

## Action Plan- Update

Please provide an update in relation to the actions listed below. We have removed actions from your action plan where an update is not required at this time. We may seek an update to all actions at a later date.

<b>Provider's response to Inspection Report No:</b>	MON-0026430
<b>Name of Service Area:</b>	Dublin South West Kildare West Wicklow
<b>Date of inspection:</b>	8, 9, 10 April 2019
<b>Date of request of update</b>	6 December 2019
<b>Date of response:</b>	

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

**Theme 2: Safe and Effective Services**

**Standard 2.2**

**Non-Compliant Moderate**

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

Individual referrals did not always receive an individual response through a unique preliminary enquiry.

The quality of screening in the area was varied and threshold levels were not consistently recorded.

The overall quality of preliminary enquiries carried out in the Dublin South West Kildare West Wicklow service area was poor.

The service area was not routinely notifying An Garda Síochána of suspected crimes of wilful neglect or physical or sexual abuse against children in a timely manner.

**Action required:**

Under **Standard 2.2** you are required to ensure that:

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

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

2.2.3: All individual children who are referred will have an individual intake record completed as required on every referral. This action has commenced. From July 2019, a monthly audit will take place by the Intake Principal Social Worker on a random sample of referrals and preliminary enquiries to ensure that this is taking place;

**Insert update here:**

**Insert timescale here:**

2.2.4: A briefing workshop will take place on 4th July 2019 with all intake staff with regard to screening and preliminary enquiries as per Tusla's Interim Practice Guide re Referral and Assessment Process (February 2018). A further date has also been scheduled in July to focus on using the Signs of Safety national practice approach with regard to questioning at Preliminary Enquiry and in line with the Standard Business Process;

**Insert update here:**

**Insert timescale here:**

2.2.5 From July 2019, the Principal Social Worker for Intake will carry out a monthly audit on a sample of referrals and completed preliminary enquiries to ensure that the quality of screening and preliminary enquiries improves. Any learning identified through this audit will be shared and a plan for implementation agreed at the Intake and Child Protection and Welfare Team meetings;

**Insert update here:**

**Insert timescale here:**

2.2.8 The Quality Team Leader Post is currently in the process of being filled within the Area and part of the workplan at Intake will include a focus on routine auditing and feedback to Intake teams regarding consistency in recording of threshold levels;

**Insert update here:**

**Insert timescale here:**

2.2.10: To ensure oversight of implementation of the above action; ref: direction that Garda Notification needs to be completed at the point when there is a suspicion that child abuse may have occurred, the Principal Social Worker for Child Protection Conferences will audit on a monthly basis a sample of intake and child protection & welfare cases from July 2019. In addition to this, on an ongoing basis, the Principal Social Worker for Child Protection Conferences will have an oversight role in highlighting and reporting issues relating to the quality of intake records and initial assessments submitted for Child Protection Case Conferences. This will include ensuring Garda Notifications are completed in a timely way.

**Insert update here:**

**Insert timescale here:**

## Standard 2.3

### Non-Compliant Moderate

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

Safety plans were not being drawn up in a timely and consistent manner.

Plans to embed safety planning in practice were not implemented.

**Action required:**

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

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

2.3.1: Guidance on immediate safety planning will be issued from Tusla's Policy and Transformation Directorate in the coming weeks and following the sitting of the National Policy Oversight Committee (NPOC) on 11<sup>th</sup> July 2019. This guidance will provide greater guidance and consistency relating to the standard required for safety planning;

**Insert update here:**

**Insert timescale here:**

2.3.2: The Signs of Safety Learning and Development Practice Leads that are assigned to DML will provide a training workshop with all staff in the Area with regard to the new guidance that will be issued. An initial meeting has been scheduled for 4<sup>th</sup> July and with a further date to be scheduled for the end of July also;

**Insert update here:**

**Insert timescale here:**

2.3.3: For all referrals, where there is an identified immediate safety concern for a child, this will be forwarded to the Social Work Team Leader for the Child Protection and Welfare Team that covers the geographical patch where the child resides. It will be responsibility of this Social Work Team Leader to ensure an immediate response and to ensure a safety plan is in place and reviewed as required. Where a threshold for an Initial Assessment is met, but where there is no identified immediate risk, this will also go to the Social Work Team Leader for the Child Protection and Welfare team where the child resides with the Safety Plan that has been put in place at Preliminary Enquiry;

**Insert update here:**

**Insert timescale here:**

2.3.4: A visit will be undertaken to children and families by the Intake Social Work Teams for referrals where it is not possible from the preliminary enquiries to determine that there is sufficient safety for the child to allow the referral to be closed, but where it is not meeting a clear threshold for initial assessment. The purpose of a visit in these cases is to ensure that there is sufficient safety and supports for the child to close or divert the referral to family support services. If there is not sufficient safety identified, then a case will be forwarded to a social worker for initial assessment as per the national standard business process;

**Insert update here:**

**Insert timescale here:**

## Standard 2.4

### Non-Compliant Moderate

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

Children did not have timely access to a child protection and welfare service.

The service had waitlists at the preliminary enquiry stage.

There were no systems in place to formally review cases on a waitlist for preliminary enquiry.

Some cases were closed to the service without the required checks and the rationale for closing either, completed or recorded on information technology systems.

#### **Action required:**

Under **Standard 2.4** you are required to ensure that:

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

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

2.4.1: In order to ensure timely access to the Child Protection and Welfare Service a review of capacity to respond to referrals within timeframes will be conducted by the Service Director and Area Manager. This review will be completed by September 2019 and support from a Lean Specialist from National Office will also be requested to inform this process;

**Insert update here:**

**Insert timescale here:**

2.4.2: Since the time of the fieldwork inspection in April 2019, social work vacancies within the intake service have been filled. There remains 1 senior social work practitioner post vacant and there is currently a regional recruitment campaign in place for senior practitioner posts. It is anticipated that these posts will be filled by Quarter 3 2019;

**Insert update here:**

**Insert timescale here:**

2.4.3 A business case has also been submitted by the Senior Management Team with regard to increasing the staffing levels at Intake and to include 1 additional Social Work Senior Practitioner, 1 additional Social Care Worker and 1 additional Social Worker on each Intake team (total of 6 additional staff);

**Insert update here:**

**Insert timescale here:**

2.4.4: As a safeguarding measure, from 1<sup>st</sup> June 2019, Intake Team Leaders have revised the screening proforma at Intake to include an audit of outstanding Preliminary Enquiries. This audit will be completed by Intake Team Leaders on a monthly basis. The Principal Social Worker will review a sample of these on a monthly basis as part of her audit. Through the Regional Child Protection Forum, standard audit sheets will be devised for Preliminary Enquiries and the measure above will be used in the interim until there is an agreed national approach. The Intake Team Leader will review the cases awaiting on a monthly basis in order to reprioritize cases as required and this will be a standing item on supervision between the Team Leader and the Principal Social Worker. Also a report to the Area Manager on waiting times for children for Preliminary Enquiry will be provided on a monthly basis;

**Insert update here:**

**Insert timescale here:**

2.4.5: The User Liaison Social Work Team Leader for the National Child Care Information System continues to do one to one sessions with all Intake and Child Protection and Welfare teams to ensure good quality records and clear recording of decision making on case closures. A monthly feedback report will be provided to the Principal Social Worker for Intake for the purpose of identifying areas of good practice and also areas that require improvement.

**Insert update here:**

**Insert timescale here:**



## Standard 2.10

### Non-Compliant Moderate

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

Service planning was inadequate.

Referrals received were not being entered onto information technology systems in a systematic, consistent and appropriate manner.

Risk management in the area was not effective at identifying all risks and putting measures in place to mitigate them.

The oversight of child protection and welfare cases was poor in the area.

The monitoring of cases through formal supervision did not provide adequate oversight.

#### **Action required:**

Under **Standard 2.10** you are required to ensure that:

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

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

2.10.2: A Service Plan for the Intake Service KWW/DSW was drawn up on 27<sup>th</sup> May 2019. A review of this Intake Service Plan is scheduled for 6<sup>th</sup> November 2019. A wider Area Service Planning Day is scheduled for the 3rd July 2019 and the objective is to develop a service plan for the Area in line with Tusla's National Business Plan and incorporating actions and targets set from this action plan;

**Insert update here:**

**Insert timescale here:**

2.10.3: The Service Director and Area Manager will complete a review of the organisational structure in the Area with a view to increasing capacity for the intake service. This will be completed by September 2019 and will influence future service planning and delivery;

**Insert update here:**

**Insert timescale here:**

2.10.7 The NCCIS User Social Work Team Leader, in conjunction with the Social

Work Team Leaders for Child Protection and Welfare is continuing to work towards cleansing the data on NCCIS so that the spreadsheets used with no longer be required. This will eliminate the duplication of work and improve the integrity of the data and as such the capacity of management to have oversight and governance of the service;

**Insert update here:**

**Insert timescale here:**

2.10.8: The Regional Quality, Risk and Service Improvement Manager will provide briefings across all teams in the area on Tusla's risk management policy for the purpose of ensuring that service risks are appropriately identified and responded to;

**Insert update here:**

**Insert timescale here:**

2.10.9 An audit schedule will be developed for the area by September 2019 for the purpose of reviewing the service and to identify areas of positive practice and also areas of significant risk. Risk Registers will be updated accordingly;

**Insert update here:**

**Insert timescale here:**

2.10.10: A governance and implementation support group will be established with the first meeting planned being held in May 2019. This group will be chaired by the Regional Service Director and will be attended by the Area Manager, the Area Management Team, monitoring officers from the Quality Assurance Directorate and the Regional HR manager. The purpose of this group is to oversee actions from this inspection, to support implementation and also to identify and respond to key risks within the service;

**Insert update here:**

**Insert timescale here:**

2.10.12: An audit of supervision across the Area will be completed by the

Principal Social Worker for Child Protection Conferences by September 2019. Areas for improvement will be identified from this audit and a plan put in place to address this. In the interim, each Principal Social Worker will be required to provide a standardized report to the Area Manager in advance of 1:1 meetings to ensure all key areas of work are discussed and recorded.

**Insert update here:**

**Insert timescale here:**