



Report of an inspection of a Child Protection and Welfare Service

Name of service area:	Louth Meath
Name of provider:	Tusla
Type of inspection:	Child Protection and Welfare Risk-based follow up
Fieldwork ID	Mon_0038248
Date of inspection:	22-24 November 2022
Lead inspector:	Grace Lynam
Support inspector(s):	Pauline Clarke Orohoe Hazel Hanrahan Mary Lillis

About this inspection

The Health Information and Quality Authority (HIQA) 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.

HIQA is authorised by the Minister for Children, Equality, Disability, Integration and Youth under section 8(1)(c) of the Health Act 2007, to monitor the quality of services provided by the Child and Family Agency (Tusla) to protect children and promote their welfare.

HIQA monitors Tusla's performance against the National Standards for the Protection and Welfare of Children and advises the Minister for Children, Equality, Disability, Integration and Youth and Tusla.

In order to promote quality and improve safety in the provision of child protection and welfare services, HIQA 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 HIQA's findings.

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
- focus groups with principal social workers and social work team leaders
- focus groups with social workers and social care staff
- speaking with families
- the review of local policies and procedures, minutes of various meetings, audits and service plans
- the review of 46 children's case files.

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.

The Child and Family Agency

Child and family services in Ireland are delivered by a single dedicated State agency called the Child and Family Agency (Tusla), which is overseen by the Department of Children, Equality, Disability, Integration and Youth. The Child and Family Agency Act 2013 (Number 40 of 2013) established the Child and Family Agency with effect from 1 January 2014.

Tusla has responsibility for a range of services, including:

- child welfare and protection services, including family support services
- existing Family Support Agency responsibilities
- existing National 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 six regions, each with a manager known as a regional chief officer. The regional chief officers report to the national director of services and integration, who is a member of the executive management team. Child protection and welfare (CPW) services are inspected by HIQA in each of the 17 service areas.

Service area

Louth Meath is situated in North Leinster, on the east coast of Ireland and in close proximity to Dublin and is part of the North South Axis. While Louth is the smallest county in Ireland, it has a high population density composed of the first and third largest urban areas (Drogheda and Dundalk) outside of designated cities. The Louth Meath area is a large geographical area with distances of 115kms at its broadest which has an impact on accessing resources and responding to need.

The total population (Census 2016) of Louth Meath is 323,928. The population was 307,032 in 2011 and 274,090 in 2006. The preliminary results of the 2020 census suggest a population increase of 25,252 for the county of Meath alone: a 13% increase in the population. The Louth Meath service area comprises three of the largest and fastest growing towns in Ireland. Louth Meath's population is increasing and there is likely to be an increased demand for children's and young people's services over the next decade.

The service area is under the direction of the regional chief officer for the Tusla Child and Family Agency Dublin North East Region. There is an area manager and three principal social workers with the responsibility for the delivery of child protection and welfare services. There is also a senior manager in place for Prevention Partnership and Family Support (PPFS).

At the time of inspection, the child protection and welfare (CPW) service in Louth Meath service area is comprised of one principal social worker post for the four dedicated point of contact (DPC) teams, and two principal social worker posts for the seven assessment and intervention (A&I) teams. The fourth DPC team was a new team recently established to support improvements in service delivery.

The DPC teams provided the duty and intake service for the service area. Within this system, screening and intake of incoming referrals were completed by the DPC teams located in Navan (two teams), Drogheda and Dundalk. When initial assessments were required, these were completed by six A & I teams located across both counties (three in Meath and three in Louth). Each of these teams comprised a combination of social workers, senior social work practitioners, social care leaders, social care workers and family support practitioners. They were each managed by a social work team leader who reported to their respective principal social worker.

A new 'family help team' had also been set up since the last inspection comprising a team leader and three social care leaders. This team aimed to enhance the response to children requiring child protection and welfare assessment following completion of the preliminary enquiry, working to provide a more integrated response to the presenting needs of children and to support parents.

Background to this inspection

This inspection was conducted as a follow-up to a risk-based inspection of the child protection and welfare service in Louth Meath, completed in April 2022. That inspection focused on the management of child protection and welfare referrals from the point of the receipt of the referral to the completion of an initial assessment and the governance arrangements in place to manage these referrals.

That inspection, in April 2022, found that the service area was not compliant in four of the five standards assessed. These standards related to:

- the leadership, governance and management of the service
- whether timely action was taken to protect children
- whether children and families had timely access to child protection and welfare services that support the family and protect the child and

- whether child protection concerns were assessed in line with Children First: National Guidance for the Protection and Welfare of Children 2017.

Overall, in April 2022, inspectors found that the management systems in the Louth Meath service area could not ensure that children and families received a timely service in line with legislation, policy, regulations and standards. The area was not in compliance with Tusla's standard business processes in relation to the timelines for completing preliminary enquiries or initial assessments, and safety planning was poor. The measures implemented to improve compliance with the standards did not effect change in a timely manner. The monitoring and oversight of cases awaiting a service (unallocated cases) required improvement and there was a shortfall in resources to meet the demands of the service. There were also significant gaps in records maintained on the National Child Care Information System (NCCIS).

Following the inspection in April 2022, assurances were sought from the area manager on a number of areas of practice including the effective monitoring and review of cases awaiting allocation and actions taken to mitigate potential risks to the safety, protection and welfare of children while they awaited allocation. Assurances were also sought in relation to one case where inspectors were concerned about the safety of children and a satisfactory response was received in relation to this case. However the assurances as to the overall safety of the service were not adequate and risks within the service were escalated to the National Office of Tusla for further assurances. Satisfactory assurances were received and HIQA continued monitoring the service area.

In September 2022 HIQA requested an updated compliance plan from the service area, in line with the area's timeframe for coming into compliance with the standards. The updated compliance plan reflected that the area had made progress in addressing the deficits in the service with the majority of identified actions either completed or ongoing. For example:

- New management systems had been put in place to manage referrals and oversight of unallocated cases was strengthened
- A project team had been developed to progress low and medium priority initial assessments
- Additional staff had been recruited
- Teams had been restructured to create a duty system which rotated on a weekly basis.
- Timelines for completion of preliminary enquiries were improving
- An intense programme of workshops on various aspects of practice, including safety planning, had taken place and more were planned
- Further additional staff were being recruited for a new team under the national High Need Low Harm Project to create a new Family Help Team

The most notable action not yet completed was the full integration of new staff into the organisation, some of whom were onboarding, and this was required to address the delays in meeting the timelines required by Tusla's Standard Business Process (SBP).

This follow-up inspection in November 2022 was conducted to assess the service area's progress in coming into compliance with the standards which were found to be non-compliant in the previous inspection in March 2022.

Compliance classifications

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

- **Compliant:** A judgment of compliant means the service is meeting or exceeding the standard and is delivering a high-quality service which is responsive to the needs of children.
- **Substantially compliant:** A judgment of substantially compliant means the service is mostly compliant with the standard but some additional action is required to be fully compliant. However, the service is one that protects children.

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
22 November 2022	09.00 - 17.00hrs	Grace Lynam	Inspector
	10.00 - 17.00hrs	Pauline Clarke Orohoe	Inspector
	10.00 – 17.00hrs	Hazel Hanrahan	Inspector
	10.00 – 16.30hrs	Mary Lillis	Inspector
23 November 2022	09.00 – 17.00hrs	Grace Lynam	Inspector
	09.00 – 17.00hrs	Pauline Clarke Orohoe	Inspector
	09.00 – 16.30hrs	Hazel Hanrahan	Inspector
	09.30 – 16.30hrs	Mary Lillis	Inspector
24 November 2022	09.00 – 16.00hrs	Grace Lynam	Inspector
	09.00 – 15.30hrs	Pauline Clarke Orohoe	Inspector
	09.30 – 15.30hrs	Hazel Hanrahan	Inspector
	09.30 – 15.45hrs	Mary Lillis	Inspector

Views of people who use the service

Hearing the voices of children is very important in understanding how services work to meet their needs and improve outcomes in their lives. As part of our inspection methodology, HIQA requested that children be identified by the area to speak with inspectors about their experiences. The service area identified four children to speak with inspectors but attempts to make contact with them were unsuccessful.

Inspectors spoke with four parents who were receiving, or had received a child protection and welfare service, and inspectors listened to their experiences. Parents were very positive about their experiences of the service they had received and the staff they had come into contact with. The service parents described was one which promoted their rights: they were treated with dignity and respect and facilitated to participate in decisions. Their views were sought and listened to by staff in the service and they felt their families had been supported by the service.

One parent described the service as a "very good" service. All the parents who spoke with an inspector said the service was responsive and efficient and their children had benefitted as a result of receiving the service. One parent said their family was safer as a result of receiving the service. Another parent described how support had been offered to them and had been available to them ever since they became involved with the service.

Other positive comments from parents included:

"dealt with very efficiently once concern was raised" and "did find it helpful". " I was so happy with the outcome"

"...kids go speak with her, they were happy checking in..."

" they were very quick for everything" and the worker " reassured me" " very, very happy with the service".

One parent - speaking about their discussions with a social worker – said they were asked for their opinions and they were listened to. Their views, and those of their family, were acted on and the "child was at the forefront of everything."

Parents described workers as helpful and understanding. Comments from parents about staff they came into contact with included :

"brilliant.... calling me back...they didn't forget about me" "made the child feel comfortable, and helped him to open" "they just said it as it was"

"straight to the point"

"very understanding and empathetic"

"treated all with dignity" "they listened to my voice"

"child wasn't there"(at a meeting) "but voice included as much as could be" "very accommodating in arranging later meetings"

"she listened, cared....set goals and plan"

" social worker ...never made empty promises, always stuck to the plan"

"last social worker (has) been fantastic, listens to what child had to say all the time" "social worker was very upfront and looked to the future."

"always asked child how they thought things could get better".

When asked if they had any suggestions about how the service could be improved upon parents said:

- one parent had a problem getting through to the service on their telephone number.
- parents could be forewarned about how difficult attending meetings could be to give them the option of bringing a support person with them.
- had not been asked for their feedback about the service they received from Tusla.

Capacity and capability

This inspection was a follow up inspection to a child protection and welfare risk-based inspection conducted in April 2022. That inspection focused on the management of child protection and welfare referrals, from the point of receipt of the referral to the completion of an initial assessment including the governance arrangements in place.

Overall, this inspection found that the Louth Meath child protection and welfare service had made progress in improving their compliance with the standards assessed. Evidence found during fieldwork supported the improvements described in the updated compliance plan submitted to HIQA in October 2022:

New staff had been recruited and teams were re-organised to enhanced the area's ability to respond in a more timely way to new referrals.

Screening continued to be completed within 24 hours and the timelines for completion of preliminary enquiries had improved, although they were not yet in line with the Tusla requirement. The management team were closely monitoring the timelines achieved for screening, preliminary enquiries and the completion of initial assessments and were taking action in line with their compliance plan to achieve the Tusla targets.

Management systems been strengthened to improve the management and oversight of unallocated cases.

Safety planning for children had improved and resources were being managed creatively to ensure available and additional resources were used to maximum effect.

There was consistent practice in relation to making notifications to An Garda Síochána.

There had been some progress in addressing the deficits on the NCCIS found in the last inspection such as records reflecting the decisions that had been made. Inspectors also found examples of good practice in recording the rationale for decision-making and the next steps to be taken, good direct work with children, one good child centred-safety plan for a child set out in the form of words and pictures and some good analysis contained within Intake Records (IR).

The area still had a number of staff vacancies to be filled to enhance the improvements across the whole service area and to sustain improvements in service delivery. Building on and sustaining these improvements will determine whether the area comes into full compliance with the standards assessed going forward.

During the course of this inspection, inspectors sought assurances from managers on two unallocated referrals about which they had concerns. In one case (the longest on the waiting list since the time of referral), there was drift and delay in assessing the child's needs and children had not been recently seen by a social worker to assess their current safeguarding needs and to hear their voices. In the second case, which was a recent new referral, a very young child had not yet been seen by a social worker to assess their needs and the potential for harm to come to them. Management provided verbal assurances to inspectors during the inspection regarding both these cases. Following the inspection further satisfactory written assurances were provided by the area manager that all necessary actions were being taken to ensure the safety of these children. This included additional information, not available at the time of the inspection, indicating that no risk of harm had been identified to the child in the second case.

The child protection and welfare service was being developed and improved under the leadership of the same experienced area manager who had been in post at the time of the April risk-based inspection. However, they were due to leave this post at the completion of the inspection. The area manager told inspectors that she had shared her plans for the service with the incoming area manager and that they had been working together over a period of time to ensure a seamless handover of the service. The outgoing area manager was assured that the improvements in the service would be sustained through the new governance systems that had been put in place, the improvements in existing systems, the additional resources already in place and those that were planned. The unknown risk associated with the volume of referrals awaiting preliminary enquiries had been significantly decreased and the area manager was assured of the safety of children not yet allocated to a social worker. The area manager acknowledged that whilst some improvements had been made to safety planning, further work was required. The incoming area manager was an experienced practitioner in Tusla's national approach to practice and their expertise would be beneficial in progressing practice further.

The area manager noted a recent increase in referrals to the service which she had analysed, identifying that the majority were referrals about children's welfare. The area manager believed that the lack of community services throughout the service area partly contributed to the large numbers of new referrals to the service. Many of these referrals did not meet the threshold for a child protection and welfare intervention from social workers, but indicated that families had needs that could be met by other services in their community. All referrals are screened and either closed or diverted to the appropriate support services, and some require preliminary enquiries to help the social worker understand a child's history, identify unmet needs and determine if there is a risk of harm to a child. The completion of the preliminary enquiry helps determine the most appropriate response to the concern and the action that needs to be taken. The area manager acknowledged that having to process higher numbers of referrals created pressure on frontline staff and noted that staff were committed to quality practice, were working hard, and were having to balance various demands on their time. The area had improved their capacity to respond to new referrals to determine whether they should be diverted to other services or whether they met the threshold for a Tusla CPW service.

There was good oversight of the area's progress in improving its compliance with the standards. Following the risk based inspection in April 2022, the area had created an action plan to ensure management oversight of implementation of the actions they had identified to address the deficits in the service. This action plan was discussed and reviewed at senior management meetings. Discussions included updates on recruitment and how the area was progressing towards meeting the timelines required by Tusla's Standard Business Process (SBP) and improving compliance with the standards. An updated action plan was provided for the inspection which outlined that all the identified actions were completed or ongoing with one exception: staffing. The area was continuing its efforts to increase resources and improve its capacity to deliver a more timely service.

Changes in practice led to more efficient use of the available resources and a more timely response was provided to children and families when they were referred to the service. The area was still operating outside of Tusla Standard Business process timelines. A rotational duty system was introduced in one part of the service area which ensured workers could progress new referrals through the system in a more timely manner. A traffic light system was devised which prescribed a longer timeframe than the Tusla standard business process for the completion of screening and preliminary enquiries based on their priority. This system allowed for the completion of preliminary enquiries for high priority referrals in five days (the SBP timeline), medium priority referrals in 15 days and low priority in 20 days.

This ensured more timely completion of preliminary enquiries than achieved previously, albeit still outside of what was required by Tusla.

The area was making good progress towards meeting Tusla's timelines for the processing of new referrals through the system. Additional resources had been sourced - with 12 new staff either on board or coming on stream - since the inspection in April 2022, and the area had created an additional DPC team (as outlined above) to support the work of the teams already in place. This team was having a positive effect on processing new referrals through the system in a timelier manner. There is further analysis of this later in this report.

Management oversight of unallocated referrals was found to be good and had improved through the implementation of strengthened systems of practice and oversight. Unallocated cases were a standing item in governance and leadership meetings. The management team used practice review days, allocations meetings and an electronic tracker to ensure continual review, re-prioritisation and allocation of unallocated cases as quickly as possible. Practice review days - initiated in June 2022 - took the form of a fortnightly management review of referrals requiring a preliminary enquiry for 30 days. Decisions made about these referrals were recorded on a template and uploaded to the electronic system. Allocations meetings were used to discuss the priority level of new referrals, safety and next steps, to consider further information on referrals as appropriate and to decide on allocation of referrals. This meant that children who were waiting for a social worker to be allocated to them had contact with the service and their safety was assessed in the interim. Principal social workers told the inspector that in practice all unallocated cases were 'active on duty'. This meant that

all cases prioritised as high would be allocated to a social worker immediately and for those that were remaining unallocated there was a social worker available on a daily basis to support the work on these cases. An inspector observed an allocations meeting and found that unallocated cases were discussed in detail, with a focus on safety for the children in the family with home visits being conducted to ensure safety was present. Decisions were made regarding what actions were needed to be taken to ensure the child's safety and these were carried out by a social care worker. Every unallocated case on the Dundalk Assessment and Intervention team was discussed at each allocations meeting and the actions reviewed at subsequent meetings. If a case was waiting more than 30 days without a response it was reviewed weekly at the allocations meetings. The fortnightly practice review days served a different purpose which was to ensure the completion of initial assessments and the closure of cases in a timely manner.

The principal social worker used a digital tracker to record up-to-date information on all unallocated referrals which improved their monitoring and oversight of these cases. An inspector reviewed this tracker and found it included information on the date of referrals, whether the screening form was completed, when the referral had last been reviewed and the decisions made at each review meeting. There was also a graph reflecting how many weeks referrals were open and the number of referrals at each priority level: low, medium and high. This tracker gave the principal social worker a good overall analysis of unallocated cases. The area manager told inspectors that improving the management oversight of waiting lists had been challenging but the systems put in place had worked well and the number of unallocated referrals was reducing.

Managers were creative in how they used both available and additional staff resources. Social workers' caseloads were reduced and teams were restructured to reduce the scope of their work so they could focus both on the children they were allocated to and the children who were being newly referred to the service through the DPC system. Where there were unfilled social work posts the service employed social care workers and in this way increased their capacity to respond to need and provide services. Some social care worker positions were upgraded to social care leader positions, which strengthened management teams and improved retention by providing career progression for these staff. Social care workers worked on duty cases under the management of the relevant team leader. Managers told inspectors that a lot of progress had been made in the six months since the last inspection when some families were on waiting lists for over 80 days. At that time of this inspection the maximum waiting time for a family to receive an initial response from the service was nine days. Furthermore, a new 'Family Help Team', made up of additional staff, had recently been developed in the area. At the time of the risk based inspection in April 2022, the service area had been selected to pilot a 'High need, low harm' project as it was one of five service areas with the highest number of unallocated cases at the end of 2021. The project aimed at reducing the numbers of unallocated cases and the waiting times for children and families to receive a service. The area manager told inspectors that the team in Louth Meath was the

first of these teams to be up and running. This Family Help Team had commenced in the area early in November and their task was to complete initial assessments and safety planning for children where there were referrals of child welfare concerns that were prioritised as low and medium. The objectives of the team were to reduce waiting lists, to redirect welfare cases towards a community-led response in a timely manner to prevent re-referrals and to create a multi-disciplinary response to welfare cases locally. It would take some time to realise what the impact of this new team would have on service delivery but it showed good strategic management in the development of a targeted, focused response to pressure points and challenges in the area.

The management team in this service area was increasing due to recruitment of new staff at management level. These new managers were joining a stable team of experienced and committed managers. All staff were clear on their lines of responsibility and accountability.

Inspectors reviewed the minutes of the various governance meetings that were held across the two counties in this service area service and found there were good communication systems in place. These ensured that staff were kept informed about changes to team structures, and improvements in practice, management oversight and service delivery.

Evidence reflected that the senior management team promoted open communication and sought feedback from teams about the various changes that were being implemented to improve the service.

The risk based inspection in April 2022 found that planning in the service was good and this inspection found that this had continued. The area's own 2022 service plan was aligned with Tusla's corporate and business plan objectives and was being implemented with all but three of 28 objectives completed or ongoing. The outstanding objectives at that time included improving collaborative working with agencies such as An Garda Síochána and the improved governance of the service.

In May 2022 Tusla's Practice Assurance and Service Monitoring (PASM) team completed the final phase of a national review of notifications to An Garda Síochána (AGS) by each of the 17 Tusla service areas. This identified that the Louth Meath service area needed to improve their recording of the decision not to notify AGS of suspected abuse cases. The area developed an action plan based on the findings of the review which included actions to ensure:

- Notification of suspected abuse to be completed in a timely way
- Rationale for the delay in completing a notification to AGS to be recorded.
- Rationale to be recorded to evidence decision- making not to complete a notification to AGS of suspected abuse.

The area had been working on improving practice in this area and all actions related to notifications to AGS were recorded as completed on the area's service improvement plan tracker which had been updated in November and provided for the inspection.

The area was improving its capacity to implement identified controls to mitigate risks in the service. Operational risks were set out in the area's risk register which was regularly reviewed and updated. Risks were discussed at senior management meetings and the risks relating to staff vacancies and unallocated cases remained the highest on the area's operational risk register. The area continued to make efforts to address these risks, but had not yet been successful in eliminating them from the service.

A 'Need to Know' reporting process was in place to inform senior managers and Tusla's national office about significant issues relation to individual children. Inspectors reviewed a sample of these reports and found that serious incidents and adverse events were appropriately recorded and reported using this process.

There was also a national incident management system (NIMS) in place for reporting of serious incidents across all services in Tusla. Certain specified incidents, such as serious incidents or deaths of children known to child protection and welfare services, are notified to HIQA through this system. Following such significant events, reviews (rapid reviews) are held locally to identify whether the case should be referred to the National review Panel for consideration. These serious incident reviews are conducted by a senior manager within 30 working days of the area becoming aware of the incident and serve to identify if the actions taken in the case were adequate or if there are gaps to be addressed. Next steps such as whether further supports are needed by the family are considered. These also identify whether any learning can come from the management of the incident and or whether changes are required in practice. There had been three such incidents in the service area since the previous inspection. Inspectors reviewed the rapid review reports and found that they identified such issues as the need to discuss categorisation of referrals at the next Senior Local Management Liaison Forum and the importance of all relevant information being shared by outside agencies such as AGS especially in emergency situations. Whilst managers told inspectors that teams received good feedback about learning identified by rapid reviews, some staff felt this feedback was not shared with the whole team but only with the staff member to whom the case was allocated. The area manager told the inspector that actions resulting from these reviews were implemented and had resulted in training on neglect for all CPW staff to support them in identifying cumulative harm to children. They also did a specific piece of work around raising staff awareness of the additional vulnerability of some groups in society.

Further improvements were required in management oversight of children's records on NCCIS to ensure that records accurately reflected all decisions and work completed. In April 2022 inspectors found there were significant gaps in records maintained by social workers on the NCCIS. All information was not recorded or uploaded to children's case files in a

timely manner. Inspectors completing the inspection in November found that this had improved to some extent. Records were accessible and outlined the bulk of the work completed with children and their families, but in discussions with staff it became clear to inspectors that a lot more work had been done with families which had either not yet been recorded or had been recorded but not yet uploaded to the information system. Managers and staff acknowledged the challenge in ensuring records were created and uploaded in a timely manner and were aware of the need for improvement. A new electronic system of recording is being introduced nationally in Tusla in 2023 and training in its use was planned for all staff.

Standard 3.2

Children receive a child protection and welfare service which has effective leadership, governance and management arrangements with clear lines of accountability.

The area had made good progress in improving their compliance with the standards assessed.

Evidence found during fieldwork supported the improvements described in the updated compliance plan submitted to HIQA in October 2022. Timelines for completion of preliminary enquiries had improved, management systems been strengthened to improve the management and oversight of unallocated cases, safety planning for children had improved and resources were being managed creatively to ensure available and additional resources were used to maximum effect. There was consistent practice in relation to making notifications to An Garda Síochána and there had been some progress in addressing the deficits on the NCCIS found in the last inspection. However, staff vacancies were still impacting on the area's ability to provide a timely response to new referrals including completing preliminary enquiries and initial assessments in the timeframe required by Tusla. The service was still operating waiting lists. NCCIS did not always reflect all the work that had been completed with children and their families and staff did not feel fully informed on the learning derived from rapid reviews of serious incidents. For these reasons the standard is judged as substantially

Judgment

Substantially Compliant

Quality and safety

Overall the quality and safety of the child protection and welfare service had improved since the risk-based inspection conducted in April, but further improvement was required to bring the service into full compliance with the assessed standards.

This inspection found that screening of new reports of concerns about children referrals was completed in a timely manner and overall, the quality of preliminary enquiries and initial assessments was good. The area had made progress in relation to meeting the timeframes set out in Tusla's SBP, but were still not meeting the 5-day timeframe for completion of preliminary enquiries or initial assessments. Inspectors found that the system for managing unallocated cases had been strengthened, and the quality and recording of safety planning was improving.

As previously outlined the area manager had identified a rise in the number of new referrals to the service. The area manager had completed an analysis of referrals from 1 May to 31 October 2022 which showed that the level of reporting of new referrals was increasing on an annual basis. Approximately two out of every three referrals were child welfare concerns. Data provided during the inspection indicated an increase in the total number of referrals (up by 162 since August 2022), re-referrals and the number of open cases. Inspectors had noted from data provided prior to the inspection that two in every three new referrals were closed following screening and preliminary enquiries.

Timely responses to new reports of concerns about children were evident from the file reviews conducted by inspectors. Inspectors reviewed 31 new referrals received by the service in the six months prior to the inspection and found that all were screened within the required 24 hour timeframe. Five of the 16 were referrals and did not meet the criteria for a Tusla service. Sixteen of the 31 new referrals were closed following completion of screening and preliminary enquiries. Inspectors reviewed these closed referrals and determined that they were all closed appropriately. The families involved were referred on to other services and supports relevant to their needs. These services included Tusla's Prevention, Partnership and Family Support (PPFS) service, mental health services, local County Council and other specialist services. However, inspectors found that there was drift in closing some referrals dating back to 2021 – work with the families had been completed and a decision made to close the case but there was a delay in the closure letter being sent to the families. Inspectors also sampled cases where there were concerns about a child's welfare and reviewed the minutes of meetings where discussions took place as to which service could provide the support the family needed. Inspectors found that

families were appropriately referred to services in their communities such as Meitheal, family support, PPFs, and other organisations providing specific support services to children and their families. Evidence provided by the area for the inspection reflected that increased funding had been allocated to community services to increase their capacity to provide support services to families.

Staff told inspectors that additional staffing meant that the waiting lists were decreasing, more timely responses were provided to new referrals and the improved systems meant they were able to spend more time working directly with families.

Timelines for completing preliminary enquiries were improving. Inspectors sampled 16 Intake Records(IR) – the record in which the preliminary enquiries are recorded. Six (37.5%) of the sampled IR's were completed within five working days from the date of referral, eight were completed between 8-18 days, one took 26 days and one took 32 days from the date of the referral. Whilst the sample of referrals demonstrated that the service was not meeting the 5-day timeframe for completion of preliminary enquiries, it also reflects a significant improvement in the timelines achieved since the previous inspection. At that time referrals were waiting up to 10 months to be processed through the system. Staff told inspectors that they were focused on providing a comprehensive and appropriate response to children.

Inspectors found that IRs were comprehensive and of good quality but some record keeping required improvement to reflect all the work that had been completed with families. Staff acknowledged it was a challenge to ensure that all records relating to activities on a case were uploaded to the electronic system.

Management oversight of unallocated cases had improved since the previous inspection. At that time, the area had a protocol for the management of unallocated cases but it was not consistently implemented. Data provided during the November inspection showed that, in September, there were 263 cases awaiting allocation.

There was also a significant decrease in the number of cases waiting over three months for allocation: down from 80 in August to 38 in September. There had been 250 unallocated cases a month prior to the inspection, and this had reduced to 158 unallocated cases on the first day of the inspection. Forty of these unallocated cases were at the DPC stage of the process, that is were awaiting preliminary enquiries to be completed. There were no high priority referrals awaiting preliminary enquiry. This meant that children where the potential for harm or with the highest needs were not waiting to receive a service to ensure their safety and that their needs were being met.

The reduction in unallocated referrals had partly been achieved by the development of a project team since that focused on progressing unallocated cases. The project team had undertaken 161 initial assessments and established safety in in all these cases. One hundred and fifty seven cases were progressing to closure and four were proceeding to child protection interventions.

Cases awaiting allocation were regularly reviewed by management at practice review days to ensure management oversight of these cases. Meetings held to discuss cases waiting longer than 30 days to be processed. Staff expressed confidence in the improved systems in place for processing new referrals and oversight by management of unallocated cases. In one county in the service area the practice did not need to be implemented as there were no such cases to be reviewed due to the impact of the additional staffing. In the other county there had been five such meetings held between June and September and further meetings had not been required. Inspectors reviewed 13 unallocated referrals and found that unallocated were regularly reviewed by managers, new information was considered as appropriate and the case was re-prioritised for allocation as required. This meant that when additional concerns were reported about children already on the waiting list they were allocated to a social worker and received a more timely response as the potential for harm to them was increasing.

Reviews were documented on a template and uploaded to NCCIS. A small number of the templates sampled by inspectors included incorrect data, indicating that in these cases more attention to detail was required in completing the forms. This was a recording issue and did not impact on the service provided to children and their families.

Practice in relation to safety planning had improved in the service. In the April inspection - although safety planning was central to practice with children and families - the quality of safety planning was poor and records lacked detail about how the area was assured that children were safe. This inspection found that safety planning was evident throughout the processing of new referrals to the point of completion of the initial assessment. Staff had attended two safety planning in action workshops held in October and they reported to inspectors that these workshops had helped to build the team's confidence and standardise their approach to practice.

Tusla's national approach to practice in child protection and welfare work focuses on building relationships with families and building meaningful safety for vulnerable children by using the family's own support networks. Staff told inspectors that implementing the national approach in the area was working well with families, safety networks were being identified and children were safe. They said that although safety plans were not always formal, they were reviewed and updated as needed.

The improvement in the quality of safety planning was evident from the file reviews conducted by inspectors. Inspectors reviewed twenty referrals for safety planning and found that safety planning could be formal and informal, verbal and written. Safety planning was recorded in various formats including in the intake record and the initial assessment as well as on formal safety plan templates. In one referral sampled a safety plan was completed in a child-friendly format where words and pictures were used to help the child understand the elements of their safety plan. High priority cases had a safety check completed on the day of referral and interim safety plans were put in place to address identified risks. Some safety plans were comprehensive and contained good analysis of risks, with clear safety goals outlined. Appropriate actions were identified to achieve safety for children. Networks were actively involved in keeping the child safe.

However, five of the 20 safety plans reviewed by inspectors were poor. One did not address all the identified risks, one was only developed following an inspector query about the case, one was just adequate but contained limited information and another did not reflect whether or not the child had been involved in developing the safety plan. In mitigation, inspectors noted that in at least two of these cases there were issues with families not engaging in the safety planning process, and the social work department were working appropriately to better engage these families.

Overall, while safety planning was much improved since the last inspection and it was clear from staff that they were implementing the training they had received, there were a number of areas where practice could be further improved including:

- ensuring all children were appropriately involved in the safety planning process ensuring that parents capacity to safeguard was assessed and clearly recorded
- that review and updating of safety plans was evident on records
- ensuring that the child's record reflected the management reviews of safety plans on cases awaiting allocation.

In the risk-based inspection in April 2022 inspectors found that completed initial assessments of children's needs were of good quality and, for the most part, children were appropriately included in the initial assessment process. Since that inspection staff had completed training in conducting initial assessments, but the full impact on practice of that training was yet to be assessed. Inspectors reviewed nine completed initial assessments and found some drift in managers signing off the initial assessments as completed. Four of the initial assessments sampled - signed off in November 2022 – were for referrals received in 2020(one referral) and 2021(three). The other five initial assessments for referrals received since May 2022. Of these, only one was completed within the 40 day timeframe (32 days). The remaining four had taken between two and five months to complete. This meant that some children did not have a full assessment of their needs completed in a timely manner. The completed initial assessments were of good quality: the views of parents and children were appropriately considered, there were clear safety goals and referrals to other services were in place as required.

In addition, staff had recently completed training on 'Tackling childhood neglect' and the impact of cumulative harm on children. This training highlighted the use of chronologies as a way of analysing cumulative harm. A chronology is a record of significant events in a child's life that helps a social worker recognise patterns of harm, and to quantify the number and frequency of concerning incidents for children. Chronologies can help with the management of cases and ultimately lead to better outcomes for children as they present a clear picture of a child's experiences over time. Principal social workers told the inspector that chronologies had been introduced into practice in October 2022 to support staff in considering the impact of cumulative harm on children about whom three or more referrals had been made.

Inspectors found from file reviews that chronologies were being used in such cases where there were multiple referrals about a child. The use of chronologies would support managers to recognise the impact of cumulative harm on children and to take appropriate and timely actions to protect children and ensure their needs were met.

Practice in relation to making notifications to An Garda Síochána (AGS) had improved. Inspectors found that notifications to An Garda Síochána were made appropriately and found there was good joint working between the two agencies on cases that required the involvement of both agencies. Strategy meetings were held to decide next steps and there was a system in place to ensure that notifications to AGS were completed and tracked.

Standard 2.3

Timely and effective action is taken to protect children.

The service was operating outside of Tusla's own timelines as set out in their standard business processes but the quality and safety of the child protection and welfare service had improved. Additional staffing and re-structuring of teams had led to a more timely service being provided to children and families. Screening of new reports of concerns about children was completed in a timely manner and, overall, the quality of preliminary enquiries was good. The area had made progress in relation to meeting the timeframes set out in Tusla's SBP and management oversight of unallocated cases had improved. There were a number of areas of safety planning where practice could be further improved to ensure consistency and for these reasons the standard is judged to be substantially compliant.

Judgment

Substantially compliant

Standard 2.4

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

Families were receiving a more timely service but there were still some delays in service provision. The area was operating waiting lists but the system for managing unallocated cases had been strengthened and waiting lists were reducing. The quality and recording of safety planning was improving and some good work with families was evident. Families were appropriately referred to community services for supports. Cases were closed appropriately, but in some cases there were delays in the closure being completed. NCCIS did not always reflect all the work that had been completed with families. For these reasons the standard is judged to be substantially compliant.

Judgment

Substantially Compliant

Standard 2.5

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

The quality of initial assessments was good. Practice in relation to making notifications to An Garda Síochána had improved there was good joint working between the two agencies. Chronologies had been introduced to assist staff in recognising, assessing and managing the impact of cumulative harm on children. However, there were delays in the completion of initial assessments and the area was not meeting the Tusla timelines for the completion of initial assessments. This meant that some children did not have a full assessment of their needs completed in a timely manner. For these reasons the standard is judged to be substantially compliant.

Judgment

Substantially Compliant

Compliance Plan for Louth Meath Child Protection and Welfare Service Service OSV – 0004410

Inspection ID: MON_0038248

Date of inspection: 22 – 24 November 2022

Introduction and instruction

This document sets out the standards where it has been assessed that the provider is not compliant with the National Standards for the Protection and Welfare of Children 2012 for Tusla Children and Family Services.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which Standard(s) the provider must take action on to comply.

Section 2 is the list of all standards where it has been assessed the provider is not compliant. Each standard is risk assessed as to the impact of the non-compliance on the safety, health and welfare of children using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider has generally met the requirements of the standard but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider has not complied with a standard and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of children using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of children using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Standard Heading	Judgment
Standard 3.2	Substantially compliant
<p>Outline how you are going to come into compliance with Standard 3.2: Children receive a child protection and welfare service, which has effective leadership, governance and management arrangements with clear lines of accountability.</p> <p>1. Recruitment of health and social care staff to address staff vacancies</p> <ul style="list-style-type: none"> ▪ Review of administrative supports and assignments has taken place. Grade V admin support has now been assigned to each of the Principal Social Workers. This will allow the Grade V to manage the admin support to ensure that admin support is available to keep records up to date and track and schedule reviews. Assessment and Intervention admin has been pooled as a resource to enhance the availability of cover in relation to case reviews. Senior managers will review conversion of existing vacant posts to ensure there is sufficient support. Completed Q4 2022 & Ongoing. ▪ The new Low Harm High Need Team is now in place. 6 of the 7 positions were accepted however we were unable to fill one of the 3 social work posts and therefore have re-structured this post and advertised a Social Care leader post and which has been accepted from the transfer panel and we are awaiting a start date within the 6 week timeframe of the transfer policy. The 4 additional posts allocated to DPC in Louth have been filled. Completed within Q1 2023. ▪ As of the 18th January 2023 there remain a number of vacancies within the Assessment & Intervention teams impacting on the areas ability to full comply with the Standardised Business Process Timelines for completion of Initial Assessment. In Louth there are vacancies of 1 team leader, 2 senior practitioners and 4 social workers. In Meath there are 2 senior practitioner vacancies and 1 social care worker vacancy. A number of initiatives are underway to fill these vacancies including: <ul style="list-style-type: none"> - Interviews for senior practitioner vacancies are due to be held on the 25th January 2023. - POSW rolling campaign interviews are held the last Thursday of every month. - A bespoke campaign will be held to fill the areas vacancies. - Tusla Recruit are recruiting externally in international campaigns. - Two social work vacancies are being converted to social care and will be offered to existing transfer panel with the agency. - Staff are being supported to take students and colleagues wishing to complete their hours for returning to practice for CORU registration. <p>Timescale for completion includes onboarding of new workers over a 12 week period. Completed by Q3 2023.</p>	

2. Management & Oversight of unallocated cases

- Within DPC across Louth and Meath there are minimal cases currently awaiting allocation due to increased resources and capacity to allocate. The wait list will continue to be reviewed on an on-going basis and should the numbers on the wait list increase the use of practice review days will be implemented once again. This will be kept under review by the Principal Social Worker for DPC. **Completed Q4 2022.**
- Assessment and Intervention PSW's will continue to use a digital tracker to record up to date information on all unallocated referrals which is used as a resource to improve monitoring and governance of these cases. A graph system will also continued to be used reflecting the length of time referrals remain open and the number of referrals at each priority level, low, medium and high. This will continue to provide a good overall analysis of unallocated cases. Waiting list review forms will continue to be used at the weekly review meetings in respect of all of the cases reviewed. **Completed Q4 2022 & Ongoing.**
- Given the challenges for Assessment and Intervention teams in ensuring that Initial Assessments are written up in a timely manner, cases that are suitable to be diverted to other agencies are prepared in a timely manner and cases which require closure are completed in a timely manner. Assessment and Intervention PSW has introduced a system of Practice Review Days on a fortnightly basis to effect these objectives. A yearly planner has been devised in respect of this which will be used as a further measure of effecting governance and ensuring a timely response and effective tracking of unallocated cases. **Commenced 2022 & Ongoing.**
- Unallocated cases in Assessment and Intervention will continue to be identified on a weekly basis at the Review Meetings for the new Low Harm High Need Team currently in operation in Louth. This is the first area to be operational with the objective being to reduce waiting lists, to redirect welfare cases towards a community led response in a timely manner, to prevent rereferrals and to create a multi disciplinary response locally to child welfare cases with a priority of low to medium risk. It is aimed at providing a targeted focused response to challenges in the area and to reduce the waiting times for children and families to receive a service. **Commenced Q4 2022 & Ongoing.**

3. Addition of recorded work on NCCIS

- Review of administrative supports and assignments has taken place. Grade V admin support has now been assigned to each of the Principal Social Workers. This will allow the Grade V to manage the admin support to ensure that admin support is available to keep records up to date and track and schedule reviews. Assessment and Intervention admin has been pooled as a resource to enhance the availability of cover in relation to case reviews. **Completed Q4 2022.**
- Senior managers discussed the need for this to be added to individual team meetings as a standing item to maintain progress. **Completed on 17/01/2023.**
- Audits of NCCIS usage will be completed by TL's and PSW's. **Commenced 2022 & ongoing each quarter.**

4. Findings from reviews/audits/compliments/complaints

- Learning from reviews/audits and compliments/complaints will be utilised to share learning with the relevant professionals and teams to further develop good practice and address areas for improvements. This was demonstrated by the local QRSI manager and Principals have agreed will be added to the agenda of future team meetings for their teams. **Completed at Area Governance Meeting on 17/1/2023.**
- PSW's for Assessment and Intervention have agreed to create a feedback form to seek valuable feedback from families on their experience on the service post completion of initial assessment with their family. **Q1 2023**

Standard 2.3

Substantially compliant

Outline how you are going to come into compliance with Standard 2.3: Timely and effective action is taken to protect children.

1. Timeliness of service to Children and Families

- Full compliance with Tusla's Standard Business Processes is reliant on the recruitment of additional workers to fill key vacancies in the Assessment & Intervention teams.

A number of initiatives are underway to fill these vacancies including:

- Interviews for senior practitioner vacancies are due to be held on the 25th January 2023.
- PQSW rolling campaign interviews are held the last Thursday of every month.
- A bespoke campaign will be held to fill the areas vacancies.
- Tusla Recruit are recruiting externally in international campaigns.
- Two social work vacancies are being converted to social care and will be offered to existing transfer panel with the agency.
- Staff are being supported to take students and colleagues wishing to complete their hours for returning to practice for CORU registration.

Timescale for completion includes onboarding of new workers over a 12 week period. **Completed by Q3 2023.**

- The area will continue to use Tusla's prioritisation guidance to support professional judgement about provision of service to high, medium and low priority referrals for children whilst existing resources mean we are unable to fully meet the timelines as set out in Tusla's Standard Business Processes. There will also be a focus on creating immediate safety plans for children as soon as possible where harm has been identified for children. **Ongoing & for completion by Q4 2023.**

2. Quality of Safety Planning

- All managers have been asked to identify new/existing staff requiring basic level training in Tusla's national approach to Child Protection & Welfare Practice, Signs of Safety. A bespoke training module has been set up for them by the area's local Signs of Safety Practice & Implementation Lead. **Date of Commencement: Q1 2023.**

- A call back day following on from the Safety Planning in Action Workshop held in the area in Q4 2022 was scheduled for January 23 and included a focus on including children in safety plans. **Completed: 17/1/2023.**
- Group supervision schedules will be reviewed by the Area Manager for each team at the Dedicated Point of Contact and Assessment & Intervention. All will regularly focus on different elements of Safety Planning. Area Manager to sit in on one at a minimum of each quarter. **Date for Completion: Q1 2023.**
- Teams have identified the need to progress the development of timelines and trajectories for children and families requiring longer term safety planning. The local Signs of Safety Practice & Implementation Lead will work with each team leader at initial assessment to provide a morning workshop for training and reflection. These will be followed up 3 months later for a call back to target any additional learning needs arising. **Date for Completion: Q1 2023.**

Standard 2.4

Substantially compliant

Outline how you are going to come into compliance with Standard 2.4: Children and families have timely access to child protection and welfare services that support the family and protect the child.

1. Recruitment of health and social care staff to address staff vacancies

- Review of administrative supports and assignments has taken place. Grade V admin support has now been assigned to each of the Principal Social Workers. This will allow the Grade V to manage the admin support to ensure that admin support is available to keep records up to date and track and schedule reviews. Assessment and Intervention admin has been pooled as a resource to enhance the availability of cover in relation to case reviews. Senior managers will review conversion of existing vacant posts to ensure there is sufficient support. **Completed Q4 2022 & Ongoing.**
- The new Low Harm High Need Team is now in place. 6 of the 7 positions were accepted however we were unable to fill one of the 3 social work posts and therefore have re-structured this post and advertised a Social Care leader post and which has been accepted from the transfer panel and we are awaiting a start date within the 6 week timeframe of the transfer policy. The 4 additional posts allocated to DPC in Louth have been filled. **Completed within Q1 2023.**
- As of the 18th January 2023 there remain a number of vacancies within the Assessment & Intervention teams impacting on the areas ability to full comply with the Standardised Business Process Timelines for completion of Initial Assessment. In Louth there are vacancies of 1 team leader, 2 senior practitioners and 4 social workers. In Meath there are two senior practitioner vacancies and one social care worker vacancy. A number of initiatives are underway to fill these vacancies including:
 - Interviews for senior practitioner vacancies are due to be held on the 25th January 2023.
 - PQSW rolling campaign interviews are held the last Thursday of every month.
 - A bespoke campaign will be held to fill the areas vacancies.
 - Tusla Recruit are recruiting externally in international campaigns.
 - Two social work vacancies are being converted to social care and will be offered to existing transfer panel with the agency.

- Staff are being supported to take students and colleagues wishing to complete their hours for returning to practice for CORU registration.

Timescale for completion includes onboarding of new workers over a 12 week period. **Completed by Q3 2023.**

2. Management & Oversight of unallocated cases

- Within DPC across Louth and Meath there are minimal cases currently awaiting allocation due to increased resources and capacity to allocate. The wait list will continue to be reviewed on an on-going basis and should the numbers on the wait list increase the use of practice review days will be implemented once again. This will be kept under review by the Principal Social Worker for DPC. **Completed Q4 2022.**
- Assessment and Intervention PSW's will continue to use a digital tracker to record up to date information on all unallocated referrals which is used as a resource to improve monitoring and governance of these cases. A graph system will also continued to be used reflecting the length of time referrals remain open and the number of referrals at each priority level, low, medium and high. This will continue to provide a good overall analysis of unallocated cases. Waiting list review forms will continue to be used at the weekly review meetings in respect of all of the cases reviewed. **Completed Q4 2022 & Ongoing.**
- Given the challenges for Assessment and Intervention teams in ensuring that Initial Assessments are written up in a timely manner, cases that are suitable to be diverted to other agencies are prepared in a timely manner and cases which require closure are completed in a timely manner. Assessment and Intervention PSW has introduced a system of Practice Review Days on a fortnightly basis to effect these objectives. A yearly planner has been devised in respect of this which will be used as a further measure of effecting governance and ensuring a timely response and effective tracking of unallocated cases. **Commenced 2022 & Ongoing.**
- Unallocated cases in Assessment and Intervention will continue to be identified on a weekly basis at the Review Meetings for the new Low Harm High Need Team currently in operation in Louth. This is the first area to be operational with the objective being to reduce waiting lists, to redirect welfare cases towards a community led response in a timely manner, to prevent rereferrals and to create a multi disciplinary response locally to child welfare cases with a priority of low to medium risk. It is aimed at providing a targeted focused response to challenges in the area and to reduce the waiting times for children and families to receive a service. **Commenced Q4 2022 & Ongoing.**

3. Addition of recorded work on NCCIS

- Review of administrative supports and assignments has taken place. Grade V admin support has now been assigned to each of the Principal Social Workers. This will allow the Grade V to manage the admin support to ensure that admin support is available to keep records up to date and track and schedule reviews. Assessment and Intervention admin has been pooled as a resource to enhance the availability of cover in relation to case reviews. **Completed Q4 2022.**
- Senior managers discussed the need for this to be added to individual team meetings as a standing item to maintain progress. **Completed on 17/01/2023.**

- Audits of NCCIS usage will be completed by TL's and PSW's. **Commenced 2022 & ongoing each quarter.**

Standard 2.5

Substantially compliant

Outline how you are going to come into compliance with Standard 2.5: All reports of child protection concerns are assessed in line with *Children First* and best available evidence.

1. Management & Oversight of unallocated cases & timeliness of IA completion.

- Assessment and Intervention PSW's will continue to use a digital tracker to record up to date information on all unallocated referrals which is used as a resource to improve monitoring and governance of these cases. A graph system will also continued to be used reflecting the length of time referrals remain open and the number of referrals at each priority level, low, medium and high. This will continue to provide a good overall analysis of unallocated cases. Waiting list review forms will continue to be used at the weekly review meetings in respect of all of the cases reviewed. **Completed Q4 2022 & Ongoing.**
- Given the challenges for Assessment and Intervention teams in ensuring that Initial Assessments are written up in a timely manner, cases that are suitable to be diverted to other agencies are prepared in a timely manner and cases which require closure are completed in a timely manner. Assessment and Intervention PSW has introduced a system of Practice Review Days on a fortnightly basis to effect these objectives. A yearly planner has been devised in respect of this which will be used as a further measure of effecting governance and ensuring a timely response and effective tracking of unallocated cases. **Commenced 2022 & Ongoing.**
- Unallocated cases in Assessment and Intervention will continue to be identified on a weekly basis at the Review Meetings for the new Low Harm High Need Team currently in operation in Louth. This is the first area to be operational with the objective being to reduce waiting lists, to redirect welfare cases towards a community led response in a timely manner, to prevent rereferrals and to create a multi disciplinary response locally to child welfare cases with a priority of low to medium risk. It is aimed at providing a targeted focused response to challenges in the area and to reduce the waiting times for children and families to receive a service. **Commenced Q4 2022 & Ongoing.**
- The area will continue to use Tusla's prioritisation guidance to support professional judgement about provision of service to high, medium and low priority referrals for children whilst existing resources mean we are unable to meet the timelines as set out in Tusla's Standard Business Processes. There will also be a focus on creating immediate safety plans for children as soon as possible where harm has been identified for children. **Ongoing & for completion by Q4 2023.**

Section 2:

Standards to be complied with

The provider must consider the details and risk rating of the following standards when completing the compliance plan in section 1. Where a standard has been risk rated red (high risk) the inspector has set out the date by which the provider must comply. Where a standard has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The provider has failed to comply with the following standards(s).

Standard	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Standard 3.2	Children receive a child protection and welfare service, which has effective leadership, governance and management arrangements with clear lines of accountability.	Substantially compliant	Yellow	Q3 2023.
Standard 2.3	Timely and effective action is taken to protect children.	Substantially compliant	Yellow	Q4 2023.
Standard 2.4	Children and families have timely access to child protection and welfare services that support the family and protect the child.	Substantially compliant	Yellow	Q3 2023.
Standard 2.5	All reports of child protection concerns are assessed in line with <i>Children First</i> and best available evidence.	Substantially compliant	Yellow	Q4 2023.