



**Health
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An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Opening statement to the Joint Committee on Children and Youth Affairs

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Director of Regulation and Chief Inspector of
Social Services

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Chairman, members, on behalf of HIQA, I wish to thank you for the invitation to address the Joint Committee on Children and Youth Affairs this morning. I am accompanied by my colleague Bronagh Gibson, Regional Manager in HIQA's Children's Team. I will keep this opening statement brief to allow more time for questions at the end.

HIQA's role in the monitoring and inspection of children's social services

HIQA is an independent statutory authority established in 2007 to improve Ireland's health and social care services. Our role is to develop standards, inspect the safety and quality of care in services and support informed decisions about how these services are delivered. We also conduct a wide range of health technology assessments (HTA), provide advice on Ireland's eHealth infrastructure and carry out the National Patient Experience Survey.

HIQA's Children's Team monitors and inspects a range of services provided to children by statutory and non-statutory providers. These services include:

- children's residential centres
- foster care services
- special care units
- child protection and welfare services
- Oberstown Children Detention Campus.

Most of these services are statutory, and are provided by the Child and Family Agency (Tusla).

Recruitment and retention of Tusla staff

The provision of safe, effective and reliable child-centred care relies upon a well-trained, supported and motivated workforce. However, as repeatedly cited in our inspection reports, including the recently-published report on the Child Protection and Welfare Service in the Dublin South Central Service Area, Tusla has been unable to recruit a sufficient number of social workers with the right skill mix to carry out its work programme.

During the course of HIQA's 2018 statutory investigation into Tusla's management of child sexual abuse allegations against adults of concern, Tusla staff frequently expressed concern about staff recruitment and retention. Critical social work posts remained vacant across the country, which had an ongoing, negative impact on the consistent delivery of high-quality and timely services. Staff believed this deficit was constantly causing delays in the system, for example, the timely allocation of a social

worker to a child and the management of child protection and welfare referrals. The challenges in recruiting staff were persistently reported as an organisational risk at board, executive and operational levels of Tusla.

Senior Tusla managers asserted that there was an insufficient number of social work graduates in Ireland to meet Tusla's service needs. Furthermore, staff indicated that inefficient and overly bureaucratic systems, together with the burden of too much paperwork, were reducing the amount of time that they had to spend on direct social work with children and families.

Tusla is indeed experiencing a shortage of qualified social workers. However, at the time of our investigation, no comprehensive, strategic approach to workforce planning was in place which was informed by the reality of the current employment market. For example, there was little evidence that a review of current processes and requirements, and or consideration of upskilling other social care disciplines had happened or was formally underway.

Without taking such a strategic approach, Tusla cannot rely on recurring staff shortages as the default reason for failing to deliver an efficient and safe service to children and their families. Nor can they use this as an excuse for not providing an environment where social workers and social care workers can enjoy doing the core job they are qualified to do. Tusla has to manage the same workforce challenges faced by other jurisdictions and, as a relatively young agency, must avoid an organisational mind-set that sees such problems as insurmountable due to factors outside of its control.

One of the key recommendations emerging from our investigation was that Tusla and the Department of Children and Youth Affairs should, as a matter of urgency, seek the assistance of the higher education and training establishments to create formal career-path mechanisms for students and graduates.

HIQA also recommended that the Department of Children and Youth Affairs, with the assistance of HIQA, should undertake an international review of best practice in the regulation of children's social services in order to inform the development of a regulatory framework for these services in Ireland. This is with the view to providing independent assurance to the public that the State's child protection and welfare services are safe and effective.

In the interim, HIQA recommended that Tusla should conduct an internal operational review to simplify and integrate procedures, and invest in more administrative support to free up social work practitioners' time and expertise. This should include a

review of the existing social worker, social care worker and support staff skill-mix, and the development of a workforce strategy.

Other jurisdictions have made best use of non-social work staff to carry out activities currently undertaken by social workers in Ireland. In the UK, for example, following screening of referrals and during the assessment process, social work assistants are used to provide practical support or to gather information to help inform social workers in their assessment.

In December of last year, the Expert Assurance Group (EAG) established to oversee and advise on the implementation of the recommendations of HIQA's investigation published its first quarterly report. The Chair of the Group, Dr Moling Ryan, notes that "it is well documented that Tusla has not been able to recruit the number of social workers to meet its needs, and is unlikely to be able to do so in the immediate term." He stresses that "the need for an effective workforce strategy that meets the immediate, as well as long term goals for the organisation cannot be overstated."

The report states that Tusla is preparing a multi-annual workforce plan to identify the organisation's personnel requirements for the coming years. The Expert Advisory Group expects that this plan will provide insight into how the organisation will adapt to labour-market conditions in order to deliver effective services to children. The report recommends that "significant engagement with discipline and service leads" is undertaken to identify the optimum service delivery model.

We welcome the development of a strategic workforce plan, and look forward to reviewing the final document.

Conclusion

A shortage of qualified social work staff is undoubtedly contributing to delays in the appropriate management of referrals and the early assessment of children at risk. However, Tusla, in conjunction with the Department of Children and Youth Affairs, has to manage the same workforce challenges faced by other jurisdictions and avoid an organisational mind-set that sees such problems as insurmountable due to factors outside its control.

I would like to thank the committee for inviting us here this morning. We would be happy to answer any questions you may have.

ENDS

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