

Action Plan

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.

Provider's response to Inspection Report No:	MON-025899
Name of Service Area:	Carlow, Kilkenny, South Tipperary Child Protection and Welfare Service
Date of inspection:	21, 22, 23 and 24 January 2019
Date of response:	5 th April 2019 Date of Update: 30.01.2020

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:

The majority of preliminary enquiries reviewed by inspectors were not completed in line with the Child and Family Agency's standard business processes.

Action required:

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

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

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

2.2.1 In order to improve on current timelines and promote greater adherence to business processes, fortnightly reports on IRs and monthly reports on IAs will be issued by Business Support to be reviewed by PSW Duty for oversight of timelines on allocated IRs.

- *Fortnightly reports are issued by Business Support to PSW and Team Leaders on Intake Records in progress for follow up with relevant social workers for completion.*
- *Monthly report in relation to IAs in progress is issued to PSW/Team Leaders for follow up with relevant social workers to avoid drift.*
- *Monthly targets for completion of IAs is set between SWTLs and Social Workers and those are monitored through supervision.*
- *Additional supports are put in place where there are difficulties meeting targets.*

Update on timescale: Ongoing

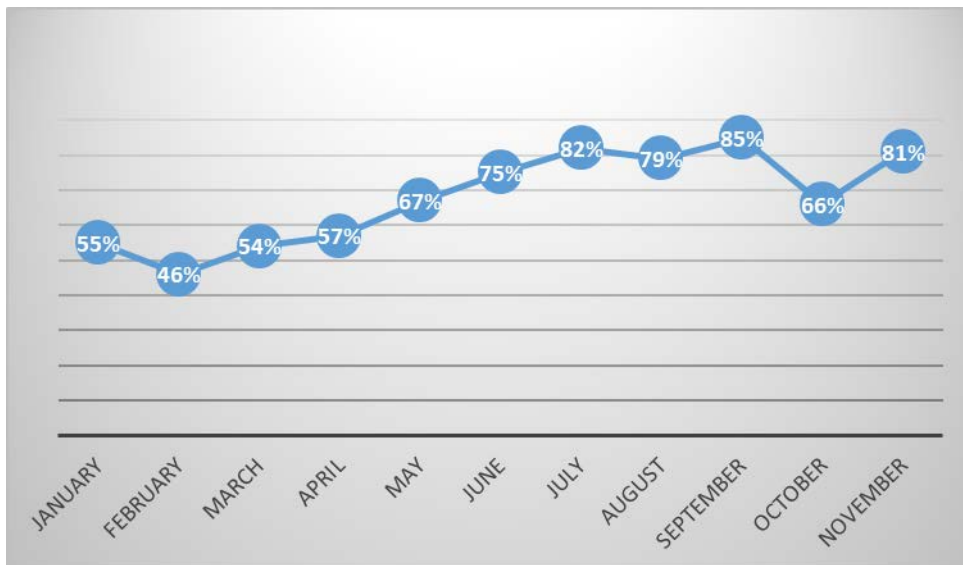
Intakes completed within 5 days have improved as follows: see graph below

Intakes complete within 5 days duty /screening

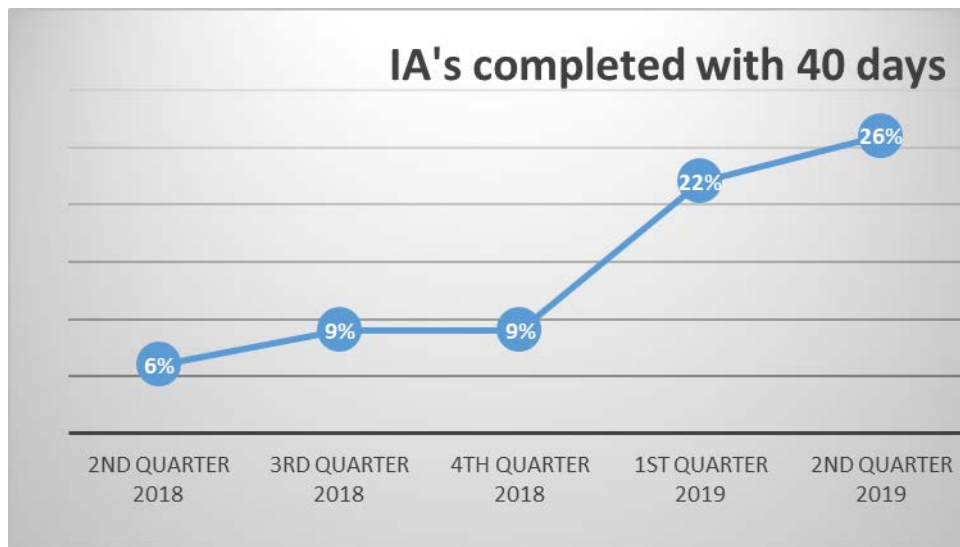


National Average for Q.2 27% as per Q.3 Quarterly Service Performance and Activity Report.

- **Intakes completed within 10 days is as follows:**



Initial Assessments



- Completion of IAs continue to be monitored on a monthly basis
- National Average for Q.2 is 17% as per Q.3 Quarterly Service Performance and Activity Report

2.2.2 *Verified complete by NPASM, (National Practice Assurance Service Monitoring) (Verification Report August 19th 2019 attached)*

Action ongoing

2.2.3 PSWs and SWTLs will audit allocated IR caseloads quarterly, to monitor for quality and any drift. Action plans to address issues highlighted in audits will be completed as per local protocol. These audits will address any practice and service deficits. The plans will be drawn up and adhered to, to promote service improvement. Actions arising from this audit activity will be reported to the Area Manager and Area Management team on a quarterly basis.

- *Verified complete by NPASM, (National Practice Assurance Service Monitoring)
(Verification Report August 19th 2019 attached)*
- *This activity forms part of the area's audit schedule and has been verified by NPASM and is ongoing.*

2.2.4 – *Verified complete by NPASM (Verification Report August 19th 2019 attached)*

2.2.5 – *Verified complete by NPASM (Verification Report August 19th 2019 attached)*

2.2.6 Case prioritization workshops are scheduled for the year on a regular basis. The first workshop has taken place. Focus will include an overview of a large number of cases; identify any practice issues and challenges with timelines; ensuring children are referred to the most appropriate service. Action plans will be drawn up following these sessions which will focus on individual needs of children referred and training needs for staff. Action plans will be monitored by the PSW for duty with support from the area's QA lead.

***Action completed.** Verified complete by NPASM
(Verification Report August 19th 2019 attached)*

- *A Practice Intensive on duty and intake with National Lead SofS, PSW took place 15th & 16th August 2019. 45 staff attended over the two days.*
- *An Initial Assessment Intensive workshop took place 16th, 17th and 18th October also co-facilitated by National Lead, PSW and CKST PSWs.*

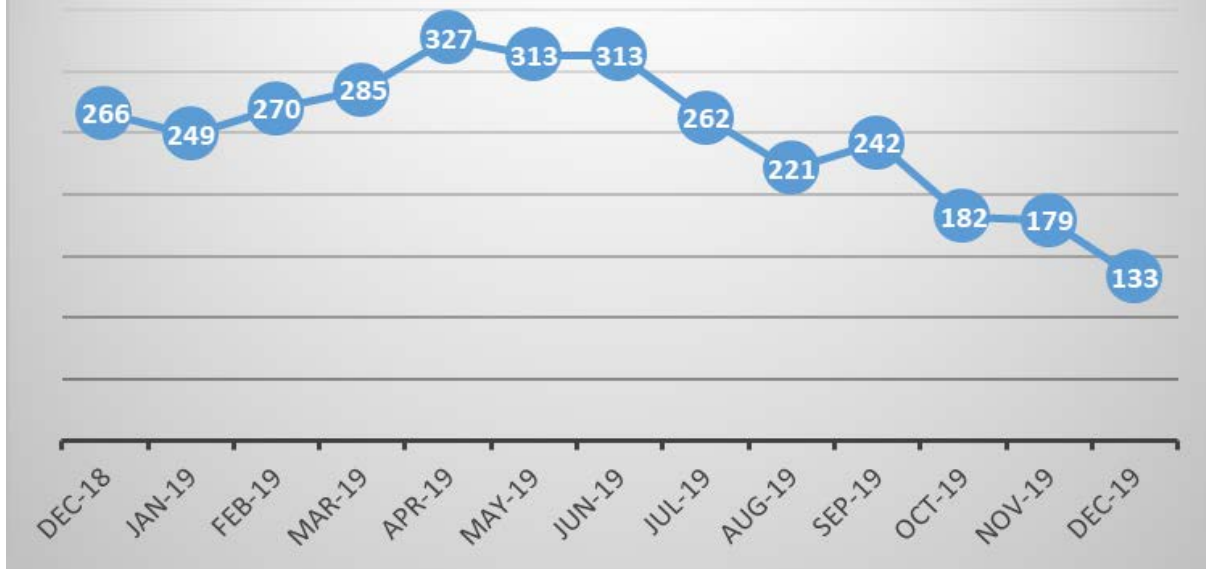
Update on timescale

- *Further prioritisation workshops are scheduled for quarter one and quarter two 2020*

***2.2.7** – Verified as complete by NPASM(Verification Report August 19th 2019 attached)*

2.2.8 To address the number of referrals and cases awaiting allocation, business cases are being made for two additional Social Work staff to improve timelines with Standard Business Processes and to achieve a reduction in cases awaiting allocation by 70% by end of 2019. Please refer to action 2.4.3.

Unallocated Duty and Ass only



- *50% reduction achieved in unallocated cases to duty and assessment teams.*

Update on timescale

- *2.2.8 This should read "reduction in awaiting allocation by 20% as per Service Improvement plan and Agency Business Plan.*
- *CKST goal is to reduce cases awaiting allocation by further 20% by the end of 2020.*

Standard 2.3

Non-Compliant Moderate

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

Some children did not receive timely interventions.

Inspectors found risk associated with untimely interventions within two referral pathways, i.e. case waitlisted and cases allocated to social workers where there was undue drift and delay.

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

Action required:

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

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

2.3.1 PSW and SWTLs will undertake sample audits of allocated cases quarterly, collate findings and disseminate learning to the team via meetings. These audits focus on potential drift or delay in children accessing necessary supports. Findings will also be shared with Area Manager and QA Lead in the area for discussion and review.

Action verified as complete by NPASM (Verification Report August 19th 2019 attached)

- *IR Audits took place on the 14.03.2019 and 21.06.2019 and 22.10.2019*
- *IA audit completed February 2019 by NPASM and PSWs (copy attached)*
- *Following each audit a Signs of Safety Mapping is completed, with next steps identified.*
- *Mapping document 21.06.2019 was provided to the NPASM Officer for verification purposes.*
- *Post intake prioritisation sheets are completed and uploaded to case files.*
- *Staff are identified to complete actions of wait list cases.*
- *Audit findings are discussed and reviewed at Area Management and Governance meetings*

Update on timescale

- *Q.4 audit completed 22.10.2019 by NPASM Draft report awaited.*

2.3.2 Business support will be issuing fortnightly and monthly reports on IRs and IAs. Any existing potential drift in casework will be reviewed by SWTLs on individual caseloads, in supervision every 4-6 weeks. SWTLs will highlight any concerns about individual staff performance with the PSW, and appropriate support/actions agreed.

- *Verified completed by NPASM Verification Report August 19th 2019 attached*

- Reports are circulated to PSW and Team Leaders by NCCIS Business Support.
- IR or IAs nearing or outside timeframes for completion are highlighted to Social Workers and Team Leader via emails sent by NCCIS Support.
 - Emails x 3 were sighted by the NPASM officer.
 - In June 2019 the timeframe for completion of IRs within 5 days had increased from 29% (Jan 2019) to 54%

Update on timescale

- Business support will continue to issue reports on IRs and IAs
- PSW has set 4 weekly targets for SW IA staff. When target is not met, staff member and SWTL meet to discuss reasons, actions needed and supports available to staff and service users.
- Unallocated cases audited every 8 weeks, safety plans reviewed and any actions arising from this are tracked and monitored by Snr Practitioner, who assigns work to SW staff as needed.

2.3.3 SWTLs and Senior Practitioners for Assessment will continue to review waitlisted cases on an 8 weekly basis, recording this on the NCCIS file. To avoid drift, SWTL will oversee any new information on receipt to review risk that requires a response and ensure this is made by the available social care or social work staff. This will be reviewed at supervision.

- Verified as complete by NPASM Verification Report August 19th 2019 attached
- Audits are occurring collectively with SWTLs and PSWs. An audit of IAs awaiting allocation took place 10.07.2019
- Post intake prioritisation (PIP) sheets are completed and attached to individual case files following audit.
- NCCIS child files x 8 were reviewed by the NPASM Officer and each contained a completed PIP sheet following the audit on 10th July 2019.
- There is a tracker in place for cases that needed follow up and minimal action to close. This is held by PSW and SWTL. Where there is minimal action to close these tasks may be secondary allocated to social care workers.

Update on timescale

- Audits will continue on an 8 weekly basis

2.3.4 Safety planning recorded within the IR and IA documents will be reviewed as part of audit and in supervision to ensure adequacy of plan to address the risks highlighted. These methods will also allow safety plans to be monitored for effectiveness, and will highlight the need for review of a plan. Safety will be agreed with families, as part of the IR/IA process, and will be reviewed in supervision and as appropriate within family network meetings. Where children are on a case awaiting allocation list, safety planning will be monitored and reviewed as outlined in 2.3.2.

- Verified as complete by NPASM Verification Report August 19th 2019 attached

- *Post intake prioritisation sheets are completed and attached to individual case files following audit, these identify whether a review of safety plan is required.*
- *Safety plans are also reviewed under case discussion in supervision and through file audit of unallocated cases with a case note made on file of any actions required. Actions are reviewed in supervision and in file audit of unallocated cases.*

Update on timescale:

- *NPASM Second National Quantitative SOS audit completed and draft report received (copy attached)*

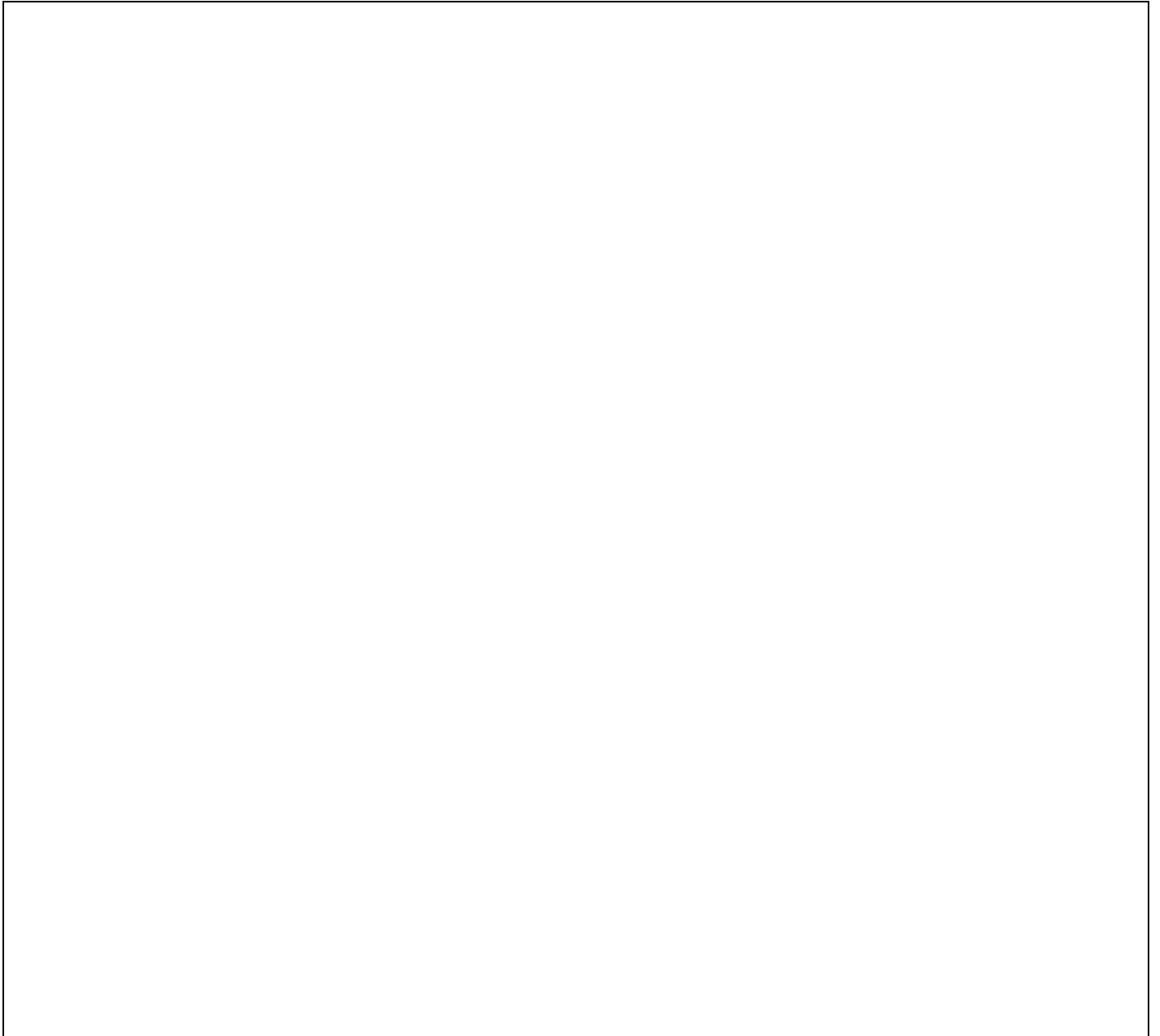
2.3.5 *Outreach to undertake IAs. This implementation was delayed due to a Union directive, there is ongoing consultation with Union.*

2.3.6 Social care staff under supervision of SWTL will be assigned to monitor safety plans of children awaiting allocation for Initial Assessment. These workers will be supervised by a Social Work Team Leader. Cases awaiting allocation to a SW will be secondary allocated to the social care staff, who will review and update plans on 8 weekly cycles, or when new information requires it.

- *Ongoing with consultation with Union regarding redeploying Social Care Staff.*

Update on timescale:

- *Ongoing consultation with Union occurring.*



Standard 2.4

Non-Compliant Moderate

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

Children and families who were awaiting allocation for initial assessment did not receive a service in a timely manner.

The volume of cases awaiting allocation remained unimproved since the last inspection in October 2017.

The local protocol for managing cases awaiting a service was not always effective in ensuring that actions determined to progress a referral were initiated.

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 Action completed verified by NPASM Verification Report August 19th 2019 attached

2.4.2 National Project Management Office has commenced a review of processes at screening and intake under Lean Management. The recommendations arising from this review will inform the development of an action plan to improve systems/procedures at screening and assessment.

- *Action completed*
- *The Lean Management review has been completed and an action plan is in place following this review. The action plan contains 33 actions. The implementation of actions is in progress.*
- *New guidance issued in relation to referrals not requiring an intake in November 2019.*
- *Area conducted review of compliance in November 2019 which was positive and further review is scheduled for Q1 2020.*

2.4.3 A full review of resources assigned to intake and assessment will be undertaken including caseloads. Identified staffing needs will form the basis of a business case for additional resources for the Area. See also action 2.10.5

- *Action Completed Verification Report August 19th 2019 attached*
- *CKST area was selected as one of five areas to participate in a National Review of*

the front door.

- *Action discussed at Governance Group meeting 19th August 2019. Assurance provided by Area Manager that review of resources commenced in July 2019.*
- *Meeting took place with A/COO in Q.3 regarding initiative.*

Update on timescale:

- *Additional staffing resources have been secured.*

2.4.4 The potential to refocus resources via partner funded agencies in the community to undertake welfare initial assessments is being explored. A business case for additional resources to expand this option will be developed arising from this assessment and engagement.

- *This action was reviewed however due to staffing levels and capacity within the partner services it was agreed that this is not an option. However the areas funded partners continue to accept referrals as diversions, from social work through PPFS structure and direct referral.*
- *This is reviewed on an ongoing basis with PPFS Manager and funded agencies.*

Standard 2.5

Non-Compliant Moderate

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

The majority of assessments reviewed by inspectors were not timely.

Inspectors found that the system in place to ensure that all relevant information was notified to An Garda Síochána was not strong enough.

Action required:

Under **Standard 2.5** you are required to ensure that:

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

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

2.5.1 *Action complete, verified by NPASM Verification Report August 19th 2019 attached*

2.5.2 *Action complete verified by NPASM Verification Report August 19th 2019 attached*

2.5.3 Audits and review of IAs and IRs for 2019 will include a review of Garda notification requirement, highlighting if there is a deficit. A sample of IRs will be audited quarterly by PSW and SWTLs. This is in addition to SWTL and PSW oversight in supervision and team meetings.

- *Action Completed Verification Report August 19th 2019 attached*
- *A spreadsheet of notifications from and to Gardai is maintained.*
- *An IR audit was carried out in March, June and October 2019 and incorporated a review of the Garda notification requirements.*
- *An IA audit/Practice Intensive was completed in October 2019*
- *Review Analyse Progress (RAP) for cases allocated for IA continues on a monthly basis.*
- *Area participated in National Audit of Garda Referrals and is awaiting the findings.*

Update on timescale

- *Q.4 IR audit completed and draft report awaited from NPASM*

2.5.4: *Action Completed*

2.5.5: *An area wide Garda workshop was scheduled for 22.06.2019, however changes in Garda personnel have delayed this action. This has been rescheduled Q.1 2020.*

- *6 weekly meetings with Garda and SWTLs are occurring.*

-There is ongoing engagement with Gardaí including interagency meetings, e.g with Local and Church authorities.

Standard 2.10

Non-Compliant Moderate

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

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

The impact of quality assurance systems varied.

There was no plan in place to systematically reduce waitlists in the service.

There was no strategic plan to future proof a screening intake and assessment service which had capacity to progress referrals in line with Tusla's own standard business process and to ensure compliance with the national standards.

Action required:

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

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

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

2.10.1 *Action completed, verified by NPASM Verification Report August 19th 2019 attached*

2.10.2 *Supervision workshop held 28th November 2019*

2.10.3 Supervision files will continue to be audited on a six monthly basis by PSWs, to look for evidence of timely interventions and consistency of practice.

- *Action Completed*
- *Initial Audit took place in January 2019 (copy attached)*
- *2nd Audit took place in August 2019. (copy attached)*

2.10.4 Quality assurance activity will continue throughout the year, with a schedule of audit activity and data analysis. Action plans are required from the PSWs, as per area protocol for internal audits. The impact of QA activity will be monitored through ongoing data analysis. Additional scheduled audits and feedback from a variety of sources will remain a focus of area management, Governance Committee and team meetings. Actions arising from workshops will be monitored to ensure they are completed. PSWs are responsible for drafting action plans which will then be approved or amended by the area management team. These will be reviewed by Area Governance Committee.

- *Action Completed*
- *A system has been established for the ongoing monitoring of audit activity and*

action plans in CKST area.

- *A tracker spreadsheet is maintained by PSW/QA Lead of all audits carried out and corresponding actions*
- *This is reviewed at Governance Group Meeting.*

Update on timescale

- *Area audit tracker will continue to be updated regularly*

Please provide the dates and subject of all audits completed and the number of corresponding action plans put in place as a result – along with the update on each action plan.

See attached.

2.10.5 Team meetings will focus on drift and delay to cases. Business support is issuing fortnightly and monthly reports detailing cases at process stage for IRs and IAs. This will assist the SWTL and PSW in monitoring drift and timelines, prioritizing cases as required and ensuring agenda items at each supervision session.

- *Fortnightly and monthly reports issued to all team leaders*
- *Increases in completion of Intake records and IAs are noted.*

Update on timescale

Ongoing

2.10.6 Under the implementation of the Tusla Child Protection and Welfare Strategy the Tulsa Workforce Plan will be piloted in 2019 within this Area with a focus on multidisciplinary teams and strengthening existing administrative and business supports. An assessment of the staffing requirements to meet current service demands will be undertaken to the aim of sustainable staffing to substantially reduce the waiting list and improve adherence to business processes, reduce cases awaiting allocation.

Update on timescale

- *Assessment carried out and Draft Report received on Comprehensive review*

2.10.7 An assessment of interim staffing requirements will be undertaken in Q2 to address current waiting list and a business case for additional staffing will be made arising from this assessment.

- *Action Completed.*
- *3 additional staff were assigned to the area in Q.4.*

Update on timescale

2.10.8 *Ongoing*

2.10.9 *Action completed verified by NPASM Verification Report August 19th 2019 attached*

2.10.10 *Action completed verified by NPASM Verification Report August 19th 2019 attached*

2.10.11 *Action completed verified by NPASM Verification Report August 19th 2019 attached*