



Report of an inspection of a Child Protection and Welfare Service

Name of service area:	Galway Roscommon
Name of provider:	Tusla
Type of inspection:	Child Protection and Welfare Thematic
Date of inspection:	28 – 31 January 2020
Lead inspector:	Grace Lynam
Support inspector(s):	Sabine Buschmann Erin Byrne Pauline Clarke Orohoe

About this inspection

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

This inspection report, which is part of a thematic inspection programme, is primarily focused on defined points along a pathway in child protection and welfare services provided by Tusla: from the point of initial contact or reporting of a concern to Tusla, through to the completion of an initial assessment.

This programme arose out of a commitment made by HIQA in its 2018 *Report of the investigation into the management of allegations of child sexual abuse against adults of concern by the Child and Family Agency (Tusla) upon the direction of the Minister for Children and Youth Affairs*. This investigation was carried out at the request of the Minister for Children and Youth Affairs under Section 9(2) of the Health Act 2007 (as amended) and looked at the management by Tusla of child sexual abuse allegations, including allegations made by adults who allege they were abused when they were children (these are termed retrospective allegations).

Thematic inspection programmes aim to promote quality improvement in a specific area of a service and to improve the quality of life of people receiving services. They assess compliance against the relevant national standards, in this case the *National Standards for the Protection and Welfare of Children* (2012). This thematic programme focuses on those national standards related to key aspects of quality and safety in the management of referrals to Tusla's child protection and welfare service, with the aim of supporting quality improvement in these and other areas of the service.

How we inspect

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

The key activities of this inspection involved:

- the analysis of data
- interview with the area manager and principal social worker
- speaking with children

- conducting telephone questionnaires with parents
- the review of local policies and procedures, minutes of various meetings, audits and service plans
- the review 52 children's case files
- observing duty staff in their day-to-day work
- focus group with social work team leaders
- focus group with social workers
- review of 15 staff supervision files
- review of 14 staff recruitment files

The aim of the inspection was to assess compliance with national standards related to managing referrals to the point of completing an initial assessment, excluding children on the child protection notification system (CPNS).

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 child protection and welfare service

The Child and Family Agency

Child and family services in Ireland are delivered by a single dedicated State agency called the Child and Family Agency (Tusla), which is overseen by the Department of Children and Youth Affairs. 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 chief operations officer, who is a member of the national management team.

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

Service area*

The geographical county of Galway is divided into two distinct administrative areas: Galway city and County Galway. Measuring 6,149 square kilometres, County Galway is the second largest county in Ireland. At 2,648 square kilometres, County Roscommon is the 11th largest county by area. Galway city has been Ireland's most rapidly developing urban area and is the only city in Ireland to have experienced above average population growth during 1996-2016¹.

County Galway incorporates the single largest and most populous Gaeltacht area in the country; the area is home to 9,445 people who speak Irish daily (CSO 2017) when combined with predominantly Irish speaking offshore islands. County Roscommon is predominantly rural in character. Athlone, which is partly located within the county, acts as a service centre for the south of the county. The northern part of the county is influenced by proximity to Sligo and Leitrim. There are eight duty intake and child protection teams across the two counties, six in Galway and two in Roscommon. Six of these teams are dual purpose teams i.e. the social work team leader manages three duty social workers and additional long term Child Protection and Welfare social workers and social care leaders. The area strives to ensure that no team leader is supervising more than six team members. The remaining two teams in East County Galway operate as a dedicated duty intake team and a long-term Child Protection & Welfare team. All teams cover designated geographical areas. The two East County Galway teams will be reconfigured in Q1 2020 in line with the other teams.

Over the past six months, the area has received an average of 300 reports per month. The seven teams with responsibility for duty intake and child protection work have 422 open cases. There are 152 cases at initial assessment stage at present. Thirty children have been referred for an initial Child Protection conference since July 1st 2019. Galway Roscommon area currently holds no waiting list.

Going forward, the service plan will focus on the integration of an additional PSW position (secured at the end of Q4 2019) in the area. This will enable a realignment of the reporting relationships for the duty intake and child protection teams. It is anticipated that the two principal social workers will each have responsibility for four duty intake and child protections teams when this process is complete.

*information provided by the service area

Compliance classifications

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

Compliant	Substantially compliant	Partially compliant	Non-compliant
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.	Some of the requirements of the standard have been met while others have not. There is a low risk to children but this has the potential to increase if not addressed in a timely manner.	The service is not meeting the standard and this is placing children at significant risk of actual or potential harm.

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

This inspection was carried out during the following times:

Date	Times of inspection	Inspector	Role
28 January 2020	9.00 – 17.30	Grace Lynam Sabine Buschmann Erin Byrne Pauline Clarke Orohoe	Inspector Inspector Inspector Inspector
29 January 2020	9.00 – 17.30	Grace Lynam Sabine Buschmann Erin Byrne Pauline Clarke Orohoe	Inspector Inspector Inspector Inspector
30 January 2020	9.00 – 17.30	Grace Lynam Sabine Buschmann Erin Byrne Pauline Clarke Orohoe	Inspector Inspector Inspector Inspector
31 January 2020	9.00 – 17.30	Grace Lynam Sabine Buschmann Erin Byrne Pauline Clarke Orohoe	Inspector Inspector Inspector Inspector

Views of people who use the service

Inspectors met with 10 children and spoke with eight parents whose children were in receipt of a child protection and welfare service.

Children were very positive about the service they received and some told inspectors that social workers' interventions had changed their lives: one child said "everything has changed since I have my social worker" and "things are so much better now". Another child said that everything had stayed the same but that was good. The children inspectors met with felt involved and were consulted. They were able to explain the role of the social worker and they knew why social workers were involved with their families. They told inspectors that they got to say what they would like to change at home and the social worker "asked us what we thought" and "made things better". Children knew that social workers listened to them because they "act on what they've told" and the social worker "doesn't talk over me... she levels with you on a personal level". One child said her social worker was "amazing" and "made us very happy". Another said the "social worker talks to me ... and helps us". One child wrote "my experience with a social worker was very easy, but make sure you talk to them and gain their trust and let them gain your trust". One child said that talking to the social worker has helped but they did not agree completely with the safety plan that was put in place.

Overall, parents were also positive about the service they received. A parent told inspectors that their social worker "gives support to our kids" and another said the social worker offered "positive suggestions in times of crisis". All the parents knew why Tusla was involved with their family and said they were consulted by the social worker in relation to plans to address the concerns for their children. Seven parents rated social workers communication very highly. They said social workers explained everything, were pleasant and easy to speak with and were understanding and professional. Parents told inspectors that social workers responded when they asked for help.

All the parents said they had not been asked for their feedback on the service they received from the Galway Roscommon child protection and welfare teams.

Capacity and capability

At the time of the inspection in the Galway Roscommon service area children were being kept safe and their welfare was being promoted through a child-centred service. Improvement was required in the oversight and management of how recording systems were used.

The management team of the service area completed a self-assessment questionnaire in advance of the inspection. The self-assessment was issued to service areas as part of the inspection methodology and it required management to score their compliance with three standards relating to leadership, governance and management and two standards relating to workforce. A quality improvement plan had been developed by the area's management team which identified actions to continue improvements in service delivery. The area was actively involved in the implementation of these actions which would promote a better quality and more timely service for children and their families. For example, the area had identified the need to continue with quarterly audits and to maintain an oversight and monitoring mechanism(tracker) to ensure that actions to improve services were implemented.

Service planning for the child protection and welfare service was child-centred. The Galway Roscommon service area had an area implementation strategy which described the local objectives and priorities from 2018 to 2020 and outlined the area's role in realising the strategic objectives of Tusla's corporate plan. The strategic goal for the child protection and welfare service was to deliver services that responded to children at risk or in need of protection in a timely manner by delivering appropriate interventions. This would be achieved through efficient duty and intake, screening and assessment systems. A governance group - which included a sub-group for child protection and welfare - was in place to ensure that the actions identified in the strategy were achieved. Some of the strategic objectives had been achieved and others were still in progress. For example, the area was committed to promoting the retention of experienced staff by filling senior social work practitioner posts. At the time of the inspection two of six new senior practitioner posts had been filled and one was at contract stage. The area was integrating the national approach to practice into the standard business process for duty and intake work and this was progressing. The recent re-structuring of the teams was one of the actions identified to progress the strategic objectives for the child protection and welfare service.

Galway Roscommon had clear arrangements in place to meet its legal obligations and the service was well-led. The management structure supported safe and effective service delivery within a child-centred and learning culture. Managers were

committed to providing good leadership and guidance to staff. The duty and intake teams had been re-structured, in quarter four of 2019, in an effort to

- ensure the best use of available resources
- improve the timeliness of responses to new referrals in line with Tusla's standard business process
- improve management oversight of cases and
- provide consistency for families

This new team structure was still in the early stages of implementation and the impact of the change had yet to be fully assessed by the management team. A review of the new team structure was scheduled for February 2020.

The service area had seven child protection and welfare dual purpose teams and one dedicated duty intake team. Each dual purpose team comprised three duty/intake social workers and two social workers for long term child protection work. The duty/intake social workers covered duty on a two-weekly rotational basis. Each dual purpose team was managed by a team leader who reported to a principal social worker for each county. The principal social workers were managed by the area manager. At the time of the inspection the principal social worker for Galway was temporarily taking responsibility for services in Roscommon. The personnel in this position had changed a number of times due to issues outside of the control of the area manager. Inspectors did not find any evidence that this had negatively impacted on service delivery. There were plans in place to further develop the duty and intake teams with the addition of another principal social worker which would strengthen the governance structure. Inspectors spoke with staff who were clear about the lines of accountability and decision making within the new structure.

Overall, inspectors found that the child protection and welfare service was well managed, but there were areas of management oversight that required improvement. The management team had taken action to ensure resources were used to best effect. They convened regularly to oversee both the delivery of the service and to ensure continuous improvement through quality assurance. The area manager was assured of the quality and safety of the service through chairing the various management and quality assurance meetings, review and monitoring of monthly data and caseload management reports, bi-monthly area implementation plan updates, quarterly performance metrics, audit reports and through their supervision of the two principal social workers responsible for the child protection and welfare service. Managers demonstrated good leadership and support to staff through formal case supervision, team meetings and practice workshops.

There were some good monitoring and oversight systems in place and these were being monitored through a Quality and Assurance group. The area was working to

implement various actions identified in its service improvement plan in tandem with the area implementation strategy discussed elsewhere in this report.

The management team in the Galway Roscommon service area was committed to continuous quality improvement and embedding learning into practice. Quality assurance mechanisms were in place and were being further developed. In 2019 management had participated in a regional service improvement initiative focusing on standardising practice throughout the West region. The majority of actions arising from this initiative had been completed but two were still being implemented. These related to the central tracking of notifications to An Garda Síochána and ensuring that the findings from their schedule of audits were consistently reviewed, analysed and implemented to ensure service improvement.

Following on from the regional service improvement initiative the Galway Roscommon service area conducted audits of files against a number of the National Standards for the Protection and Welfare of Children. The standards related to communication with children and families, safe and effective services and staff supervision. A further practice audit was completed on the service area's progress with the implementation of the national approach to practice within the long term child protection teams. The findings of the audits were presented and analysed in separate reports on each standard. The reports included actions to improve the quality of service delivery and the area's compliance with each standard. The area was beginning to implement the recommended actions such as the development of a suite of letters to be sent to families to explain about a referral or a case closure and a child-friendly letter to explain when a case was being closed. The need to improve the quality of recording of staff supervision had been addressed through the introduction of a revised supervision template. This was in use and its effectiveness was due to be reviewed in quarter 1 of 2020. The actions identified from the audits were considered in the development of the quality improvement plan developed by the service area.

Another audit was completed in December 2019 into the use of the National Child Care Information System(NCCIS). This audit found that users of the system could utilise its functions to better effect and acknowledged the crucial importance of uploading documents to the system to ensure that work was evidenced on the system. The audit identified that the area was improving its performance in relation to meeting timeframes set by Tusla for completing aspects of the duty and intake process but there were also delays in team leaders signing off on work when it was completed. A plan to continually monitor and further improve the use of the NCCIS system was recommended. The area manager had escalated to the service director what he called the lack of alignment between the national approach to practice and the timelines determined by Tusla's standard business process.

While there were some effective oversight and monitoring mechanisms in place, the monitoring and oversight of the use of recording systems required improvement. The National Child Care Information System(NCCIS) was used to record and could monitor service provision but the use of the system was not fully embedded into practice. Two NCCIS support staff had been permanently in place, one each in November and December 2019, to support staff in the use of the system. Managers were aware of the recording issues as identified by the audit on NCCIS, and had taken some action to address it. However, at the time of the inspection there was no specific written strategy in place to ensure management monitoring and oversight of the use of the NCCIS.

During the course of this inspection inspectors found that, overall, each child's record did not clearly reflect all interventions and related decisions. Recording systems were not being used to best effect and recording was inconsistent across the service area. Inspectors found, when reviewing some files, that information was not always easily retrievable and there were gaps in some records on NCCIS which made it difficult to see the progress of the case. In some cases intake record(IR's) templates were used to record activities such as telephone calls, strategy meetings and referrals to support services and in other cases these activities were recorded elsewhere in the system. In addition, the documentation to support the work that was done was not always uploaded in the system. Records showed that, in some cases, work had been done with families, but because templates had not been completed or the work signed off by the team leader, staff and managers were unable to meet key performance indicators.

Communication systems were largely effective. Various management meetings were held regularly and duty and intake teams met weekly/fortnightly to discuss practice and identify issues to highlight to management such as the recording issues discussed above. Team meetings were well attended by staff. The five teams across Galway had met together for a department meeting in September 2019 and had discussed various aspects of work as well as initiatives to support staff wellbeing. The area manager had attended recent practice workshops and met with staff members. These workshops, conducted over a number of days, involved staff and management reviewing cases with a lead practitioner in order to identify good practice and share learning. There was a process called " Need to Know" used to escalate information to the area manager and the national office. Inspectors reviewed this and found that it was used appropriately.

Risk management systems were in place to identify, manage and escalate risks but they had not been effectively used to identify and capture all the risks associated with the child protection and welfare service. Inspectors reviewed the area's risk register and found that while it included risks relating to the need for increased administration

and prompt filling of posts it did not specifically include the risk associated with the area not meeting the timelines set out in the standard business process. Moreover, the risk register did not include the risk associated with the NCCIS recording issues.

Improvements were required to ensure safe recruitment practices were in place. Inspectors found that a contemporaneous staff file was not in place for the majority of staff and there were gaps in the information held on the staff recruitment files. Inspectors reviewed 12 staff recruitment files of staff working in the child protection and welfare service. These staff had been recruited, had changed position or been promoted within the organisation in the last five years. All of the 12 staff files contained evidence of vetting by An Garda Síochána but only one file held all the required documentation. Seven contained evidence of all the qualifications of the staff member and five staff files contained evidence of up-to date professional registration. Three staff files did not contain references for the position currently occupied by the staff member and two files did not have evidence of identity of the staff member.

The service had vacancies which impacted on the service delivered to children and families. At the time of the inspection there were three vacancies across the area's duty and intake teams for two senior social work practitioners and one social worker. The filling of these positions would enhance the quality and efficiency of the service. The posts were in the process of being filled. In the interim staff resources were managed and directed to where they would be most effective. Social workers told inspectors that there was a need for more administrative staff and this issue was included in the area's risk register.

Staff on the duty and intake teams had the required skills and experience to deliver effective services to children. Inspectors met with staff who were child-centred in their approach, and observed staff who demonstrated confidence in their telephone interactions with the public and other professionals. Staff were clear about the implementation of policies and procedures regarding the management of referrals. Some staff had received positive feedback from children and families in relation to their interventions with them.

Training was provided to ensure that staff were competent and skilful in delivering a good quality child protection and welfare service. A training needs analysis had been conducted in 2019 and the training needs of the team had been identified. Training had been provided, for example, in caseload management and Children First. Extensive training had also been provided to staff in implementing Tusla's national approach to practice. All the staff involved in providing the duty and intake service had participated in two workshops: one for intake records and one for initial assessments. The area also had a joint training initiative in place with a local

university which ran training events on current themes in child and family social work such as gender issues, participation for protection and listening to young people.

Inspectors found that there was good quality supervision on individual children's files but aspects of the supervision process required further improvement. Audits had been conducted on the staff supervision process and revised supervision templates had been introduced. Case records contained good records of supervision of individual children's cases. These records clearly outlined the concerns for the child, the actions planned and the decisions made. They recorded reflective analysis of the case and noted whether children had been consulted and involved in safety planning.

Inspectors found that professional supervision did not occur as frequently as required by Tusla's supervision policy. Inspectors reviewed a sample of 15 staff supervision files and found that 12 did not reflect regular supervision in line with the policy. In addition, recording of the supervision process required improvement. The supervision audit conducted by the management team found that records could reflect better on the wellbeing of the worker, and should include professional development plans. Inspectors also found this to be the case from the sample reviewed on inspection. Despite wellbeing initiatives being in place in the service area, the supervision record contained limited discussion about workers' welfare and support. Records did not always contain evidence of continuous professional development(CPD). Inspectors found that staff demonstrated a commitment to continuous professional development and had opportunities to develop professionally through their employment. Such opportunities included giving a presentation at a recent national gathering on the Tusla approach to child protection practice and the "Empowering Practitioners and Practice Initiative" which workers had availed of in the past. The supervision audit had identified the need for all staff to have personal development plans in place by the end of quarter 1 in 2020. The service area's quality improvement plan identified the need to audit the use of the supervision template for effectiveness and for staff to attend training to make the best of the supervision process.

For the most part, the use of a caseload management tool was evident on the files demonstrating that managers were overseeing and monitoring the caseloads of social workers. The most recent statistics available on caseload management reflected that two staff were carrying unmanageable caseloads. Team leaders told inspectors that cases were re-distributed to assist caseload management when cases were unmanageable.

Staff were supported in developing their practice through group supervision meetings which were in place throughout the service area. All the duty and intake teams met fortnightly to discuss cases and share learning in order to promote consistent practice in the implementation of the national approach to service delivery. Inspectors reviewed the minutes of these meetings and found they were used to review practice and to identify and share learning on the implementation of the various aspects of

practice. In addition, a meeting called a complex case forum supported staff in discussing more complex cases and reaching decisions about the best way forward in a case.

There were some wellbeing initiatives in place to support the social work teams. These included team days and a wellness committee that arranged activities and social events to support the wellbeing of staff. An occupational health service and an employee assistance programme were also provided.

New staff received corporate induction and the area had identified in its quality improvement plan that it needed a local induction programme for new staff on the duty and intake teams.

<p>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.</p>	<p>Judgment Substantially Compliant</p>
<p>At the time of the inspection children in the Galway Roscommon service area were being kept safe and their welfare was being promoted through a child-centred service from the point of receipt of a new referral through to the completion of initial assessments. Management and oversight of the NCCIS required improvement so that each child's record clearly reflected all interventions and related decisions. For this reason this standard is being judged substantially compliant.</p>	
<p>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.</p>	<p>Judgment Substantially compliant</p>
<p>Quality assurance mechanisms were in place and were developing. The risk register did not identify all the risks relevant to the child protection and welfare service.</p>	
<p>Standard 5.1 Safe recruitment practices are in place to recruit staff with the required competencies to protect children and promote their welfare.</p>	<p>Judgment Partially compliant</p>
<p>A contemporaneous staff file was not in place for the majority of staff and there were gaps in the information held on the staff recruitment files. For this reason this standard is judged to be partially compliant.</p>	
<p>Standard 5.2 Staff have the required skills and experience to manage and deliver effective services to children.</p>	<p>Judgment Compliant</p>
<p>Staff on the duty and intake teams had the required skills and experience to deliver effective services to children.</p>	

<p>Standard 5.3 All staff are supported and receive supervision in their work to protect children and promote their welfare.</p>	<p>Judgment Substantially compliant</p>
<p>Supervision did not occur with the frequency required by Tusla’s supervision policy and recording required further improvement. For this reason the standard is being judged as substantially compliant.</p>	

Quality and safety

The Galway Roscommon service area appropriately managed child protection and welfare referrals in line with Children First 2017: National Guidelines for the Protection and Welfare of Children. Children’s safety and welfare was promoted through the management of referrals from receipt of the referral through to completion of the initial assessment.

Inspectors judged the service to be substantially compliant with standard 1.3. The area promoted a child-centred approach through the use of clear, open and honest communication with children and families. The children and parents that inspectors spoke with understood why social workers were involved with them and there was good evidence that social workers took account of children’s ages and stages of development when communicating with them. Inspectors found that social workers worked directly with children using a variety of methods to communicate with them, such as drawing pictures, telling stories and completing templates specifically developed for communicating with children about why social workers were worried about them. Translators were appropriately used with families for whom English was not their first language and the area manager told inspectors that the service could be provided through the Irish language when required for clients in the Gaeltacht areas.

Children and parents told inspectors they felt involved and consulted about the concerns the social workers had and, overall, they felt they were kept informed throughout the process of involvement with the social worker. Parents and children reported that the service was responsive to their expressed need for help. Children were empowered and facilitated to exercise their rights to be listened to and to be kept safe. One child told the inspector about the importance of trusting the social worker and of them trusting you too.

The audit conducted on standard 1.3 in October 2019 identified specific actions to further enhance communication with children and families. This included improving communication with families about the outcome of assessments. The area's quality improvement plan included an action to produce a suite of leaflets and letters for use with families and work had begun to progress this. There was also evidence of improved communication with families about the outcome of assessments.

In relation to the theme of safe and effective services and standard 2.1 inspectors judged the area to be partially compliant with the standard. Some of the requirements of the standard were met but some were not. There were no waiting lists for services and referrals were well managed. Referrals were, for the most part, correctly prioritised and categorised and families received support services. Initial assessments were comprehensive and of good quality and cases were closed appropriately. There was some good practice in relation to safety planning but monitoring of safety plans required improvement. Oversight of notifications to An Garda Síochána had improved but required further improvement. Inspectors found that preliminary enquiries and initial assessments were not always completed in line with Tusla's standard business process and there were delays in commencing initial assessments. Recording of network checks and parental consent for these required improvement. The area's quality improvement plan identified many of the areas where further improvement was required and contained actions to progress continuous service improvement. These actions included improving response timelines, getting written consent from parents for checks to be conducted and creating chronologies in files. The area was working on implementing these improvements.

At the time of the inspection there were no waiting lists of referrals for allocation to a social worker. Should this situation arise the service area had an interim protocol in place to guide them in the management and governance of cases awaiting allocation within the duty and intake and child protection and welfare service.

Referrals were well managed in the Galway Roscommon service area with the focus of the work on the safety of the child in the first instance. Child protection and welfare referrals were received through a dedicated online portal, in writing, by telephone or in person. The reports were screened by workers to identify if they were appropriate to the service and needed a social work response.

When members of the public or other professionals contacted social workers about an unidentified child, or, where the concern did not reach the threshold for a social work response, social workers provided advice and guidance on the most appropriate way to meet the child's need. This informal advice and guidance was recorded in a log (for six out of the seven teams) and reflected the beneficial service being provided by the duty and intake teams in providing advice and guidance to concerned persons in line with Children First. Across the service area there were 224 records of this informal advice and guidance being provided to the public and to professionals since 1 July 2019.

When referrals were received they were routinely acknowledged. Inspectors reviewed 59 referrals and found evidence of acknowledgement on 54(91%) of the sample.

The Tusla standard business process(SBP) dictated that the screening and preliminary process should be completed within five days of receipt of the referral. When the referral was accepted as appropriate to the service(screened), checks were conducted to ascertain whether the child or family were currently or previously known to the service and an intake record(IR) was launched onto the NCCIS system. Inspectors reviewed 59 referrals for found that 51(86%) contained evidence of screening. In 49(83%) of the sample there was evidence that the screening was completed within 24 hours of receipt of the referral. Screening was evident either by the fact that the intake record(IR) was launched or by the recorded actions of the social worker to follow up on the reported concern on the day of receipt of the referral. Inspectors observed social workers screening referrals on the day they were received.

Practice in relation to meeting timeframes for completion of preliminary enquiries required further improvement. Information provided for the inspection indicated that 1955 out of 1969 (99%) referrals received since 1 July 2019 had their preliminary enquiries completed in line with standard business processes and, of these, 496 were completed within the required 5-day timeframe. Inspectors sampled 59 referrals and found 12(20%) had been completed within the 5-day timeframe. Thirty seven of these 59 referrals were received since 1 July 2019 and 9(24%) of these 37 had been completed within the SBP timeframe. The delays in completing the IR ranged from just one day to 6 months from the date of referral. In some cases the reasons for the delays were clear from the records, such as a social worker not being able to locate a family or awaiting further information from another agency. Delays were also due to team leaders not reviewing and signing off the record in a timely manner. In other cases the reasons for the delay were not recorded or evident from the records.

Improvement was required in the recording of network checks and parental consent being sought for these checks to be conducted. Network checks are conducted with other agencies and professionals who know or are involved with a family to see if they have concerns. Of the 59 files sampled by inspectors 38(64%) reflected that network checks had been completed with 28(47%) showing evidence that parental consent had been sought. The area was aware of this deficit as a result of the audit of practice in relation to standard 2.1 conducted in November 2019. A parental consent form had been developed and introduced into practice.

Referrals were, for the most part, prioritised and categorised correctly. All referrals require categorisation in accordance with Children First(2017) to reflect whether the referral relates to welfare or to suspected abuse. It is crucial that children with the highest priority of need are prioritised for allocation to a social worker to ensure they receive a timely child protection and welfare service. Inspectors sampled 52 referrals for prioritisation and categorisation and found that the majority were correctly prioritised and categorised. Following completion of the preliminary enquiries the outstanding referrals were correctly re-prioritised.

Children and families were supported throughout their involvement with the child protection and welfare service. Where families were receiving a social work intervention and required further supports referrals were made to these services. In 28(47%) of cases reviewed by inspectors there was evidence that the families had been referred for support services. In the remainder of the cases the assessment of the child's need for supports was ongoing, the case was closed or support services were already in place, or, no support services were required. Management maintained oversight of these cases through regular meetings with the support services.

Children's safety was prioritised by the child protection and welfare social workers from the receipt of a new referral through to the completion of the initial assessment. Practice in relation to the recording of safety planning was developing and required further improvement. Where children were identified as being at immediate risk, timely and appropriate actions were taken to ensure they were safe and protected from actual or potential abuse. These actions included arranging conducting immediate home visits, putting safety plans in place, arranging alternative care and in some cases taking legal action.

Inspectors found evidence of some good practice in regard to safety planning but practice in relation to monitoring of safety plans required improvement. When social workers were discussing new referrals with referrers inspectors heard them asking questions about the safety of children. Inspectors reviewed a file where the safety plan had been translated into the native language of the family and a picture version had been created for the child. Inspectors reviewed 19 referrals where safety plans were required and found that in 18(95%) safety plans were in place. In the one case reviewed where there was no safety plan in place, the social work assessment at the time was that a Tusla-led safety plan was not required due to other protective factors already in place. Inspectors found that, for the most part, children were appropriately included in the development of their safety plans. The audit conducted on standard 2.1 had identified that children should be meaningfully engaged in safety planning and inspectors found that the amended supervision record was being used to reflect children's involvement in safety planning. However, inspectors found that monitoring of safety plans was not evident on all files that required it.

The management and oversight of notifications to An Garda Síochána(AGS) was improving but required further improvement. Data provided for the inspection reflected that there had been forty seven notifications to An Garda Síochána since 1 July 2019. The Galway Roscommon service area had identified in December 2019 that there were significant gaps in the management and oversight of notifications to and from AGS. To address this a standard operating procedure for notifications to and from An Garda Síochána had been produced and a dedicated secure email address was set up to ensure better liaison between the two agencies. A liaison management team met regularly to ensure that each child protection and welfare concern received an appropriate response and it was acknowledged at these meetings that joint action was required where a child protection concern existed. The area also had a monitoring and oversight system in place to track notifications to and from the Gardai. Of eight cases reviewed by inspectors that required a notification to be made five(62%) had been notified in a timely manner. Following the inspection inspectors queried this with the management team and they agreed that in two cases the notification should have been made at the time of the referral based on the information provided. All three referrals had since been notified to An Garda Síochána.

Initial assessments (IA) were of good quality but there were delays in commencing and completing them. The majority of initial assessments were comprehensive, thorough and detailed and included all the relevant information and analysis required to identify what needed to improve for the child. For the most part children were seen as part of the initial assessment and parents were appropriately consulted and involved. Information was sought from other agencies and professionals that knew the family. The IA template included descriptions of the families' strengths and the safety factors that existed for the child. Risks were clearly outlined and the needs of the child were identified and recorded. There was evidence of management oversight of initial assessments. The outcome of the initial assessment was not always shared with families and children. This had been identified by the area as an area that required improvement and they were beginning to address this.

There were delays in commencing initial assessments. Of the 24 completed initial assessments reviewed by inspectors one commenced immediately, 15 were delayed by between one and four weeks, seven were delayed for between 2-4 months and one was delayed by six months. Of the 12 ongoing initial assessments three were commenced immediately, five were delayed for periods from one to four weeks, and one each was delayed by two, three, six and 10 months. The reasons for these delays were not always evident from the records maintained. Some delays were caused by transfer of cases between areas, difficulty in engaging and/or locating families and sign-off by team leaders. Social workers told inspectors that, in some cases, the work had been completed but was not recorded in the initial assessment record due to competing work demands. The records therefore did not accurately reflect the work that had been done on the case.

While initial assessments were of good quality they were not always completed in line with the 40-day timeframe required by the Tusla standard business process. Information provided for the inspection indicated that of 528 initial assessments completed since 1 July 2019, 100(19%) had been completed within the 40 day timeframe. Statistics provided by the area reflected that the timeframes for completion of initial assessments were improving. Inspectors reviewed a sample of 36 initial assessments, 24 of which had been completed and 12 were still in progress at the time of the inspection. Of the 24 completed initial assessments 14(58%) were completed within the 40 day timeframe. The area's quality improvement plan identified that the standard business process timelines were creating significant challenges for the teams and this had been escalated by the area manager to the regional director of the service.

When the initial assessment concluded that children were at ongoing risk of significant harm appropriate action was taken. Where it was determined by the initial assessment that children's needs were being met through the provision of support and other services, their involvement with Tusla ended and the case was closed.

Practice in relation to closing cases was good and cases were appropriately closed. However records did not always reflect whether families, children and other professionals had been notified of the closure of the case. Inspectors reviewed 17 closed referrals and found the majority were appropriately closed. There was some good practice in relation to closing of cases such as issuing a standard letter to families and professionals which outlined the reason for the closure and providing information about support services. When cases were closed the reason for the closure of the case was recorded either in the IR or the initial assessment record. The audit on standard 2.1 had identified the need for a child-friendly closure letter and this action was included in the service area's quality improvement plan.

Standard 1.3

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

Judgment

Substantially compliant

The area promoted a child-centred approach through the use of clear, open and honest communication with children and families. Children and parents told inspectors they felt involved and consulted. The area's quality improvement plan identified actions to further enhance communication.

Standard 2.1

Children are protected and their welfare is promoted through the consistent implementation of *Children First*.

Judgment

Partially Compliant

Some of the requirements of the standard have been met while others have not and for this reason the area is judged to be partially compliant with the standard. The service area had identified many areas of practice where improvement was required and their quality improvement plan included actions to address these.