Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Child Protection and Welfare Service

Name of service area:	Kerry
Name of provider:	Tusla
Type of inspection:	Thematic
Date of inspection:	25 – 28 November 2019
Lead inspector:	Lorraine O' Reilly
Support inspector(s):	Sabine Buschmann Sharron Austin Ruadhan Hogan

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 two principal social workers
- speaking with children and families

- the review of local policies and procedures, minutes of various meetings, staff supervision files, audits and service plans
- the review children's fifty-nine case files
- observing duty staff in their day-to-day work
- observing team meetings and peer supervision.

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
Kerry is one of Tusla's Child and Family Agency's 17 Areas and forms part of the Southern Area. The 2016 Census recorded a total population 147,707 in Kerry with a

child population (0-17 years) of 34,527, representing 23.4% of the Area's total population.

The Area is under the direction of the Regional Service Director for the South and is managed locally by the Area Manager. The Duty and Intake Service which was the subject of this HIQA Inspection, is under the management of a Principal Social Worker who has responsibility for the all Child Protection and Welfare Services (including Duty and Intake (a county wide Service based in and delivered from Tralee) and three Child Protection Teams (based in Tralee and Killarney). The Duty and Intake Service comprises one Social Work Team of 6.5 WTE staff (1 Team Leader and 5.5 Social Workers, two of which are Senior Practitioners and has a dedicated Administrative Officer. The Duty and Intake Service receives all new Referral to the Child & Family Agency in Kerry and is responsible for screening those Referrals and assessing as necessary in accordance with National Standards and Business Process. In the preceding 6 months Kerry received 816 Referrals.*

*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
25 November 2019	0900-1700	Lorraine O' Reilly Sabine Buschmann Sharron Austin Ruadhan Hogan	Inspector Inspector Inspector Inspector
26 November 2019	0900-1700	Lorraine O' Reilly Sabine Buschmann Sharron Austin Ruadhan Hogan	Inspector Inspector Inspector Inspector
27 November 2019	0900-1700	Lorraine O' Reilly Sabine Buschmann Sharron Austin Ruadhan Hogan	Inspector Inspector Inspector Inspector
28 November 2019	0900-1500	Lorraine O' Reilly Sabine Buschmann Sharron Austin Ruadhan Hogan	Inspector Inspector Inspector Inspector

Views of people who use the service

HIQA inspectors met with four children. Inspectors also had discussions with seven parents who were in receipt of child protection and welfare services.

Children had mixed views about the social work service. One child said that it was "really nice to have someone to talk to" and that things improved, "it then got a bit better, the worries I had" because the social worker "made a little plan for us". Another child felt listened to when their family needed help initially but did not feel listened to by another social worker saying the social worker could be better at listening if "they believe us when we tell them things". While a third child said that their social worker listened to them "sometimes, when I was sad".

Parents were generally positive about their involvement with the service. Parents felt listened to, reassured and less stressed. Parents were provided with clear information and advice and felt that the social worker understood their child's view. The majority of parents felt social workers were very respectful and interacted with children in a positive way. Parents were kept informed and included by social workers but were not asked to provide feedback about the service. Two parents advised that social workers could have been more sensitive to their needs and views.

Capacity and capability

As part of the methodology for this inspection, a self-assessment had been completed by the service area's management team prior to the announcement of the inspection and submitted to HIQA. It required the area management team to assess and score the area's compliance with the five standards relating to leadership, governance and management, and workforce. Inspectors did not agree with the judgments made by the area management team and found lower rates of compliance than the area management team's self-assessment. The self-assessment identified a limited number of areas for improvement. During fieldwork, the area manager identified issues for improvement in discussions with inspectors. They included the lack of adherence to Tusla's timeframes for completion of preliminary enquiries and initial assessments, gaps in the recording information on children's files, the lack of adherence to the supervision policy and the lack of robust risk management systems. The area had not finalised a service improvement plan by the end of the inspection fieldwork. Despite this, the management team had initiated a number of measures. These included liaison with external agencies, regular local management meetings, and monthly audits initiated by the area's management team which have assisted in identifying

actions to improve the service.

Overall, the service needed to improve and strengthen their governance arrangements in order to provide a timely and consistent service to children in Kerry. The service area was going through a period of change and it had experienced many challenges over the previous two years. Tusla's published metrics indicate that the area have operated a waiting list for children to access the service since 2017. The service area, like all other service areas nationally had implemented the National Child Care Information System (NCCIS) and the implementation of the national approach to practice was on-going. The management team were of the view that the joint introduction of both these initiatives had a 'direct and negative impact' on the service's capacity to respond to referrals in a timely manner. Although the service had no vacancies, the management team were of the view that the service was under-resourced.

The Kerry service area management team was evolving at the time of the inspection. A new area manager was appointed in July 2019. She supervised the principal social worker for child protection and welfare who in turn supervised the team leaders responsible for the duty and intake and long term child protection work. Each team leader managed a team of social workers. A second principal social worker post had recently been approved which the area manager believed would strengthen the governance structure within the service. In 2019, a quality assurance officer was appointed and they reported to the area manager.

The area manager's vision for the service was to provide children and their families with the supports that they require in a child-centred and timely manner. A consultative forum was held with staff where there was discussion about what the service was doing well and what the service could do better. The area manager planned to continue consultation with staff in 2020. Staff told inspectors that this was a positive meeting and that the new area manager was reflective, open to suggestions and had begun implementing measures to improve service delivery.

Overall, business planning required improvement in order to have clear and time limited objectives. The area manager informed inspectors that the area operated within the overarching context of the Tusla annual business plan and this was complimented by local priorities. Inspectors were provided with two documents relating to business objectives. The first of these was the area's first commissioning plan (May 2019). It outlined the service's business objectives for the next three years in relation to commissioned services. These were to enhance early intervention and prevention, strengthen existing services, develop additional services to address gaps in service provision and strengthen the links across services. It noted that it was not anticipated that any significant funding would be made available to support the

implementation of the plan but that the service would realign local resources to address the areas identified as priorities. Indeed, the area manager was progressing this objective as she had focused on progressing a value for money agenda in relation to community service provision. A review of current commissioned community services provision was underway in order to improve efficiencies.

The current area manager provided inspectors with a second document called the Kerry report for Tusla's national office which she had completed since her appointment. The main objective outlined was the area's commitment to comply with legislation, policies and procedures. However it did not outline how this was going to be achieved. As outlined above, the area manager identified additional priority areas to inspectors such as the recruitment of an additional principal social worker to improve governance, to develop systems and structures for the duty and intake team, conduct regular audits to improve the quality of work undertaken with children, review the management of cases awaiting allocation, to review the quality of supervision and improve the timeframes of interventions.

The area management team had appropriately identified that the functioning and operations of the duty and intake team required improvement. Indeed, the area manager had implemented some measures to improve service delivery since July 2019. The area manager told inspectors that on appointment she was not assured that all new referrals were screened in a timely manner. In order to address this, new practices were introduced such as daily screening of referrals overseen by the social work team leader and new screening forms which were subsequently amended to reflect national documentation in October 2019. The prevention partnership and family support (PPFS) manager also attended the daily screening meetings since October 2019. Review, Evaluate and Direct (RED) meetings were well-established in the area. Referrals received by duty were discussed, reviewed and a plan was formalised. At these meetings, it was decided to divert children and families to support services where appropriate. These, all contributed to an improvement in the screening of recently received referrals.

In addition to practice changes, a review of the functioning of the duty system commenced in September 2019. The area manager told inspectors that the purpose of the review was to examine the current system, review the efficiencies of current practice including the use of resources and to ascertain what changes were required. The principal social worker and staff believed that the duty and intake team was not adequately resourced to ensure the efficient management of referrals throughout the process from receipt of referral through to completion of the initial assessment. Inspectors were told that following this review, a procedure was put in place that should a case require urgent allocation and duty did not have capacity, the case would be transferred immediately to the long term team for an initial assessment.

The governance, management and oversight systems in place needed improvement. The service was supported by a suite of national policies, procedures, business processes and guidance. However, they were not being fully implemented or utilised. For example, the national office had issued practice guidance in July 2019 in relation to the review of cases awaiting allocation. The national guidance outlined that local areas were to decide the frequency of review of wait lists. While inspectors were told that regular reviews took place, there was no recording of these reviews. Inspectors only found that when a second referral was received in a case, the new referral was screened and this incorporated a review of previous referrals which was documented. A local standard operating procedure for reviewing and monitoring cases awaiting allocation was awaiting managerial approval at the time of inspection. Further examples will be highlighted throughout this section.

Improvements were required in management oversight of children's records on the national child care information system (NCCIS) to ensure that records accurately reflected all decisions and work completed. Not all information was recorded or uploaded to the system in relation to children's records. The area manager told inspectors that she was not assured that all of the work undertaken with families was recorded on NCCIS. Indeed, inspectors found that there were some gaps in records maintained by social workers and managers on individual cases. In addition, records of supervision containing decisions and direction on individual cases were not consistently uploaded onto NCCIS, although these were kept in supervision books in the office. This was not in line with good file management practice nor with accountable practice.

The area manager had some systems in place to receive assurances on the quality and safety of the service. The area manager chaired senior management meetings and complex case meetings on a monthly basis. Meeting minutes reviewed by inspectors were clear and comprehensive. Meetings were well attended, previous minutes were routinely reviewed and updates were provided to attendees. These meetings provided her with reports in relation to areas such as commissioned services updates, family support services, finances, staffing, specific quality and risk issues, training and audits. The NCCIS was used to monitor service provision since February 2018 as monthly reports provided to the area manager outlined the number of cases awaiting allocation and the area's performance against key performance indicators such as the number of initial assessments completed in 40 days.

There were good liaison processes in place with external stakeholders. The area manager had regular meetings with An Garda Síochána. All notifications sent by An Garda Síochána to Tulsa were reviewed by the area manager. The purpose of this analysis was to review the appropriateness of notifications received by An Garda

Síochána to Tulsa. In addition, the management team had meetings with the Health Service Executive, Traveller Health Liaison and the hospital emergency department amongst others. The purpose of these meetings was to share information about Tusla's remit and their shared mutual responsibilities around child protection in line with Children First.

There were good working relationships between staff and management. Clear lines of communication were in place which allowed information to be shared efficiently and in a timely manner. Senior managers communicated well with each other and with the social work staff. Staff told inspectors that they could approach members of the management team if they had issues to raise. Staff were aware of how to make protected disclosures. Team meetings were held regularly and were well attended. Day to day matters such as capacity issues, policies and procedures were discussed at these meetings such as the national standard business processes, along with feedback from other forums that focused on service improvement.

Risk management systems required full implementation to ensure that risks were being effectively identified, monitored, reviewed and escalated. The area had a risk register which outlined risks that related to child protection such as health and safety risks to staff, delays in recruitment, the building not being fit for purpose and the secure storage of confidential and sensitive information. However, the risk register was not updated regularly, as the risk of children waiting to access a service was only added to the risk register in November 2019, yet it was a risk since 2017. In addition, in November 2019 when the register was reviewed, a risk in relation to the service's ability to efficiently manage complaints was also added to the register. Inspectors were informed by the area manager that this was due to a lack of staffing capacity and the area not having a dedicated complaints officer. This risk although risk rated as a significant risk was not escalated to the regional service director. Indeed, the area did not routinely escalate risks, and only one internal risk escalation was provided to inspectors. Given that the risk register was not updated regularly and risk escalations were not routinely completed, it was unclear as to how the area manager could be assured or provide assurance about the management of risk throughout the service. The area manager told inspectors that a plan was in place for monthly reviews of risk register at the quality risk service improvement meetings.

Quality assurance systems required further development and action plans required timely implementation to progress service improvement. The national quality assurance team completed an audit of cases awaiting allocation from 10 to 13 June 2019. The overarching finding in their report, which was completed in July 2019, was that there was no robust oversight of cases awaiting allocation. It is of concern to inspectors that this remained the case at the time of this inspection as there were no records of regular reviews of unallocated cases. The findings of the national audit

resulted in an action plan which focused on the local area implementing a programme of audit of unallocated cases. A new local standard operating procedure for auditing social work files recorded on NCCIS was implemented in September 2019. The scope included a monthly audit of a random sample of open cases on the child protection and welfare teams including a sample of cases awaiting allocation conducted by the quality assurance officer. This was in line with the national quality assurance review action plan. These audits reviewed the quality of the work on each child's file in order to provide assurances or not that the centre was child-centred. Inspectors were informed that the audit process included presenting the findings of the audits to the area management team, following collation of the audit findings by the quality assurance officer. However, as the process was new, this had only occurred on one occasion. It is of concern that of the 19 unallocated cases audited by the local quality assurance officer since September 2019, in four of the 19 (21%) cases reviewed required the immediate allocation to a social worker for assessments to be completed. Despite the requirement for immediate allocation, this did not prompt the senior management team to take any further action to address the overall risk, including in the first instance placing it on the risk register in September 2019.

Supervision was regular for the majority of staff, but, was not fully in line with Tusla's supervision policy. The local management team recognised that supervision required improvement. They were committed to improve supervision practice across all teams and to become in line with national policy. Inspectors reviewed both group and individual supervision. However, the practice of group supervision was not embedded in the area as it had not occurred on the duty and intake team since May 2019 due to work pressures, but it was established on the long term child protection team. There was a commitment by management for this to recommence later this year.

It was evident that staff members had regular individual supervision, but not all manager's had records of having supervision in line with the policy. Inspectors were told by the principal social worker that monthly supervision was provided to the social work team leader, but there were no records of these. Inspectors were told that informal case consultation occurred between staff and their respective managers, but, these were not recorded on the child's file. The principal social worker had monthly supervision with the area manager. The area manager had one supervision session since she was appointed. She told inspectors that discussions with the service director took place when required and that she met with him formally on a monthly basis at management meetings.

A sample of six individual supervision records were reviewed by inspectors. This review found that individual supervision focused on case discussion only. The records of case discussion were good. Actions and progress were tracked from session to session. Supervision records did not evidence an emphasis on staff well-being,

support or development. Despite this, staff told inspectors that there was good support within the team. The service had some supports in place for staff. There was a complex cases forum, staff appreciation day and a staff development day. The area manager informed inspectors that performance appraisals needed to be introduced to support staff and to recognise the work that staff were doing in relation to their unique skillset.

The governance of caseload management required improvement. The national caseload management policy was not consistently implemented and therefore it was not clear how the service made decisions in relation to caseload management. The area manager told inspectors that a local caseload management tool for the duty and intake teams was developed, as the national caseload management policy did not work well for duty and intake. The management team had identified that some staff members on the duty team had unmanageable caseloads. Despite this, there was no plan in place to address this for individual members of staff. The national caseload management policy is clear that both 'manageable' and 'busy but ok' caseloads are 'acceptable' and that the management team should utilise the caseload management tool to keep consistent oversight and review what was happening in their team. Inspectors found caseload management tools were not routinely completed in supervision files. One of the six staff supervision files reviewed by inspectors had all caseload management tools completed appropriately. Three of the six had incomplete tools and two files did not have any tools.

Improvements were required to ensure safe recruitment practices were in place. The documentation on the staff recruitment files reviewed by inspectors was not consistent or contemporaneous for all staff. Inspectors reviewed the recruitment files of 11 staff working in the child protection and welfare duty and intake service. There were gaps in the information held on all of the staff recruitment files reviewed. Two files did not contain copies of relevant qualifications. All 11 files did not contain evidence of current professional registration. There was current Garda vetting on seven files, three had outdated vetting which were over eight years old and one had evidence of garda vetting on one file. HIQA sought assurances from the Regional Director from the South that safe recruitment practices including garda vetting and professional registration were in place for all staff. Appropriate assurances were provided with a full review occurring in relation to vetting and professional registration and appropriate actions were being implemented by the service director.

Staff had the required skills to manage and deliver effective services to children. Inspectors observed staff on the duty and intake team in the course of their work and heard confident and appropriate interactions with members of the public. Staff were well-informed about the local policies and procedures.

Newly recruited social workers were provided with a mentor and an informal 'buddy system' was also in place. They were assigned a protected caseload and had access to information on the service on a shared folder. The management team were in the process of updating their induction book. This detailed a general induction to the area rather than the specifics of the duty and intake team. The social work team leader provided "on the job" training to newly recruited social workers. The service was planning to formalise this induction process.

The majority of staff had access to appropriate training. The team's training needs were identified through a needs analysis undertaken by the principal social worker in September 2019. Staff had received training in the national approach to practice and had participated in an intensive practice workshop which was relevant to their day to day practice. Social work staff told inspectors that this was effective and improved their practice. In addition, staff had received training in areas such as courtroom skills, caseload management, domestic, sexual and gender based violence and sexually harmful behaviours. Not all managers had received management training, but, plans were in place to provide training for those who did not have it. Given the changes within the service, opportunities for further training would be of benefit both to manager's development and in improving service delivery. There were plans to introduce a rotation of social work positions to diversify roles and enhance learning opportunities within the workplace. This was a positive initiative. Two staff had commenced Empowering Practitioners and Practice Initiatives (EPPI) in 2019 and there were plans for this to continue into 2020.

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** **Partially compliant**
Governance systems required improvement. The area did not consistently adhere to the policies, procedures and guidance. Standard business processes were not adhered to. . Business planning required improvement in order to have clear and time limited objectives. Improvements were required in management oversight of children's records on the national child care information system (NCCIS) to ensure that records accurately reflected all decisions, reviews and work completed.	
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** **Partially compliant**
Quality assurance systems required further development and action plans required timely implementation to progress service improvement. Risk management systems were not consistently utilised. There was limited use of the escalation system and the risk register had not been routinely updated.	

Standard 5.1 Safe recruitment practices are in place to recruit staff with the required competencies to protect children and promote their welfare.	**Judgment** **Non-compliant**
Improvements were required in relation to the safe recruitment of staff. There were gaps in staff files. Inspectors were particularly concerned in relation to the absence of appropriate up-to-date vetting and professional registration. Assurances were sought from the service director in relation to Garda vetting and professional registration.	
Standard 5.2 Staff have the required skills and experience to manage and deliver effective services to children.	**Judgment** **Substantially compliant**
Staff had the required skills and experience to meet the needs of children. A training needs analysis had occurred and action was required to meet the identified needs of staff. Not all managers had received management training, but training was scheduled. Given the changes within the service, opportunities for further training would be of benefit for managers and service delivery.	
Standard 5.3 All staff are supported and receive supervision in their work to protect children and promote their welfare.	**Judgment** **Partially compliant**
Supervision was regular for the majority of staff, but, was not in line with Tusla's supervision policy. Supervision records did not evidence an emphasis on staff well-being, support or development. The local management team recognised that supervision required improvement and that performance appraisals needed to be introduced in the area.	

Quality and safety

Overall, the service did not adequately manage all child protection and welfare referrals in line with Children First 2017: National Guidelines for the Protection and Welfare of Children. The areas of preliminary enquiries and the monitoring and oversight of cases awaiting allocation required significant improvement. There were long delays in commencing initial assessments, which were of a good quality when completed. Safety planning was implemented but not routinely monitored or reviewed as required. Communication with children and families availing of the social work service was of good quality when they had an allocated social worker. Screening processes had recently been improved upon. Case closures were managed effectively.

Inspectors partially agreed with the self-assessment completed by the area management team in relation to the theme child centred services (standard 1.3) in relation to communication with children.

Communication with children and families who had an allocated social worker was of good quality but those who were waiting for a service were not communicated with on a regular basis. Families had not been informed in a timely way when concerns were reported about their family.

The majority of children who had an allocated social worker were listened to and their views were documented. Child-friendly tools were used to engage children and communication was appropriate to the child's age. There was open and transparent communication and children and their parents were consulted and involved in decision-making. Where children's views were not obtained or documented, inspectors found through discussion with staff that attempts made to obtain children's views were not routinely documented. The area manager informed inspectors that communication aids and an interpreter service were provided to families when required.

The area manager advised that leaflets were provided to children and families about the service but this was not documented in children's files. Leaflets could be translated into other languages as required. The area manager informed inspectors that she wanted to develop a children's consultative group for children who availed of the social work service but there was no specific plan in place to progress this.

In relation to the theme of safe and effective services (Standard 2.1) inspectors partially agreed with the area's self-assessment and found that the area was partially compliant with the standard.

Child protection referrals were made to Tusla, in writing, over the phone or through the Tusla Portal. Inspectors observed staff on the duty and intake team in the course of their work and heard confident and appropriate interactions with members of the public. In addition to responding to referrals that met the threshold for the social work service, information and advice was also provided to members of the public for cases that were not suitable for the service. When social workers received a call seeking advice but no name of a child was provided, information and advice provided to people was recorded. This was useful as the team had a record of the conversations and could review the record if required.

The screening of referrals had improved recently, but the staff team were challenged to complete screening within Tusla's own requirements. Since July 2019, screening took place daily at a meeting attended by the duty social worker, duty social work team leader and the prevention, partnership and family support manager. If a referral did not reach the threshold for the service, it was "screened out" and, if suitable, directed to another service. Decisions about categorisation, prioritisation and follow up tasks were recorded on a standardised screening and intake form. Referrals were

routinely recorded. Referrals that did not require preliminary enquiries were recorded on the screening tool and closed in line with standard business process.

For referrals that met the threshold for social work intervention, referrals were prioritised and categorised at the screening meeting. Inspectors reviewed 42 referrals for screening and found that 26 (62%) contained evidence of screening. In 13 of the 26 referrals (50%) there was evidence that screening had been completed within 24 hours of receipt of the referral. Of the 17 referrals reviewed since the screening tool was implemented, 15 (88%) had evidence of appropriate screening with ten occurring within 24 hours of receipt of referral. Inspectors did not find evidence of screening being completed on two of the 17 of the referrals.

Preliminary enquiries required significant improvement. The social work team were not meeting Tusla's own timeframe of five days for screening and preliminary enquiries to be completed and recorded on an intake form. Inspectors found that one of the 38 referrals reviewed for preliminary enquiries had been completed within the 5-day timeframe. The reasons for the delays in not completing records within the timeframes was not recorded on the vast majority children's files. Preliminary enquiries were taking up to three months to complete. At the time of the inspection, ten of the 38 records were yet to be completed.

The priority system following preliminary enquiries was not conducive to promoting children's safety in a timely manner. All children who were deemed to require an initial assessment were noted to be high priority. However, a high priority level did not ensure that the child received timely intervention. Inspectors found that the majority of referrals were categorised and prioritised correctly. Of the 41 referrals sampled, 39 (95%) had been correctly categorised.

As outlined earlier in the report, there were no records of regular management reviews of unallocated cases, despite inspectors being told that these reviews took place. There were a significant number of cases awaiting allocation for a service for lengthy periods of time. In September 2019, the area manager had introduced a system of auditing a monthly sample of unallocated cases. Cases awaiting allocation were all waiting for an initial assessment. When a re-referral was made, the referral was screened but that did not prompt case allocation in all instances. Inspectors reviewed nine cases that had been awaiting allocation for periods ranging from two months to 14 months. Multiple re-referrals had occurred for four of the nine cases. Seven of the nine (77%) cases had no record of being formally reviewed by management while awaiting allocation. The two cases formally reviewed were transferred to the long term child protection team to complete initial assessments due to capacity issues on the duty and intake team. The findings of these case reviews did not prompt a full review of the remaining cases awaiting allocation.

Appropriate action was taken when a child was at immediate risk or required an urgent response. Inspectors reviewed ten referrals where an urgent response was required. Decisions and rationales for actions were clearly documented. There was good liaison with An Garda Síochána and joint strategy meetings were held as appropriate.

Case closures were managed effectively. Eleven of the 12 cases reviewed by inspectors were appropriately closed. Parents were routinely advised of case closures. There were closure summaries and rationales on the children's files. Six of the 12 cases reviewed by inspectors were closed at screening. One case was closed inappropriately on two occasions demonstrating a lack of management oversight as stated under Standard 3.1. During the inspection, assurance was provided by the area manager that the case would be re-opened and supports would be offered to the family.

Improvements were required in ensuring that An Garda Síochána were informed in a timely manner of suspected abuse. Of the three referrals reviewed by inspectors where a Garda notification was required, one was made promptly and another was delayed by four months. The third had not been made and was outstanding since January 2019. Assurances were provided to inspectors that this would be completed.

There were significant delays in referrals proceeding to initial assessments. Inspectors sampled 28 referrals for the timeliness and quality of initial assessments. Of the 28 referrals reviewed by inspectors, three (11%) referrals proceeded to initial assessment within one week following referral. Others were delayed from periods of two weeks to six months to progress to an initial assessment commencing.

The vast majority of initial assessments were of good quality although they were not completed consistently within Tusla's timeframe of 40 days. There were significant delays in initial assessments being completed. This meant that some children did not have their circumstances fully assessed in a timely manner. Of the 19 completed initial assessments reviewed by inspectors, eleven were completed within the timeframe of 40 days. The remaining eight initial assessments were completed over periods ranging from over two months to seven months. Of the remaining seven initial assessments that were ongoing at the time of the inspection, four had extended beyond the 40 day timeframe by over six weeks to nine months. Some referrals documented the rationale for appropriate delays.

Inspectors found that social workers were child centred in their identification and analysis of children's needs. The risks and concerns to the child were contained in all 28 initial assessments (ongoing and completed assessments) reviewed by inspectors.

Children and parents were consulted and most families had appropriate support networks in place. The social work assessments were of good quality and there were clear recommendations documented about the next steps to be taken.

The delays with initial assessments being commenced and completed was worrying for all staff consulted with during the fieldwork inspection. There were significant delays in the signing off of initial assessments and rationales for the delays were not routinely documented.

Safety plans for children varied in quality and monitoring of these plans was inconsistent. Staff were in the process of implementing safety planning in line with the national approach to practice. Safety planning arrangements were recorded in a variety of places including case notes, letters, assessments and formal safety plans. Inspectors reviewed 16 cases where a safety plan was required. Fourteen plans were in place. In one of the cases advanced planning had occurred for a safety plan that would be required in the near future. One child did not have a safety plan and it was an unallocated case. Assurances were provided that oversight was provided by the team leader and that the case would be allocated the following week. The area manager and principal social worker were assured that immediate safety plans were effective and implemented as required. Inspectors found that while those plans were in place, seven of the fourteen (50%) safety plans were not monitored, reviewed and updated regularly to ensure they adequately safeguarded the child. Where appropriate, most children were involved in the safety plan. The good safety plans that were in place were child centred and evidenced good practice in line with the national approach to practice. Five of the fourteen cases were of exceptionally good quality. They had short and long term actions, were monitored and reviewed regularly and involved family members and professionals.

Standard 1.3 Children are communicated with effectively and are provided with information in an accessible format.	**Judgment** **Substantially compliant**
Communication with children and families who had an allocated social worker was of good quality but those who were waiting for a service were not communicated with on a regular basis.	
Standard 2.1 Children are protected and their welfare is promoted through the consistent implementation of *Children First*.	**Judgment** **Partially compliant**

While recent measures mitigated against delays in screening, they did not ensure that all children received a service in a timely manner. A large number of children continued to not receive a service. Timeliness was a significant issue in many instances; for children to receive a service, have their needs assessed and have an allocated social worker. There were delays in completing preliminary enquiries, intake records and initial assessments. The quality of safety plans varied and the monitoring of plans was not consistent. Children who were assessed as being at immediate risk received a timely response and children who were allocated a social worker received a reasonably good service. Despite delays in the commencement and completion of initial assessment, the quality of the majority of initial assessments was good... Due to the findings that some of the requirements of the standard have been met while others have not, the area has been judged as partially compliant.