ensure each aftercare worker had protected time to complete administrative tasks.

Risk management

Risk management systems in the area required improvement. The area had systems in place to identify, manage and escalate risks. Inspectors reviewed the risk register and found that it identified and prioritised the majority of risks present within the child protection and welfare, and foster care services. For example, the risk register detailed risks in relation to the impact of ongoing unsustainable vacancies on service provision. Risks relating to unallocated children awaiting assessment or intervention for child protection and welfare concerns across all process stages, and the impact of staff recruitment and retention issues remained priorities in the area. Bespoke recruitment campaigns were underway to target vacancies in specific locations and roles. Fortnightly meetings were taking place between senior management and the recruitment team to progress the specific staffing issues within the area. In order to address these risks the area had restructured their existing resources to create four intake and assessment teams and four child protection and welfare teams to cover the service area. Inspectors found that there were no unallocated high priority cases at the time of the inspection. Staff told inspectors that this restructuring ensured that all high priority cases were allocated.

A project team was established to address the backlog of medium and low referrals. This project team commenced in October 2020, with the aim of clearing the backlog by December 2020. While the area had seen a significant reduction in the number of unallocated cases from 1241 in March 2020, there remained 399 unallocated cases at the time of the inspection in December 2020. The management team told inspectors that a proposal had been put forward to maintain the work of the project team past January 2021 in order to continue to address the backlog of unallocated cases, and this was under review. The area had agreed a risk escalation process in the event that the number of unallocated cases on the teams began to increase in the future.

While the service area had identified and escalated appropriate risks in relation to NCCIS, unallocated cases, staffing, aftercare and fostering, other risks such as data management on case files, systems in place to monitor and review cases awaiting preliminary enquiry, the consideration of the impact of cumulative harm in a timely manner for children where multiple referrals had been received and the Garda vetting of foster carers were not sufficiently identified, and therefore could not be managed. These risks were escalated to the area manager following the inspection, and appropriate assurances were provided.

The impact of Covid-19 was identified as a risk to service provision, and appropriate actions were taken by the service area to minimise disruption to services. Lead workers were established for all locations in the service area, rotas were put in place for staff working in offices to ensure continuity of service, and work plans were agreed with staff who were working from home.

Child Protection and Welfare Service

The area maintained a tracker in relation to the actions arising from the previous inspection in April 2019, and at the time of the inspection the area reported that 32 of the 33 actions had been completed. The one outstanding action related to the sourcing of suitable accommodation for the Tallaght office. The area manager told inspectors that a business case had been submitted, and that the regional estates manager who came into post in November 2020 was following up on sourcing a suitable premises. The area had interim measures in place to ensure that members of the public who presented to the Tallaght office would have face-to-face contact with a social worker, subject to a risk assessment of each situation. Inspectors found evidence that the completed actions had driven some improvement in the areas relevant to the inspection. While some of the actions had been completed, they had not been effective in achieving compliance, and further actions were required. For example, inspectors found that the systems in place to monitor and review cases awaiting preliminary enquiry did not provide assurance that each child's individual circumstances were considered, or that appropriate consideration was given to prioritising those children for allocation.

Tusla's national quality assurance and monitoring team carried out a verification assessment in May 2020, to report on the status of actions arising from the previous HIQA child protection and welfare inspection in April 2019. They verified that 70% of the actions had been completed within the required time period, while the area provided evidence that a further 18% of the actions were completed within the required timeframes and that local audit work was ongoing on each of these actions. Progress on 6% of the actions had not been verified at that time, and the remaining 6% of actions had been delayed.

However, as noted earlier inspectors found that while actions had been implemented and improvements were noted, further actions were necessary to address the risks in the area. For example, inspectors found potential risk in the management and oversight of case files due to the lack of appropriate notes of case work on individual children's files being uploaded onto NCCIS. The availability of all relevant information on children's files on NCCIS was escalated to the area manager as a risk for the area.

In the provider assurance report provided to HIQA in August 2020, key priorities were identified for the child protection and welfare service in quarter three and four of 2020 which included:

- Continued focus on reducing unallocated cases in the area, and continue the practice of allocating high priority cases within a short time frame
- Improved timeframes for the completion of preliminary enquiries and initial assessments in line with the standard business process

- Staff recruitment and retention in the area to fill the vacant posts
- Embedding the new organisational and structural changes implemented in the area in March 2020. This restructure was to be reviewed in quarter four
- Commencing a paperless system of file management, and utilising NCCIS optimally which will support PSWs and SWTLs to exercise greater governance over the work taking place within their respective teams
- Continue to monitor the impact of Covid-19 on service continuity
- Continue to support teams with the implementation of the revised standard business processes
- Continue the development of the children in care and aftercare strategic management and governance forum established in July 2020
- Commencement of the new PSW for fostering and development of a work plan and local fostering strategy in order to drive service development in the area.

This inspection found that while work was progressing across these priority areas, continued improvements were required to bring the service area into compliance with the national standards.

The inspection found that Tusla's standard business processes which had been updated in June 2020 were being implemented across the area. Inspectors found that these processes had not yet been fully embedded in practice. For example, further improvements were required on the development and monitoring of safety networks. Inspectors found that there was a focus on safety planning within the area. An audit of safety plans had been completed, and training had been provided to staff following this audit. Feedback was provided to the individual social workers and team leaders. Inspectors were told that a further audit was planned for 2021, and training would be provided following this audit also.

Waiting lists in the child protection and welfare service

The management of waiting lists in the child protection and welfare service required improvement. The area had implemented a system to monitor and review cases awaiting allocation at each process stage. A review of high priority referrals awaiting preliminary enquiry took place on a fortnightly basis, while medium and low priority referrals awaiting preliminary enquiry were reviewed on a monthly basis. Similarly, high priority cases awaiting initial assessment were reviewed on a monthly basis by the social work team leader, while medium and low priority cases were to be reviewed on a quarterly basis. The area management team while aware of the risks associated with large waiting lists for services were confident in their oversight and management of waiting lists and felt assured that no child/children were at immediate risk of harm.

Inspectors found that the systems in place to monitor and review cases awaiting preliminary enquiry did not provide assurance that each child's individual circumstances were considered, or that appropriate consideration was given to prioritising those children for allocation. Inspectors were not assured that referral information was taken into account during the reviews noted on individual case files, and the review information included on the file did not provide a specific analysis or rationale for the decisions made in relation to each case, nor did it outline what action was to be taken in each case. Some cases had been reviewed yet were not allocated or action was not taken given the significant child protection issues identified, and while noted as being reviewed by both a social work team leader and a principal social worker, no action was taken to ensure the children's safety. Assurances were sought from the area manager following the inspection, in relation to the effective monitoring and oversight of cases awaiting preliminary enquiry.

Additionally, inspectors were not assured that timely and appropriate steps had been taken within the area to ensure the safety and welfare of children where multiple referrals were received in relation to a child. There was a risk that the impact of cumulative harm was not being considered in a timely manner for these children, and therefore appropriate actions had not been taken to mitigate the risks for these children. The area had a cumulative harm policy in place, and inspectors were told that cumulative harm was considered at the point of each new referral being received and was recorded on the screening sheet. While staffing vacancies within the service area had impacted on the capacity of the teams to allocate cases, inspectors found that cases with multiple referrals were not adequately re-considered during waiting list reviews for allocation, despite significant indicators of cumulative harm. Assurances were sought from the area manager in relation to this risk following the inspection.

Management systems in place to review and monitor the standards of service provision in relation to cases awaiting allocation required improvement. While the area had standard operating procedures in place to manage unallocated cases, inspectors found that these systems were not consistently implemented.

Foster care

Governance and oversight of relative (S36) assessments

The focus of this inspection was to assess the oversight of the timeliness and quality of assessments of relative foster carers in the area to consider the progress made in relation to the actions required. This had been an area of concern during previous inspections.

The area had devised a system to track relative assessments since the last inspection of the service. The system implemented was to ensure the management team had sufficient oversight of on-going assessments. Inspectors reviewed the tracker which contained details relating to on-going relative assessments in the three offices. The tracker contained information including details relating to the foster carers, the date the child was placed, date the relative assessment was allocated, mid–point meeting and date of completion. In addition, there was a section to record comments and the dates the assessment was sent to the foster care committee. Inspectors found that the quality of data recorded was good in some cases, with reasons for delays outlined but this was not recorded for all relative assessments that were delayed. Therefore, the tracker was not adequate to provide sufficient oversight to the management team on the progress of all relative assessments.

Data provided to HIQA in advance of the inspection was not in line with the data recorded on the management tracker provided. Data provided by the area indicated that 22 relative assessments had been completed since the last inspection of the service and there were 22 relative assessments ongoing at the time of the inspection. Following a review of the tracker, inspectors found that there were 24 relative assessments on-going. In addition, inspectors were provided with one relative assessment file which was not recorded on the tracker. Therefore there were 25 relevant relative assessments ongoing during this inspection where children had been placed and the assessment commenced. Ten of these relative assessments had been outsourced to a private fostering service for completion.

Inspectors found that sufficient progress had not been made to complete relative assessments in a timely manner. The national standards for foster care outline that "assessments are completed within 16 weeks of the formal application, unless more time is required". Of the 25 relative assessments ongoing at the time of the inspection, the date of application or date the child was placed (depending on information recorded on the tracker) showed that two were from 2016, three from 2017, two from 2018, nine from 2019 and nine were from 2020. The area manager told inspectors that she had sought assurances regarding the underlying reasons for relative assessments still outstanding. The area manager said that governance oversight of these relative assessments was provided at the monthly governance and oversight meetings. Of the nine relative assessments on-going in 2020, inspectors found that seven of these were outside of the required timeframes for completion. There was an additional four relative assessments listed on the tracker which related to applicants where children had not yet been placed. The principal social worker said they were recorded to ensure they had a system to plan for upcoming relative assessments.

Inspectors reviewed seven files for the purpose of examining the timeliness of ongoing relative assessments and found that there was significant delay in allocating assessments to social workers and delays in the completion of the relative assessment. One of the files reviewed related to an application in June 2020. There was a delay of 14 weeks from the point of application to the commencement of the relative assessment. Although the relative assessment had commenced at the time of the inspection, it was outside of the required timeframes. There was no reason recorded to justify the delay and this case was not recorded on the tracker for management oversight. In another case, the child was placed in June 2019. There was a delay of six months in the commencement of the relative assessment. While a draft report was completed in July 2020, a new assessment was now required. There was evidence on file to explain the reason why a new assessment was required but the reasons for the delays with the initial allocation and assessment were not recorded on file. In addition, the lack of capacity in the area to commence this relative assessment for over six months had not been addressed in a timely manner to ensure, despite previous assurances from the area, that the management oversight of this issue would improve.

Inspectors reviewed a file where the application was made in 2016. The relative assessment was put on hold for valid reasons and recommenced in 2019. Similarly, an assessment relating to an application in 2017 had not progressed due to difficulties obtaining documents from child in care social work team. Although attempts were made to obtain documents, the case was only recently escalated to the principal social worker, therefore calling into question the adequacy of the oversight being provided.

Inspectors viewed another file where the application was made in 2019 and there was a delay of 16 months before commencing the relative assessment. It was recorded on the tracker that there was a reunification process in place but this delay was not reflected on the file. The case was allocated to a social worker in September 2020 and the assessment commenced in November. It was recorded that although attempts were made to commence the assessment after allocation, the delays were related to Covid- 19.

Inspectors reviewed a further two files where the relative assessments had been completed and sent to the foster care committee. In one of these cases, the foster carers were approved but the timeframe from application to approval was one year and six months. This related to an application made in 2018. In the other case, the timeframe from application to presentation at the foster care committee was one year and three months. The foster care committee did not approve the assessment as there were outstanding documents and gaps in the report, again calling into question

the quality of the management oversight of the assessment process. This relative assessment related to an application made in 2019.

Management oversight of the relative assessment process remained insufficient and despite previous assurances provided to HIQA, the actions taken and the tracker which were put in place did not bring about improved management oversight. Although there was a tracker to allow the management team have oversight of the relative assessment process, gaps were identified which had not been addressed, as outlined above.

Inspectors reviewed 10 files for evidence of audits and management oversight of the relative assessment process. Various documents were provided to inspectors to evidence this including audits, case supervision records and minutes of meetings to reflect management oversight on the case. Inspectors found that the reasons why the relative assessment was delayed was referenced on four of the ten files reviewed for this purpose. However, this was not consistent or adequate as there were delays in the other six files and the reasons for the delays were not recorded, nor were there actions agreed or taken to address the delays. Inspectors reviewed eight files to assess if there was an audit on file and found that there was an audit completed by a member of the management team on seven out of the eight files. These included file audits, audits of documents and risk management audits. The reasons for the delays with the relative assessments was only recorded on two of these audits. Therefore the audits did not adequately provide assurances in relation to the timeliness of assessments, and the previously escalated issues relating to the significant drift and delay in the assessment process. Inspectors reviewed four files to assess the oversight of the relative assessment process in case supervision records. Although the stage of the relative assessment was discussed and actions identified, there was insufficient progress in carrying out the actions between supervision sessions to progress the assessment.

Garda vetting of foster carers

The service had implemented a system to ensure there was management oversight of An Garda Síochána vetting to ensure all foster carers and all members in the foster care household over 16 years of age had up-to-date Garda Vetting. This included a traffic light system with colour coding to highlight vettings that were due for renewal or for young people in the foster care home that were turning 16. This was a new development and was regularly reviewed at fostering team meetings and at management level. Inspectors reviewed this tracker and had queries in relation to the vetting status of 22 people listed. The principal social worker provided a detailed document in response to the queries. This outlined that 15 people on the list did not require vetting for various reasons such as the child in foster care turned 18 or was

adopted and vetting was therefore no longer required. However, there were seven foster carers or other significant adults/young people over 16 who did not have an up-to-date vetting on file. The principal social worker provided assurances that this would be addressed immediately following the inspection. However, the system risk was subsequently escalated to the area manager following the inspection, since despite actions taken by the area to address the oversight of Garda vetting of foster carers, it was not effective as gaps remained. Satisfactory assurances were provided.

Governance and oversight of the Aftercare Service

Data submitted by the area outlined that there were 51 young people aged between 16 and 18 years in foster care in the Dublin South West Kildare West Wicklow area and 50 of whom were eligible for an aftercare service. In addition, according to the workforce analysis completed in November 2020 there were 276 young people and adults accessing the aftercare service between the age of 18 and 22 years.

The aftercare team was not adequately resourced to meet the demands for the service. This had also been the finding from the 2019 inspection. The aftercare team consisted of an aftercare manager and 3.8 whole time equivalent aftercare workers. The aftercare manager had commenced in the position in September 2020, and was suitably qualified with sufficient relevant experience to guide the aftercare team. The aftercare manager described the team as committed and dedicated but not adequately resourced to meet the demands in the area. Although there was a service level agreement with another service to assist in the provision of aftercare services, this was not sufficient to ensure all children had an allocated aftercare worker and received the required support. A workforce analysis report was completed in November 2020 which highlighted a significant under resourcing on the aftercare team. The principal social worker for fostering and children in care with responsibility for aftercare, and the aftercare manager advised of plans in place to employ another two aftercare workers in the coming months. It was evident that the aftercare manager was highlighting the staffing difficulties during meetings with senior management. The area manager told inspectors that work is ongoing to further develop the staffing resources of the aftercare team, and also to address the quality and oversight of the aftercare service particularly in relation to the provision of support to the younger age groups availing of aftercare services. The provision of timely aftercare services had been identified as an item on the areas risk register. The risks identified included the impact of staffing levels on the allocation of aftercare workers to eligible young people and the completion of assessments of need in a timely manner. Additionally, new referrals to the service could not be allocated due to staff having unmanageable caseloads. The control measures included a recruitment plan for additional aftercare workers, and governance meetings to maintain oversight of the service.

Referrals to the aftercare service were managed by the aftercare team and reviewed and prioritised on a monthly basis. The standard operating procedure for referrals to the leaving and aftercare service outlined that the social worker was responsible for completing the written referral to the aftercare service when the young person was 16 years old. Inspectors found there were some lengthy delays in referrals being sent to the team. Two out of the 14 referrals reviewed by inspectors were submitted very late, one when the young person was 17 years and four months and another when the young person was 17 years and seven months. In another seven files reviewed, the referrals for the young people were delayed as the young people were all over the age of 16 years and 6 months, two of whom were 16 years and 11 months. The aftercare manager had subsequently implemented a system to ensure referrals were received in a timely manner in order to address this issue. She advised that administration support contacted the allocated social worker four weeks following the young person's 16th birthday to request the referral and if this was not received, the case was escalated to the principal social worker. These referrals were also monitored at the monthly governance meeting with the area manager and principal social worker. It was too early however to say whether this process had the desired effect in improving the timeliness of referrals to the aftercare service as this system had only been introduced since the aftercare manager came into post in September 2020.

The aftercare manager said they did not have capacity to allocate an aftercare worker at the point of referral. Young people were prioritised for allocation based on their need or depending on when their assessment of needs and aftercare plans were due. The aftercare manager said that they strived to allocate young people when they were 17 years old and the need for allocation was often determined during the assessment of need process. The workforce analysis report highlighted that the percentage of young people with an allocated aftercare worker (including adults over 18) was 57 % which was below the national average. The aftercare manager said that she discussed allocations regularly at referral meetings and during case supervision to ensure that those who no longer required an allocated worker were de-allocated and supported through a duty system, to allow for more capacity on the aftercare team.

Inspectors found significant variability in the timeliness of the aftercare worker being allocated to young people. Inspectors found that six out of 14 young people whose files were reviewed had an allocated aftercare worker. The response time from referral to allocation was relatively timely in one case, with the young person allocated within three months. However, a delay of over seven months from referral to allocation was found in one case and a delay of over nine months for another young person. There was a delay of over 12 months in a further two files reviewed.

The date of allocation was not recorded on the remaining file.

Inspectors reviewed file for evidence that information was provided to children on the aftercare service. Inspectors reviewed 14 files and found that information was provided to the young person by the aftercare worker in six of the files reviewed. In two cases, the information was provided prior to the assessment of need being completed, while in four cases, this was discussed as part of the assessment of need. Therefore, inspectors found that information on the aftercare service was not consistently provided to all eligible children.

The national aftercare policy outlines that assessments of need should be completed within four months of eligibility or no later than six months before a young person's 18th birthday. Inspectors found that although none of the assessments reviewed were completed within four months of eligibility, six out of nine assessments had been completed six months before their 18th birthday. In the three remaining cases, one was only slightly delayed while the other two assessments were completed three months late. Inspectors reviewed another two cases which did not have a completed needs assessment, one young person was 17 years and seven months while the other young person was turning 17 years and six months, the week after the inspection. The aftercare manager advised that these assessments had been allocated and prioritised. Inspectors reviewed a further two files of young people who were due to have assessments of need and aftercare plans completed within one and two months. The aftercare manager was monitoring these assessments during referrals meetings with the team and said there were 10 assessments due. She had liaised with senior management regarding extra resources to meet the demand for assessments that were to become due in January and February 2021.

The national aftercare policy outlines that an aftercare plan should be in place six months prior to the young person's 18th birthday. Six files were examined to assess the timeliness and quality of the aftercare plans. Two of the six plans were completed within the stated timeframes. Four aftercare plans reviewed were not completed within the required timeframe with delays of three months for two young people and four and five months for the other two plans reviewed. A further three files were sampled where an aftercare plan was required but had not been put in place six months prior to the young person's 18th birthday. Two of these young people did not have an assessment of need and are referenced earlier in the report and the third young person was nearly 18 and the aftercare plan was not finalised. When assessments of need and aftercare plans are not completed in a timely manner, there is little time to address any significant issues that may arise as the young person is discharged from care at the age of 18 years. The aftercare manager assured the inspector that these cases had been prioritised for completion. The aftercare plans were completed on standardised templates and in most cases all the key detail was

contained within the plan. They were based on the assessment of need but specific actions to address an identified need were not recorded. For example it was not always evident what support a young person required in relation to independent living skills or budgeting skills. Young people were encouraged to sign their assessment to indicate they agreed with its contents. The majority of plans were signed by the young people, aftercare workers and aftercare manager. Consultation with social workers was only recorded on one file reviewed but it was evident that foster carers had participated in the development of the plan in four of the plans reviewed.

The aftercare manager advised that the aftercare team were motivated and dedicated to providing a good service and actively supported the young people whether they were allocated or accessing support through the duty system. The supports offered to young people such as one-to-one work or addressing the needs identified in the assessments of needs or aftercare plans, were not recorded on the files sampled by inspectors. The service improvement plan referenced that a life skills programme was offered to young people under 18 years, to assist young people in preparing for their transition to adulthood. A national aftercare skills assessment tool had recently been introduced to the area to assist the team in their work with young people. This tool was used to inform the assessment of need and aftercare plan. Inspectors were told that the use of the tool was not mandatory document. The aftercare manager acknowledged that the case notes were not up-to-date and did not always reflect the level of work completed and support offered to the young people. The aftercare manager had addressed this issue and with the support of senior management had put a plan in place to ensure each aftercare worker had protected time to complete administrative tasks. Young people's records were maintained and stored in paper files, but for young people under 18 NCCIS was to be used, and while the child protection and welfare service in the area had a paperless recording system in place since October 2020, the aftercare service had not yet fully commenced the electronic storing of files on NCCIS. This would assist in information sharing and allowing managers and allocated social workers access to the work completed with the young people. This was identified as an area for action in the service improvement plan.

Governance and management oversight of the after care service had improved. Inspectors found evidence of a monthly governance meeting in October 2020. The aftercare manager explained that the November meeting was cancelled, and the next meeting was scheduled for mid-December. Terms of reference had been agreed for these meetings, and the strategic plan for the service was being developed. There were no audits or records of management oversight on files. The aftercare manager had plans in place to commence the auditing of files and had developed an auditing tool and planned to commence the audit in January 2021. The aftercare manager had

discussed areas that required improvement including files during team meetings and the team were committed to evidencing all the work completed. The aftercare manager said she had regular case supervision with the team but these records had not been uploaded on the files at the time of the inspection.

Aftercare workers had a caseload of between 23 and 24 cases. In addition, the aftercare workers rotated on a duty system to support the young people who did not have an allocated worker and required support. However as the national case management tool had not yet been piloted in the area, there was no mechanism for gauging how many cases should be carried by an aftercare worker. The national case management tool was due to be rolled out in the area in quarter two of 2021.

The team were committed to supporting the young people to transition into appropriate accommodation when they left care. There were a number of pathways for young people in terms of housing including supported aftercare accommodation provided by other organisations. The annual report highlighted, however, that the places were limited. The aftercare manager said they were working with another Tusla aftercare service to develop a prioritisation system for access to the supported accommodation to ensure a fair and transparent process. There was collaborative working with local county councils in the provision of the capital acquisition scheme and young people could also access the housing assistance payment. However, inspectors were advised that accommodation was scarce and options limited in the area.

There was a drop in service for the area and this was located in the aftercare hub. The aftercare manager said that any face-to-face contact was risk assessed due to Covid-19 but young people could present to the drop in service if they wished. However, the aftercare manager said young people tended to use the duty system more regularly which included telephone, email, video calls or a face-to-face meeting if requested. This service was accessed on 611 occasions during quarter three 2020.

The area undertook a survey regarding young people's experiences of the aftercare service in 2020. There was a mixed response regarding the young people's views in relation to the quality of the aftercare service they received and how prepared they felt before reaching 18. The young people were asked for suggestions on how the service could improve. The aftercare manager advised that the responses and areas for improvement were being considered and included in the business plan for next year. It was evident in minutes of team meetings that the service had focused on developing an exit interview tool to obtain the views of young people when they left the service. There was a delay commencing this project but the aftercare manager confirmed that the exit interview form was sent out to young people in recent weeks.

An annual report was completed for 2019 and this included a report on the adequacy of the service in line with national policy. The aftercare manager maintained records and statistics on young people who had left care and were provided with an aftercare service. The aftercare manager also had oversight of the figures and data which were submitted quarterly by business support to Tusla's national office.

The area provided inspectors with data on 272 young people who availed of the aftercare service relating to quarter three 2020. Of the 208 young people who were assessed as requiring an allocated aftercare worker, 98 (47%) had an allocated aftercare worker.

There was a dedicated and committed team and a strong aftercare manager with a clear vision for the service. The service area had a written policy on aftercare provision, however the team were significantly under-resourced which impacted on the quality and timeliness of the service provided. The aftercare manager had implemented a system to ensure that referrals to the service were received in a timely manner. There was a system in place to support young people who did not have an aftercare worker but the records of interventions, support and guidance provided was not always evident. There were plans to develop the aftercare service further which involved the recruitment of additional staff. The aftercare manager was developing a system to ensure oversight of the provision of aftercare services by an external provider, and the auditing of files was due to commence in January 2021.

Child Protection and Welfare **Standard 3.1** The service performs its functions in accordance with relevant legislation, regulations, national policies and standards to protect children and promote their welfare.	**Judgment** **Non-compliant moderate**

Service plans were in place to respond to the demands on the service in the area, and prioritise key areas of practice for development. While the service area performed its functions in line with key legislation, regulations, national policies and standards such Children First, signs of safety and Tusla's standard business processes, further improvement was required. Data management practices in relation to some children's files were poor, and relevant documents such as case notes had not been uploaded or completed. This impacted on the ability of managers to review case work, and in particular to review all relevant information for children who were on the waiting list for child protection and welfare services. Inspectors found potential risk in the management and oversight of case files due to the lack of appropriate notes of case work on individual children's files being uploaded onto NCCIS.

Child Protection and Welfare **Standard 3.3** The service has a system to review and assess the effectiveness and safety of child protection and welfare service provision and delivery.	**Judgment** **Non-compliant** **Major**
The area had focused resources on learning, development and quality improvement. While the area had made progress in reducing their unallocated cases and waiting lists for services, further improvements were required. Systems in place to monitor and review cases awaiting preliminary enquiry and initial assessments did not provide assurance that each child's individual circumstances were considered. The consideration of the impact of cumulative harm in a timely manner for children where multiple referrals had been received was not sufficiently identified, and therefore could not be managed. These presented as risks for the area. Management systems in place to review and monitor the standards of service provision in relation to cases awaiting allocation required improvement. While the area had standard operating procedures in place to manage unallocated cases, inspectors found that these systems were not consistently implemented. This lack of consistent management oversight meant that the area could not be assured that children were receiving a timely service that was appropriate to their needs.	
Foster Care **Standard 19** Management and monitoring of foster care services	**Judgment** **Non-compliant** **Major**

The tracker relating to S36 assessments was not adequate to provide sufficient oversight to the management team on the progress of all assessments. Data provided to HIQA in advance of the inspection was not in line with the data recorded on the management tracker provided. Sufficient progress had not been made to complete relative assessments in a timely manner. There was significant delays in allocating relative assessments to social workers and delays in the completion of the assessments. Reasons for the delay in the completion of relative assessments were not recorded on the file.

Management oversight of the assessment process was not sufficient. While case supervision records were available in relation to relative foster care assessments, and the stage of the assessment was discussed and actions identified, there was insufficient action taken when a lack of progress in carrying out the actions between supervision sessions was evident. Not all foster carers or other significant adults/young people over 16 had up-to-date Garda vetting on file.

While there was evidence of communication with external providers regarding the progress of relative foster care assessments that were contracted out, inspectors found that the process for tracking these assessments was inconsistent. Relative foster care assessments completed by the external provider were included on the tracker held by the area which was found to be inadequate to provide management oversight of the assessment process

There was a dedicated and committed team and a strong aftercare manager with a clear vision for the service. The team were significantly under-resourced which impacted on the quality and timeliness of the service provided. New referrals to the service could not be allocated due to staff having unmanageable caseloads. The aftercare manager had implemented a system to ensure that referrals to the service were received in a timely manner. There was a system in place to support young people who did not have an aftercare worker but the records of interventions, support and guidance provided was not always evident. The aftercare manager acknowledged that the case notes were not up-to-date and did not always reflect the level of work completed and support offered to the young people. The aftercare manager had addressed this issue and with the support of senior management had put a plan in place to ensure each aftercare worker had protected time to complete administrative tasks. Information on young people involved with the aftercare service was held in three locations across paper files, soft records stored on the shared server drive and on NCCIS for young people under eighteen years of age. The aftercare service had not yet fully commenced the electronic storing of files on NCCIS, and paper files continued to be held for children from 16 to 18 years involved with the aftercare service. This was identified as an area for action in the service

improvement plan.

There were plans to develop the aftercare service further which involved the recruitment of additional staff. The aftercare manager was developing a system to ensure improved oversight of the provision of aftercare services by an external provider, and the auditing of files was due to commence in January 2021.

There were no audits or records of management oversight on files. The aftercare manager had plans in place to commence the auditing of files and had developed an auditing tool and planned to commence the audit in January 2021. A case management tool had not yet been piloted within the area to promote management oversight of the delivery of this area of Tusla's work.

Child Protection and Welfare Service

Screening and Preliminary Enquiry

During the last inspection of the child protection and welfare service in April 2019, inspectors judged the service major non–compliant in relation to the management of referrals to the service. Inspectors found that the quality of the screening in the area was varied and threshold levels were not consistently recorded. The overall quality of preliminary enquiries carried out in the area at that time was poor. Inspectors also found that individual referrals did not always receive an individual response through a unique preliminary enquiry, and there were significant delays in the completion of preliminary enquiries. The categorisation and prioritisation of referrals received by the area was largely accurate. Inspectors found that basic network checks were not consistently completed as part of preliminary enquiries. These issues posed a risk to the service at the time.

Data provided to inspectors prior to this inspection showed that the area had received 5563 child protection and welfare referrals since 01 January 2020. The area reported that 100% of these referrals were screened within 24 hours, as per Tusla's standard business processes. 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 is directed to an alternative service 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.

During this inspection, inspectors found that while further work was required, the area had made significant improvements in the timeliness and quality of screening and preliminary enquiries since the previous inspection in the area. Inspectors sampled 28 cases specifically for screening and found evidence of screening on the majority, 26 or 93% of the cases sampled. The area had a system in place whereby all referrals received were screened by the social work team leader, and a screening sheet was completed and attached to the referral. Details of actions to be taken in relation to the referral were recorded on the screening sheet, including contacting the referrer, contacting the family and the child, complete home visits to the family and the completion of intake records. Inspectors found that 23 or 82% of these cases were screened within 24 hours, while the delays in screening the remaining five referrals sampled ranged from two to six days.

Initial checks of Tusla records to determine if a child is known to the service had not been consistently completed on all referrals. Inspectors sampled 27 cases for the completion of initial checks, and found that initial checks had been completed on 20 or 74% of the cases sampled. Therefore, there was a risk that children who had previous referrals to the service were not being identified in a timely manner. All of the cases sampled met the criteria for a Tusla service, and thresholds were applied appropriately. The classification of referrals was found to be appropriate in 18 or 95% of referrals from a sample of 19 that were reviewed. While practice in relation to meeting the timeframe for screening had significantly improved, and the area reported that all referrals had been screened within 24 hours, inspectors found that the area was not consistently adhering to Tusla standard business processes, or ensuring that children and families were receiving a timely service.

The timeframe for the completion of preliminary enquiries in the area required improvement. Tusla's standard business processes state that preliminary enquiries should be completed within five days. Inspectors reviewed 22 referrals for the timeliness and quality of preliminary enquiries, and found the following:

- Five out of 22 referrals or 23% were completed within the five day timeframe as set out in Tusla's own business processes.
- 17 out of 22 referrals or 77% did not have preliminary enquiries completed within the five day timeframe.

While the service area was striving to increase their capacity to respond in a timely manner to referrals at the front door, inspectors found delays in the completion of preliminary enquiries ranging from two weeks (four cases), one month (four cases), two months (four cases), three months (four cases), with one case waiting four months for the completion of preliminary enquiries. The reasons for delay in the completion of the preliminary enquiries were not recorded or evident from the records. This presented a risk for the area as children and families with child protection and welfare concerns were not receiving a timely response. Four of these cases were escalated to the area manager following the inspection, with satisfactory actions taken by the area to address these risks.

The overall quality of preliminary enquiries carried out in the area was inconsistent. Inspectors sampled 17 cases, and found that network checks were appropriately completed on nine or 53% of cases, while a further five or 29% of cases did not require network checks. Parental consent for these checks had been sought, where appropriate. Inspectors found that three or 18% of the remaining cases required network checks, however they had not been completed at the preliminary enquiry stage. Inspectors found evidence of good interagency cooperation during preliminary

enquiries, and reviewed four cases that had been referred to support services as a response to the referrals received.

Notification of suspected abuse to An Garda Síochána

The Children First National Guidance for the Protection and Welfare of Children 2017 sets out the statutory function of both Tusla and An Garda Síochána (Ireland's National Police Service) in relation to child welfare and child protection concerns. The 'Joint Working Protocol for An Garda Síochána/ Tusla Child and Family Agency Liaison' makes explicit that the child protection and welfare service must refer matters of abuse and neglect to An Garda Síochána for their assessment of suitability for criminal prosecution. During the last inspection the service area was not routinely notifying An Garda Síochána of suspected crimes of wilful neglect or physical or sexual abuse against children in a timely manner.

Inspectors found that the area had made improvements in the completion of notifications to An Garda Síochána. Inspectors reviewed 13 referrals that required a notification to be made to An Garda Síochána, and found evidence that the notification had been made in 12 or 92% of the referrals. Inspectors found that on one of the cases reviewed, there was no evidence of the notification on file. The social work team leader provided assurance that the notification to An Garda Síochána had been completed in relation to this referral.

Principal Social Workers told inspectors that there was a system in place to log and track notifications made to An Garda Síochána. Each notification had to be signed by the principal social worker, and they felt this standard was embedded within practice. A local audit had been completed by the QRSI team leader in October 2020 on practice in relation to the completion of these notifications. Inspectors found evidence of this audit on one of the referrals sampled. The audit noted that there had been a six month delay in submitting the notification. A training workshop was provided to staff based on the learnings from the audit, and provided staff a one page process document to guide their practice when completing the notifications in future. The service area had taken part in the Tusla national self-assessment questionnaire in July 2020 and the national audit on notifications to An Garda Síochána in December 2020, and were awaiting the findings from the audit at the time of the inspection. Additionally, a practice instruction had been issued to all social work departments in June 2020 regarding 'Notifications by Tusla to An Garda Síochána'.

There was good communication and interagency working between the service and An Garda Síochána. The service held liaison management meetings across the area with An Garda Síochána in line with the Joint Protocol. These meetings facilitated good

interagency working. These meetings had been put on hold in the area due to Covid-19, and had recommenced at the time of the inspection.

Safety Planning

Inspectors reviewed the processes in place to ensure the safety of children where there were reported child protection and welfare concerns. Safety planning refers to the arrangements that Tusla has in place to safeguard and protect children. The previous inspection of the area found that safety planning had not been embedded in practice within the area.

Inspectors found that practice in the area in the development and implementation of safety planning had improved. Inspectors reviewed safety planning in 26 files which were at various process stages of Tusla's referral pathway. This included cases that were on the child protection notification system (CPNS). At the time of the inspection, the area was in the process of implementing safety planning in line with the national approach to practice launched in June 2020. Of the 26 cases reviewed, 25 or 96% had safety plans in place. Inspectors found that 23 or 88% of these cases had formal written safety plans in place, although the format of these plans varied. Inspectors found evidence of safety plans written up on the Tusla safety plan template, the signs of safety template, within the intake record and as handwritten plans within files.

The quality of safety plans was inconsistent and required improvement. Of the 25 cases that had safety plans in place, inspectors found that safety planning was of good quality in 12 or 48% of cases. In these cases, the safety plan addressed the risks identified, and the child's network was identified and involved in keeping the child safe. Children were involved in developing their safety plans where this was appropriate to their age and situation. There was evidence of good interagency cooperation. Four of these cases had a child protection case conference which had formalised the safety planning for the child and family.

Inspectors found evidence that improvements were required in 13 or 52% of the cases reviewed. In one of these cases, the safety plan was not available on NCCIS, although the case had been reviewed at the post intake prioritisation review day in November 2020, and actions for follow up included contact to be made with the family to verify if the safety plan was working. This case was awaiting the completion of an initial assessment. In a second case, there was no written safety plan on file. Inspectors were provided with a copy of a family support plan which had been developed in July 2020 and signed in December 2020. While the referral was received in September 2020 indicating serious concerns for the child's safety and welfare, safety planning arrangements had not been appropriately established for the child. An initial assessment had commenced at the time of the inspection.

In the remaining files, inspectors found markers of poor quality in relation to safety planning which included limited details recorded on safety plans, lack of network meetings, safety plans not signed by family members and social workers. Where safety plans were unsigned, this created a risk that these plans had not been formalised with the safety network, and therefore could not be relied upon as a measure of safety for the child. Inspectors found evidence where safety plans had not identified additional supports required for the family, or fully considered dynamics within the family situation and the parent's capacity to safeguard the child.
The process for monitoring, reviewing and updating safety plans in the area required improvement. Of the 23 cases reviewed, 16 or 70% of the safety plans in place for children and families were monitored by social workers for implementation. The remaining seven or 30% of cases had safety plans that were not consistently reviewed. There was no clear system in place to ensure that safety plans were being implemented by families, or to ensure that safety plans had been updated to take account of changes in the family situation. Inspectors found that six of these seven cases were unallocated and on a waiting list at the time of the inspection or prior to the inspection. Social workers told inspectors that review meetings for safety plans can present challenges as the cases may not be allocated, and a review date may be entered on the safety plan that another social worker will be reviewing.

The area had completed an audit of safety planning on the 11th and 12th November 2020, and the findings from this audit were shared with the social work teams on the 19th and 26th November 2020. The audit found that improvements were required in the consistent monitoring of safety plans. It highlighted that Tusla's worries for the relevant family were not always clearly outlined, and social workers needed to be more detailed in relation to the danger statement and safety goals for children and families. The audit also identified that safety plans required more detail on the specific people involved with them, and their role in the safety plan. The area manager and principal social workers told inspectors that the area is working on embedding safety planning within practice, and that the social workers are invested in this learning. While Signs of Safety training was available in the area during 2020, principal social workers told inspectors that further training will be delivered to social work teams throughout 2021 in relation to safety planning.

Initial Assessments
Initial assessments that were completed by the service were of good quality. Children were met with and observed as part of the assessment process. There was good quality analysis of children's needs, and the strengths and risks that existed within their network. This analysis was then used to determine the level of risk for the child, and determine the outcome and next steps that needed to be taken to ensure the

child was safe and protected. Children who required further intervention were referred to appropriate services or transferred to the child protection team, as needed. Inspectors found that signs of safety was embedded within practice. Inspectors found evidence of management oversight on 15 or 71% of the cases reviewed. There was also evidence of good interagency communication in the completion of initial assessments.

While initial assessments were of good quality, they were not completed in a timely manner in line with Tusla's standard business processes. Inspectors reviewed 21 initial assessments, and found that only seven or 33% were completed within the 40 day timeframe. For a further two while the initial assessments had been completed, there were delays in these assessments being signed off by the social work team leaders which resulted in the assessments not being completed within the 40 day timeframe. Delays in the completion of initial assessments ranged from four weeks (two cases), two to three months (two cases), with some having more significant delays of six to seven months (three cases) and up to one year (two cases). While Covid-19 may have had an impact on service delivery and the completion of more recent initial assessments, those initial assessments that had been delayed by a year predated Covid-19. At the time of the inspection, inspectors found that work was ongoing on three initial assessments that were already between one to two months over the required timeframe. While the area had restructured resources in March 2020 developing four intake and assessments teams with responsibility for completing initial assessments, improvement was needed to ensure that children needs were assessed in a timely manner in line with Tusla's standard business processes.

Waitlist

The previous inspection of the area in April 2019 found that there were no systems in place to formally review cases on a waiting list for preliminary enquiry. At that time, the area reported that there were 168 cases awaiting preliminary enquiries and 415 cases on a waitlist for initial assessments. Data provided to HIQA in advance of this inspection indicated that there were 168 cases on the waitlist for preliminary enquiry, and 98 cases on a waitlist for initial assessments, with 112 cases on a waitlist for support services. 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.

Inspectors were told that the delays in the allocation of cases was due to capacity issues across the service area. The area reported that staff vacancies had reduced from 47 in April 2020 to 22 in October 2020, and this was allowing the area to gradually reduce their unallocated cases. As noted earlier, the service area had restructured their staff resources in March 2020 as a means of reducing the number

of unallocated cases within the area. Additionally, a project team had been established in October 2020 with a specific focus on addressing the backlog of medium and low referrals at the front door. The area had developed and implemented a Standard Operating Procedure for the Management of Unallocated Cases in the area as a means to formally review cases on the waiting list. The area had put a system in place to review cases on the waiting list across the process stages. A review of high priority referrals awaiting preliminary enquiry is undertaken on a fortnightly basis, while medium and low priority referrals awaiting preliminary enquiry were reviewed on a monthly basis. Similarly, high priority cases awaiting initial assessment were reviewed on a monthly basis by the social work team leader, while medium and low priority cases were to be reviewed on a quarterly basis. Inspectors reviewed 12 cases which had been awaiting allocation, or recently allocated following a period of being on a waiting list this year. Inspectors found that nine or 75% of the cases while having been reviewed by managers, were not well managed. For example, inspectors found gaps of six to nine months in the review of two cases on the waitlist, with limited details recorded on the file in relation to the review or necessary actions. While the child protection and welfare service went fully paperless in terms of children's records in October 2020, with paper files having been maintained up to that point, the area had stated in their provider assurance report in August 2020 that reviews carried out on cases awaiting allocation across the process stages would be documented on the child's NCCIS record. However, following the inspection the area indicated that these reviews continued to be recorded on paper files up until October 2020. Therefore the area could not be assured that all necessary information was available electronically to managers of the service to ensure adequate oversight of cases.

Furthermore, reviews of cases on the waiting lists did not result in cases being appropriately prioritised for allocation. While there had been significant staff vacancies throughout the service area which impacted the capacity of the service to allocate cases, the systems in place to monitor and review cases awaiting preliminary enquiry did not provide assurance that each child's individual circumstances were considered, or that appropriate consideration was given to prioritising those children for allocation. Inspectors were not assured that referral information was taken into account during the reviews noted on individual case files, and the review information included on the file did not provide a specific analysis or rationale for the decisions made in relation to each case, nor did it outline what action was to be taken in each case. Some cases had been reviewed yet were not allocated or action was not taken given the significant child protection issues identified, and while noted as being reviewing by both a team leader and a PSW, no action was taken to ensure the children's safety. Four of these cases were escalated to the area manager and assurances were sought in relation to the actions necessary to mitigate against these

risks. Appropriate assurances were provided. Inspectors found that the systems which the area had put in place in order to manage waiting lists and be assured that children were safe were not effective. At the time of the inspection there remained 168 referrals on the waiting list for preliminary enquiry. Given the findings of this inspection the area cannot be assured that these referrals have been adequately reviewed and, appropriately prioritised for action in order to ensure the safety of the children involved.

Cases that had recently been allocated had remained on waiting lists, some with multiple referrals that did not appear to be considered when prioritising cases for allocation. Inspectors reviewed five cases that had been on a waiting list for an initial assessment. While two of these cases had been recently appropriately allocated having been identified as high priority, both cases were awaiting the completion of an initial assessment for two months (one case), while the second case had been six months on the waiting list with the initial assessment due to commence at the time of the inspection. The remaining three cases had been on the waiting list for the completion of the initial assessment between seven months (one case) and 12 months (two cases). Similar to the review of cases awaiting preliminary enquiries, systems which the area had in place to manage waiting lists and provide assurance that children were safe, and received a timely service were not effective.

Inspectors were not assured that timely and appropriate steps had been taken within the area to ensure the safety and welfare of children where multiple referrals were received in relation to a child. There was a risk that the impact of cumulative harm was not being considered in a timely manner for these children, and therefore appropriate actions had not been taken to mitigate the risks for these children. Cases with multiple referrals were not adequately re-considered during waiting list reviews for allocation when reviewed previously, despite significant indicators of cumulative harm. Inspectors reviewed two cases where children were at significant risk, and had multiple referrals since March 2020 for one case and May 2020 for the second case. These cases had been allocated just prior to the inspection having been on a waiting list for initial assessment. This was escalated as a systems risk to the area manager following the inspection, and appropriate assurances were provided.

Closed Cases

The previous inspection of the area in 2019 found that some cases were closed to the service without the required checks and the rational for closing was either not completed or recorded on NCCIS.

The management of closed cases had improved, but further improvements were required. Inspectors reviewed 12 cases that were closed at various stages along

Tusla's referral process, and found that 100% of cases were closed appropriately. The rationale for closure was documented on 11 or 92% of cases, with a closure summary available on one of the cases reviewed. While cases were closed appropriately, inspectors found that on two or 17% of cases, there were delays of 11 months where the cases were on a waiting list for allocation. When reviewed by social work team leaders, appropriate decisions were made to close both cases, with one case being referred for additional support through Meitheal. These lengthy delay did not ensure that children received a timely service.

Communication with parents and children in relation to case closures needed to improve. Practice in relation to informing parents about case closures was inconsistent. Inspectors found evidence on six or 50% of cases that parents had been informed that their case was closed. Of the 12 cases reviewed, inspectors found evidence on one case that the child had been informed of the case being closed. Three children who were not informed of their case being closed were of an age where they could have been informed of the case closure, while in the remaining eight cases the children were too young to be informed, or there were specific reasons as to why the child was not informed of the case closure.

Child Protection Notification System (CPNS)

Where an initial assessment finds that a child is at risk of on-going significant harm, then Tusla is required to organise a multi-disciplinary child protection case conference (CPC) and/or remove the child to alternative care. Data submitted by the service area to HIQA in advance of the inspection indicated that there were 79 children listed as active on the CPNS system.

Tusla's national quality assurance and service monitoring team carried out a remote monitoring audit of children on the CPNS during the Covid-19 crisis period. The aim of the audit was to provide assurances that a responsive and effective frontline service was maintained during the on-going Covid-19 crisis for children and families identified as being at the highest risk. The audit focused on children and young people who were listed as active on the CPNS at that time. The audit made four recommendations upon which the area developed an action plan relating to:

- Recording the frequency of contact required with children and families in the child protection and safety plan documents
- Case supervision records to be uploaded to NCCIS of all children and young people listed as active on the CPNS
- Use of the safety plan template document to support the accessibility and review of the child protection plan for children listed on the CPNS
- All social work case notes for all children and young people listed as active on the CPNS to be uploaded on NCCIS relating to all social work contact with the

children, and with families in relation to safety planning and the monitoring of this.

The area reported that these actions were ongoing across the service, and identified the people responsible for their completion.

The timeliness of initial child protection conferences required improvement. Inspectors reviewed six cases, comprising of 18 children where initial child protection conferences had taken place. Four of these conferences had been held in a timely manner. There were delays of two months and five months for the remaining two cases. This presented a risk for the children involved as existing safety plans and interventions were not addressing the identified risks to the children or keeping the children safe. The chairpersons of the child protection conferences told inspectors that while on some occasions there had been delays in convening conferences to ensure that the necessary people were able to attend, CPC's were generally convened in a timely manner in line with standard business processes.

The content of the child protection safety plans developed at the CPC's were of good quality. Of the six files that were reviewed, inspectors found evidence of well developed, good quality plans on five of these cases. The remaining file did not have the CPC record available on NCCIS. Inspectors found that these plans had clear actions which outlined the responsible person. The plans had considered the strengths of the family, and children and parents were consulted. There was evidence of good interagency cooperation, and relevant supports were named. In these five cases, parents had been given a copy of the plan, and it had been explained to the family.

The signs of safety process and safety mapping were well embedded within the child protection notification system. Inspectors found evidence of this on the files reviewed. Safety planning meetings were held in five of the six cases reviewed to monitor the safety for the child in line with the child protection plan. Inspectors found evidence of strategy meetings being held in relation to one case where there were concerns about the progress of the child protection plan, and the safety of the children. All six cases reviewed had social work visits completed, which involved a combination of announced and unannounced visits. On one of the files reviewed, home visits which had taken place between August and November 2020 had not yet been uploaded onto NCCIS. This practice was not in line with the agreed action plan set out by the service as noted earlier.

Of the six cases that were reviewed, two of these cases also had review child protection conferences. One of these reviews was carried out in a timely manner six months following the initial conference, while in the second case the review was

completed ten months following the initial conference. This review conference had been postponed due to Covid-19 restrictions, and the rationale for this decision was detailed on the file in a letter sent to the parents. One of these cases was appropriately delisted from the CPNS following the review as the family had made significant progress. An appropriate family support plan was put in place for the family. Children and parents views were considered, and the progress that families had made was taken into account when making decisions. Clear decisions and actions were noted following the review case conference.

Case planning management and monitoring

The management team within the service area had realigned its resources and structures to increase the capacity of the service to meet the demands on the service from the front door through to child protection conference. The service had policies and procedures in place regarding the management of caseloads. The area manager collated this data and monitored the manageability of caseloads across the service area. Caseload management was discussed at management meetings. Where caseloads across areas were noted as unmanageable, consideration was given to the reasons for this which included staff vacancies. The impact of this on social work team leaders had also been discussed from the perspective of oversight of case work. Analysis of the manageability of caseloads, and waiting lists in the service area by the management team led to the restructuring of the intake and assessment and child protection and welfare teams. Bespoke recruitment campaigns were also initiated across the service area to target vacancies in specific locations and roles, with fortnightly meetings taking place between senior management and the recruitment team to progress the specific staffing issues. Staff told inspectors that the introduction of the project team had a significant positive impact on individual caseloads, by increasing their manageability. Social workers told inspectors that they felt their caseloads were manageable, and social work team leaders reallocated cases as they are needed. Social workers also told inspectors that as the waiting lists in the service area have decreased, this has had a positive impact making caseloads more manageable. Inspectors saw evidence of caseload management within individual social workers supervision records, which deemed caseloads to range between manageable to busy but ok.

Staff were knowledgeable and committed to their role. Social workers and managers attended post intake prioritisation review days, complex case forums, group supervision, training and briefing sessions developed to improve practice. Multi-agency planning forums had been established across the service area to assist in decision making in relation to children with complex needs. Social workers told inspectors that these meetings had facilitated discussions regarding the actions to be taken in the specific cases. The area had planned to hold further case review days in

2021 to progress their work in addressing the number of cases awaiting the completion of preliminary enquiries and initial assessments.

Improvements were required in relation to the quality and consistency of management oversight. Inspectors reviewed 20 cases, and found evidence of management monitoring and oversight on 17 or 85% of the cases sampled. However, the quality of the management oversight was inconsistent. Supervision or case management records were not consistently available on children's files on NCCIS. Of these 17 cases, inspectors found evidence of strong management oversight on nine of these files which included consideration of the risks to the child, safety planning, tracking the family's engagement with services and had clearly recorded actions on file. A further two cases had evidence of supervision and management oversight since they were allocated to a social worker, though this was not available while the cases were on the waiting list. The remaining six cases were found to lack management oversight though they had remained on waiting lists for extended periods. Inspectors found that one case which had been referred in September 2019 had been reviewed on two occasions prior to being diverted to another agency for support and closed to the social work service in November 2020. A second referral received in January 2020 had two reviews completed in October and November 2020, with the second review resulting in the case being allocated. This lack of consistent management oversight meant that the area could not be assured that children were receiving a timely service that was appropriate to their needs.

Individual staff supervision took place across the service, and was used as a mechanism to hold staff to account for their practice. Inspectors reviewed eight staff files from the child protection and welfare team. Supervision took place in line with Tusla's policy in five or 63% of the files sampled. The gaps in the frequency of supervision in the three remaining files did not exceed two months, and one of these files had the reason for cancellation of supervision sessions noted on the file. Inspectors found that additional supervision sessions were provided on two of the staff files sampled as a support mechanism to the staff members to manage their workload and the impact of homeworking during Covid-19. Supervision provided staff with opportunities to discuss their learning and development needs. Inspectors found that three or 38% of the supervision files sampled were signed. Inspectors were told that in the context of Covid-19 and the public health guidelines, supervision was taking place through phone calls or video calls, and that not all staff had access to esignatures or were in the office to physically sign the supervision records. Improvements were required to ensure that supervision records were signed by both the supervisor and the supervisee, and that the frequency of supervision was in line with Tusla's policy. Social workers told inspectors that social work team leaders were

very supportive, and available to their teams providing informal supervision to staff as they were working cases.

The area had developed a feedback process for child protection case conferences in September 2020. The chairpersons of the conferences acknowledged that this process was evolving. Inspectors reviewed a sample of the feedback received. Feedback received from professionals in attendance was positive, and focused on the method by which the meeting was chaired which ensured that the child and parents were listened to, risks and strengths were identified with immediate safety planning developed at the end of the meeting. The signs of safety model was used throughout the meeting, with good sharing of information and the meeting focused on the safety and wellbeing of the child in question.

Child protection and welfare **Standard 2.2** All concerns in relation to children are screened and directed to the appropriate service.	**Judgment** **Non-compliant** **moderate**

Inspectors found that improvements were required in the timeliness and quality of screening and preliminary enquiry in the area. All concerns in relation to children were screened and directed to the appropriate service. The classification of referrals was found to be appropriate in the majority of referrals. Practice in relation to meeting the timeframe for screening had significantly improved but required further work to adhere to Tusla's own standard business processes. Evidence of screening was not available on a small number of files reviewed.

Initial checks of Tusla records to determine if a child is known to the service had not been consistently completed on all referrals. The timeframe for the completion of preliminary enquiries in the area required improvement. The reasons for delay in the completion of the preliminary enquiries were not recorded or evident from the records. The overall quality of preliminary enquiries carried out in the area was inconsistent. Inspectors found that the completion of network checks required improvement The area had made improvements in the completion of notifications to An Garda Síochána.

Child protection and welfare **Standard 2.3** Timely and effective action taken to protect children.	**Judgment** **Non-compliant** **Moderate**

The quality of safety plans was inconsistent and required improvement. Inspectors also found markers of poor quality in relation to safety planning which included

limited details recorded on safety plans, lack of network meetings, and safety plans were unsigned. This created a risk that these plans had not been formalised with the safety network, and therefore could not be relied upon as a measure of safety for the child. There was no clear system in place to ensure that safety plans were being implemented by families, or to ensure that safety plans had been updated to take account of changes in the family situation. Inspectors found evidence where safety plans had not identified additional supports required for the family, or fully considered dynamics within the family situation and the parent's capacity to safeguard the child. The process for monitoring, reviewing and updating safety plans in the area required improvement. Inspectors found inconsistencies in the development of safety plans, as evidenced in safety plans written up on the Tusla safety plan template, the signs of safety planning template, within the intake record and as handwritten plans within files.

Child protection and welfare **Standard 2.4** Children and families have timely access to child protection and welfare services that support the family and protect the child.	**Judgment** **Non-compliant** **Major**

Inspectors found that the systems which the area had put in place in order to manage waiting lists and be assured that children were safe were not effective. Reviews of cases on the waiting lists did not result in cases being appropriately prioritised for allocation. The review information included on the file did not provide a specific analysis or rationale for the decisions made in relation to each case, nor did it outline what action was to be taken in each case. Given the findings of this inspection the area cannot be assured that the 168 referrals on the waiting list for preliminary enquiry have been adequately reviewed and, appropriately prioritised for action in order to ensure the safety of the children involved.

Similar to the review of cases awaiting preliminary enquiries, systems which the area had in place to manage waiting lists for initial assessments and provide assurance that children were safe, and received a timely service were not effective. Cases on the waiting list for initial assessments with multiple referrals were not adequately re-considered during waiting list reviews for allocation, despite significant indicators of cumulative harm. Inspectors reviewed two cases where children were at significant risk, and had multiple referrals since March 2020 for one case and May 2020 for the second case. These cases had been allocated for initial assessments just prior to the inspection.

Inspectors were not assured that timely and appropriate steps had been taken within the area to ensure the safety and welfare of children where multiple referrals were received in relation to a child. There was a risk that the impact of cumulative harm

was not being considered in a timely manner for these children, and therefore appropriate actions had not been taken to mitigate the risks for these children Improvements were also required in relation to the timeliness of closing cases, and informing families of these decisions.	
Child protection and welfare **Standard 2.5** All reports of child protection concerns are assessed in line with Children First and best available evidence.	**Judgment** **Non-compliant** **Moderate**
Initial assessments that were completed by the service were of good quality. Children were met with and observed as part of the assessment process. There was good quality analysis of children's needs, and the strengths and risks that existed within their network. While initial assessments were of good quality, they were not completed in a timely manner in line with Tusla's standard business processes. Delays in the completion of initial assessments ranged from four weeks (two cases), two to three months (two cases), with some having more significant delays of six to seven months (three cases) and up to one year (two cases). At the time of the inspection, work was ongoing on three initial assessments that were already between one to two months over the required timeframe. Improvement was needed to ensure that children needs were assessed in a timely manner in line with Tusla's standard business processes.	
Child protection and welfare **Standard 2.6** Children who are at risk of harm or neglect have child protection plans in place to protect and promote their welfare.	**Judgment** **Substantially Compliant**
The timeliness of initial child protection conferences required improvement. There were delays of two months and five months for the two cases reviewed. This presented a risk for the children involved as existing safety plans and interventions were not addressing the identified risks to the children or keeping the children safe. The content of the child protection safety plans developed were of good quality. One of the files reviewed did not have the CPC plan available on NCCIS.	
Child protection and welfare **Standard 2.7** Children's protection plans and interventions are reviewed in line with requirements in Children First.	**Judgment** **Compliant**

Review child protection conferences were comprehensive and were completed in a timely manner. Where there were delays in convening the review conference, the reasons for the delay were noted on the child's file.	
Child protection and welfare **Standard 2.10** Child Protection and welfare case planning is managed and monitored to improve practice and outcomes for children.	**Judgment** **Substantially Compliant**
Improvements were required in relation to the timeliness of supervision sessions, and ensuring that supervision records were signed by both the supervisor and the supervisee. Case management records were available on social work files, and the manageability of caseloads was monitored by management, leading to restructuring of the resources within the intake and assessment and child protection and welfare teams. The area had established multi-agency forums to assist in decision making regarding complex cases. The quality of the management oversight was inconsistent, and supervision or case management records were not consistently available on children's files on NCCIS.	

Compliance Plan

This Compliance Plan has been completed by the Provider and HIQA has not made any amendments to the returned Compliance Plan.

Provider's response to Report Fieldwork ID:	MON 0031051
Name of Service Area:	Dublin South West Kildare West Wicklow
Date of inspection:	07th – 11th December 2020
Date of response:	26th February 2021

Capacity and Capability

Child Protection and Welfare Standard 3.1

Non-compliant Moderate

The provider is failing to meet the National Standards in the following respect:

Data management practices in relation to some children's files were poor, and relevant documents such as case notes had not been uploaded or completed.

There was a potential risk in the management and oversight of case files due to the lack of appropriate notes of case work on individual children's files being uploaded onto NCCIS.

Action required:

Under **Standard 3.1** you are required to ensure that:
The service performs its functions in accordance with relevant legislation, regulations, national policies and standards to protect children and promote their welfare.

Please state the actions you have taken or are planning to take:

1. NCCIS Fundamentals Training was provided for staff on the 14th January 2021 and this will continue to be facilitated throughout the year;
2. A practice directive issued to all staff on intake and child protection teams on 25th February 2021 regarding the recording of accurate and up to date information. This will now be included as a standing item in supervision and the Team Leader will review files (both allocated and those worked on duty) on NCCIS in supervision with Social Workers and Social Care Workers/Leaders to ensure compliance;
3. NCCIS governance will also be included as a standing item in supervision between the Principal Social Workers and Social Work Team Leaders;
4. QRSI/PSW audits of referrals that receive a preliminary enquiry will continue to ensure implementation of the practice directive;
5. The NCCIS User Liaison Team Leader will complete an audit of information recorded on NCCIS each quarter. This will involve taking a random sample of 20% of records across the Child Protection and Welfare Pillar including both Intake and Assessment Teams and Child Protection and Welfare Teams. Consideration will be given also to themed audits each quarter and focusing on particular areas such as sibling groups, cloning, case notes and compliance re updating of attachments and launching and sign off of forms;
6. The NCCIS User Liaison Team Leader will also issue regular and consistent broadcasts across the Area. These will include information such as standard naming conventions used on NCCIS, dates for NCCIS training for new staff;
7. Data accuracy/ skills-building sessions for all workers completing intakes and initial assessments across the area is being provided by the Signs of Safety Practice and Implementation Leads. Four sessions have been scheduled for March 2021 and each session will be attended by a minimum of 20 workers. Sessions will focus on

supporting workers on how to best demonstrate their work by assisting them to use the templates on NCCIS in a way that accurately shows the use of SofS.	
Proposed timescale: **1. January 2021 and Quarterly therafter** **2. February 2021 and monthly thereafter** **3. Monthly** **4. January 2021 and monthly thereafter** **5. By 31st March 2021 and monthly thereafter** **6. Monthly** **7. 1st March, 9th March, 11th March and 23rd March 2021**	**Person responsible:** **NCCIS User Liaison Team Leader** **Intake & Assessment and CPW Social Work Team Leaders** **PSW's for Intake and Assessment and CPW** **Intake and Assessment PSW and QRSI TL from Q2** **NCCIS User Liaison Team Leader** **NCCIS User Liaison Team Leader** **Signs of Safety Practice and Implementation Leads**

Child Protection and Welfare Standard 3.3 **Non-compliant Major**
The provider is failing to meet the National Standards in the following respect: Systems in place to monitor and review cases awaiting preliminary enquiry and initial assessments were not adequate. Where multiple referrals had been received,consideration of the impact of cumulative harm in a timely manner for children wasnot sufficient. The quality of the management oversight was inconsistent, and the area could not be assured that children were safe and receiving a timely service that was appropriate to their needs.

Action required:

Under **Standard 3.3** you are required to ensure that:
The service has a system to review and assess the effectiveness and safety of child protection and welfare service provision and delivery.
Please state the actions you have taken or are planning to take:

1. A Team Leader or Senior Social Work Practioner screen every referral received into the Social Work Department. It is at screening that all previous referrals, assessments and information is considered along with the potential for cumulative harm and this information is used by the practitioner to determine the categorisation and prioritisation for each referral. Any subsequent referral on the child is screened again in this manner. A system will be implemented whereby the Senior Social Work Practitioner or Team Leader will review referrals awaiting preliminary enquiry fortnightly from the time of referral. A record of this review will be placed on NCCIS reflecting the consideration of these criteria, including culmulative harm;
2. A project relating to referrals awaiting preliminary enquiries was established in October 2020. To date, this project team has closed 330 referrals. Monthly audits are completed by the Regional Manager assigned for the duration of the project and Tusla's National Practice Assurance and Service Monitoring Team recently completed an audit of cases included in this project and a draft report has been prepared and recommendations will be implemented once finalised;
3. Monthly audits of referrals awaiting a preliminary enquiry and of screened referrals will be undertaken by the Principal Social Worker for Intake and Assessment or the Social Work Team Leader for Quality, Risk and Service Improvement. These audits will be provided to the Area Manager. The audit will include ensuring fortnightly reviews of referrals awaiting preliminary enquiry are taking place and adequately recorded on NCCIS;
4. For referrals currently awaiting a preliminary enquiry a number of planned days have been scheduled in March and April 2021 with staff from the Intake and Assessment Teams and Child Protecton and Welfare Teams to progress work required on these referrals;
5. Screening is the primary point at which cumulative harm is considered and weighted by team leaders. As there is generally only one open referral for a child and all others closed and linked to the primary referral, the priority of the open referral is set according to the most concerning referral. However, going forward there will be improved recording to better evidence consideration given to cumulative harm on all relevant referrals. This will continue to be monitored and audited as outlined above;
6. The Unallocated Case Review Forms will be revised to ensure that there is evidence of consideration of cumulative harm being given when reviews of cases are undertaken;
7. A Social Work Team Leader for Service Developments has been appointed to the Child Protection and Welfare Pillar since October 2020. Part of this role includes supporting the Child Protection and Welfare Pillar to ensure that a system of reviews of unallocated referrals can be supported. As per point 1 above, this Team Leader will provide key support and oversight in relation to the system implemented to review referrals awaiting preliminary enquiry fortnightly from the time of referral;

8. A review of re-referrals in the area is also underway. A data collection sheet has been developed for this purpose and the sample will be randomly selected. Feedback from referrers will also be sought. This work will be completed by the beginning of May 2021;
9. The National Director of Services and Integration held a workshop with regard to the management and reduction of unallocated cases. DSW/KWW participated in this workshop on 2nd March 2021. The purpose was to share learning across areas of the most effective systems for the management of referrals while awaiting allocation and for reducing unallocated cases. An action plan has been developed relating to this.
10. A Performance Conference System has been implemented by the CEO for Tusla. The purpose of these conferences is for all Senior Managers to review and report on system performance relating to a range of key performance metrics. This includes consideration of causal and contributory systemic factors such as resource allocation, thematic issues arising and sharing learning on effective approaches;
11. The Director of Integration and Services has initiated a national group with a focus on promoting compliance and continual service learning and improvement. The aim of the group is to develop a process for consistently capturing, developing, sharing and implementing the learning from HIQA reports and inspections in the area of Child Protection and Welfare and Fostering in order to promote compliance with national standards and continuous service improvement.

Proposed timescale:	**Person responsible:**
1. **Fortnightly from 1st April 2021**	**Senior Social Work Practitioner/Team Leader, Child Protection and Welfare**
2. **Monthly audits for continuation of project -**	**Regional Manager for Unallocated Project and National Practice Assurance and Service Monitoring Team**
3. **January 2021 and monthly thereafter**	**PSW for Intake and Assessment/QRSI TL**
4. **Week of 8th March, Week of 22nd of March 2021, Week of 12th of April**	**Intake and Assessment and CPW PSW's and Team Leaders**
5. **January 2021 and monthly thereafter**	

6. 31 March 2021	PSW for Intake and Assessment/QRSI TL from Q2
7. From 1 April 2021	Service Development Team Leader CPW Service Development Team Leader CPW
8. May 2021	Social Work Team Leader for Service Development
9. 30 April 2021	National Director of Services and Integration
10. 6 weekly – schedule set for 2021	CEO Tusla
11. Monthly meeting	National Director of Services and Integration

Capacity and Capability

Foster Care Standard 19 **Non-compliant Major**

The provider is failing to meet the National Standards in the following respect:

Management oversight of the assessment process was not sufficient and processes in place were not adequate, such as:

- the tracker relating to S36 assessments was not adequate to provide sufficient oversight on the progress of all assessments
- sufficient progress had not been made to complete relative foster care assessments in a timely manner
- there was significant delays in allocating assessments to social workers and delays in the completion of the assessments
- reasons for the delay in the completion of assessments were not recorded
- there was insufficient action taken when a lack of progress in carrying out the actions between supervision sessions was evident
- not all foster carers or other significant adults/young people over 16 had up-to-date Garda vetting on file
- the process for tracking foster care assessments contracted out to an external provider was inconsistent.

The aftercare team were significantly under-resourced which impacted on the quality and timeliness of the service provided. New referrals to the service could not be allocated due to staff having unmanageable caseloads.

Management oversight of the aftercare service required improvement in the following areas:

- referrals to the aftercare service had been delayed, and were not consistently received in a timely manner
- the area needed to ensure oversight of the provision of aftercare services by an external provider
- there were no audits or records of management oversight on files
- the aftercare service had not developed a case management tool for the service
- case notes were not up to date and did not always reflect the level of work completed and support offered to the young people
- the aftercare service had not yet commenced the electronic storing of files on NCCIS.

Action required:

Under **Standard 19** you are required to ensure that:
Management and monitoring of foster care services.

Please state the actions you have taken or are planning to take:

Foster care

1. The Principal Social Worker for Fostering in the area commenced in post on 18th January 2021. This appointment was delayed due to vacancies in other Principal Social Work posts. This post holder will be a single point of governance and oversight, as up until this time, the service was split across two Principal Social Workers who also had management responsibility for the children in care service;

2. The Fostering Pillar Management team have reviewed the Area Section 36 Tracker and have included additional information which will assist with the overall governance of the tracker. Headings added relate to the target completion date for assessment, barriers to completing the assessment/sending assessment to the FCC and actions needed to complete the assessment/send to the FCC in a timely manner;
3. The Foster Care Committee will be notified if an assessment goes over the 16 week timeframe;
4. A monthly review of the Section 36 tracker will take place with PSW and each Fostering Team Leader in order to ensure completion of assessments within the 16 week allocated time frame. The area manager and service director will receive a report with regard to progress on monthly basis;
5. If there are delays in assessments, and where relevant, agreed actions to progress the assessment will be recorded on the Area Section 36 Tracker and on each respective foster carers file. The Area Manager, through monthly one to ones with PSW, will be advised if there is any delay outside of the 16 weeks and the reason for any delay such as capacity or impact of Covid-19 and the progress of the assessment will be recorded;
6. Each Foster Link Social Worker must advise their Team Leader and PSW immediately when a Section 36 Emergency set up is considered so that the allocation of the assessment can be planned at the earliest possible point. All assessments will be commenced within 4 weeks of the emergency set up. If this can't be done it will be escalated by the Principal Social Worker to the Area Manager to ensure that a plan is put in place to commence the assessment.
7. Template's for Safeguarding Plan's are developed for use with emergency approved Section 36 Foster Carers and for children in these placements. The templates will be used while the assessment of Relative Foster Carers is conducted. Training will be provided to Foster and Children in Care Social Workers in Quarter 2 2021 to ensure consistent and rigorous implementation of these two safeguarding plans during this period also;
8. It has been agreed that each month the allocated Team Leader will conduct a governance meeting with any private provider completing S36 assessments to record the progress made on the assessment and the target completion date. Our internal Section 36 tracker will then be updated with the information collated from external providers and information recorded on the respective foster file;
9. Quality Risk and Service Improvement Team Leader will select a quota of 25% of assessments on the tracker on a quarterly basis in order to audit evidence of governance of the assessment and a report provided to the area manager and service director.
10. Relative fostering assessments will be an agenda item in supervision to ensure improved oversight and to progress any difficulties/delays identified with assessment;
11. The Principal Social Worker for Fostering, who commenced in post in January 2021, has operational oversight of the Area Garda Vetting Log. The PSW will conduct monthly review meetings which will ensure that the log is maintained and up to date and that all overdue Garda Vetting are followed up and secured. These meetings will also ensure that vetting becoming due are tracked and secured before vetting expires.

Aftercare

1. Approval for the recruitment of 2 additional aftercare workers has been granted. The new panel for Aftercare Workers has been formed. Interviews took place at the beginning of Feb 2021 and recruitment from the panel will take place imminently. Posts are currently being offered to the panel;
2. Governance and oversight of the aftercare support currently provided by a funded agency is being strengthened. This includes the establishment of monthly gate keeping meetings and ensuring the ongoing prioritisation of young people in relation to the allocation of the resources available;
3. A system is now in place to ensure timely referrals to the aftercare service. Our NCCIS User Liaison has created advanced finds on NCCIS for all CIC team leaders so that they have a full list of young people aged between 15.5 years and 16 years available to them at all times. This will trigger a discussion between team leaders and allocated Social Workers with regard to initiating a referral before the child turns 16 years. In addition, business support send out reminders to teams four weeks after the young person turns 16 years. If the referral is not received back in 4 weeks the Aftercare Co-ordinator manager brings to the governance meeting with Area Manager and PSW's;
4. Auditing and oversight of aftercare files; the team leader for quality and service improvement has undertaken an audit of aftercare files in Qrt 4 of 2020. Quarterly audits will be completed by this team leader and this will be reviewed by the Aftercare Manager. Learning from audits will be shared with teams on both an individual level at supervision and in training sessions as appropriate.
5. Aftercare Manager will audit files in supervision on a monthly basis to ensure that information is being recorded appropriately.
6. The national case management tool for aftercare is currently being piloted within the agency. Training has been provided to all areas;
7. A practice direction has been circulated to all staff with a clear direction around the recording and uploading of case notes and to ensure that all relevant information is recorded. The Aftercare Manager will monitor this monthly through supervision.

Proposed timescale:	**Person responsible:**
<u>Foster care</u>	**<u>Fostercare</u>**
1. 18th Jan 2021	**PSW for Fostering**
2. Feb 2021	**PSW for Fostering & Fostering TL's**
3. Feb 2021 and monthly thereafter	**PSW for Fostering**
4. Feb 2021 and monthly thereafter	**PSW for Fostering QRSI TL**

5. March 2021 and monthly thereafter	Area Manager
6. 30 March 2021 and quarterly thereafter	Fostering TL's
7. 30 June 2021	Fostering TL's
8. March 2021 and monthly thereafter	Fostering TL's
9. By 31 March and quarterly thereafter	QRSI TL
10. Monthly	Fostering TL's
11. February 2021	PSW for Fostering
Aftercare	**Aftercare**
1. 30 April 2021	PSW for Aftercare
2. Ongoing	Aftercare Manager
3. In place and monitored monthly	PSW's CIC and Aftercare Manager
4. January 2021 and quarterly thereafter	QRSI TL
5. April 2021	Aftercare Manager
6. February 2021 and monthly therafter	National Liaison Lead for Aftercare Services
7. 30 June 2021	Aftercare Manager

Quality and Safety
Child Protection and Welfare Standard 2.2 **Non- compliant Moderate**

The provider is failing to meet the National Standards in the following respect:

Improvements were required in the timeliness and quality of screening and preliminary enquiry in the area, to ensure children were receiving an appropriate response in a timely manner in line with Tusla's standard business processes.

Evidence of screening was not available on all files reviewed.

Initial checks of Tusla records to determine if a child is known to the service had not been consistently completed on all referrals.

The overall quality of preliminary enquiries carried out in the area was inconsistent, and network checks had not been completed on all cases that required this.

Action required:

Under **Standard 2.2** you are required to ensure that:
All concerns in relation to children are screened and directed to the appropriate service.

Please state the actions you have taken or are planning to take:

1. A system will be implemented whereby the Senior Social Work Practitioner or Team Leader will review referrals awaiting preliminary enquiry fortnightly from the time of referral. A record of this review will be placed on NCCIS reflecting the consideration of these criteria, including culmultive harm. It is important to note also that once referrals are screened and if determined to be of high priority these cases are allocated immediately;
2. A report will be provided from NCCIS to the intake SWTLs, PSW and Area Manager every month with regard to timeframes being achieved for preliminary enquiries on referrals. This will ensure improved overview of timeframes;
3. The report on timeframes for preliminary enquiries and initial asssessments will be a standing item on the area governance and oversight meeting which is chaired by the Regional Service Director;
4. Monthly audits of referrals awaiting a preliminary enquiry and of screened referrals will be undertaken by the Principal Social Worker for Intake or the Social Work Team Leader for Quality, Risk and Service Improvement. This is to ensure that referrals are screened in a timely, consistent and high quality manner. This information will also be shared each month with the Area Manager
5. The PSW for Intake and/or QRSI team Leader will also conduct a monthly audit on completed screened referrals and preliminary enquiries to ensure each child's individual circumstances have been considered, required network checks completed and appropriate actions completed;
6. If a case has been reviewed by the Social Work Team Leader on 3 occasions, on the 3rd occasion the case will then be brought to the attention of the Principal Social Worker. This will be a standing item in supervision with Team Leaders. From NCCIS the Principal Social Worker will extract a list of all preliminary enquiries awaiting longer than 3 months for supervision and following discussion, a decision will be made regarding how the risk is managed within the team and/or escalated;

7. Signs of Safety Practice Intensive Workshops will continue to be rolled out within the Area throughout 2021. Eight workshops have been scheduled across the Area for 2021. These workshops support the review of analysis and decision making on cases in order to strengthen and embed the good work which is already taking place within the Area;
8. The advanced find function on NCCIS shows all referrals where there is no screening sheet (which is the written evidence that screening is completed). Advanced finds are generated on a daily basis by the Principal Social Workers and sent to the social worker team leaders for immediate follow up if required;

Proposed timescale:	**Person responsible:**
1. Monthly from 1st April 2021	**Senior Social Work Practitioner/Social Work Team Leader, Child Protection and Welfare**
2. Monthly from April 2021	**NCCIS User Liaison**
3. Bimonthly	**Service Director**
4. January 2021 and monthy thereafter	**PSW for Intake and Assessment and QRSI TL**
5. Monthly from April 2021	**PSW for Intake and Assessment and QRSI Team Leader**
6. March 2021 and monthy thereafter	**PSW for Intake and Assessment**
7. Quarterly 2021	**Signs of Safety Practice and Implementation Leads**
8. Daily	**PSW for Intake and Assessment and PSW CPW**

Child Protection and Welfare Standard 2.3

Non-compliant Moderate

The provider is failing to meet the National Standards in the following respect:

The quality of safety plans was inconsistent and required improvement in relation to:

- the level of detail recorded on safety plans
- the lack of network meetings, and
- safety plans were unsigned.

Safety plans had not identified additional supports required for the family, or fully considered dynamics within the family situation and the parent's capacity to safeguard the child.

The process for monitoring, reviewing and updating safety plans in the area required improvement. There was no clear system in place to ensure that safety plans were being implemented by families, or to ensure that safety plans had been updated to take account of changes in the family situation.

There were inconsistencies in the development of safety plans.

Action required:

Under **Standard 2.3** you are required to ensure that:
Timely and effective action taken to protect children.

Please state the actions you have taken or are planning to take:

1. Child Protection and Welfare Pillar Social Work Team Leaders and the Quality Social Work Team Leaders are providing safety planning training on a quarterly basis. Various themes around safety planning will be selected each quarter. The training provided includes information on key elements of Safety planning, CPC safety planning, network meetings, danger statement and safety goals and monitoring and review of safety plans. Learning needs and a selection of themes for safety planning training are identified through the various audits conducted on an ongoing basis;
2. The Principal Social Worker for Child Protection and Welfare has also conducted an audit of safety planning forms. Audits took place in Nov 2020, Dec 2020 and Jan 2021. The area has achieved 98% compliance in the completion of safety planning forms for referrals at the process stage of safety planning in Feb 2021;
3. The quality social work team leader conducted an audit of the quality of Tusla led safety plans in Qrt 4 2020 and it was planned that this would be completed again in quarter 2 2021. Principal Social Worker focused on various aspects of the findings and provided feedback to individual workers;
4. In supervision Teams Leaders are consistently reviewing all children on safety plans. For unallocated cases the Team Leader is completing regular audits as per the SOP for the management of unallocated cases. Safety planning is also reviewed at the Post Intake Prioritisation (PIP) days - 2 held per quarter/every 6 weeks;
5. Child protection and safety plans are being audited by child protection conference chairs. The child protection conference chairs are reviewing the child protection conference (CPC) Safety Planning forms as a process when approving and preparing for a CPC.

6. Immediate safety plans that are put in place at screening of a referral will be reviewed as part of forthnightly reivew of referrals awaiting preliminary enquiry for purpose of continuing to having oversight and monitor these safety plans.	
Proposed timescale: **1. Quarterly** **2. Monthly from Nov 2021** **3. Quarterly** **4. Every 6 weeks** **5. Biannually** **6. Every 2 weeks**	**Person responsible:** **CPW TL and QRSI TL** **Principal Social Worker for CPW** **QRSI TL** **CPW TL's** **CPC PSW's/Chairs** **Principal Social Worker for Intake**

Child Protection and Welfare Standard 2.4 **Non-compliant Major**

The provider is failing to meet the National Standards in the following respect:

The systems which the area had put in place in order to manage waiting lists and be assured that children were safe were not effective.

Reviews of cases on the waiting lists were not adequate.

The impact of cumulative harm was not being considered in a consistent and timely manner for children where multiple referrals had been received. Timely and appropriate steps had not been taken to ensure the safety and welfare of these children.

Improvements were required in relation to the timeliness of closing cases, and informing families of these decisions.

Action required:

Under **Standard 2.4** you are required to ensure that:
Children and families have timely access to child protection and welfare services that support the family and protect the child.

Please state the actions you have taken or are planning to take:

Actions taken:

1. The PSW for Intake and Assessment will continue to review a sample of cases on a monthly basis and focusing on the quality of decisions made in cases awaiting preliminary enquiries. The monthly audits will ensure that adequate consideration of cumulative harm is given to the rationale for decisions made. Findings of these audits will be discussed in supervision with relevant Team Leaders;
2. In addition, and in order to continue to ensure consistency in the approach across teams, training on thresholds was scheduled by the PSW and a Team Leader for Intake and Assessment on 27th January 2021, in line with the agreed actions of the service planning day held on December 4th 2020. Further training was conducted around cumulative harm with staff and this was scheduled in February 2021. Training of this nature will continue to be provided to staff on Intake and Assessment Teams throughout 2021 and will be informed by information collected through audits and trends identified in supervision;
3. In line with the Dublin Mid Leinster Cumulative Harm Policy repeat referrals are considered in order to identify any patterns or circumstances of events in a child's life which may not individually be deemed to be significantly detrimental but which may when considered cumulatively have a significant impact on a child. Each of our Social Work Team Leaders are also Signs of Safety Practice Leads and have all received training on the use of the harm analysis matrix;
4. The Service Director and Area Manager, as part of the work of the governance and oversight group for the area will review capacity of the service and consider whether additional supports are required to enhance capacity in service to respond to welfare referrals where culmulative harm may be a feature;
5. Social Work Team Leader for Service Development commenced in her post in Quarter 4, 2021. A clear work plan has been devised relating to this role which includes

conducting audits on a sample of unallocated cases at the various process stages in the CPW pillar, i.e those awaiting preliminary enquiry, awaiting initial assessment and unallocated at the process stage of safety planning. This work will be completed each quarter 2021;

6. A training session will be facilitated regarding closing cases or incorporated into existing training session i.e. IR and IA workshops;
7. NCCIS User Liaison will run an advanced find to ensure that all families are receiving closure letters at point of closure;
8. A new suite of standard letters to issue nationally and will include template letter to families informing them that their case has been closed. These are to be implemented in quarter 2 2021;
9. CPC Chair is auditing and reviewing cases that come to CPC and identify patterns in respect of children who are placed on the CPNS for more than 12 months, 18 months or longer period of times and feed this back to the Area Manager and Senior Management Team.

Proposed timescale:	**Person responsible:**
1. Monthly from April 2021	**PSW for Intake and Assessment**
2. Quarterly/or as required	**PSW for Intake and Assessment**
3. March 2021	**QRSI TL and Service Development TL**
4. June 2021	**Service Director**
5. Quarterly from 31 March 2021	**Service Development TL**
6. April 2021	**QRSI TL and Service Development TL**
7. Monthly	**NCCIS User Liaison**
8. June 2021	**Chief Social Worker**
9. Monthly	**CPC PSW/Chair**

Child Protection and Welfare Standard 2.5

Non-compliant Moderate

The provider is failing to meet the National Standards in the following respect:

Initial assessments were not completed in a timely manner in line with Tusla's standard business processes.

Action required:

Under **Standard 2.5** you are required to ensure that:
All reports of child protection concerns are assessed in line with Children First and best available evidence.

Please state the actions you have taken or are planning to take:

Actions taken

1. Attendance of staff at initial assessement workshop. These will be held on a quarterly basis with four workshops scheduled for quarter 1 2021. A specific emphasis on completion times as per the standard business process for initial assessments will feature in these workshop;
2. Reviewing of cases in supervision and a rationale provided as to why an intake record or initial assessment may be outside of the timelines as set as per the standard business process;
3. The NCCIS User Liaison will run a monthly find on initial assessments completed outside of the time frame and the Principal Social Worker for Intake and Assessment will review these in supervision with the Team Leaders;
4. The service director and area manager as part of the work of the governance and oversight group for the area will review capacity of the service and whether additional supports are required to enhance capacity in service to respond to welfare referrals where culmulative harm may be a feature.
5. A report will be provided on timeframes for completion of initial assessments for the area governance and oversight meetings that take place on monthly basis.

Proposed timescale:	**Person responsible:**
1. Quarterly	**PSW's for Intake and Assessment and CPW**
2. Monthly	**PSW for Intake and Assessment**
3. Monthly	**NCCIS User Liaison**
4. June 2021	**Service Director and Area Manager**
5. Monthly	**PSW for intake**

Child Protection and Welfare Standard 2.6

Substantially Compliant

The provider is failing to meet the National Standards in the following respect:

The timeliness of initial child protection conferences required improvement.

Action required:

Under **Standard 2.6** you are required to ensure that:
Children who are at risk of harm or neglect have child protection plans in place to protect and promote their welfare.

Please state the actions you have taken or are planning to take:

1. The timeliness of an initial child protection conference was an issue relating to a staff vacancy. This issue is now resolved and there are no current issues relating to this. A contingency plan however is now in place in the event a similar issue arsies in the future;
2. To avoid a situation where a child subject to a CPC has a CPC record which has not been signed as complete by the CPC PSW on NCCIS the chairs will; 1. Amend the record, 2. Ask the CPC coordinator to clone the record to the siblings and then send the Chairs the link to each child cloned so the chair can sign off on each form individually;
3. The CPC Chairs now have a complete log of all children on the CPNS who are due a review CPC. This allows the chair to track each child and ensure that a date is set for a RCPC in a timely manner. Currently, the chairs have sets dates for all review CPCs for the rest of the year. The chairs meet monthly to review new requests and reviews;
4. The chairs now set dates for a RCPC 3 weeks in advance of the date the review is due, this is to allow for any change of date and to avoid the review being 'over-due' on the CPNS;
5. The chairs are providing training on a quarterly basis to staff in the area in relation to CPC's ad various dates each quarter are being provided;
6. The chairs will continue to seek feedback from attendee's of the conference to inform the practice of CPC's and the experience for the family. The Chairs will soon be using the national forms that have been agreed and are awaiting approval at National level. If the feedback forms are not forthcoming the CPC Chairs will actively seek feedback from participants;
7. The chairs will service plan along side the child protection pillar.
8. The chairs will audit all cases that come to CPC and review CPC, particularly around safety planning and the monitoring of the Child Protection Safety Plan so that this can feed into the improvements in the quality of the safety planning in the area as identified in the HIQA action plan.

Proposed timescale:	**Person responsible:**
For all of the above; **To be completed by or ongoing from Q1 2021**	**Both CPC Chairs**

Child Protection and Welfare Standard 2.10

Substantially Compliant

The provider is failing to meet the National Standards in the following respect:

Improvements were required in relation to the timeliness of supervision sessions, and ensuring that supervision records were signed by both the supervisor and the supervisee.

The quality of the management oversight was inconsistent, and supervision or case management records were not consistently available on children's files on NCCIS.

Action required:

Under **Standard 2.10** you are required to ensure that:
Child Protection and welfare case planning is managed and monitored to improve practice and outcomes for children.

Please state the actions you have taken or are planning to take:

1. Supervision audit currently underway and being conducted by quality social work team leader. The outcomes, recommendations and learning will be shared across the area;
2. All workers and social work team leaders will ensure that they have set up their electronic signature in order to sign supervision records in supervision and upload there and then;
3. Supervision sessions will be included as a standing item for Area Manager/PSW one to one's to ensure oversight and provide assurances that supervisions are occurring across teams and occurring when they should. An Area supervision tracker will be developed for this purpose and will be completed by each PSW and overseen by the Area Manager. The Area Manager will also randomly select supervision files if and when further assurances are required;
4. In the interim all workers to upload supervision sheets signed by worker and Team Leader to NCCIS following supervision or designate a time in the week to complete this task;
5. PSW's regularly demonstrate their oversight of cases and supervisory role as they upload email correspondences between themselves and the SWTL or Social Worker into activities on NCCIS and title them supervision. This captures the sigificant amount of supervision that is offered by the PSW to the SWTL in their ongoing case management and which otherwise isn't reflected on the supervision record.

Proposed timescale:	**Person responsible:**
1. March 2021	**QRSI TL**
2. March 2021	**Social Workers and Team Leaders**

3. From April 2021	**Area Manager**
4. Ongoing	**Social Workers and Team Leaders**
5. Ongoing	**Principal Social Workers**