Child protection and welfare inspection report

Health Information and Quality Authority
Regulation Directorate monitoring inspection report on child protection and welfare services under the *National Standards for the Protection and Welfare of Children*, and Section 8(1) (c) of the Health Act 2007

Name of Service Area:	Cork
Dates of inspection:	9 – 12 July 2019
Number of fieldwork days:	4
Lead inspector:	Sharron Austin
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Type of inspection:	☒ Announced ☐ Unannounced ☐ Full ☒ Themed
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About the Health Information and Quality Authority (HIQA)

The Health Information and Quality Authority (HIQA) is an independent statutory authority established to promote safety and quality in the provision of health and social care services for the benefit of the health and welfare of the public. HIQA's mandate to date extends across a wide range of public, private and voluntary sector services. Reporting to the Minister for Health and engaging with the Minister for Children and Youth Affairs, HIQA has responsibility for the following:

- Setting standards for health and social care services — Developing person-centred standards and guidance, based on evidence and international best practice, for health and social care services in Ireland.

- Regulating social care services — The Office of the Chief Inspector within HIQA is responsible for registering and inspecting residential services for older people and people with a disability, and children's special care units.

- Regulating health services — Regulating medical exposure to ionising radiation.

- Monitoring services — Monitoring the safety and quality of health services and children's social services, and investigating as necessary serious concerns about the health and welfare of people who use these services.

- Health technology assessment — Evaluating the clinical and cost-effectiveness of health programmes, policies, medicines, medical equipment, diagnostic and surgical techniques, health promotion and protection activities, and providing advice to enable the best use of resources and the best outcomes for people who use our health service.

- Health information — Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information on the delivery and performance of Ireland's health and social care services.

- National Care Experience Programme — Carrying out national service-user experience surveys across a range of health services, in conjunction with the Department of Health and the HSE.

About monitoring of child protection and welfare services

The Health Information and Quality Authority (the Authority) monitors services used by some of the most vulnerable children in the state. Monitoring provides assurance to the public that children are receiving a service that meets the requirements of quality standards. This process also seeks to ensure that the wellbeing, welfare and safety of children is promoted and protected. Monitoring also has an important role in driving continuous improvement so that children have better, safer services.

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.

The Authority monitors the performance of the Child and Family Agency against the *National Standards for the Protection and Welfare of Children* and advises the Minister for Children and Youth Affairs and the Child and Family Agency.

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

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

The Authority inspects services to see if the National Standards are met. Inspections can be announced or unannounced.

This inspection report sets out the findings of a monitoring inspection against the following themes:

Theme 1: Child-centred Services	☐
Theme 2: Safe and Effective Services	☒
Theme 3: Leadership, Governance and Management	☐
Theme 4: Use of Resources	☐
Theme 5: Workforce	☐
Theme 6: Use of Information	☐

1. Inspection methodology

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 Acting Area Manager
- interview with the Area Manager
- interview with five principal social workers
- interviews with five social work team leaders
- meetings with social workers and social care workers
- interview with a Prevention, Partnership and Family Support senior manager and Meitheal Coordinator
- the review of local policies and procedures, minutes of various meetings, staff supervision files, audits and service plans
- the review of 148 children's 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). During this inspection inspectors identified if Tusla child protection and welfare services took timely, proportionate and effective actions when responding to referrals about children in need and at risk by evaluating the following:

- timeliness and management of referrals
- effectiveness of assessment and risk management processes
- provision of safety planning where required
- effectiveness of inter-agency and multidisciplinary work
- the managing and monitoring of child protection cases in order to improve outcomes for children

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

2. Profile of the child protection and welfare service

2.1 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 areas.

2.2 Service Area

The Cork service area is one of 17 service areas in the Child and Family Agency. Geographically, it is the largest county in Ireland with significant urban population (second largest in the country) and rural spread.

Census figures (2016) show that the overall population for the area was 542,868, representing 11% of the national population. Based on the 2016 census, Cork city grew by 5.4% and Cork County by 4.4% from the 2011 census. The total child population of Cork is 134,015 (24.6%) representing 45% of the South region total child population and 11% of the national child population. It is the highest child populated area in the Child and Family Agency.

The area had four child protection and welfare social work teams (North Lee, South Lee, West Cork and North Cork) and is comprised of the services as detailed in the organisational chart in Appendix 1.

There were five principal social workers responsible for four child protection and welfare offices across the area. In each child protection and welfare service office, there were teams of social workers that reported to team leaders who in turn reported to principal

social workers. Some teams also included childcare leaders and family support workers. There were administrative staff based in each office.

The area was under the direction of the service director for the Child and Family Agency South Region and was managed by the area manager.

In the six months prior to the inspection, there were 3555 referrals received by the service. Figures provided to the Authority indicated that there were 1283 cases open to duty and intake teams in the area, 405 or 31% of which were on a waiting list for child protection and welfare services. Of the total of 405 on a waiting list, 173 or 43% were waiting for a preliminary enquiry, of which 34 were assessed as high priority, 86 medium priority and 53 low priority. The number of cases waiting for an initial assessment was 110 or 27% of which 31 were assessed as high priority, 64 medium priority and 15 as low priority. There were no cases on a waiting list for support services at the time of inspection.

The organisation chart in the appendix describes the management and team structure of the child protection and welfare service, as provided by the Service Area (See appendix 1).

3. Summary of inspection findings

The Child and Family Agency has the legal responsibility to promote the welfare of children and protect those who are assessed as being at risk of harm. These children require a proactive service which acts decisively to assess and meet their needs in order to promote their safety and welfare. As much as possible, children and families require a targeted service aimed at supporting families. However, there will always be some children who will need to be protected from the immediate risk of serious harm.

This report reflects the findings of the inspection which are set out in Section 6. The provider is required to address a number of recommendations in an action plan which is published separately to this report.

In this inspection, HIQA found that of the six standards assessed:

- One standard was compliant
- Five standards were non-compliant moderate

The area child protection and welfare service was last inspected by HIQA in 2014.

In the 12 months prior to the inspection, the service area had faced challenges with the restructuring of some of the social work teams, the introduction of a new national child care information system (NCCIS), the introduction of a new national approach to child protection social work practice and the significant increase in the demands of the service since the introduction of mandatory reporting. There was good staff morale and staff were positive about the supports they received from their managers.

The service area appropriately responded to children who were deemed to be at immediate and serious risk of harm. There was good cooperation between the social work teams and An Garda Síochána in taking protective action to ensure that children were safe. However, inspectors found that social work interventions to protect and promote the safety and welfare of children, who were not at immediate risk, were not always timely. Safety planning was not fully embedded in practice – not all children who required a safety plan had one in place. Where safety plans were in place they were not consistently reviewed in order to monitor their effectiveness. Managers told inspectors that a guidance document was due to be disseminated by Tusla in respect of a safety planning process.

In the majority of cases, referrals which met the threshold for a service were prioritised and screened in a timely manner. Inspectors found that the quality of screening and preliminary enquiries were not in adherence with Tusla's timeframes and not all referrals were clarified with the referrer where required. Delays in the progression and completion of preliminary enquiries ranged from two weeks to five months from receipt of referral and this posed a risk

to the service as there were children who were awaiting a social work response to ensure their safety and welfare.

Improvements were required in order to ensure that initial assessments were undertaken promptly and in line with Tulsa's standard business process. Not all children were met as part of the initial assessment process which was not in line with good practice.

The processes in place to manage waitlisted cases varied across the service area and was not sufficiently robust in some social work teams. A common standard operating procedure for the review of waitlists was not in place. Children and families who were placed on a waitlist did not always receive a timely service and there was a risk that the safety and welfare of children awaiting a service was not known. There were cases that were 'active on duty' where actions were being undertaken to progress the protection and welfare of a child. This was an effective measure to ensure that some interventions or follow up were being completed on some individual cases. In comparison, where a referral was allocated, inspectors found good quality social work intervention.

There were good examples of interagency and inter-professional co-operation in the area. There were effective measures in place to divert families to external agencies where a welfare response was more appropriate.

There were systems in place for notifying An Garda Síochána of allegations of abuse and the majority of notifications were being sent as required under Children First National Guidance for the Protection and Welfare of Children 2017 and in line with the joint working protocol for An Garda Síochána and Tusla.

Inspectors found that accessing information relating to referrals on the national child care information system (NCCIS) in one social work office that had progressed to becoming paperless was good and in the majority of cases was up to date. However, there were challenges in getting referrals uploaded onto NCCIS for other social work teams due to increased and competing demands on administrative staff. Issues relating to the quality and integrity of data on NCCIS impacted on the area's ability to ensure adequate oversight of information pertaining to children.

Some improvements were required in relation to formal one to one supervision of staff across the various grades so as to ensure good oversight and consistency of practice as well as the timeliness of interventions with children and families.

Not all operational risks were set out in the risk register. The risk registers noted the current status of each risk after it had been escalated to the area manager's office but it was difficult to see if the risk had been reduced or escalated further following controls being applied. While unallocated cases were identified as a risk, the service area continued to have waiting lists and

there was no strategic plan to effectively address this. The risks associated with delays of casework and the service's non-compliance with Tusla's own standard business process for the management of referrals was not afforded adequate priority and action on the risk register.

4. Compliance Classifications

We will judge a provider or person in charge to be **compliant, substantially compliant** or **non-compliant** with the regulations and/or standards. These are defined as follows:

Compliant: A judgment of compliant means that no action is required as the provider or person in charge (as appropriate) has fully met the standard and is in full compliance with the relevant regulation.
Substantially compliant: A judgment of substantially compliant means that some action is required by the provider or person in charge (as appropriate) to fully meet a standard or to comply with a regulation.
Non-Compliant: A judgment of non-compliance means that substantive action is required by the provider or person in charge (as appropriate) to fully meet a standard or to comply with a regulation.

Actions required
Substantially compliant means that ***action within a reasonable timeframe*** is required to mitigate the non-compliance and ensure the safety, health and welfare of people using the service.

Non-Compliant means we will assess the impact on the individual(s) who use the service and make a judgment as follows:

- **Major non-compliance:** ***Immediate action***[1] is required by the provider or person in charge (as appropriate) to mitigate the non-compliance and ensure the safety, health and welfare of people using the service

- **Moderate non-compliance:** ***Priority action*** is required by the provider or person in charge (as appropriate) to mitigate the non-compliance and ensure the safety, health and welfare of people using the service

5. Summary of judgments under each standard

National Standards for the Protection and Welfare of Children	
Theme 2: Safe and Effective Services	**Judgment**
Standard 2:2 All concerns in relation to children are screened and directed to the appropriate service.	**Non-Compliant Moderate**
Standard 2:3 Timely and effective actions are taken to protect children.	**Non-Compliant Moderate**
Standard 2:4 Children and families have timely access to child protection and welfare services that support the family and protect the child.	**Non-Compliant Moderate**
Standard 2:5 All reports of child protection concerns are assessed in line with Children First (2011) and best available evidence.	**Non-Compliant Moderate**
Standard 2:9 Interagency and inter-professional co-operation supports and promotes the protection and welfare of children.	**Compliant**
Standard 2:10 Child protection and welfare case planning is managed and monitored to improve practice and outcomes for children.	**Non-Compliant Moderate**

6. Findings

Theme 2: Safe and Effective Services

Services promote the safety of children through the assessment of risk, learning from adverse events and the implementation of policies and procedures designed to protect children. Safe services protect children from abuse and neglect and follow policy and procedure in reporting any concerns of abuse and/or neglect to the relevant authorities. Effective services ensure that the proper support mechanisms are in place to protect children and promote their welfare. Assessment and planning is central to the identification of children's needs, the risks to which they are exposed and the supports which need to be put in place for each individual child to keep them safe and maintain their wellbeing.

Standard 2.2:

All concerns in relation to children are screened and directed to the appropriate service.

Tusla operates through duty teams of social workers in geographical areas around the country that deal with reported concerns. The child protection and welfare service in Cork had four social work teams across the service area. Two social work teams (North Lee and South Lee) were based in Cork city. The other two teams were based in Skibbereen in West Cork and in Mallow in North Cork. The child protection and welfare social work teams in North Lee and South Lee had a dedicated intake and assessment teams in that they managed referrals from the point of receipt of the referral to completion of initial assessments. At the time of inspection, the social work team in North Cork had four social workers who completed screening, preliminary enquiries and initial assessments. They also completed further assessments and any associated tasks. The principal social worker was planning to establish a dedicated screening and initial assessment team along with a dedicated child in care team and a child protection and welfare team. The social work team in West Cork had a dedicated team with responsibility for screening and preliminary enquiry only. If an initial assessment was required it was passed to the child protection and welfare team for appropriate follow up.

The child protection and welfare services receive reports of concerns from various sources including the public, professionals, community organisations, voluntary services and An Garda Síochána. Social work teams have seen a significant rise in the number of referrals since the introduction of mandatory reporting of child protection concerns under section 14 of the Children First Act 2015. Reports of concerns are reviewed by duty social workers to decide whether they are appropriate to their service and, if so, what intervention is required to meet the needs of the child and their family. If the concern is not appropriate to the service, social workers will give information and advice on the most appropriate ways of addressing the needs of the child and their family.

Data provided by the area showed that 3,555 referrals were made to the service since the 1st of January 2019, of which 1,283 or 36% were open to duty and intake teams at the time of inspection.

The introduction of Tusla's national approach to child protection practice provided social workers with additional time to complete preliminary enquiries. The majority of referrals reported to the service were appropriately screened and prioritised within the required 24 hours. Screening refers to the first step taken by a social worker in managing a referral once it is received. At the point of receipt of a referral, the social worker assesses whether the referral meets the eligibility criteria of the service, this was recorded on a specific screening tool. The screening tool used was outside of Tusla's standard business processes and inspectors were informed that it was used as an administrative record in order for an intake record to be put on the national child care information system (NCCIS). The area manager informed inspectors that this tool was also being used to review screened referrals. Tusla have established thresholds of need which inform them about the level of response that individual referrals require. While practice was good, the screening tool or the intake record did not formally record the thresholds applied.

Of the 77 cases reviewed on inspection for screening, 58 or 75% were completed within 24 hours as evidenced by the dates recorded on the specific screening tool completed by the social worker. Overall, the systems that each office had in place ensured that screening was prioritised by duty social workers and there were internal systems in place to ensure that duty social workers were available for the public to consult with each working day. While all referrals were screened appropriately, 19 or 25% were not screened in line with Tusla's own requirements.

As part of the screening process, internal checks were carried out to determine if the child was previously known to the social work department. Inspectors found that referrals were appropriately classified into the relevant categories of abuse, such as physical, sexual, or emotional abuse, neglect or child welfare concern and assigned a priority level. As such, the screening process clearly indicated the level of intervention children required from the social work service. When screening was completed, the case was either allocated to a social worker or was placed on a waiting list for preliminary enquiry to be completed. The purpose of which was to gain further information in order to determine what action was required to address the needs and risks of the child.

Inspectors used Tusla's standard business process to inform key quality indicators which were used to assess the quality of preliminary enquiries. These quality indicators were as follows:

- completed within five working days
- classification appropriate
- internal checks carried out

- details clarified with the referrer
- priority level appropriate

Inspectors determined the quality of preliminary enquiries by measuring this process against these quality indicators. The screening and preliminary enquiry is recorded on an intake record. Tusla's standard business process requires that preliminary enquiries are completed within five days from receipt of referral. A preliminary enquiry is not an assessment, but is about substantiating a report or referral where the social worker collates relevant information about the child, their network and family system.

An effective quality screening and preliminary enquiry gives social workers the appropriate information to decide what action is required to progress with the referral and to protect children at immediate risk. As per Tusla's standard business process, the findings and actions of preliminary enquiries requires the agreement and sign off by the social work team leader. This ensures a level of oversight that both the priority level and categorisation of the referral are accurate. Inspectors found that the quality of screening and preliminary enquiries were not in adherence with Tusla's timeframes and not all referrals were clarified with the referrer where required.

Of the 99 referrals reviewed for the purpose of assessing the quality of preliminary enquiries, inspectors found that only 18 of 99 or 18% of preliminary enquiries were completed within five days. Of the remaining 81, the delay in the progression and completion of preliminary enquiries ranged from either two to six weeks or two to five months. It was brought to the attention of inspectors by managers in one social work office that some intake records were marked as complete on NCCIS but had not yet been signed off by the social work team leader. The acting area manager acknowledged during the inspection that the area was not always achieving the timelines as required and this posed a risk. While internal checks were routinely undertaken by the social workers during the screening and preliminary enquiry processes, 53 of 99 referrals did not have the details clarified with the referrer prior to completion. Delayed preliminary enquiries meant that social workers did not have full information in order to establish what the appropriate next steps were for the child.

Classification and prioritisation of referrals is subject to change following preliminary enquiries on foot of information obtained by the social worker. Of the 99 preliminary enquiries reviewed, 98 were correctly classified and 96 had the correct prioritisation. Inspectors found that three referrals were given a low priority status when the information contained within the preliminary enquiry would indicate that the referral should be given a medium priority status. Two of these referrals were escalated during the fieldwork with the respective social work managers and a satisfactory response was received.

Judgment: Non-Compliant Moderate

Standard 2.3:

Timely and effective action is taken to protect children.

Tusla's policy and procedures for responding to allegations of child abuse and neglect (2014) outlines that immediate action must be taken to protect a child who is identified at serious and ongoing risk of significant harm. In order to keep a child safe, an immediate action can be taken at any time, for example, when court proceedings were initiated to place a child in the care of Tusla, social workers visiting children in their home, joint home visits with members of An Garda Síochána, and safety planning to assess the parent or guardian's capacity to keep the child safe. Tusla had a formal process in place for implementing a child protection plan where a child had been identified as being at ongoing risk of significant harm as a result of abuse or neglect. While this can happen at any stage in the referral process, it was more likely to be put in place after the initial assessment. For the purpose of reviewing this standard, the inspection team did not review children who were on the child protection notification system (CPNS) and had a child protection plan.

Children at immediate risk received a timely and appropriate response. Inspectors found good examples of immediate action taken for children who presented at risk of immediate harm. Inspectors reviewed 17 referrals where immediate action was required or taken and found that the responses were appropriate. For example, home visits to meet with children which included joint visits with An Garda Síochána, contact with parents and other professionals such as GP, An Garda Síochána or mental health services. Only one of the 17 referrals reviewed required immediate action resulting in a child being placed in a short term foster care placement.

Safety planning refers to the arrangements put in place by Tusla to ensure children stay safe when there is a risk of harm or abuse. Tusla introduced a national practice approach to child protection and welfare social work in February 2018 for all new referrals so as to standardise and improve consistency in safety planning across its services. Social work managers and staff told inspectors that safety planning was central to the work undertaken with children and families and was seen as a process rather than a time limited event, for example a safety plan or a stand alone piece of work. Tusla were currently devising a safety planning policy to address this.

Inspectors found that safety planning was not fully embedded in practice – not all children who required a safety plan had one in place. Those plans that were in place varied in quality. Managers told inspectors that a guidance document was due to be disseminated by Tusla in respect of a safety planning process.

Inspectors measured the overall quality of safety plans by assessing their content against six key quality indicators. These quality indicators are as follows:

- parental and or adult capacity to safeguard the child is appropriately addressed

- where appropriate, the child is involved in the development of the safety plan
- the safety plan addresses the identified risks
- the safety plan is monitored with regard to its implementation
- the safety plan is reviewed
- the safety plan is updated accordingly following review.

Inspectors reviewed 36 or 24% of referrals for safety planning and found that 34 or 94% referrals required a safety plan of which 22 or 65% had safety plans in place. While 22 had safety plans in place, inspectors found that only 14 or 63% of these adequately ensured safety and protection of the children concerned. Of the 14 safety plans which were adequate, inspectors found that these plans did address specific risks which were of concern to the safety and welfare of the child. Furthermore, where appropriate, children participated in the development of safety plans and due consideration was given to parental capacity. Monitoring and oversight of these plans was good and also evidenced.

Of the eight safety plans which were inadequate, inspectors could not determine how they were reviewed or monitored to ensure they were effective. These were escalated during the fieldwork and assurances were provided by the respective principal social workers during the inspection and immediate action was taken to safeguard children.

Judgment: Non-Compliant Moderate

Standard 2.4:

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

The service area appropriately responded to children who were deemed to be at immediate and serious risk of harm. In these situations there was good cooperation between the social work teams and An Garda Síochána in taking protective action to ensure that children were safe. However, inspectors found that social work interventions to protect and promote the safety and welfare of children, who were not at immediate risk were not always timely. Inspectors were cognisant that as a result of restructuring within the social work teams over the previous 12 months, wait lists had reduced significantly across the area.

Data provided by the area manager indicated that at the time of inspection there were 405 cases on a waiting list for child protection and welfare services of which 173 were awaiting a preliminary enquiry and 110 were on a waitlist for an initial assessment. Children and families who were placed on a waitlist did not always receive a timely service and there was a risk that the safety and welfare of children awaiting a service was not known. At the time of inspection, there were no waiting lists in one social work office as of April 2019. Of the 173 cases that were on a waiting list for preliminary enquiry, 34 or 19.6% were high priority, 86 or 49% were of medium priority and 53 or 31% were low priority. Of the 110 cases that were on a waiting list for an initial assessment, 31 or 28% were high priority, 64 or 58% were medium priority and 15 or 13.6% were low priority.

Inspectors found that children who required an initial assessment were waiting from days up to over six months for initial assessments to commence. The responsibility for managing the waitlisted cases lay with the social work managers and the processes in place to manage waiting lists varied across the service area and was not sufficiently robust in some social work teams. Inspectors found that in all 42 cases sampled from the waitlist, only 16 or 38% had evidence of a review on file. Multiple reviews had taken place in two or 5% of the 42 cases on the waitlist. Inspectors found a mixed level of quality in relation to the review process for waitlisted cases. For example, actions identified by managers at the end of a review were not completed in a timely manner. Furthermore, the review of the waitlist did not ensure that all children would be met with and seen. A common standard operating procedure for the review of waitlists was not evident across the service area.

The recording of discussions held in relation to the review of cases on waitlists was informal and not consistent. For example, inspectors observed a meeting in one social work office where decisions made following a review of cases were recorded on ‘post-it’ notes and placed on the paper document. In another office, there was a specific social worker with responsibility for re-screening referrals and waitlists were reviewed by the social work team leader. Evidence of review and decisions made were also recorded as a case note on NCCIS.

Despite this, inspectors were aware of some cases that were 'active' on the duty system. These were cases where actions were being undertaken to progress the protection and welfare of a child. Examples of actions being undertaken included telephone calls related to the concern, visits to see children or completing initial assessments. This was an effective measure to ensure that some interventions or follow up were being completed on some individual cases. In comparison, when a referral was allocated and actively worked in line with Tusla's business processes, the risks posed to a child's safety and welfare was assessed through good quality social work intervention.

Cases awaiting allocation were also reviewed by the RED (Review, Evaluate and Direct Action) team. RED meetings were held at regular intervals within each social work team depending on the volume of referrals. These meetings were attended by the duty social work team leader and the Meitheal[1] coordinators and did not involve external agencies at this point. This process was a collaborative approach to decision making which endeavoured to ensure that interventions to children and families were proportionate and timely. The RED process recognized four pathway options:

- children whose needs are met – universal services
- children with low or medium needs – single agency response for low need cases and coordination via Meitheal on more complex cases where two or more agencies are involved
- children with multiple needs – Tusla social work assessment – welfare response with multi-agency input
- children with complex or acute needs requiring a child protection and welfare response.

Using the RED process, the social work teams focus on the following:

- what is the appropriate pathway for the family?
- would this family benefit from community based supports?
- has the threshold been met for intake or assessment within the social work team?

A composite report on RED meetings dated June 2019 was provided to inspectors and demonstrated that the data collated in 2019 showed that in excess of 80 Meitheal requests had been made across the service area. This figure was not inclusive of referrals that just required sign posting to individual specialist services which are diverted outside of the Meitheal process. The number of cases presented at RED meetings varied from month to month. The report concluded that the RED as a collaborative process with community stakeholders was becoming embedded as part of an appropriate, proportionate and timely response to child welfare issues by the social work teams within the community.

[1] Meitheal is a case co-ordination process for families with additional needs who require multi-agency intervention that do not meet the threshold for referral to the social work department.

Inspectors reviewed a sample of 30 closed cases and found that the majority had been closed appropriately. There were clear rationales recorded on file to support the decisions to close cases. Inspectors sought clarification of information from the respective principal social workers in three or 10% of closed cases to confirm that appropriate actions had been taken prior to closure as the information was not evident on file. Inspectors were provided with satisfactory assurances on these cases during fieldwork.

Judgment: Non-Compliant Moderate

Standard 2.5:

All reports of child protection concerns are assessed in line with Children First (2011) and best available evidence.

If concerns related to a referral remain unresolved following screening and preliminary enquiry, an initial assessment is undertaken by the social worker. The purpose of the initial assessment is to:

- identify whether a child is at risk and has unmet needs
- to determine what actions are required to keep the child safe.

The outcome of an initial assessment is to recommend what interventions are required for a child and family, in order to improve outcomes for children.

According to data provided by the area, of the 3555 referrals received since the 1st January 2019, 607 or 17% required an initial assessment; however, the area reported that a total of 638 initial assessments had been completed in that time. Furthermore, 165 of 607 or 27% were initial assessments that were on-going. Improvements were required in order to ensure that all assessments were undertaken promptly and in line with Tulsa's standard business process

Inspectors used Tusla's standard business process to inform key quality indicators which were used to assess the quality of initial assessments. These quality indicators were as follows;

- the child has been met with and seen as part of the assessment
- parents and carers have been consulted
- multi-disciplinary consultation has taken place
- strengths and safety factors have been considered
- risks are appropriately identified
- ongoing risk of significant harm is identified
- the next steps are identified
- the completion of the initial assessment occurs within 40 days from receipt of referral.

Inspectors reviewed 39 files where a determination had been made that an initial assessment was required and found that 28 or 71% had commenced. Of these, 18 or 64% were completed and the remaining assessments were ongoing or waiting to be commenced. According to Tusla standard operating procedures at the time of inspection, initial assessments were to be completed within 40 days of commencement.

Overall, inspectors found that the quality of initial assessments was poor as not all children were met as part of the process and there were delays in the completion of the majority of these assessments. This impacted on the service area's ability to respond to the needs of children in a timely manner. Of the 18 completed initial assessments sampled, seven children

had not been seen as part of their initial assessments. This was not in line with good practice. Clear rationale for not meeting the child was only recorded in two of the seven cases. In 12 out of 18 or 66% of completed assessments were not completed within the 40 day timeline. Therefore, interventions to promote children's safety and welfare were not always afforded to children and families at the right time due to the delays in the assessment process.

Inspectors found that in the six completed assessments which were of good quality, there was good quality content and clear analysis of risks to children. Social workers directly engaged with children and lead to positive outcomes with respect to reducing risks to the children and families concerned. There was also multi-disciplinary consultation which enhanced the quality and findings of assessments. The next steps which were required were clearly identified and evidenced based. The assessments also showed that children's needs and circumstances were comprehensively assessed with good quality analysis and recommendations for action.

Social workers in one office told inspectors about the work involved in carrying out an initial assessment and not having the time to write it up contemporaneously. The principal social workers confirmed this and said that while the work and relevant meetings take place as part of the assessment, the form itself is completed retrospectively in some cases. They outline that the form was seen as an administrative task in some situations and were trying to encourage social workers to see it as a live document that could be completed throughout the assessment process. One example was an initial assessment which had commenced in November 2018 and was ongoing for eight months. Inspectors found in this case that a number of social work tasks had been completed as part of the assessment process and were evidenced in case notes on NCCIS, while the initial assessment record remained blank.

Inspectors found that the outcome and referral pathway for children and families was clearly identified in the initial assessments sampled by inspectors. The most common outcomes for children and families included further assessments, child protection case conferences, the development of family support plans, or case closures due to no further actions required.

There were systems in place for notifying An Garda Síochána of allegations of abuse and the majority of notifications were being sent as required under Children First National Guidance for the Protection and Welfare of Children 2017 and in line with the joint working protocol for An Garda Síochána and Tusla. Inspectors reviewed 19 cases where a notification was required in incidents relating to physical abuse, sexual abuse and neglect and found, of the 19 cases reviewed there was no evidence of this notification in four or 21% of cases.

Data returned to HIQA prior to the inspection reported that of the 3,555 referrals made to the service since the 1 January 2019, only 119 or 3.3% were notified to An Garda Síochána. This was a significantly low number relative to the number of referrals made to the service area. Principal social workers told inspectors that there was a recording issue with tracking notifications to An Garda Síochána

Judgment: Non-compliant Moderate

Standard 2.9:

Interagency and inter-professional co-operation supports and promotes the protection and welfare of children.

One of the key functions of Tusla is to ensure effective interagency and inter-professional co-operation which promotes the protection and welfare of children. Tusla works with a range of external agencies and professionals who make referrals to the service, as well as those that provide support services to children and families who require them. There were good examples of inter-agency working and sharing of information across the service area. Managers and social workers told inspectors that they had well established links with An Garda Síochána as well as good interagency working relationships with a number of other community based services.

Information was shared with services during the screening, preliminary enquiry and initial assessment stage where it was deemed appropriate. Where referrals met the threshold for a child protection response, records showed that other relevant professionals such as GP's, educational welfare officers, mental health services and hospitals were contacted to determine risk and further action with consent where appropriate. Other cases also showed good interaction and information sharing between agencies such as mental health services, medical social workers and the duty team. However, where there were delays in getting information from some professionals, these were escalated appropriately to the line manager.

Bi-annual meetings were held with An Garda Síochána to discuss business processes between both services. The area manager told inspectors that the 'Joint Working Protocol for An Garda Síochána / Tusla Child and Family Agency Liaison' was fully embedded in the service area. Meetings were well attended and addressed any issues in relation to good quality cooperation between Tusla and An Garda Síochána. There were also regular liaison meetings between social work managers and An Garda Síochána. Discussions on particular cases involving both organisations resulted in the completion of joint action sheets detailing actions agreed at the meeting to be taken both individually and collaboratively by members of both organisations.

Social work staff told inspectors that this was of benefit in ensuring that ongoing communication between the two agencies was effective in relation to cases which were ongoing and open to both agencies. Files reviewed by inspectors demonstrated where staff had regular discussions with An Garda Síochána and strategy meetings were held when required, both formally or informally in line with Children First 2017. Strategy meetings reviewed provided a record of cases discussed, information shared and clear decision making processes.

Since the introduction of mandatory reporting, the area had seen an increase in the number of referrals and mandated reports to the service. Principal social workers told inspectors that a

large percentage of referrals to the service are from An Garda Síochána and good working relationships were in place. A joint An Garda Síochána / Tusla workshop was held in November 2018 in relation to thresholds and report types which was attended by 55 members of An Garda Síochána. Meetings were also held with hospital social workers and the child and adolescent mental health services (CAMHS) which were positive initiatives.

Inspectors through file review and in the observations of the duty and intake teams across the four offices found that there was good consultation between social worker and external agencies. For example, in one of the social work offices, inspectors observed the discussion between the duty social worker and the referrer who was a member of An Garda Síochána where an agreement was made to carry out a joint home visit later that day.

Social work teams had access to a range of resources within the community to support their services to children and families. Managers and social workers spoke positively of the services within their respective locations and told inspectors that there was a good level of resources across the area. Principal social workers told inspectors that often cases referred to these services were cases open to the child protection and welfare teams which were identified for closure as there were no longer child protection concerns however; these families required further interventions to sustain progress or ensure risks continued to be managed.

A community based approach to prevention, partnership and family support (PPFS), known as Meitheal was in place. This is a national practice model designed to ensure that the needs and strengths of children and families are identified and responded to in a timely manner. Data provided by the area indicated that there had been 123 cases referred to this service between the 1st of January 2019 and the time of this inspection of which three cases were re-referred back to child protection and welfare service following transfer to PPFS. The area manager told inspectors that there were approximately 120 active Meitheals in the area as well as 12 child and family networks meeting on a regular basis to determine how to enhance and develop supports to children and their families. Data provided to HIQA prior to the inspection could not provide figures in relation to waiting lists for support services as these lists were held by the respective services. The PPFS senior manager told inspectors that a waiting list for PPFS was maintained but this was not lengthy.

The senior manager for PPFS and Meitheal coordinators attended the RED meetings and other relevant management meetings which supported shared access to information and decision making. Representatives from various agencies and other Tusla services such as creative community alternatives, Jigsaw (mental health) among others were invited to social work team floor meetings so as to build relationships and share information.

Judgment: Compliant

Standard 2.10:

Child protection and welfare case planning is managed and monitored to improve practice and outcomes for children.

In the 12 months prior to the inspection, the service area had faced challenges with the restructuring of some of the social work teams, the introduction of a new national child care information system (NCCIS), the introduction of a new national approach to child protection social work practice and the significant increase in the demands of the service since the introduction of mandatory reporting. While there were no staff vacancies within the duty and intake teams at the time of inspection, the level of movement of staff in and out of the area for some teams during the previous 12 months was significant. This impacted on the stability within the social work teams to ensure a consistent service delivery. Despite this, inspectors met and observed experienced and committed staff teams who welcomed the restructuring of the teams to ensure a more effective 'front door' service. Managers spoke confidently about their staff as did staff about their managers. The acting area manager told inspectors that despite the challenges faced by teams in the roll out of the new national approach to practice and the integrated information system, the social work teams were committed to their implementation and had a wealth of experience to ensure progress on same.

There was a defined management structure with clear lines of accountability and responsibility. Four of the five principal social workers had been in post for a number of years. One principal social worker was in an acting position since May 2019. The service area had experienced and committed managers to ensure implementation of the national child protection strategy across the service. The principal social workers told inspectors that they endeavoured to align resources with the new national approach to practice and new standard operating procedures. This was done by prioritising the "front door" of the service so as to enable good quality screening and preliminary enquiries to be undertaken by a sufficient number of experienced staff. For some of the social work teams this had resulted in a significant reduction in wait lists for cases awaiting allocation. Inspectors were also told by principal social workers that since the introduction of dedicated duty and intake teams coupled with the new national approach to practice, there had been a steady decline in the number of cases open to social work. This demonstrated that the re-organisation of resources led to more effective screening which, over time resulted in an overall drop in the number of open cases to the service.

Social work staff told inspectors that managers were very approachable and there was a culture of support and openness in the service area. The majority of staff with whom inspectors met had confidence in their team leaders, principal social workers and the area manager. In some offices, staff expressed a high level of appreciation for what they described as an open door policy with their line managers, meaning that staff had ready access to their team leaders when required. Staff also told inspectors that there was an appreciation by managers of their workload and the complexity of their work.

Inspectors found that some improvements were required in relation to formal one to one supervision of staff across the various grades so as to ensure good oversight and consistency of practice as well as the timeliness of interventions with children and families. This included the supervision of principal social workers. The principal social workers told inspectors that formal one to one supervision was not taking place as required and that the area manager met with all principal social workers on a monthly basis for group supervision. The area manager informed inspectors that he regularly visits each social work office and meets with the respective principal social workers as well as group supervision with all senior managers which occurred each month prior to the area management meetings. He outlined that on the request of individual principal social workers that formal one to one supervision would be provided. However, this was not in line with Tusla's supervision policy.

A review of a sample of supervision records across the four social work teams demonstrated that the frequency of supervision varied significantly between two to five sessions over a six month period. Of the 32 supervision records reviewed, 15 or 47% were outside of the required four to six week timeline as per Tusla national policy. A standard template was used for the recording of the session and issues discussed included individual cases, practice changes, professional development and support. Some records noted performance issues which also included positive comments in recognition of the staff member's skills and potential for promotional opportunities. Supervision records for new social workers demonstrated good oversight of the staff member, ensuring adequate induction and support. However, overall, there was little or no evidence of discussion to assess the progress on previous actions agreed; therefore it was not evident how managers tracked progress on individual cases.

A caseload management system had recently been introduced in the area. Of the 32 supervision records reviewed, only nine or 28% had caseload management tools on file. Inspectors were cognisant that caseload management tools were not used with social workers on the duty and intake teams as it was not developed for predicting the duty case load management. Principal social workers told inspectors that a caseload needs to be unmanageable for three consecutive months before action is taken[2]. The caseload management system had only been implemented since April 2019; therefore, no member of staff had three consecutive months at the time of inspection. Social workers also told inspectors that while the caseload management system had been recently implemented, they felt that change did not happen when a caseload became unmanageable. Inspectors found that some managers took action once a caseload was deemed unmanageable where others did not.

Inspectors were informed of a caseload management tool being piloted in another service area specifically designed to capture the workload of duty social workers. This will provide an analysis of the capacity of the duty and intake teams and how it can be aligned to current

[2] National Policy and Toolkit for Social Work Caseload Management, 2018 (Tusla)

business processes. In the absence of a caseload management tool for duty teams, duty cases were discussed either daily, weekly or monthly in supervision depending on the respective social work team location. Inspectors also found that group supervision was taking place within the service and social workers said that they found this to be very good.

The service did not have a specific forum for the discussion of complex cases. The area manager outlined that complex cases were brought to the attention of the management team for discussion and decision making where appropriate. Staff also told inspectors that they brought cases that were complex to group supervision. Inspectors observed one group supervision session and found that there was good analysis of the case and clear decision making.

Not all operational risks were set out in risk registers viewed by inspectors, for example, children waiting a service was not identified as a risk and also the service area was not consistently meeting Tusla's key performance indicators regarding timelines. Therefore, there was no plan to reduce waitlists or to improve their adherence to Tusla's overall expectations to adhering to timelines. The area risk register noted the current status of each risk after it had been escalated to the area manager's office and the date of the last review of the register. The most recent entry on this register was dated 11 April 2019. Inspectors were aware that one social work team had since escalated a risk to the area manager in June 2019 relating to the non-availability of alternative placements for children who needed to come into care. Progress had been made in the majority of these cases prior to and during the inspection.

While unallocated cases were identified as a risk, the service area continued to have waiting lists and there was no strategic plan to effectively address this. The measures identified to address unallocated cases were not sufficiently adequate. They did not ensure that children and families on the waiting list received the service they required and they did not ensure that resources were in place to eliminate the use of a waitlist. Inspectors found that risks were discussed regularly by the principal social workers and area manager at their monthly meetings. Risks ranged from issues pertaining to the impact of increased mandatory reporting and cases awaiting allocation, issues with NCCIS and recruitment and retention of staff. However, risks in relation to not adhering to Tusla's standard business processes regarding the timelines for the completion of preliminary enquiries and initial assessments was not evident on the area risk register. It was difficult to see from the risk register if the risks had been reduced or escalated further following controls being applied.

A system was in place to highlight risks requiring action to senior management of concerns arising from the management of specific cases that may come to the attention of the media. This was called a 'need to know' procedure. Six 'need to know' reports were escalated from the area to the service director since the 1 January 2019 of which two fell within the remit of this inspection. Inspectors found that service risks were reviewed during management meetings, area governance meetings and risk management meetings.

Good communication occurred between managers and staff. A variety of meetings took place across the service area which included area and local management, duty teams and duty sub-groups, transfer and allocations, long term child protection teams, floor meetings with staff and group supervision. A retired principal social worker provided support and development days to the social work teams across the area which staff found helpful.

Inspectors reviewed a sample of meeting minutes from these various groups which showed that meetings were taking place but they did not show that there was effective tracking of decisions and actions. A broad range of agenda items were recorded on minutes and the quality of the minutes varied across the service. Overall, clear decisions and actions agreed with named persons responsible and timelines were not consistently recorded across the various meetings.

Inspectors found that further improvements were required in the sharing of learnings across the area. Managers and staff told inspectors about focus groups and workshops that had taken place to share learning across the service area. For example, in relation to findings of HIQA inspection reports and the report of the statutory investigation into the management of child sexual abuse against adults of concern. However, inspectors found that the outcome of these learnings were not consistently implemented in practice.

The management team had some quality assurance measures in place. Audits had recently taken place in regard to the use of the national child protection model. Inspectors viewed individual audit tools which identified areas for improvement on individual files. As these were recent audits, the shared learnings had yet to be collated. The area manager informed inspectors that an audit of supervision practice and a further quality assurance review of the implementation of the national child protection model were planned.

NCCIS had been introduced to the area in March 2018; one social work office had fully implemented the systems while the others were operating dual information systems. Managers and staff who met with inspectors outlined that clear guidelines and standards were required around becoming paperless. Inspectors found that accessing information relating to referrals on NCCIS in the social work office that had progressed to becoming paperless was good and in the majority of cases reviewed was up to date. However, there were challenges in getting referrals uploaded onto NCCIS for other social work teams due to increased and competing demands on administrative staff. Therefore, these referrals were not consistently captured in the relevant monthly data reports.

Inspectors were informed that there were issues in relation to the integrity of the data. For example, in one social work team, it was brought to the attention of inspectors that some intake records were marked as complete on NCCIS but had not been signed off by a social work team leader. Inspectors were also told by managers that the number of cases awaiting

allocation was not a true reflection of the work being completed by social workers. There was regular liaison with the local NCCIS team to address the integrity of information and this issue had been risk escalated by the service area to Tusla. Notwithstanding this, accurate information could not be provided for the inspection and managers could not be assured about the quality and integrity of data on NCCIS. This impacted on the area's ability to ensure adequate oversight of information pertaining to children.

Judgment: Non-Compliant Moderate

Appendix 1 – Organisational Structure for Cork Service Area*

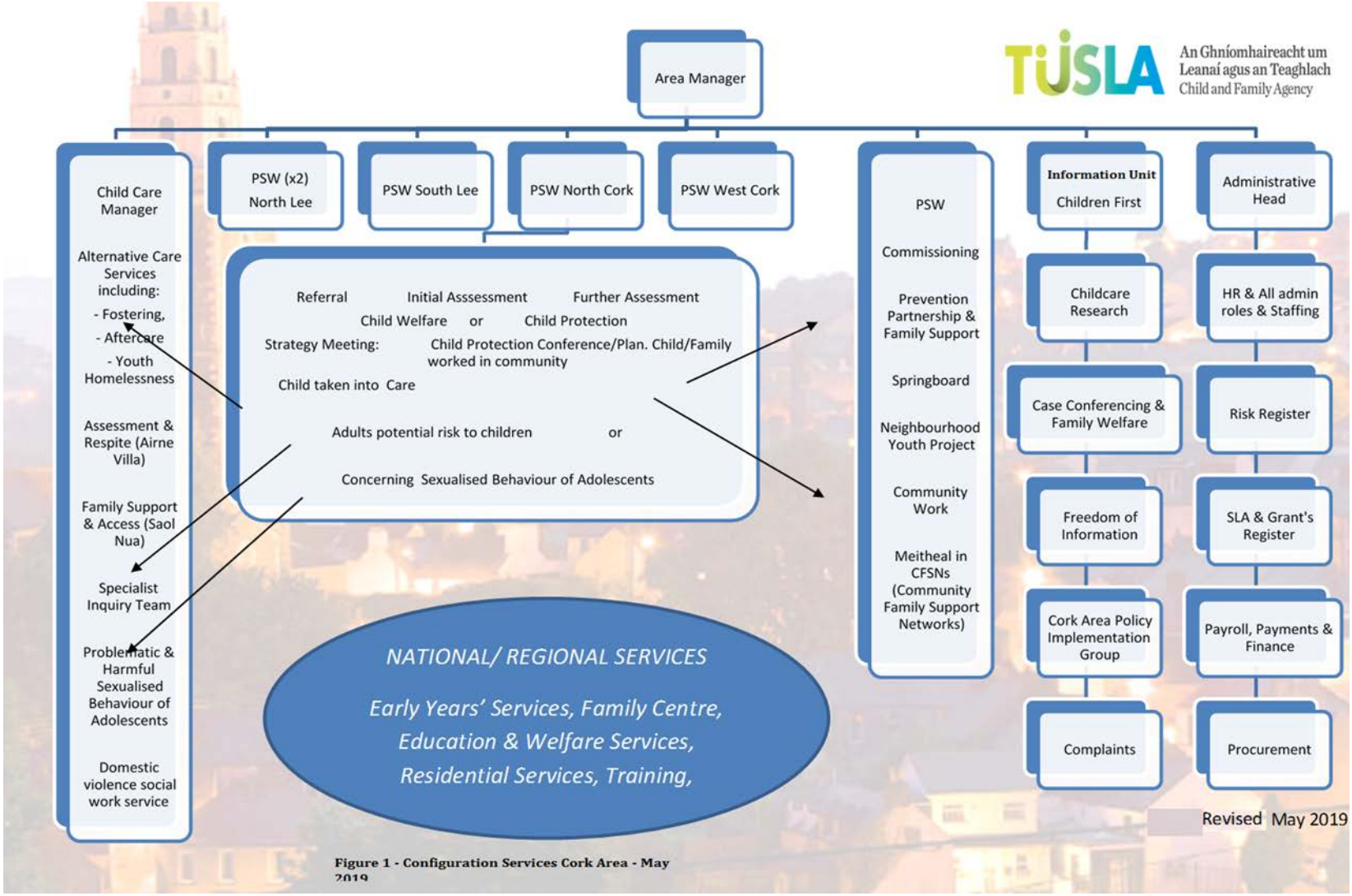
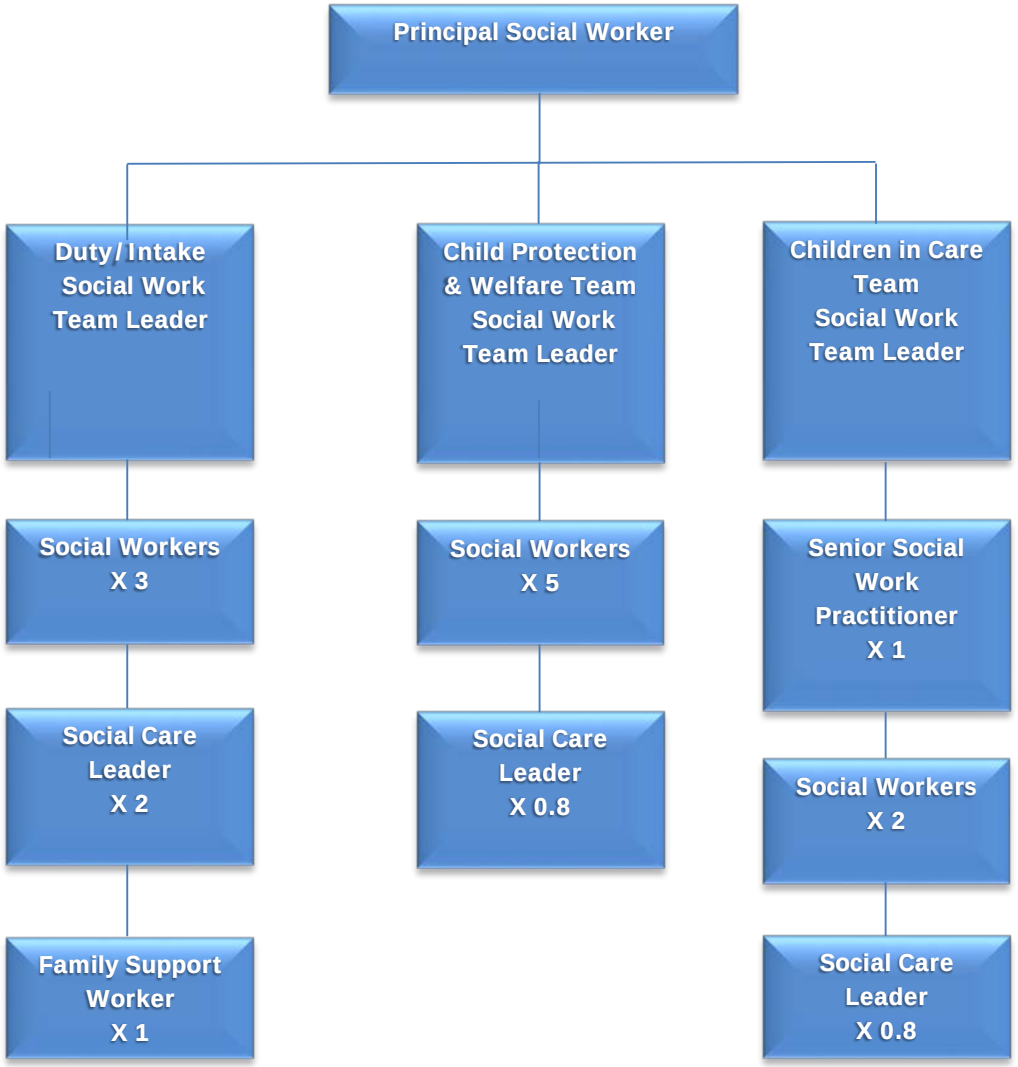


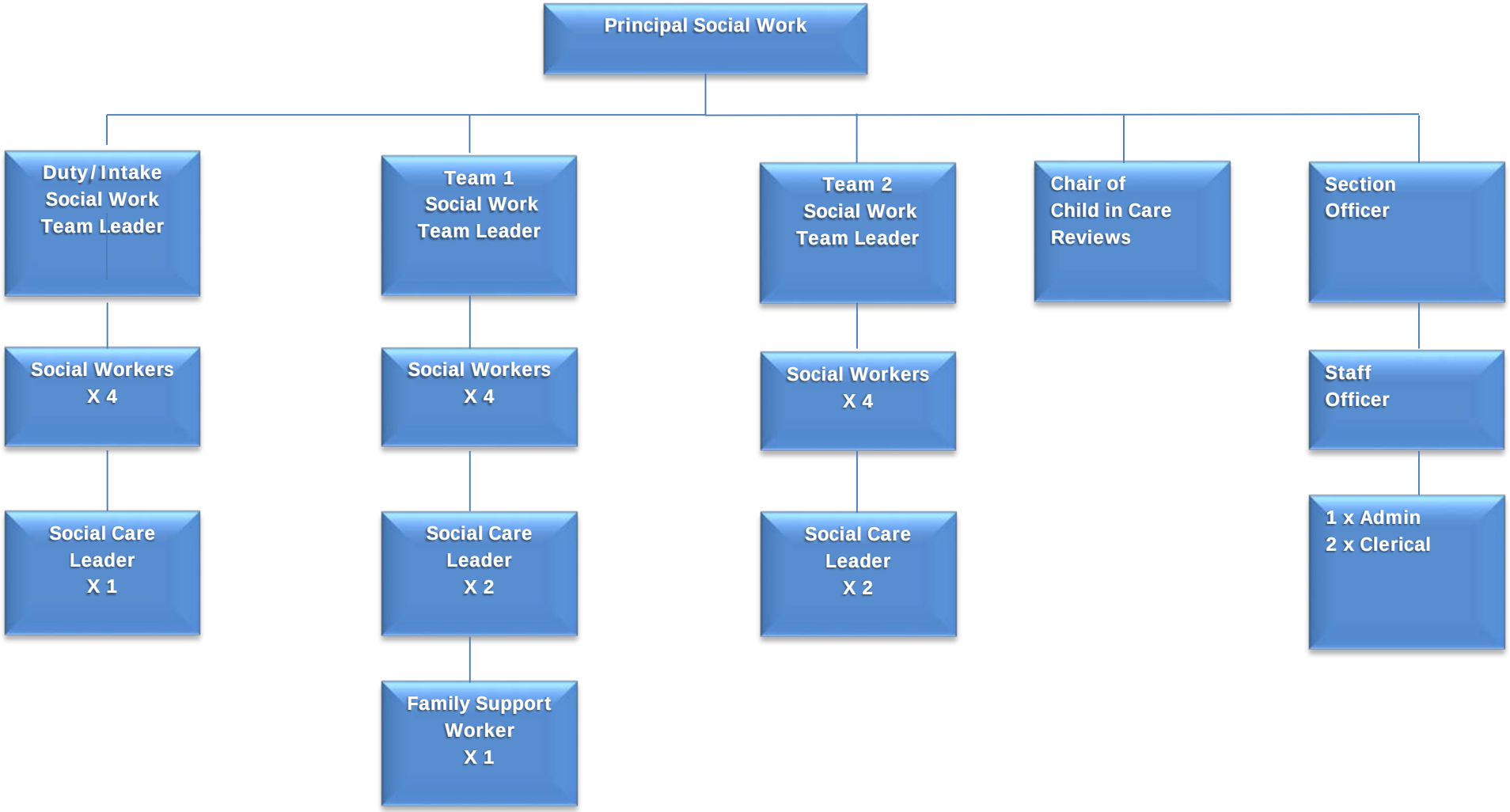
Figure 1 - Configuration Services Cork Area - May 2019

*Tusla Source

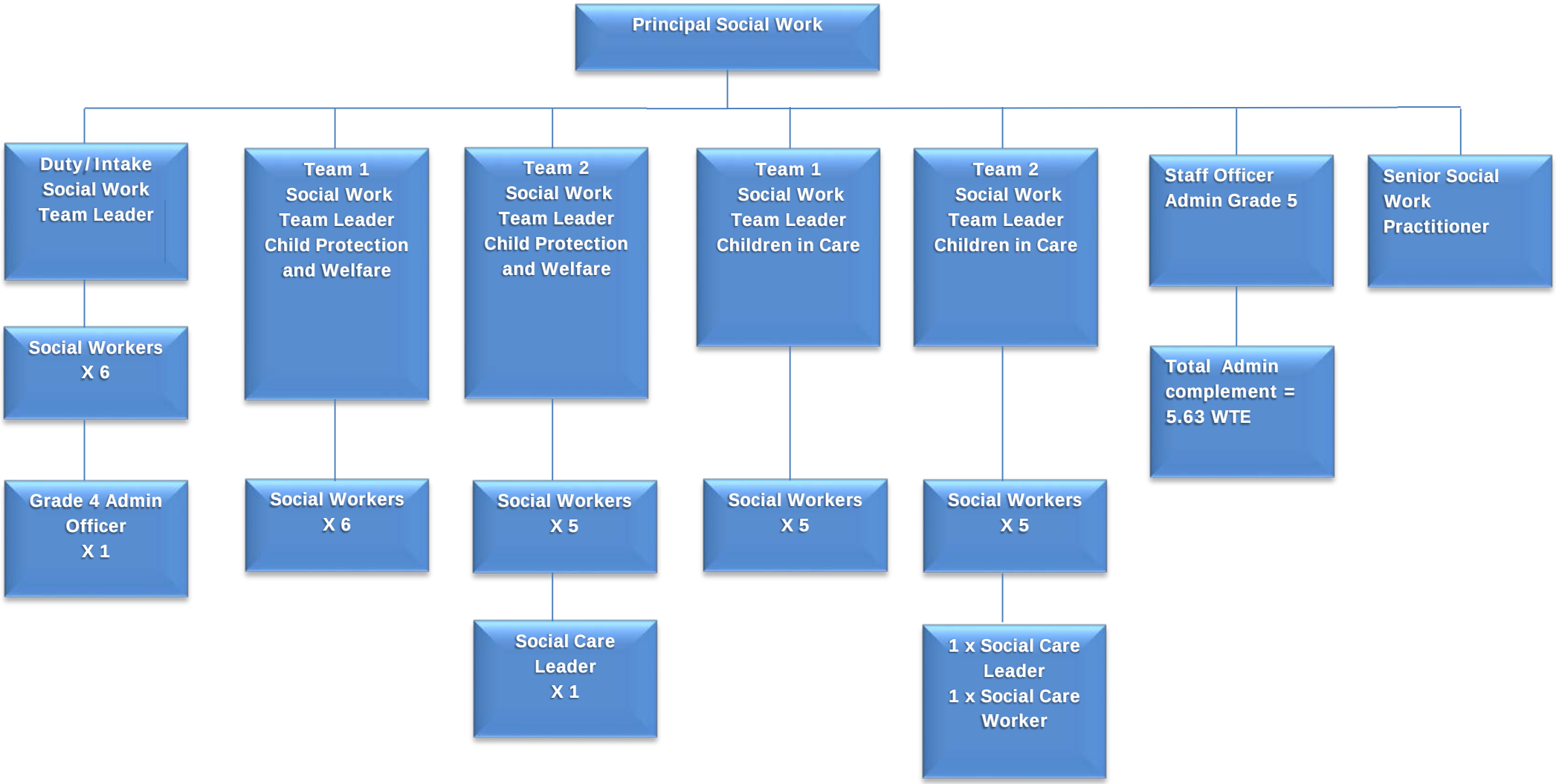
(i) West Cork Team Structure



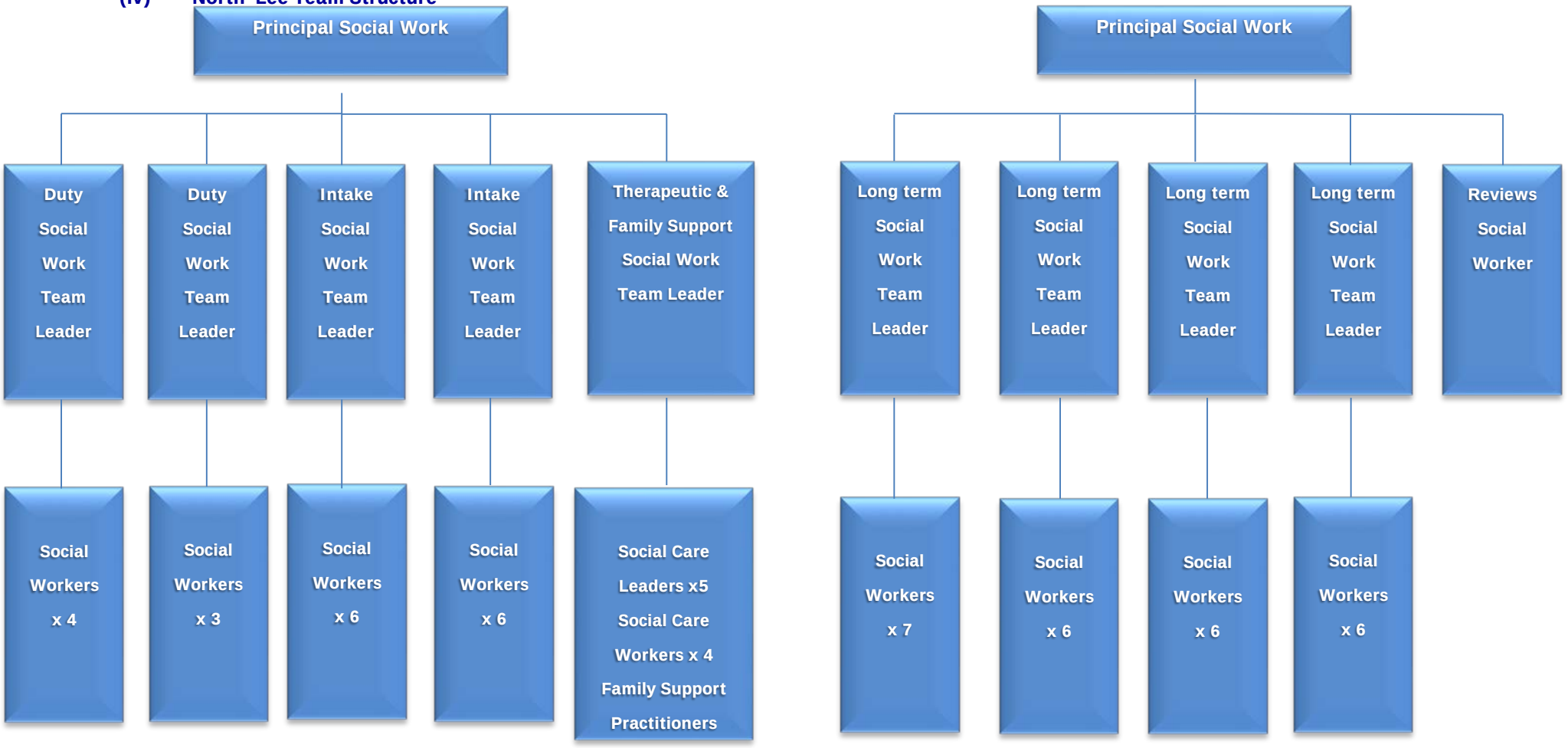
(ii) North Cork Team Structure



(iii) South Lee Team Structure



(iv) North Lee Team Structure



Action Plan

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

Provider's response to Inspection Report No:	MON-027218
Name of Service Area:	Cork Child Protection and Welfare Service
Date of inspection:	9 to 12 July 2019
Date of response:	2 September 2019

These requirements set out the actions that should be taken to meet the *National Standards*

Theme 2: Safe and Effective Services

Standard 2.2

Non-Compliant Moderate

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

Not all referrals and preliminary enquiries were completed in a timely manner and in line with Tusla's business processes.
Information was not clarified consistently with referrers.

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

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

2.2.1:
Area Management Team met arising from this theme and a Working group has been established to review Timeline Screening and Thresholds.

2.2.2:
Area Manager and Child Protection Principals reviewed this theme. An existing National Child Care Information System (NCCIS) Duty Sub-Group had also been at work in relation to this matter. Duty teams will target their resources to ensure all Priority 1 referrals are screened within 5 days and the subsequent NCCIS sign off occurs.

2.2.3:
A draft Policy entitled "Standard Business Process –Child Protection and Welfare Service (CPWS)" Guidance Note for management of referrals that do not require a Preliminary Enquiry (PE) Process or when there are multiple reports of the same concern" is currently being developed by the National Office. This will be implemented in full in the Area when signed off by the Senior Management Team (SMT).

Invite Quality Assurance (QA) to carry out audit during Q1 2020.

Proposed timescale:	Person responsible:
2.2.1: **Work to be completed by Q4 2019.** **2.2.2:** **This action to be completed by Q1 2020** **2.2.3:** **Confirmation awaited from National Office, Q1 2020** **2.2.4:** **QA will be invited to audit actions in Q2 2020**	**Area Manager** **Principal Social Worker (PSW) member of Sub Group**

Standard 2.3

Non-Compliant Moderate

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

Safety planning was not fully embedded in practice.

Not all children who required a safety plan had one in place.

The governance of safety planning required improvements as not all safety plans were adequate nor were they consistently reviewed in order to monitor their effectiveness.

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

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

2.3.1:
Disseminate HIQA recommendation to Workforce Learning and Development and Signs of Safety Learning & Development Practice Lead for scheduling of training under each of the following quality indicators:

- Parental and or adult capacity to safeguard the child is appropriately addressed; (Training is scheduled for November 2019 focussing on the Ability to Protect by non-abusing parent – for 70 staff).
- Where appropriate, the child is involved in the development of the safety plan;
- The Safety Plan addresses the identified risks;
- The Safety Plan is monitored with regard to its implementation;
- The Safety Plan is updated accordingly following review.

2.3.2:
All supervisors will ensure that safety planning occurs in supervision.
The Child Protection and Welfare Principal Social Work (CPW PSW) Group will also look at mechanisms to ensure both formal and informal supervision and consults on cases regarding Preliminary Enquires (PEs) and Initial Assessments (IAs) are recorded on NCCIS. A draft supervision tool has been devised and is currently being piloted. The success of this will be reviewed by end of Q4 2019.

The National Standard Business Processes Review Group will be issuing a Safety Planning Template which will be implemented.

2.3.3:
Review by QA at the end of Q1 2020

Proposed timescale	**Person responsible:**
2.3.1: By end of Q4 2019	Signs of Safety Learning & Development Practice Lead And Workforce Learning and Development (WLD)
2.3.2: Implementation of Supervision Tool by Q4 2019	Area Manager and Principal Social Workers.
2.3.3: Q1 2020	QA Team

Standard 2.4 **Non-Compliant Moderate**	
The provider is failing to meet the National Standards in the following respect: There were wait lists in place for the completion of preliminary enquiries and initial assessment. There was no standardised process of waiting list reviews in place. **Action required:** Under **Standard 2.4** you are required to ensure that: Children and families have timely access to child protection and welfare services that support the family and protect the child. **Please state the actions you have taken or are planning to take:** 2.4.1: A Standard Operating Procedure (SOP) has been developed by the Child Protection and Welfare Principal Social Work Group to support and implement the wait list audit tool.	
Proposed timescale: 2.4.1: Q4 2019	**Person responsible**: CPW PSW Group

Standard 2.5

Non-Compliant Moderate

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

Not all children were seen as part of an initial assessment.

Initial assessments were not completed in a timely manner.

Not all suspicions of suspected abuse were notified to An Garda Siochana.

Action required:
Under **Standard 2.5** you are required to ensure that:
All reports of child protection concerns are assessed in line with Children First (2011) and best available evidence.

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

2.5.1:
No Initial Assessment will be signed off by a Team Leader unless a child has been met or there is a clear rationale on file for why this did not take place.

2.5.2:
Team Leaders and Principal Social Workers will run a monthly report (Advanced Find on NCCIS) to determine what Initial Assessments are outside timelines.
Initial assessment documents will be "launched" on NCCIS by the Social Worker after completion of the Intake Record.

2**.5.3:**

Standard Operating Procedures has been piloted and will be implemented across all the teams.
The issue of tracking Garda Notifications on NCCIS has been resolved. Standard operating procedures have been implemented in one team and will be implemented across the Area.

Proposed timescale:	**Person responsible:**
2.5.1 To be implemented by end of Q3 2019	Child Protection and Welfare Principal Social Work Group
2.5.2 As above i.e. end of Q4 2019	Child Protection and Welfare Principal Social Work Group

2.5.3: End of Q3 2019	Child Protection and Welfare Social Work Group

Standard 2.10

Non-Compliant Moderate

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

Improvements were required in relation to formal supervision to ensure consistency of practice and timeliness of interventions with children and families.

There was no strategic plan in place to address waiting lists.

NCCIS was not fully operational and there were issues in relation to the integrity of
The data which impacted on the area's ability to ensure adequate oversight of information pertaining to children.
Learning's were not effectively shared.
Decisions and actions agreed were not appropriately tracked.
The risk register did not fully identify and address current risks within the service.

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

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

2.10.1:
A supervision audit will be undertaken in each Child Protection and Welfare Social Work Team using the Supervision Audit Tool to identify gaps in supervision frequency with a view to developing an action plan.
Supervision Audit Tool will be used quarterly by each Principal Social Worker to review practice within their team.

2.10.2:
As per 2.4.1, the Child Protection and Welfare Principal Social Work Group have developed a Standard Operating Procedure to address the waiting lists and this in turn will inform the strategic plan for the area.

2.10.3:
The issue with the integrity of the data on NCCIS has been risk escalated and continues to be highlighted at local, regional and national level to ensure that the identified problems are being addressed. There are two National groups currently in existence exploring the issues being raised.

2.10.4 and 2.10.5:
The Area Management Team will review, on a monthly basis, until end Q4, how recommendations from audits, National Review Panel (NRP) reviews, local reviews, internal audit etc. are to be disseminated and tracked across the teams.

2.10.6:
The Risk Register will be examined by the Area Manager, Childcare Manager and Business Manager along with the Regional Quality, Risk, Service Improvement (RQRSI) Group to identify gaps and risks within the service and actioned as they arise. (Also to be included as part of the tracking system of recommendations as identified in 2.10.4 & 2.10.5).

Proposed timescale:	**Person responsible:**
2.10.1:	Child Protection and Welfare Principal Social Work PW Group
2.10.2: Q4 2019	Child Protection and Welfare Principal Social Work Group
2.10.3: Q2 2020	National NCCIS Project Team
2.10.4: Mechanism to be devised by Q4 2019, and implementation rolled out Q1/Q2 2020	Area Manager, Child Care Manager and Business Support Manager
2.10.5: Q4 2019	As above
2.10.6: Q4 2019	As above along with Regional Quality Risk and Service Improvement Group