



Name of service area:	Cork
Name of provider:	Child and Family Agency Tusla
Type of inspection:	Risk based
Fieldwork I.D.:	MON-0032080
Date of inspection:	26-29 April 2021
Lead inspector:	Tom Flanagan
Support inspector(s):	Ruadhan Hogan, Erin Byrne, Jane McCarroll, Olivia O'Connell, Lorraine O'Reilly.

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.

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 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 and Tusla.

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	<input type="checkbox"/>
Theme 2: Safe and Effective Services	<input checked="" type="checkbox"/>
Theme 3: Leadership, Governance and Management	<input checked="" type="checkbox"/>
Theme 4: Use of Resources	<input type="checkbox"/>
Theme 5: Workforce	<input checked="" type="checkbox"/>
Theme 6: Use of Information	<input type="checkbox"/>

How we inspect

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

The key activities of this inspection involved:

- the analysis of data
- interview with the area manager and principal social workers
- focus groups with social work team leaders, social workers and social care staff
- speaking with parents and children
- the review of local policies and procedures, minutes of management and team meetings, staff supervision files, audits and other relevant documentation
- observation of a family welfare conference and referrals meeting for community services
- the review of 69 children's case files.

The inspection team issued a standard request for documentation and data to the service area in relation to each theme of the inspection. The inspection team endeavored to evaluate progress within the area in the management of identified risks and engaged with the social work teams and management with respect to the systems and governance issues which were acknowledged by the area following the previous inspections of the services.

Where an inspector identified a specific issue/systems risk that may present an immediate and or potential serious risk to the health or welfare of children, then, in line with HIQA policy, these risks were escalated to the relevant local Tusla manager during the inspection fieldwork and or following completion of the inspection fieldwork to the Tusla area manager, regional service director and or Tusla's director of services and integration.

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.

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 director of services and integration, who is a member of the national management team.

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.

Child Protection and Welfare:

The area had four child protection and welfare social work teams (North Lee, South Lee, West Cork and North Cork)

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 interim service director for the Child and Family Agency South Region and was managed by the area manager.

Compliance Classifications

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

Compliant	Substantially compliant	Non-compliant Moderate	Non-compliant Major
The service is meeting or exceeding the standard and is delivering a high-quality service which is responsive to the needs of children.	The service is mostly compliant with the standard but some additional action is required to be fully compliant. However, the service is one that protects children.	The service is not compliant with the standard. Where the non-compliance (moderate) does not pose a significant risk to the safety, health and welfare to children using the service, the provider must take action <i>within a reasonable time frame</i> to come into compliance.	The service is not compliant with the standard. Where the non-compliance poses a significant risk (major non-compliance) to the safety, health and welfare of children using the service the provider responds to these risks in a timely and comprehensive manner.

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:

Leadership, Governance and Management

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:

Safe and Effective Services

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
26.04.21	9am – 4.30pm	Tom Flanagan	Inspector
26.04.21	9.30am – 4pm	Erin Byrne	Inspector
26.04.21	10am – 4pm	Lorraine O'Reilly	Inspector
26.04.21	10am – 4pm	Ruadhan Hogan	Inspector
26.04.21	10am – 4pm	Olivia O'Connell	Inspector
26.04.21	10am – 4pm	Jane McCarroll	Inspector
27.04.21	9am – 4pm	Tom Flanagan	Inspector
27.04.21	10am – 4pm	Erin Byrne	Inspector
27.04.21	10am – 4pm	Lorraine O'Reilly	Inspector
27.04.21	10am – 4pm	Ruadhan Hogan	Inspector
27.04.21	10am – 4pm	Olivia O'Connell	Inspector
27.04.21	10am – 4pm	Jane McCarroll	Inspector
28.04.21	9am – 4pm	Tom Flanagan	Inspector
28.04.21	10am – 4pm	Erin Byrne	Inspector
28.04.21	10am – 4pm	Lorraine O'Reilly	Inspector
28.04.21	10am – 4pm	Olivia O'Connell	Inspector
28.04.21	10am – 4pm	Jane McCarroll	Inspector
29.04.21	10am – 4pm	Jane McCarroll	Inspector

Views of people who use the service

Inspectors spoke with seven children and 10 parents who were receiving, or had received a child protection and welfare service. Every child and parent spoke in positive terms about the social workers they met and almost all were happy with the quality of the service they received.

Children commented firstly on how the social workers related to them and the approach they took. Many of the children spoke about the social worker being a good listener, seeing them on their own and making them feel comfortable. They commented on the social worker visiting them at home or taking them for walks.

Comments included the following:

"She was lovely ... she was a good listener"

"I see her on my own ... she takes me out for walks in the park"

"She went for a walk with me ... she rings me on my own ... I can open up then"

"I had a private chat with her in my room and felt comfortable with her"

"He meets me on my own... he is nice, a good listener... he asks me how I'm feeling".

Children also commented on the fact that the social worker explained why they were there and they referred to being included in decisions and planning. Comments included the following:

"She makes sure we understand and this helped a lot"

"We talked together as a family – I preferred this"

"We have a safety plan ... I was included".

The children also spoke positively about the difference that the social worker made in their lives and those of their families.

Some of the comments were as follows:

"She put a safety net around us – called every week to check we were okay – it made a difference"

"She has made a difference to my family, helped us to get along – it helped us not to argue"

"She offered me counselling and I am trying it now"

One child told inspectors that, even though they were included in safety planning, they could have been included more. Another child told inspectors that they had a safety plan but it was not working and there was no one they could tell as the worker they got on best with was on leave. An inspector agreed to pass this on to the social work manager.

All 10 parents who spoke with inspectors felt that the social work service had made a positive difference in their lives and those of their families. Their comments included the following:

"Their interest in the kids was massive ... they wanted me to re-build my relationship with the kids"

"The social worker put in supports to keep the children together in their own home while I was unable to be at home– they organised family support workers and meals on wheels"

"They helped me become more involved in my children's care"

"She referred me to a parenting programme and still gives my family support"

"We have a safety plan ... it's very hard but there are plenty of people supporting us"

"They stick to the plan - all our access is supervised but we're happy to go on with it"

"They helped me to understand how it impacted on my child"

Nine out of 10 parents had good experiences of the social workers they met. They felt that social workers listened to them and treated them with respect. They were kept informed and did not experience delays. They had frequent communication from the social workers either through visits, phone calls or texts. Some of their comments are as follows:

"They were very nice - they didn't judge - they never thought I was a bad mother"

"The social worker set me at ease – they were upfront and honest"

"The social worker keeps me up to date - I would have been totally lost without her"

"They were able to guide me and support me ... they did not have a complicated way of asking questions ... it all felt very professional and I felt supported".

One parent told inspectors that they had had three different social workers and they found it confusing and inconsistent. They did not feel listened to or believed and only heard that they were a danger to their children. One parent said that they did not know about the complaints system and two told inspectors that they did not know how to make a complaint and couldn't recall being given this information.

During their review of children's records, inspectors found that there was evidence of good practice, such as social workers responding quickly to children with urgent needs and ensuring the children's safety. There was also evidence that social workers used a variety of child-friendly methods to make children feel comfortable and to help them express their needs. Assessment of children's needs were thorough and they included the children's own views when they were able to express them. While children generally received a good quality service, there were some children whose needs were not assessed in a timely manner. This happened because either the children's cases were placed on a waiting list or because social workers had too many cases allocated to them and were not able to provide a good quality service to them all.

Capacity and Capability

The focus of this inspection was on the service provided to children and families from the point of referral to the point of completing an initial assessment and the aligned governance arrangements in place to ensure a safe, effective and timely service delivery to these children. Children on the child protection notification system (CPNS) and who were subject to a child protection safety plan were not part of this inspection.

This inspection was to be undertaken as part of a thematic inspection programme. The 'Guidance and Assessment-Judgment Framework for Child Protection and Welfare Thematic Programme' (August 2019) states that "During the fieldwork part of the thematic inspection (on-site inspection in a social work office), inspectors may form the view that there is significant risk in the service. In such circumstances, the lead inspector, in consultation with the inspector's regional manager, may decide to cease the thematic inspection against the national standards and proceed to a risk-based inspection of that service area".

HIQA had previously conducted four other inspections of the Tusla Cork service area over the previous two years, three of which related to the child protection and welfare service with the fourth relating to the foster care service. Three of these inspections found non-compliances in both service delivery and the governance arrangements to ensure children were safe. Notwithstanding the improvements found in the fourth inspection, where children on the CPNS received a much more consistent and quality service, HIQA had consistently raised concerns that despite the same governance and structures in place, improvements in service delivery were not replicated across the entire service. Similar findings were evident in the course of this inspection.

On the basis of the evidence found during this inspection, it was decided to change the designation of the inspection from a thematic inspection to a risk-based inspection.

The leadership, management and governance of the duty/intake and initial assessment service lacked clear direction and, while there was evidence of service improvement, further significant improvements were required. There was no service improvement plan to guide the strategic development of the service. The service area operated four distinct geographical areas, each with its own management structure, and some geographical area teams experienced more challenges than others in meeting the operational demands. The service area was also struggling to meet Tusla timeframes for preliminary enquiries. Despite this, social workers and

managers who spoke to inspectors demonstrated that they were dedicated and were committed to the provision of quality service which would meet the needs of the children with whom they worked.

The service area had a stable and experienced management team and there were clear lines of responsibility. The area management team, which included the area manager, principal social workers (PSWs), other senior managers and professional support personnel, met approximately monthly to discuss and address a wide range of issues across the service area as a whole.

While the service area's strategic direction was guided by Tusla's national policies and service development plans, the service area did not have its own overarching service development plan or service improvement plan. Quality improvement with regard to the social work service, was the responsibility of the PSWs, who told inspectors that they were overstretched managing their day-to-day responsibilities. For example, PSWs cited the volume and frequency of inspections as increasing the demands on the PSWs. However, the current structures in the service area meant that, when an inspection or Tusla audit focussed on any specific part of the service, each of the five PSWs, who had responsibilities across all aspects of the service, had to be involved during the preparation period, the inspection itself, and in developing a compliance plan.

The service area relied to a large extent on compliance plans, following HIQA inspections and internal Tusla audits, for direction with regard to service improvements and shortages of staff were cited by managers as the reason why it was difficult to make improvements. While the area had many strategic priorities, these were not set out as part of a service plan. Inspectors were provided with a document entitled Strategic priorities for 2021 which outlined the staffing requirements for the area. The area manager told inspectors that the service area had finite resources to meet the challenges it faced and that re-alignment of the current structures would result in new pillars within the service area competing against each other for these resources.

The service area established a number of quality initiatives during the previous couple of years. They set up a complex case forum with a view to analysing and progressing challenging cases. They also made improvements in dissemination of learning from reviews, enquiries and inspections, an issue that had been highlighted in previous inspection reports. The area manager set up a dissemination of learning group and, in the several months prior to the inspection, learning events were organised in each of the geographical areas of the service. Both staff and managers told inspectors that they discussed the findings of reviews in their teams and found this of benefit. Staff also told inspectors that they had begun to present

cases to their teams and that this also served to highlight good practice that was taking place. The area established a Duty sub group which reviewed practice across the service area and recommended measures to streamline practices across the four areas. The area also ensured that, by ensuring that staff had access to regular training, workshops and group supervision, they had incorporated the Tusla national practice approach to safety planning in their practice.

There were good communication systems across the service area to ensure that staff were supported and kept informed about any changes with regard to service delivery. Staff told inspectors that, despite the challenges they faced, they felt well-supported by their team leaders. They said that they received regular good quality supervision and that they received good direction on issues such as the components of initial assessments and ongoing safety planning. They also described good peer support in the service area. Inspectors reviewed minutes of meetings which showed that there were regular team meetings in their offices and there were also regular management meetings in each of the four areas. Staff commented on the support they received from managers in relation to their personal development plans and training and spoke about regular opportunities for learning from case presentations and discussions of reviews.

There were four offices/geographical areas within the service area, and there were five principal social workers (PSWs), one in each of three geographical areas and two PSWs in one area. In three areas, the PSWs had responsibility for the entire child protection and child in care service in their area. In the fourth area, responsibilities for duty/intake, initial assessment, child protection and children in care were divided between the two PSWs. Each geographical area had their own duty/intake and initial assessment teams and each operated separately although progress had been made in standardising practice and systems across the four areas. Each of the four areas had different characteristics and functioned differently. For example, PSWs told inspectors that the West Cork part of the service area had a relatively stable staff cohort, staff had manageable caseloads and the area had no wait lists. The other three offices had challenges with wait lists and unmanageable caseloads. They also said that there was a greater turnover of staff in the city areas.

Data provided by the service area with regard to the duty/intake service prior to this inspection, indicated that there were two whole time equivalent (WTE) vacancies at social work grade. Use of the caseload management tool had not yet been implemented in the duty and intake teams. In focus groups with social workers, some social workers told an inspector that there were backlogs for preliminary enquiries in some of the offices, that their caseloads were unmanageable and that they had created wait lists within their caseloads.

Inspectors reviewed the caseload numbers for each of the social work teams and found that many of the duty social workers in three of the offices had high caseloads, ranging from 30 to 65 cases allocated to them. Given that these workers provided a duty service and were rostered to respond to new referrals, they had little time to work their allocated caseloads. In one office, two duty social workers had 64 and 65 allocated cases, respectively. A recent supervision record of one of these workers showed that their caseload contained two cases for Initial Assessment and 62 for Preliminary Enquiries, 38 of these with a start date in 2020. The area manager and PSWs told inspectors that, while they had submitted business plans for vacant posts and for development posts, they had received approval for far fewer posts than had been applied for.

A risk based child protection and welfare inspection was carried out in July 2019, which, similar to this inspection, assessed compliance with national standards related to managing referrals to the point of completing an initial assessment. That inspection highlighted that improvements were required in relation to oversight of the service so as to ensure consistency of practice as well as accountability for the timeliness of interventions with children and families, and this included the supervision and accountability of PSWs. This inspection found that the PSWs did not yet receive formal one to one supervision and the area manager told inspectors that there was no system in place for PSWs have annual appraisals or to engage in developing personal development plans. He told inspectors that he had 28 managers reporting to him and that, with limited professional support in his office, he did not have the capacity to provide individual supervision. Instead, the area manager continued to meet with all PSWs collectively on a monthly basis for group supervision, following the PSW meetings.

There were various means by which the area manager received information or assurances on the operation of the service. These included monthly measure the pressure returns, monthly caseload management returns, risk escalations, "need to knows", monthly group supervision sessions with the PSWs and frequent individual conversations and email correspondence with the PSWs. There were also periodic internal audits of various aspects of the service and the area manager was also a member of the complex case forum which discussed the progress of selected individual cases.

PSWs met at least monthly and more often if required. Minutes of the PSW meetings showed the agendas were wide-ranging and that they discussed all aspects of the service. It was noted that, in the minutes of a recent PSW meeting, the PSW workload was described as "excessive" and that "it was becoming impossible to effectively run a service and, more specifically, implement an area-based approach to practice. PSW group supervision sessions with the area manager

took place monthly. Inspectors reviewed the minutes of these meetings and found that, while they reflected discussion on areas of importance to the service, the group supervision records did not provide evidence that PSWs were accountable in relation to their individual roles and responsibilities.

The service area lacked robust systems of oversight to ensure that all standard operational procedures (SOPs) and Tusla national standard business processes were fully implemented. For example, the area had an SOP, dated September 2019, for unallocated cases/waiting lists which set out specific timeframes according to which reviews of these cases should be reviewed – six weeks maximum for high priority cases and three months maximum for medium and low priority cases. On the NCCIS, inspectors found several examples of cases on the waiting list which had not been reviewed for up to a year or more, according to the records of reviews on individual files. This indicated that the governance and management of cases awaiting allocation was poor. There was no evidence that the implementation of the SOP had been audited or that the issue of non-adherence to the SOP had been identified or escalated to senior managers. The area manager subsequently told inspectors that an externally-held tracker was used to provide oversight of these cases but this tracker was not made available to inspectors during the inspection.

With regard to preliminary enquiries on referrals, Tusla standard business processes set a timeframe of five days for their completion. Inspectors found that, in some cases, preliminary enquiries had not been completed for up to two years, resulting in excessive delays in decision-making on the next steps to be taken in these cases. There was no system in place for identifying preliminary enquiries that had not been completed within a reasonable timeframe and for reviewing the reasons for this.

The area manager acknowledged that, while there was some auditing of the activity of duty/intake teams, regular auditing by managers of a sample of all cases was to be expected but this was not taking place. Two reviews of timelines for the completion of preliminary enquiries took place during the nine months prior to the inspection. The first one, which focussed on referrals received in August 2020, indicated that intake records following preliminary enquiries were signed off within five days for only 15% of the referrals received. A second audit, which focussed on referrals received in November 2020, was undertaken in February 2021 and showed that intake records following preliminary enquiries were signed off within five days for 17% of all referrals received during the period. While the results of both audits indicated that over 80% of intake records were not signed off with the recommended five days, there was no evidence of actions taken to ensure greater compliance with the five-day target.

An audit relevant to the inspection was undertaken in June 2020. The audit with regard to the management of notifications to An Garda Síochána was conducted by each local area. The outcomes were then forwarded to the Tusla Practice Assurance and Services Monitoring Team (PASM) who reviewed the data and compiled the report. There was evidence of actions arising at a national level and being implemented by the service area.

Inspectors reviewed a sample of 11 social work department staff supervision files. The frequency of supervision sessions was appropriate in nine of the eleven. There was evidence of induction on the records of two of three newer staff and there was evidence of continuous professional development in seven of the 11 records. Several supervision records showed that the supervision sessions included discussion of individual cases, training, support and opportunities for career progression. In two supervision records, there were references to unmanageable caseloads. Three supervision records were of poor quality and contained only the lists of cases discussed with no evidence that other elements of supervision were included in the supervision sessions. Case management records were not included in the staff supervision records but were maintained on the individual children's files on NCCIS and inspectors reviewed a number of these on children's files in the course of the inspection. While the majority of these demonstrated that social workers were accountable for actions agreed in supervision, inspectors reviewed two records of case management supervision on individual children's files, where actions agreed during supervision in 2020 were not implemented by the social workers and were not subject to further review.

The service area had systems in place for the identification, management and review of organisational risk but these were not always effective. The Tusla 'Need to Know' process was used to apprise the area manager and the interim service director of significant issues relating to individual children and areas of risk such as the lack of foster care placements, which resulted in some children remaining at home when assessments indicated that they needed to be in care. Managers told inspectors that the cases of the children subject to "Need to Knows" were discussed with senior managers and the particular needs of the children were addressed. However, managers at all grades told inspectors that there were no written responses to "Need to Knows" and, because of this, there was no evidence that the systemic issues underlying these individual cases were highlighted and addressed as part of this process. The area manager subsequently told inspectors that "Need to Knows" are collected by theme and frequency at regional level and included in the Quality Risk and Service Improvement (QRSI) report every month and they can inform risk assessments which are then entered onto the regional risk register.

When organisational risks became apparent, managers submitted risk assessments to the area manager. The risk assessment forms contained detailed descriptions of the risks and their impact on the service. Additional measures that could be employed to mitigate the risks were also detailed. The service area had a risk register which provided an overview of organisational risks, which were risk rated and reviewed on a monthly basis. Issues which could not be managed by the service area were escalated to the interim service director. Risks that were relevant to this inspection included the lack of residential placements for children, chronic staff shortages in some teams and the service impacts due to the COVID-19 pandemic. The area manager told inspectors that, while some additional posts had been sanctioned during the 12 months prior to the inspection, none of these posts had been filled as yet. Inspectors found that, while the issues of staff shortages and their impact on case allocation and the management of risk were highlighted on the risk register, the issue of preliminary enquiries not being completed for long periods of time and the knock-on effect of children waiting to have their needs assessed did not feature on the risk register.

The COVID-19 pandemic provided many challenges in regard to service delivery. Tusla national office provided written guidance to its staff and updated this throughout the pandemic. There was evidence that the service area complied with this guidance and balanced the requirement to protect its staff with their responsibility to ensure that children and their families were met with when required. Records of management and team meetings showed that the issues involved were discussed. Flexibility was afforded to staff in relation to working from home and managers ensured that staff were office-based on a rotational basis. Risk assessments were completed for home visits and office visits were sometimes used to meet children and their families. Staff told inspectors that their managers were supportive to them and that creative methods were used to ensure that peer support was also available.

There were regular formal meetings between managers of the service and managers from within An Garda Síochána. Inspectors reviewed a sample of the minutes of these meetings which reflected good working relationships and a high level of cooperation between the two agencies. The minutes also reflected concern expressed by An Garda Síochána in regard to a change to the staffing of the service area's dedicated contact point for referrals. The dedicated contact point had been staffed by an administrator and a social work team leader but the team leader was relocated to another position within the service. Minutes reported that An Garda Síochána representatives requested the reinstatement of this post and that the issue would be raised in the Area manager/Garda Superintendent forum. This issue was also discussed in one of the service area's social work teams, whose team meeting

minutes refer to an increase in inappropriate referrals since the team leader was no longer in post.

An initiative between managers in one of the offices and their Garda counterparts, where there was close liaison between team leaders and the Garda counterparts was reported to have led to more appropriate referrals to the service. PSWs told inspectors that the initiative was also presented to An Garda Síochána at a national level as a good practice initiative.

Inspectors also observed a review, evaluate and divert (RED) meeting. Separate meetings took place monthly for each of the four geographical areas in the service area. Minutes of the meetings demonstrated there was case discussion and agreed actions in individual cases. Prioritisation of cases took place and there was also discussion of resources and of community developments supported by the service area to respond to the needs of children and families.

Following the inspection, the area manager was asked to provide assurances in relation to the governance arrangements for the management of the duty and intake child protection and welfare service and to set out how he was assured that there were adequate methods of assurance to identify risks in service delivery and to ensure children receive a timely and safe service. In the days following HIQA's escalation of this matter, Tusla information technology systems were adversely impacted by a Cyber-attack, which prevented the submission of a comprehensive response. Nonetheless, a hand written response was received from the area manager which provided a response that immediate risks were being addressed. This outlined that governance measures would be introduced, including the establishment of a governance oversight group that would oversee the development of a service improvement plan.

Child Protection and Welfare Standard 3.1 The service performs its functions in accordance with relevant legislation, regulations, national policies and standards to protect children and promote their welfare.	Judgment Non-compliant Major
<p>There was no service improvement plan to guide the strategic development of the service and strategic objectives were not clearly identified.</p> <p>The leadership, management and governance of the duty/intake and initial assessment service lacked clear direction and, while there was evidence of service improvement, further significant improvements were required.</p> <p>There were various means by which the area manager received information and/or assurances on the operation of the service. These included monthly measure the pressure returns, monthly caseload management returns, risk escalations, “need to knows”, monthly group supervision sessions with the PSWs and frequent individual conversations and email correspondence with the PSWs. There were also periodic internal audits of various aspects of the service. However, given the risks to the service that were escalated during the inspection, governance arrangements and structures were ineffective at providing assurance to the area manager and Tusla national office that the service delivered was safe, effective and timely.</p> <p>Systems to ensure the accountability of senior managers were not fully developed.</p> <p>The SOP on the management and oversight of wait lists was not fully implemented.</p> <p>The governance arrangements in place did not ensure that preliminary enquiries were completed in a timely manner, in line with Tusla standard business processes. Inspectors found excessive delays in a significant number of cases and, as stated in the report, this issue was escalated to the area manager as it posed a risk to the delivery of a safe service to children.</p> <p>There was a shortage of staff in some areas of the service, staff were struggling with unmanageable caseloads and measures to address this were not effective.</p>	

<p>Child Protection and Welfare Standard 3.3 The service has a system to review and assess the effectiveness and safety of child protection and welfare service provision and delivery.</p>	<p>Judgment Non-compliant Moderate</p>
<p>The risk management system did not identify all significant risks to the service and there was a lack of accountability in the response to risks that were escalated.</p> <p>Systems in place to review the quality of the service were underdeveloped. For example, there was an ineffective use of auditing to identify actions that would address the delays in completing preliminary enquiries. As a result, these issues were not effectively managed and the risk associated with this grew and became a more significant issue.</p>	

<p>Standard 5.3 All staff are supported and receive supervision in their work to protect children and promote their welfare.</p>	<p>Judgment Non-compliant Moderate</p>
<p>All staff received support and supervision in their work. There was evidence of induction on the records of two of three newer staff and there was evidence of continuous professional development in seven of the 11 records. In two supervision records there were references to unmanageable caseloads. Three supervision records were of poor quality and contained only lists of cases discussed with no evidence that other elements of supervision were included in the supervision sessions</p> <p>While the majority of these case supervision records reviewed by inspectors demonstrated that social workers were accountable for actions agreed in supervision, inspectors reviewed two records of case management where actions agreed during supervision in 2020 were not implemented by the social workers and were not subject to further review.</p>	

Quality and Safety

The inspection of July 2019 focused on the management of referrals from intake to the completion of initial assessment. That inspection 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.

This inspection found that the service area was still not in adherence with Tusla timeframes for preliminary enquiries and that delays in the completion of preliminary enquiries ranged from two weeks to over two years. This issue was escalated to the area manager as such delays continued to pose a risk to the service. Children were awaiting a social work assessment of their needs for long periods and the level of risk that they may be experiencing was unknown.

Data provided to inspectors prior to the inspection indicated that there were 2944 referrals received by the service since 1 October 2020 and that 2203 referrals or 75% were screened within 24 hours in line with Tusla targets, a similar percentage found on the July 2019 inspection. On this inspection, inspectors found a higher level of timely screening in the sample of cases reviewed.

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 assessed whether the referral met the threshold for a social work service. Internal checks were carried out to determine if the child was previously known to the social work department. Referrals were also classified into the relevant categories of abuse, such as physical, sexual, or emotional abuse, neglect or child welfare concern and assigned a priority level. 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.

Inspectors reviewed a sample of 56 cases for screening and found that all were screened. Of these, there was evidence that 47 (84%), were screened within 24 hours. In the event that there was no screening form on the child's file, inspectors found that there may have been immediate social work activity on the day, an acknowledgement letter to the referrer or that such information was contained in the Intake Record. There was evidence in 52 (93%) of the cases reviewed that internal checks were carried out and that the referrals met the criteria for a social work service.

Inspectors reviewed 11 cases where immediate action was taken to address concerns and assess risks to children who were deemed at risk following the screening process. In all cases, appropriate action was taken, such as a home visit, an office visit or liaison with An Garda Síochána. Safety plans were put in place in three of these cases and where a child needed alternative accommodation, this was organised by the social workers.

The purpose of preliminary enquiries was to gain further information in order to determine what action was required to address the needs of and risks to the child. Tusla had a five-day timeframe for the completion of this work and for an intake record to be signed off by the social worker and the team leader.

Inspectors reviewed a sample of 56 cases for preliminary enquiries. There were intake records on 55 of these files. On the case where there was no intake record, there was evidence of very good practice, whereby the social worker had provided an immediate response to the child's needs and had engaged in safety planning and inter-agency work. However, the intake record had not been launched over two weeks after the referral was received.

Of the 56 cases reviewed by inspectors, the preliminary enquiries had not yet been completed in 24 of these cases. In 12 of these cases, the referrals had been received in 2018 (four), 2019 (one) and 2020 (seven) and they included cases that were deemed to be high priority following screening. There was little, if any, work completed on these cases for an excessively long period of time, which reflected poor practice on the part of the service area.

Following the inspection, inspectors wrote to the area manager with regard to the high number of preliminary enquiries that had not been completed in a timely manner and the fact that the risk associated with these cases had not been determined. Inspectors provided examples of four cases of this nature. Inspectors sought assurances that: there is a plan for completing these preliminary enquiries; that all cases awaiting preliminary enquiries have been reviewed. Inspectors requested that the area manager set out how he was assured that this will happen. In his response to the escalation, the area manager stated that an audit and review of approximately 400 cases will be completed under the category of screening and preliminary enquiries. This will be completed by the beginning of Q4 2021 with the support of the Tusla Practice Assurance and Services Monitoring Team (PASM).

Inspectors reviewed 32 cases where the preliminary enquiries had been completed. Of these, 11 (34%) had been completed within the five-day Tusla timeframe. Twenty one (66%) had not been completed within the timeframe. Of these, three were

signed off between five and 10 days following referral, 11 between 10 and 30 days, three between 30 and 60 days, three between 60 and 80 days, and one was not signed off for over 12 months.

There were examples of very good practice at preliminary enquiry stage, where the work was completed in a timely manner and measures were taken to ensure the children's safety, when necessary. Social workers met with children and families, consulted the relevant community or statutory services involved with the family. There was good evidence of network checks being completed and the consent of parents being obtained for this, when appropriate. Social workers convened strategy meetings to ensure the risks were assessed and decisions were made in the best interests of the children. This work had a positive outcome for the children in terms of their protection.

The July 2019 inspection found that safety planning was not fully embedded in practice and that not all children who required a safety plan had one in place. The safety plans that were in place varied in quality.

This inspection found that, since 2019, the service area had adopted the Tusla national practice approach to safety planning with the intention of standardising and improving the quality and consistency in safety planning. All social workers had attended training and workshops on this approach and there was evidence that there was ongoing training and opportunities for learning and further development of skills.

The service area did not use formal written safety plans until after the initial assessment had been completed. In the absence of formal written safety plans, safety plans were recorded in case notes or in the intake reports or initial assessments. Inspectors reviewed 15 cases where safety plans were required and found that safety plans had been put in place in 13 of the 15 cases. In one of the two cases where there were no safety plans recorded, a team leader told inspectors that two sets of parents had taken appropriate action to ensure the safety of children in one case. In the other case, it was recorded that a parent had taken appropriate action but inspectors considered that further follow up was required by the social work department in relation to the children's ongoing safety.

The 13 safety plans reviewed by inspectors were all adequate. Parental capacity to safeguard was appropriately assessed. The children were aware of or actively involved in the safety plans, with the exception of one child who was too young. All risks were identified and the children's support networks were involved in ensuring the children's safety. The safety plans were reviewed where required.

At the time of the July 2019 inspection, there were 173 referrals awaiting a preliminary enquiry and 110 were on a wait list for an initial assessment. Inspectors found a mixed level of quality in relation to the review process for wait listed cases. The review of the wait list did not ensure that all children would be met with. A common SOP for the review of wait lists was not evident across the service area. Evidence of review and decisions made were recorded as case notes on NCCIS.

Data provided to HIQA prior to this inspection showed that there were 47 referrals awaiting a preliminary enquiry and 23 cases awaiting initial assessments, a significant reduction in less than two years.

The service area had also developed a SOP for the management and review of unallocated cases or wait lists in September 2019. According to the SOP, high priority cases should be reviewed at intervals not exceeding six weeks and medium and low priority cases should be reviewed at intervals not exceeding three months (an audit form was developed to be used for each review). Following two audits, the number of high priority cases that remain on the waiting list should be brought by the team leader to the attention of PSW for joint review, no longer than three months after referral. If the numbers of cases reached the point where it was not possible to implement this SOP then this was brought to the Area Management meeting for governance.

Inspectors reviewed a sample of eight cases for evidence that the SOP on wait lists was being implemented. Two high priority referrals awaiting preliminary enquiries were reviewed. One referral was waiting 11 weeks. There had been one review after three weeks and, while the second review was overdue, the case was "active on duty" – this meant that, although the case was not allocated, duty social workers made phone calls, such as to the child's parents, and carried out checks in relation to the referral, pending allocation. The second case was waiting for five months with only one review in that time. Inspectors also reviewed five medium priority cases awaiting initial assessment. One case had been reviewed by a team leader and placed on the wait list for initial assessment in the week prior to the inspection but had previously been on the wait list for completion of preliminary enquiries for 11 months. The remaining four cases had been on the wait list for initial assessments for periods of four months, 10 months, 13 months and 14 months, respectively. Each of these cases had had only one review each during that time.

On the basis of the sample of files reviewed, it was clear that the SOP for the management and review of wait lists was not being implemented in full. Reviews were not taking place at the frequency outlined in the SOP and there was no evidence of review of any of these cases by a PSW.

Inspectors also reviewed 11 cases for evidence of ongoing monitoring and oversight by managers. In three cases, there was evidence of excellent engagement and oversight by the team leaders. There was good direction on the cases and actions were reviewed regularly. In four cases, very poor oversight was demonstrated by lack of follow up on actions that were agreed in supervision. In the remaining cases, the oversight was mixed.

The inspection in July 2019 found that, overall, 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. Improvements were required in order to ensure that all assessments were undertaken promptly and in line with Tulsa's standard business processes.

According to data provided by the area, of the 2994 referrals received since the 1st October 2020, 367 required an initial assessment; the area reported that a total of 482 initial assessments had been completed in that time. Furthermore, there were 336 initial assessments on-going at the time of this inspection.

Inspectors reviewed 13 initial assessments that had been completed in the 12 months prior to the inspection and they were found to be of good quality. Social workers met with children in the course of seven of the assessments. In five cases, and for appropriate reasons, social workers did not meet the children. Assessment reports reflected consultation with the children's support networks and good inter-agency cooperation. There was good consideration and analysis of strengths and existing safety factors. Risks and concerns in relation to the children were clearly identified. They were well described and analysed in the assessment reports. Where the children had support networks that could mitigate the risks or meet the children's unmet needs, these were also identified. The outcomes of the assessments were well recorded. The risk status and the levels of risk that children were experiencing were set out clearly and the next steps in these cases were identified. The outcomes and the next steps were shared with parents and with the children, where this was appropriate.

The initial assessments reviewed by inspectors also reflected good practice on the part of social workers. There were examples of very good planning for unborn babies, sensitivity to a family who were recently bereaved, excellent cooperation with An Garda Síochána and referrals to other agencies when required.

The majority (11 out of 19, or 58%) of initial assessments reviewed by inspectors, including those that had been completed and those that were ongoing, were not completed in a timely manner. Of thirteen completed initial assessments reviewed,

eight (42%) were completed without delay. Three assessments were completed within three to four months of receipt of referral. One assessment was completed seven months following receipt of referral and no explanation was recorded for the delay. One assessment was completed 13 months after receipt of the referral. In this case, while the social worker had completed work and the assessment report, the initial assessment was not signed off by the team leader for 11 months.

Inspectors reviewed six cases where it was indicated that initial assessments were ongoing. The commencement of these assessments ranged from approximately two weeks to three months after receipt of the referrals but, in five of the six cases, the assessments were still incomplete well beyond the target of 40 days allocated for this task. In one case the referral was made in March 2021, the initial assessment was commenced promptly and the considerable work was ongoing on the case. However, the remaining five assessments had been commenced from between three months to 13 months prior to the inspection. In one case, very little work had been undertaken and the child and parents had yet to be contacted 13 months after the referral was received. A team leader provided an assurance to the inspector that a staff member would be allocated to engage in direct work with the family.

In June 2020, Tusla senior leadership team issued a practice instruction to all social work departments on the subject of notifications to An Garda Síochána. Also in June 2020, the Tusla PASM Team undertook a National Audit of Notifications to An Garda Síochána in accordance with Children First. Data contained in the audit report showed that the Cork service area had the fifth lowest rate of notifications of the 17 service areas in Tusla.

There was evidence that the subject of Garda notifications was discussed on a number of occasions by the PSWs and area manager in the service area. Staff who spoke with inspectors in focus groups were aware of the practice instruction and were able to outline the circumstances in which a Garda notification was required.

At the time of the inspection in July 2019, data submitted by the area showed that only 3.3% of referrals for the relevant period were notified to An Garda Síochána. Data submitted to HIQA prior to this inspection showed that of the 2944 referrals made to the service since the 1 October 2020, 228 or 8% were notified to An Garda Síochána.

There were systems in place for notifying An Garda Síochána of allegations of abuse and for tracking such notifications. In the cases reviewed by inspectors where such notifications were required, the notifications were made 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

seven cases where a notification was required in incidents relating to physical abuse, emotional abuse and neglect and found that, in five of the seven cases, the notifications to An Garda Síochána were made promptly. In one case, the notification was made 12 days after receipt of the referral, and, in another case, the notification had not been made one month after receipt of the referral until an inspector contacted the team leader to enquire if a Garda notification had been made. The team leader told the inspector that making the Garda notification was an action that had been agreed with the social worker. The notification was subsequently made and a copy viewed by the inspector. Inspectors were of the view that the notifications should have been made in a timely manner and that timeframes of 12 days and one month, respectively, were not timely.

Inspectors reviewed 12 cases that had been closed since 1 October 2020. All 12 were closed appropriately. In all 12 cases, the rationale for the closure was documented and there was a closure summary on file in 11 of the 12 cases. In five cases, the child was informed, where this was appropriate, but not in four cases. Parents were informed in 11 of the 12 cases. In nine of the 12 cases, there was evidence of inter-agency cooperation as was appropriate to these cases. In four cases, the child and family were referred to another agency prior to closure.

**Child protection and welfare
Standard 2.2**

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

**Judgment
Non-compliant
Major**

All referrals to the service were appropriately screened and the majority were screened in a timely manner.

There were examples of very good practice at preliminary enquiry stage, such as inter-agency cooperation and planning. However, not all preliminary enquiries were completed in a timely manner and in line with Tusla's business processes and some were subject to excessively long delays. Risks associated with these cases had not been determined by the area. Consequently, inspectors found that this posed a risk to the quality and safety of the service provided to children.

<p>Child protection and welfare Standard 2.3 Timely and effective action is taken to protect children.</p>	<p>Judgment Non-compliant Moderate</p>
<p>In cases where immediate action was required to address concerns and assess risks to children who were deemed at risk following the screening process, social workers responded quickly and, in all cases reviewed, appropriate action was taken.</p> <p>Safety plans were of good quality but not all children who required one had a safety plan.</p> <p>Some children who were referred to the service were waiting for lengthy periods of time for preliminary enquiries to be undertaken before their needs could be assessed. While inspectors did not escalate risk in any individual cases to the area manager, nonetheless the service provided to these children was not timely and this informed the reason for moderate non-compliance.</p>	
<p>Child protection and welfare Standard 2.4 Children and families have timely access to child protection and welfare services that support the family and protect the child.</p>	<p>Judgment Non-compliant Moderate</p>
<p>There were wait lists in place for the completion of preliminary enquiries and the wait lists did not reflect the number of children who experienced long delays to the completion of preliminary enquiries.</p> <p>Systems in place to review the wait lists were not adequate.</p>	
<p>Child protection and welfare Standard 2.5 All reports of child protection concerns are assessed in line with Children First and best available evidence.</p>	<p>Judgment Non-compliant Moderate</p>
<p>The completed initial assessment reports reviewed by inspectors reflected consultation with the children's support networks and good inter-agency cooperation. Social workers met with children, where possible. There was good consideration and analysis of strengths and existing safety factors. Risks and concerns in relation to the children were clearly identified. However, the majority of initial assessments reviewed were not completed in a timely manner.</p> <p>Not all notifications to An Garda Síochána were made in a timely manner.</p>	

Compliance Plan

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

Provider's response to Inspection Report No:	MON-0032080
Name of Service Area:	The Child and Family Agency, Cork
Date of inspection:	26-29 April 2021
Date of response:	3 rd August 2021

These requirements set out the actions that should be taken to meet the *National Standards for the Protection and Welfare of Children (2012)*.

Theme 2: Safe and Effective Services

Standard 2.2 Non-compliant major

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

1. Not all preliminary enquiries were completed in a timely manner in line with Tusla standard business processes and some were subject to excessively long delays.

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:

Actions Taken/Planned	Person Responsible	Completion Date
<ul style="list-style-type: none"> All referrals are screened and prioritised at the initial point of contact. 	Social Worker and Team Leader	Completed and ongoing
<ul style="list-style-type: none"> At this point in time all referrals requiring a Preliminary Enquiry, post screening, will have an Intake Record launched by administrators at the time the referral is inputted. 	Admin Staff	Completed and On-going
<ul style="list-style-type: none"> Workshops/Training on Advanced Find and reports on NCCIS will be provided to Principal Social Worker's and Team Leaders by the Business Information Unit. This has been scheduled for 2021. Advanced Find is a view that is created on NCCIS that allows the user to access certain information/data sets. 	Business Information Unit and Principal Social Workers	31 st Oct 2021
<ul style="list-style-type: none"> All referrals screened as Medium and Low are, where appropriate, diverted to PPFS. This will be further enhanced by the upcoming PPFS Manager appointment. (Campaign delayed due to Cyber Attack). 	Social Work Team Leader	Completed and Ongoing

<ul style="list-style-type: none"> Of the 80 cases inspected by HIQA during the Inspection – these are in the process of being reviewed with the High Priority cases completed and the remainder to be completed by September 30th. 	Social Work Team Leader	Completed and On-going
<ul style="list-style-type: none"> The review of the Cork Area waiting list Standard Operating Procedures was completed on 30th July 2021. 	Principal Social Worker	Completed
<ul style="list-style-type: none"> The Cork Area has devised a Service Improvement Plan in relation to adherence to Standard Business Processes. This is to improve the quality of Standard Business Process Implementation and will be reviewed quarterly by the Area Manager. 	Principal Social Worker	Completed
<ul style="list-style-type: none"> The Social Work Team Leader will prioritise discussion of cases that are outside of timelines during supervision 	Social Work Team Leader & Social Worker	Monthly
<ul style="list-style-type: none"> The Social Work Team Leader will, on a monthly basis, notify the Principal Social Worker of all cases where preliminary enquiries are outside timelines. 	Social Work Team Leader	Immediate
<ul style="list-style-type: none"> Trends including timelines will be identified and discussed on a quarterly basis by the Principal Social Worker group and subsequently with the Area Manager. 	Principal Social Worker and Area Manager	31 st December 2021
<ul style="list-style-type: none"> All legacy preliminary enquiries that pre-date 2021 will be completed by the end of Q3. 	Social Work Team Leader and Principal Social Worker	30 th September 2021
Proposed timescale: Please see above		Person responsible: Please see above

Standard 2.3
Non-compliant moderate

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

- Safety plans had not been put in place for all children who required them.
- When children were waiting for lengthy periods of time for preliminary enquiries to undertaken before their needs could be assessed, the level of risk in these cases was not known.

Action required:

Under Standard 2.3 you are required to ensure that:

Timely and effective action taken to protect children.

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

Actions Taken/Planned	Person Responsible	Completion Date
<ul style="list-style-type: none"> • The timelines for cases allocated for preliminary enquiries will be reviewed regularly in Social Workers' supervision to ensure that there is a plan in place to address any un-assessed risk. 	Social Work Team Leader and Principal Social Worker	Immediate and Ongoing
<ul style="list-style-type: none"> • All high priority cases will be prioritised for allocation and completion of the PE process. This will be monitored monthly by the teams through an advanced find on NCCIS. 	Social Work Team Leader and Principal Social Worker	Immediate and On-going
<ul style="list-style-type: none"> • The Social Work Team Leader will continue to review and monitor the implementation of the Safety Planning Process through the Signs of Safety analysis and will ensure that this is evidenced in both the Intake Record and the Initial Assessment. Immediate action by the Social Work Team Leader will be taken if they identify a child without necessary safety planning evidenced on file. 	Social Work Team Leader and Principal Social Worker	Immediate and On-going
<ul style="list-style-type: none"> • Tusla have concluded a pilot study regarding Joint Practice Assessment (Signs of Safety) of which safety planning is a key component. The Regional Quality Risk Service Improvement Manager and a local Social Work Team Leader participates on this working group and regularly keeps the area informed. Tusla are planning on implementing it nationally, which will further enhance the culture and practice of Safety Planning across the area. 	Social Work Team Leader and Principal Social Worker	Immediate and On-going

Proposed timescale: Please see above		Person responsible: Please see above

Standard 2.4
Non-compliant moderate

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

1. The wait lists in place for the completion of preliminary enquiries did not reflect the number of children who experienced long delays to the completion of preliminary enquiries.
2. Systems in place to review the wait lists were not adequate.

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:

Actions Taken/Planned	Person Responsible	Completion Date
<ul style="list-style-type: none"> All cases on a waiting list for Preliminary Enquiries are revised monthly as per our revised Standard Operating Procedures. Within this all high priority cases are considered for allocation at the Weekly Allocation's Meeting. 	Social Work Team Leader and Principal Social Worker	Immediate and On-going
<ul style="list-style-type: none"> In relation to the 80 cases inspected by HIQA the area had committed to having these cases reviewed by 31st May, however the Cyber Attack has significantly impeded any progress. We now have a revised due date for completion of 30th September 2021. 	Social Work Leaders	30 th September 2021
<ul style="list-style-type: none"> Practice Assurance and Service Monitoring will immediately audit the high priority cases contained 	Practice Assurance	13 th August 2021

in the 416 cases awaiting completion of Preliminary Enquiries at the time of inspection.	and Service Monitoring	
<ul style="list-style-type: none"> Practice Assurance and Service Monitoring will assist the area with the review of the remaining medium and low cases. 	Practice Assurance and Service Monitoring & Principal Social Workers	31 st October 2021
<ul style="list-style-type: none"> A report will issue to the Area Manager on the final outcomes of the respective audits and any recommendations will be implemented. 	Principal Social Workers and Practice Assurance and Service Monitoring	31 st October 2021
<ul style="list-style-type: none"> Weekly allocations meetings of referrals will also include a review of all high priority referrals awaiting allocation. 	Social Work Team Leader	Immediate and Ongoing
<ul style="list-style-type: none"> The Area will meet with external funded agencies and will meet with PPFS for low priority cases at screening / intake to ensure that there is appropriate early diversion. This will happen on a monthly meeting as part of the RED process. This will be included in the waiting list Standard Operating Procedure. 	Social Work Team Leader and Principal Social Workers	Completed and ongoing
<ul style="list-style-type: none"> Workshops/ Training on Advanced Finds and reports on NCCIS will be provided to Principal Social Worker's and Social Work Team Leaders by the Business Information Unit. 	Business Information Unit	31 st October 2021
<ul style="list-style-type: none"> Allocated preliminary enquiries which are not being completed in a timely manner, will be addressed in Supervision. Any issues that are identified will be raised by the Social Work Team Leaders to the Principal Social Worker. 	Social Work Team Leader and Principal Social Worker	Immediate and Ongoing
<ul style="list-style-type: none"> Risk escalation will be initiated in the event of high-priority cases being placed on the waiting list which cannot be managed internally. Discussion held with Principal Social Worker's and Area Manager regarding Risk Escalation and Need to Know processes; where gaps in the procedure exist in practice and what steps are required to close the gaps. 	Regional Manager Quality Risk & Service Improvement	Completed June 2021

<ul style="list-style-type: none"> It was agreed that Regional Manager Quality Risk & Service Improvement would review and amend Regional Guidance (Standard Operation Procedure) for the 2 processes, Risk Escalation and Need To Know Notifications. 	Regional Manager Quality Risk & Service Improvement	Completed June 2021
<ul style="list-style-type: none"> Regional Manager Quality Risk & Service Improvement did a presentation of Draft Regional Guidance for Risk Escalations at Cork Governance and Oversight Group. Regional Manager Quality Risk & Service Improvement is currently drafting Regional Guidance (SOP) for Need To Know Notifications. This will be presented to Cork Governance and Oversight Group and policy is now in place. 	Regional Manager Quality Risk & Service Improvement	Completed June 2021
Proposed timescale: Please see above		Person responsible: Please see above

Standard 2.5 Non-compliant moderate		
<p>The provider is failing to meet the National Standards in the following respect:</p> <ol style="list-style-type: none"> The majority of initial assessments reviewed were not completed in a timely manner. Not all notifications to An Garda Síochána were made in a timely manner. <p>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 and best available evidence.</p> <p>Please state the actions you have taken or are planning to take:</p>		
Actions Taken/Planned	Person Responsible	Completion Date

<ul style="list-style-type: none"> The Business Information Unit will develop an Advanced Find to identify the number of Initial Assessments which were not completed in a timely manner. 	Business Information Unit	31st October 2021
<ul style="list-style-type: none"> Training on the Advanced Find facility on NCCIS will improve business intelligence; training on this will be provided to Principal Social Worker's and Social Work Team Leaders by the Business Information Unit. This has been scheduled for 2021. 	Business Information Unit	31 st October 2021
<ul style="list-style-type: none"> Timelines for the completion of Initial Assessments will be monitored quarterly to identify trends and to establish if further actions are needed. 	Social Work Team Leader	Immediate and on-going
<ul style="list-style-type: none"> The Area is committed to full compliance with our notification requirements to An Garda Siochana in a timely manner. Any delays in timelines will be observed by the Principal Social Worker when signing and will be brought to the attention of the team. 	Principal Social Worker	Immediate and on-going
<ul style="list-style-type: none"> The rationale for any delays in notification or decisions not to notify AGS will be evidenced on the social work file. 	Social Work Team Leader	Immediate and on-going
<ul style="list-style-type: none"> A national review of Garda notifications is scheduled to be completed by Practice Assurance and Service Monitoring by end of March 2022, the recommendations of which will be implemented by the Area. 	Practice Assurance and Service Monitoring and Social Work Team Leader	31 st March 2022
Proposed timescale: Please see above		Person responsible: Please see above

Theme 3: Leadership, Governance and Management**Standard 3.1****Non-compliant major****The provider is failing to meet the National Standards in the following respect:**

1. There was no service improvement plan to guide the strategic development of the service and strategic objectives were not clearly identified.
2. Governance arrangements were ineffective at providing assurance to the area manager and Tusla national office that the service delivered was safe, effective and timely.
3. Systems to ensure the accountability of senior managers were not fully developed.
4. The issue of Tusla timeframes for the completion of preliminary enquiries not being adhered to in a large number of cases was not being adequately managed.
5. There was a shortage of staff in some areas of the service, some staff had unmanageable caseloads and measures in place to address this were not effective.

Action required:

Under **Standard 3.1** you are required to ensure that:

The service performs its functions in accordance with relevant legislation, regulations, national policies and standards to protect children and promote their welfare.

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

Actions Taken/Planned	Person Responsible	Completion Date
<ul style="list-style-type: none">• The implementation of Service Improvement Plans is a standing item on the Agenda of National Operations Risk Management and Service Improvement Committee.	Interim Service Director and Regional Manager Quality Risk and Service Improvement	Immediate and Ongoing

<ul style="list-style-type: none"> The development of the Cork Governance and Oversight Group includes personnel from a range of disciplines including Quality Assurance & Risk Management and Practice Assurance & Service Management. This is chaired by the Interim Service Director and aims to strengthen the area's accountability and governance structures in relation to Service Improvement Plans and robust tracking and monitoring of SIPS, Compliance Plans and other strategic developments. This group will report to National Office via the Interim Service Director. 	Interim Service Director	Completed and ongoing
<ul style="list-style-type: none"> The area has developed a Service Improvement Plan to guide the strategic development of the service specifically in relation to the Child Protection & Welfare Services 	Area Management Team	Completed and ongoing
<ul style="list-style-type: none"> The area has developed specific Service Improvement Plans in relation to this Inspection pertaining to: <ol style="list-style-type: none"> Supervision Adherence to Standard Business Processes 	Area Management Team	Completed and Ongoing
<ul style="list-style-type: none"> Each Principal Social Worker will submit a report to the Governance and Oversight Group on their service in relation to implementation of the various plans 	Principal Social Workers	Immediate and Ongoing
<ul style="list-style-type: none"> Business cases will be developed where resources are not available to meet demands. 	Principal Social Workers	Immediate and Ongoing
<ul style="list-style-type: none"> A recent review of the Regional Risk Register has identified that the primary issue is not staff recruitment but more so staff retention. The area has a number of initiatives around staff retention, for example, flexible working hours, reassignments internally and mentoring and coaching. The area is highly committed to facilitating student placements among other measures to enhance staff retention. 	Principal Social Workers	Immediate and Ongoing
<ul style="list-style-type: none"> The Interim Service Director meets the Area Manager monthly for one to one meeting as part of Governance arrangements. 	Interim Service Director	Immediate and ongoing
<ul style="list-style-type: none"> Practice Assurance and Service Monitoring will provide verification reports on the progression of the Compliance Plan at the request of the Area Manager and Interim Service Director. 	Interim Service Director and Area Manager	Immediate and ongoing

<ul style="list-style-type: none"> The Interim Service Director will receive update reports from Principal Social Workers at the Cork Governance and Oversight Group meeting. 	Principal Social Workers	September 2021 Meeting and ongoing thereafter
Proposed timescale: Please see above		Person responsible: Please see above

Standard 3.3
Non-compliant moderate

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

1. The Standard Operating Procedure on the management and oversight of wait lists was not fully implemented.
2. Not all operational risks were set out on the risk register.

Action required:

Under **Standard 3.3** you are required to ensure that:

The service has a system to review and assess the effectiveness and safety of child protection and welfare service provision and delivery.

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

Actions Taken/Planned	Person Responsible	Completion Date
<ul style="list-style-type: none"> The review of the Cork area waiting list Standard Operating Procedure was completed on 30th July 2021. 	Principal Social Workers	Completed July 2021
<ul style="list-style-type: none"> The Principal Social Worker overseeing the Duty subgroup of the NCCIS will inform the Area Management team of progress in relation to this action. 	Principal Social Workers	Completed and Ongoing
<ul style="list-style-type: none"> The management of the waiting list will be addressed in the Team Leader supervision with the Principal Social Worker to ensure compliance with the Standard Operating Procedure. 	Social Work Team Leader and Principal Social Worker	Completed and Ongoing

<ul style="list-style-type: none"> Clarification was sought in relation to the threshold for risk escalations from Service Experience and Risk and Governance Systems 	Regional Manager Quality Risk and Service Improvement	Completed June 2021
<ul style="list-style-type: none"> The response was that known risks that are beyond the remit of the risk holder to mitigate, will be entered onto the area's Risk Register and where necessary escalated to Regional and National Office for additional resources or permissions. 	Regional Manager Quality Risk and Service Improvement	Completed June 2021
<ul style="list-style-type: none"> Discussion held with PSW's and Area Manager regarding Risk Escalation and Need to Know processes; where gaps in the procedure exist in practice and what steps are required to close the gaps. 	Regional Manager Quality Risk and Service Improvement	Completed June 2021
<ul style="list-style-type: none"> It was agreed that Regional Manager Quality Risk and Service Improvement would review and amend Regional Guidance (SOP) for the 2 processes, Risk Escalation and Need To Know Notifications. 	Regional Manager Quality Risk and Service Improvement	31 st August 2021
<ul style="list-style-type: none"> Regional Manager Quality Risk and Service Improvement did a presentation of Draft Regional Guidance for Risk Escalations at Cork Governance and Oversight Group. 	Regional Manager Quality Risk and Service Improvement	31 st August 2021
<ul style="list-style-type: none"> Regional Manager Quality Risk and Service Improvement has distributed a draft Regional Guidance (SOP) for NTK Notifications. 	Regional Manager Quality Risk and Service Improvement	31 st August 2021
Proposed timescale: Please see above		Person responsible: Please see above

Standard 5.3**Non-compliant moderate****The provider is failing to meet the National Standards in the following respect:**

- Some supervision records were of poor quality and only contained lists of cases discussed.
- When actions agreed during supervision were not implemented, they were not always subject to further review.

Action required:

Under **Standard 5.3** you are required to ensure that:

All staff are supported and receive supervision in their work to protect children and promote their welfare.

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

Actions Taken/Planned	Person Responsible	Completion Date
<ul style="list-style-type: none"> • The Area will undertake a review of the implementation of the actions of the Supervision Audit completed 2020. The primary focus of this Audit will be on the governance and quality function of the supervision process. This will incorporate the implementation of the Supervision Pro -forma, & the four functions of supervision which are as follows: Management, Professional Development, Support & Engagement. This Action is in accordance with the Area Action plan completed in July 2020 which was developed following the Internal Supervision Audit completed in May 2020 by the Cork Area Principal Social Worker's 	Principal Social Workers	Completed and Ongoing.
<ul style="list-style-type: none"> • The management and case discussion function will include the follow up of previously agreed actions within Supervision. 	Social Work Team Leader	Completed and Ongoing
<ul style="list-style-type: none"> • The quality of supervision will be improved through the adherence to the Supervision policy and the pro-forma developed in January 2020 as part of the HIQA Compliance plan following the CPNS inspection. This includes: Discussion, Decisions/Actions, Review and Timelines. This will 	Social Work Team Leader	Completed and Ongoing

<p>be monitored through Supervision Audits and subsequent Actions plans.</p>		
<ul style="list-style-type: none"> A further recommendation of the Cork Area Supervision Audit Action plan July 2020 is that the schedule for supervision including cancellations must be contained on all supervision files and that contracts must be updated as per the Supervision Policy. This will form part of the review Audit. 	<p>Social Work Team Leader</p>	<p>Completed and Ongoing</p>
<ul style="list-style-type: none"> A report will issue to the Area Manager on completion of this Audit and recommendations will be implemented within the team and on an individual basis through supervision. In addition, any recommendations will be communicated through team and management meetings. 	<p>Principal Social Workers</p>	<p>30th September 2021.</p>
<ul style="list-style-type: none"> In addition, a workshop with the Social Work Team Leaders across the area will be held to embed the practice. 	<p>Principal Social Workers</p>	<p>30th September 2021</p>
<p>Proposed timescale: Please see above</p>		<p>Person responsible: Please see above</p>