



**Health Information and Quality Authority (HIQA) Regulation  
Directorate monitoring inspection report of Tusla social work  
role under the Child Care (placement of Children in Residential  
Care) Regulations, 1995 (22 – 25)**

Name of provider:	The Child and Family Agency
Tusla Region:	Dublin Mid-Leinster
Tusla Service Area:	Midlands
Type of inspection:	Announced
Date of inspection:	4 – 6 May 2022
Fieldwork ID:	0036574

## About this inspection

HIQA is authorised by the Minister for Children, Equality, Disability, Integration and Youth under Section 69 of the Child Care Act, 1991 as amended by Section 26 of the Child Care (Amendment) Act 2011 to inspect children's residential centres provided by the Child and Family Agency (Tusla)<sup>1</sup> and to report on its findings to the Minister for Children, Equality, Disability, Integration and Youth.

This inspection relates specifically to the statutory duties of Tusla social workers in the monitoring of placements for children in residential care, to which the Child Care (Placement of Children in Residential Care) Regulations 1995 (22, 23, 24 and 25), apply.

---

<sup>1</sup> Tusla was established 1 January 2014 under the *Child and Family Agency Act 2013*.

## How we inspect

As part of this inspection, inspectors met with the relevant social work managers with responsibility for children in care and evaluated the respective regulations as listed above.

The key activities of this inspection involved:

- the analysis of data submitted by the area
- interviews with:
  - the area manager
  - the relevant principal social workers
  - one independent chair for child-in-care reviews
- focus groups conducted remotely with:
  - social work team leaders
- observation of a child-in-care review.
- the review of:
  - local policies and procedures, minutes of various meetings and case management records
  - a sample of eight children's case records.

Two children and two parents spoke with inspectors.

### **Acknowledgements**

The Authority wishes to thank the staff and managers of the service for their cooperation with this inspection.

# Profile of Tusla social work services to children in residential care

## **The Child and Family Agency**

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

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

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

The Child and Family Agency (Tusla) has the legal responsibility to promote the welfare of children and protect those who are deemed to be at risk of harm.

The Child and Family Agency (Tusla) services are organised into 17 service areas which are managed by area managers. These areas are grouped into six regions, each with a regional manager known as a chief officer.

## **Service Area**

The Tusla Midlands area is one of the 17 areas within Tusla's Child and Family Agency. The area comprises the counties Laois, Longford, Offaly and Westmeath, totalling an area of 6451.27 sq.km. Based on Census 2016, the area has a total population of 289,695 (2016). This represents 6.1% of the state population (4,761,865). The number of children (0-17yrs) increased by 5%, from 2011 to 2016. As of 2016, the child population (80,193) of area as a percentage of total population is 6.7%.

The midlands area is one of the four Tusla areas within the Dublin Mid – Leinster Region. The Region is under the direction of a chief officer. The area management structure of the children in care and child care review services is, an area Manager and two principal social workers managing teams comprising of

social work team leaders, social workers, social care leaders and children in care reviewing officers. Area services are based across the four counties.

The area children in care service comprises one principal social worker and six social work team leaders. The children in care reviewing service comprises one principal social worker who also manages the fostering service and 2.6 WTE reviewing officers at social work team leader grade. Children who have recently entered the care system are managed within the child protection service which comprises one principal social worker and five social work team leaders.

At the time of the inspection, there were a total of 333 children in care, 17 of whom were in residential placements with both statutory and non- statutory providers.

## Compliance classifications

Inspectors will judge whether the service has been found to be **compliant**, **substantially compliant** or **not compliant** with the standards and regulations associated with them.

The compliance descriptors are defined as follows:

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

Once a judgment on compliance is made, inspectors will review the risk to children of the non-compliance.

In order to summarise inspection findings and to describe how well a service is doing, the regulations are grouped and reported under the dimension of quality and safety of the service.

**Quality and safety of the service:**

The quality and safety dimension relates to regulations that govern how services should interact with children and ensure their needs are planned for and met. The regulations include consideration of planning, review, visiting children and recording. They 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
04 May 2022	09:45hrs – 17:00hrs (onsite)	Jane Mc Carroll	Inspector
	09:45hrs – 17:00hrs (onsite)	Una Coloe	Inspector
05 May 2022	09:00hrs – 17:00hrs (onsite)	Jane Mc Carroll	Inspector
	09:00hrs – 17:00hrs (onsite)	Una Coloe	Inspector
06 May 2022	12:00hrs – 12:30hrs (remote)	Jane Mc Carroll	Inspector

## Views of people who use the service

Inspectors spoke with two children in residential care about their experiences and views of care planning and visits and contact with their social workers.

Children talked about their relationship with their social workers and they described that their social workers knew them very well. One child remarked that 'they get on well.' They said that their social workers visited them often and contacted them by phone regularly. One child told inspectors that they meet their social worker sometimes in the centre and other times they might go out, for example, for lunch. Both children were satisfied with the level of contact they had with social workers but one child said that '(recent) visits were not what they used to be.' This was due to a number of changes in circumstances for the child at the time of inspection.

Children were aware of the plans for their care. One child talked to the inspector about their aftercare plans for example. They talked about the ways they were supported to spend time with their family which one child said they were 'very happy' about.

One child said that their 'house is really good' and described the positive achievements they have made while living there.

Children talked about child-in-care review meetings and they said that they were supported to attend these. They said that sometimes they choose not to go and this suited them.

One child suggested that their care plan needed to improve. They identified that certain actions which they disagreed with needed to change. Inspectors found that this feedback was known to the service and was being managed.

Parents spoke positively about certain aspects of the service within the theme of this inspection. One parent described positive experiences of care planning and reviews. They said that child-in-care reviews were very beneficial. They said that they occurred regularly and involved 'basically everyone involved in the child's care.' They found it a very useful as 'everyone can have their say and ask questions.' A second parent had a different view and chose not to attend care review meetings stating that they were 'not helpful and there was no point.'

Both parents said that they received copies of care plans. One parent said that the social worker visits their child at least monthly and kept them informed of the arrangements and plans for their child's care.



Both parents were very satisfied about the plans in place for family contact and they said that this had helped them and their children. One parent said 'there is lots of access, the child is seeing their family more and they have less worries.'

## Quality and safety

Data submitted by the area showed that there were 17 children placed in residential care at the time of the inspection. This accounted for 6% of the total number of children in care in the area. Inspectors reviewed eight children's case records for care planning, reviews, supervision and visiting children and the quality of case records, to inspect the service areas compliances with the Child Care (Placement of Children in Residential Care) Regulations, 1995.

### Care Planning and Review

A care plan is a written document which outlines the plan for the child's care based on an assessment of the child's needs. The regulations require that each child placed in residential care has a written and up to date care plan, which clearly outlines the aims and objectives of their placement, the supports to be provided by Tusla to the child, their parents (where appropriate) and the residential centre. This plan should include contact arrangements between the child and their family and the arrangements in place to review the plan at different intervals throughout the child's time in care.

Data provided to HIQA by the area showed that all children in residential care had an up to date written care plan. This was consistent with the findings of this inspection which found that all eight cases sampled had up to date written care plans for children.

Overall, care plans were good quality. There were policies, procedures and practices in place to support the social worker's role in the development, implementation and review of care plans in line with regulatory requirements. Where possible, care plans were drawn up as soon as the need for a residential care placement was identified. When this was not practicable, for example, in circumstances of an emergency admission to care, care plans were completed as soon possible or prior to the child's first care review (two months), in line with the service's procedures.

Care plans were informed by children's assessed needs, such as those arising from identity, culture, religion, education, health and family and social relationships, amongst others. Inspectors found that care plans contained comprehensive and up to date information regarding children's individual strengths and challenges in each of these domains, as well as details of additional supports being provided. However, the specific needs of children were not always made explicit and this was required to ensure

effective measurement of the success of care planning and the overall outcomes for children in care. Inspectors found that care plans contained comprehensive actions outlining the supports to be provided to the child, the residential centre and parents, where appropriate. There were clear detailed plans for maintaining contact between the children, their families and friends.

The aims for the current and long term care of children was recorded in each care plans. The objectives for each placement were documented in individual residential unit placement plans which were accessible and held securely on children's files. Inspectors found that children's background information contained in care plans varied in detail and scope. In addition, inspectors found that relevant information regarding recent placement disruptions was missing. In a second case, the care plan record contained out of date information from a previous plan.

There was good practice found in multi-agency working and professional collaboration which supported the planning and delivery of care. Inspectors found that a variety of professional groups and organisations contributed to children's care plans and provide services to children in residential care when required, such as health professionals, schools, social workers and counselling services. There was regular consultation and partnership working between social workers and residential care managers and staff which helped ensure that children experienced good quality care and that they were safe and supported.

There were protocols in place for additional support and guidance to social workers from senior managers and other agencies for individual children with complex and challenging risks and needs. Strategy meetings and complex case forums were convened to enhance the quality and safety of the service provided to children. Risk escalation processes were used effectively to alert senior managers to increased risks to children in residential care and there was evidence of appropriate management oversight and response to mitigate these risks and promote children's welfare and protection.

Children were provided with opportunity to participate and be consulted in the development of plans for their care. Their views and wishes were represented in care plans reviewed by inspectors. There were procedures in place to ensure that care plans were shared with children, their families and another relevant professionals.

Each child placed in residential care should have their case reviewed in line with the regulations. The main process in place in Tusla to do this is called a child-in-care review. Through this process, the child's allocated social worker assesses outcomes for the child and identifies whether their needs are being met in their current placement. The social worker ensures that the child's care plan is being adhered to and any changes required to this plan are made during this review. The regulations place a

statutory duty on the social worker to ensure these reviews take place within specific timeframes and that all relevant people are prepared and participate in the review process. It is particularly important for the child to participate and be consulted so their views and experiences can be considered when updating their care plan.

Inspectors found that in the last 12 months, reviews of care plans took place within or very close to the legally defined time limits in eight cases reviewed. (One review was one week late). There were four part-time reviewing officers in the area (2.6WTE), who reported to a principal social worker for the children in care reviewing service and fostering service. Their respective roles and responsibilities were clear and the management reporting structures to the principal social worker and senior management team were good.

An inspector observed a child-in-care review meeting during the inspection and found good practice. The child's views, wishes and needs were central to the meeting. There was a good professional input from residential centre staff, the child's keyworker, social worker and social work team leader. Parents were invited and encouraged to attend. There was up to date information shared on all aspects of the child's development needs and discussion and consideration of services and supports needed to meet these needs. The reviewing officer chaired the meeting well and identified actions to progress any issues or challenges arising. The arrangements for family contact were comprehensive and child centred.

There were children aged 12 years or under placed in residential care by the service area. Inspectors found that their cases were reviewed on a monthly basis in line with national policy.

Review records contained good detail on what was discussed and the views of those in attendance were well recorded. Information sharing was detailed and specific to the unique needs and vulnerabilities of children. Where it was appropriate for children to attend, they were encouraged and facilitated to do so. Children's views were reflected well in review records. Children, parents and centre managers were provided with new care plans following reviews.

The management and oversight of care planning and reviews for children in residential care was effective. Inspectors found case supervision records on children's files and continuous social work team leader oversight of case work undertaken by social workers with children in residential care. There were self-audits and checklist tools to support social workers to quality assure their own practice and to monitor compliance with the regulations. A working group was recently developed in the area to improve the quality and consistency of care plans for children in the area. At the time of this inspection, work had commenced to support social workers in this regard.

There were tracking systems to enable managers to monitor timelines for the completion of visits to children, child in care reviews and care plans. Monthly performance and activity reports were also shared amongst senior managers. There was an ongoing programme of internal auditing of cases of children in care which was reviewed through quarterly auditing meetings. There were service improvement plans in place arising from the area's own internal audit and from reviews and inspections of the service by Tusla's Practice Assurance and Service Monitoring Team (PASM). Service improvement plans were effective in improving levels of compliance relevant to the theme of this inspection. For example, there were systems in place for continuous review and renewal of the voluntary consent of parents for children placed in care under Section 4 of the Child Care Act arising from two reviews carried out by Tusla's PAMS team. Actions were also taken to improve the consistency of practice in the naming and storing of specific children's records such as statutory visits.

### **Supervision and visiting children**

When a child has been placed in a residential centre, a Child and Family Agency (Tusla) social worker is responsible for the care of the child. Their primary aim is to ensure the child is safe and supported in their placement. The regulations state that the supervising social worker should visit the child at different intervals, according to the length of time they are in their placement, and ensure that their care plan is being followed through and reviewed as necessary, and that the child's needs are being met.

Data provided to HIQA by the area showed that all children in residential care had an allocated social worker and this was consistent with the findings of this inspection.

The service area complied with regulations in relation to social workers visiting children in residential care. Records reviewed by inspectors confirmed that all children whose cases were reviewed were visited within the time frames set out in the regulations. There was also evidence to show that additional visits were made to children and examples of these included visiting in response to the child's request to see their social worker or a social work response to a concern or incident.

Records of visits were good quality and up to date. There was detailed information describing children's day-to-day life experiences and records showed what was happening for a child at a given time. This meant that a manager or new social worker reviewing the file can quickly understand what a child needs. Records showed that children were listened to and had opportunity to share their views, wishes and concerns with their social workers.

### **Case records**

Case records document the child's time in care, support effective planning for the child and record how the views of the child are sought and considered, when decisions about

their care are being made. The regulations require that each child placed in residential care has an individual case record which is compiled by Tusla and is kept up-to-date. These records should be private, permanent and secure, hold all relevant and available information about the child and be held in perpetuity. In order to meet these regulatory requirements, safe and secure information systems are needed. Systems of monitoring and managing information are also needed to promote continuous improvement in the quality of case records.

Inspectors found that case records were safely and securely stored. All records required by the regulations, such as significant events, medical and school reports amongst others, were retained and accessible in individual children's files reviewed by inspectors.

The use of naming conventions has improved the accessibility and monitoring of children's case records. Standardised document descriptors made it very easy to retrieve specific information on children's files and this ensured that information was always accessible and retrievable, particularly when decisions about children were being made, or for the purposes of quality audits by managers. Inspectors found just one record mistakenly stored in the wrong child's file and this was brought to the attention of the relevant social worker.

<b>Regulation 22 Case records</b>	<b>Judgment</b> <b>Compliant</b>
The area had a case records for each child placed in residential care. Records were up to date and accessible and kept in line with the requirements of the regulations.	
<b>Regulation 23 Care plan</b>	<b>Judgment</b> <b>Compliant</b>
Care plans were up to date and set out all the required information in relation to the child, in line with the regulations.	
<b>Regulation 24 Supervision and visiting of children</b>	<b>Judgment</b> <b>Compliant</b>
All children in residential care had an allocated social worker and all children whose cases were reviewed were visited within the time frames set out in the regulations.	
<b>Regulation 25 Review of cases</b>	<b>Judgment</b> <b>Compliant</b>
Children whose case records were reviewed in the area had a child in care review which was completed within or very close to the regulatory timeframes. Reviews considered all components required in the regulations.	