

**Assurance Review: The Quality of
Intake Records in the Carlow
Kilkenny and South Tipperary
Area, April 2019**

**Completed by National and Local
Quality Assurance Officers.**



**An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency**

Key Report Information

Report type	Assurance Review: The Quality of Intake Records in the Carlow Kilkenny and South Tipperary Area, April 2019
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Date of report	23 rd July 2019.
Tusla Area	Carlow Kilkenny South Tipperary.
Year	2019.

1. Final report copied to

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1. Introduction

1.1 Basis of Report

The Health Information and Quality Authority (HIQA) carried out an Inspection of the Carlow/Kilkenny/South Tipperary Area, Child Protection and Welfare Services, over five days in October and November 2017. Major non-compliance was identified under the following National Standards for the Protection and Welfare of Children, 2012:

- Standard 2:2 All concerns in relation to children are screened and directed to the appropriate service:

The screening process was of poor quality and did not include preliminary screening checks and contacting referrers. Referrals had not been correctly classified and prioritised. Repeat referrals had not been re prioritised. Thresholds to determine a decision to undertake initial assessments were not consistently applied. The oversight of the screening process was poor and ineffective at ensuring consistency.

- Standard 2:10 Child Protection and welfare case planning is managed and monitored to improve practice and outcomes for children:

The oversight of child protection and welfare cases in the area was poor which impacted on delivering consistent practice and quality outcomes for children. Some cases had been closed where an initial assessment should have been carried out. The monitoring of cases through formal supervision did not provide adequate oversight. The national guidance on caseload management was not implemented across the area. Deficits identified in audits carried out in the area were not acted upon in a timely manner. The information system in use in the area was not reliable or effective and there were no other formal systems in use to mitigate the risks associated with the system.

Following the HIQA inspection findings the Area submitted an improvement plan. The plan included a commitment to conduct a bi-annual audit of the screening process with focus on thresholds and timeline for closure of Intake Records. This quality assurance review was conducted as per actions outlined in the Area's improvement plan tracker 2.2.1 (e), 2.10.2 (d), 2.10.3(d)

The review was carried out to give an assurance on the quality of the management of intake records by the area and to confirm that referrals were processed in accordance with:

- Children First, 2017 the National Guidance for the Protection and Welfare of Children and the Children First Act 2015 (Mandatory reporting)
- The Revised Tusla Standardised Business Processes, January 2018.
- The Tusla National Child Protection and Welfare Strategy, 2017.

The assurance review was carried out in April 2019. The scope of the audit was limited to a sample of 10% of the referrals received in Quarter 1 of 2019. Key findings are summarised in the body of the report.

A data comparison with audit findings from a November 2018 audit of Intake Records was carried out for the purpose of capturing and comparing progress over time. This is set out in Appendix 1 - *Audit Findings*.

1.2 Methodology

A database of referrals was provided by the area prior to the review and a sample of N=80 were selected for review. An audit tool had been devised for 2018 audits of Intake records and this was used to assist the review.

The audit was quantitative and the data collected was used to provide a descriptive analysis of key findings. Records were reviewed on the National Child Care Information System (NCCIS) and the information was collated using the audit tool

The review team comprised of the National Quality Assurance Officer; Principal Social Worker, Area Lead for Quality Assurance; and Social Work Team Leader & NCCIS Local User Liaison Officer. Internal assurance was assured through the team members jointly examining and considering completed audit sheets for the purposes of this review.

2. Key Findings

The key findings are summarised as follows:

- The primary mode of report was as follows: Child Protection and Welfare Reports (CPWR's) 51% and Garda Notifications 44%.
- The primary concern reported was categorised as follows: '*Child Welfare*', 45% of the referrals sampled and '*Emotional Abuse*' accounted for 30% of the referrals sampled.

- The audit found that 10% (n=8) of the Intake Records (IR's) reviewed were screened as not meeting the threshold for harm; the majority were Garda notifications.
- Compliance with Tusla 'Standard Business Processes' (SBP) timeframes for the completion of Intake Records (IR's) was examined. The audit found that 34% of IR's were completed in accordance with the SBP time frame - within 5 working days.
- There was no completed IR for 1 case at the time of the review. A follow up review of this case file found that the IR has since been launched and the record completed on the NCCIS.
- A comparison with the audit findings in November 2018 - found a decrease by 14% in the number of IR's completed and signed-off within 2 weeks of receipt of the referral.

Audit - November 2018				
Within Timeframe	Within 2 weeks	2 weeks – 1 month	1 – 2 months	2+months
40%	34%	15%	0	11%
(25/62)	(21/62)	(9/62)	/	(7/62)
Audit – April 2019				
Within Timeframe	Within 2 weeks	2 weeks – 1 month	1 – 2 months	2+months
34%	26%	24%	7%	9%
(27/80)	(21/80)	(19/80)	(6/80)	(7/80)

The local area's compliance with Tusla Standard Business Processes needs to improve.

- 100% of the IR's reviewed were completed signed and dated by an intake social worker (or a social care worker under the supervision of an intake social worker).
- IR's signed by Social Care Workers accounted for 3% of the sample. These referrals were categorised as Child Welfare concerns and they were subject to scrutiny by a Social Work Team Leader (SWTL) who reviewed and signed off the record.

- The review found a delay ranging from 1 to 2 weeks in the sign-off of 5 completed Intake Records by a social work team leader.

Improvement is required with regard to the timely oversight and sign off of completed Intake Records by social work team leaders.

- The audit found a 98% compliance rate in the recording and evidencing of an acknowledgement to the referrer.
- The audit looked for evidence of the use of the Signs of Safety (SofS) approach with regard to assessing '*present harm, complicating factors, what's working well and existing safety*'. The findings were as follows:
 - I. There was evidence of the use of SofS in 84% of the records reviewed. This is an improvement in comparison with the finding of 69% in the November 2018 audit of IR's.
 - II. The domains recording '*present harm, complicating factors, what's working well and existing safety*' were not completed as required on 6 of the IR's reviewed.
 - III. Where an IR was launched for a referral and the threshold for harm was not met in most instances the Signs of Safety sections were completed and recorded as '*Does not meet threshold*'.
 - IV. For the sample of completed intake records going on to Initial Assessment (IA) stage the harm analysis (*Danger Statement, Safety Goal and Safety Scale*) was completed in 100% of the 19 applicable files reviewed.
- The audit found that the Parent/Guardian of a child was advised of the receipt of a referral by Tusla, in 93% of the cases reviewed. This was an improvement on the 81% rate recorded in the November 2018 audit.
- The review found good evidence that background checks on previous social work involvement were completed as part of the preliminary enquiry in 98% of the records reviewed.
- There was some room for improvement in documenting and recording the requirements of the '*other/network checks*' domain on the intake record. There was evidence of network checks on 88% of records, however there was

limited evidence of network checks on 12% (n=9) of Intake records reviewed with consent from parents forms attached.

The standard of preliminary enquiry needs to improve as follows: evidence of network and other checks must be clearly documented on intake records.

- The review found good evidence that the Gardaí were routinely notified of child protection and welfare concerns; this was clearly in evidence on 13 of the records reviewed. In 3 cases the notification to the Gardaí was unclear. These cases were brought to the attention of the principal social worker and reviewed. Garda notifications were present in attachments on 2 of the 3 files, and a Garda notification has now been made for 1 case.
- The review found that the decision to close off the referral was clear in 95% of records reviewed.

3. Conclusions

The review found that the local area was in compliance with the following:

- The acknowledgement of the receipt of a referral to the referrer.
- Advising parents/guardians of the receipt of a referral.
- The completion of background checks in order to determine if the child or family has been previously known to the social work department and;
- The oversight and sign-off of intake records by social work team leaders.

There was evidence of increased compliance with:

- Advising parents/guardians of a referral
- Increased engagement with the Signs of Safety components of Intake records.

There continues to be room for improvement in achieving compliance with the Tusla SBP timeframes for completion of Intake Records.

Other areas for improvement remain the same as those identified in the November 2018 audit. These include:

- The documented evidence of network/other checks
- The timely review and sign off by Team Leaders of completed Intake Records.

4. Recommendations

The following improvements are required:

1. Compliance with the Tusla Standard Business Processes timeframe's.
2. *Network and other checks* must be clearly documented and in evidence on the completed intake record form.
3. The timely oversight and sign off of completed intake records by social work team leaders.

Emma King

National Quality Assurance and Practice Monitoring Team

19th August 2019

Appendix 1 - Audit Findings (Tables)

Table 1.0 Referral Type

Audit - November 2018				
Physical Abuse	Child Welfare	Sexual Abuse	Neglect	Emotional Abuse
5%	80%	5%	5%	5%
Audit – April 2019				
Physical Abuse	Child Welfare	Sexual Abuse	Neglect	Emotional Abuse
13%	45%	6%	6%	30%

Table 2.0 Mode of referral

Audit - November 2018				
Garda Notification	CPWRF	Letter	Telephone	Other
32%	61%	2%	2%	3%
Audit – April 2019				
Garda Notification	CPWRF	Letter	Telephone	Other
44%	51%	0%	4%	1%

Table 3.0 Timeframe for completion of Intake Records from date of referral.

Audit - November 2018				
Within Timeframe	Within 2 weeks	2 weeks – 1 month	1 – 2 months	2+months
40%	34%	15%	0	11%
(25/62)	(21/62)	(9/62)	/	(7/62)
Audit – April 2019				
Within Timeframe	Within 2 weeks	2 weeks – 1 month	1 – 2 months	2+months
34%	26%	24%	7%	9%
(27/80)	(21/80)	(19/80)	(6/80)	(7/80)

Table 4.0 Acknowledgment to the referrer of the receipt of a referral.

Audit - November 2018		
Yes	No	N/A (Anon)
89%	5%	6%
Audit – April 2019		
Yes	No	N/A (Anon)
98%	/	2%

Table 5.0 Advising Parent/Guardian of Referral

Audit - November 2018		
Yes	No	N/A
81%	19%	/
Audit – April 2019		
Yes	No	N/A
93%	7%	/

Table 6.0 Evidence of use of Signs of Safety tools relating to present harm, complicating factors, what’s working well and existing safety?

Audit - November 2018	
Yes	No
69%	31%
Audit – April 2019 (n=79)*	
Yes	No
84% (n=66)	16% (n=13)

**1 file reviewed did not have an Intake record launched on NCCIS.*

Table 7.0 Has screening taken place to see if child or family has been previously known to SWD?

Audit - November 2018	
Yes	No
95%	5%

Audit – April 2019	
Yes	No
98%	2%

Table 8.0 Is action related to closure clearly set out?

Audit - November 2018	
Yes	No
98%	2%
Audit – April 2019 (n=79)	
Yes	No
95%	5%

Table 9.0 For the sample of intake records proceeding to Initial Assessment, has the three matrix SOS analysis (Danger Statement, Safety Goal and Safety Scale) been completed to determine outcome? (n=19)

Audit - November 2018	
Yes	No
100%	0%
Audit – April 2019	
Yes	No
100%	0%

Table 10.0 Has IR been signed and dated by SW?

Audit - November 2018	
Yes by SW	Yes by SCW
90%	10%
Audit – April 2019 (n=79)	
Yes by SW	Yes by SCW
97%	3%

Table 11.0 Has IR been signed off and dated by SWTL?

Audit 1 (July 2018)	
Yes	No
100%	/
Audit – April 2019 (n=79)	
Yes	No
97% (n=77)	3%