Practice Assurance and Service Monitoring Team

Follow up to the 2018 Quantitative Audit of the National Approach to Practice to include baseline for the implementation of Signs of Safety in the Child Protection Conference Process

Carlow/Kilkenny/South Tipperary.

December 2019

DRAFT REPORT-SUBJECT TO FACTUAL ACCURACY CHECK

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

Contents

Report Information

Tusla Region: South

Tusla Area: Carlow/Kilkenny/South Tipperary (CKST)

Service:

Review Team: National Practice Assurance and Service Monitoring Team

General Information

Report information	
Title of audit	Follow up (second) Quantitative Audit of the National Approach to Practice to include baseline for the Implementation of Signs of Safety in the Child Protection Conference Process
Date of audit	11 – 14 November 2019
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Final report circulation

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1. Introduction

Signs of Safety (SOS), Tulsa's National Approach to Practice[1], commenced in February 2018 for all new referrals. These changes to the standard business processes were reflected in a revision of the intake record and initial assessment forms which are now accessible and in use on the National Child Care Information System (NCCIS). The aim of introducing a national approach is to improve quality and consistency of practice.

Quality assurance of the implementation of SOS is a key component of the QA work stream of the Child Protection and Welfare Strategy (CPWS), and is contained in the QA Measures Portfolio. An initial quantitative baseline audit of the use of SOS practice tools including Group Supervision took place in September/October 2018 to inform and support the ongoing implementation journey of SOS within Tusla. This follow up audit, which took place during Quarter 4 2019 provides an update on the continuing implementation process within Tusla's Child Protection and Welfare Services.

The application of SOS as a practice approach to the preparation, request and management of Child Protection Conferences commenced in December 2018 with the publication of National Guidelines for CPC Chairs, Administrators, Social Work Managers and Practitioners.

This follow up to the 2018 baseline audit incorporates a Quality Assurance review of the application of 'Signs of Safety' as a practice approach in the preparation, request and management of Child Protection Conferences.

The Quality Assurance approach which was used in conducting the audit reflects the collaborative principles of Signs of Safety and provides an opportunity for Social Work Managers to provide contextual information which may impact on implementation, and to comment on the interpretation of the audit findings as part of the factual accuracy process. Following completion, each area will be provided with a summary report from the Practice Assurance and Service Monitoring Team. A national summary report on findings will also be produced.

[1] Child Protection and Welfare Strategy, 2017

2. Terms of Reference

The Terms of reference for the National SOS Audit is to establish the extent of implementation of SOS practice tools within the Intake, Initial Assessment, Child Protection Conference and group supervision process within Tusla Child Protection and Welfare Services.

Scope

i. Application and use of SOS practice tools within the Intake record and initial assessment forms.
ii. Frequency and attendance at Group Supervision in area social work teams.
iii. Application and use of SOS practice tools within Child Protection Conference Process.
iv. Review of Areas most recent SOS implementation plan.

Limitations/Not within scope

The audit did not examine the quality of practice and solely reports on evidence of the use of the SOS practice tools in each area. Incidental findings/ observations will be noted by Quality Assurance Officers. A qualitative analysis of SOS practice will be the subject of future audits commencing in 2020.

3. Methodology

A random sample (25%) of all referrals (individual children) received between the 1st and the 30th of June 2019, selected by the Practice Assurance and Service Monitoring team, were reviewed. Repeat referrals relating to the same child, or from more than one source, were excluded. In addition, where there was more than one child in the same household under the same referral, only one was selected for audit.

The following was requested in making the sample selection in phase one of the data selections:

1. List of all referrals closed at intake;
2. List of referrals where the recommendation was to proceed to IA;
3. List of referrals/ cases with an IA completed
4. A copy of the Area's implementation plan for Signs of Safety

To ensure a sufficient sample size is selected in each category, where the required sample size could not be obtained from the available records for the month under review, the selection of records from earlier months was requested (i.e. for Quarter 2 2019 – April, May, June). This occurred in the event that numbers submitted did not meet the requirements of the sample size recommended for selection in each category.

For the second phase of the data request, the sample size was determined by the number of children who were listed as active or remained active on the CPNS following either an 'initial' or 'review' CPC in quarter 2 2019. This approach aimed to increase the sample to a minimum target size of 15 cases for review in each area. Where there was more than one child in the same household listed as active on the CPNS and under the same category, then only one child was selected for audit.

Where the minimum target sample size of 15 could not be obtained from Quarter 2 2019 data, then a further sample of cases were selected from Quarter one 2019 data until the quota was met.

The following was requested in making the sample selection in phase two of the data selection:

- Records of children listed as active or who remained active on the CPNS following an 'initial' or 'review' CPC in Q2 2019
- Child Protection Conference Records (including documentation submitted on request for CPC)

A standardised template (scoring matrix) was used to audit the specific components of SOS practice which should be reflected in the completion of the IR and IA processes. These are:

Intake Records

Closed at intake:

- 3 Columns (internal mapping) including Analysis and Judgement
- 'Leading Through' Questions with referrers

Proceeding to IA:

- 3 Columns (internal mapping) including Analysis and Judgement
- 'Leading Through' Questions with referrers

- Draft danger statement
- Draft Safety Goal
- Scaling question

Initial Assessments Completed:

- 3 Columns (internal mapping) including analysis and Judgment
- Danger Statement
- Safety goals
- 3 Houses Tool
- Safety Scaling

Child Protection Conference:

Pre Conference

- Danger Statement- drafted by Social Worker and Team Leader
- Safety Goal – drafted by Social Worker and Team Leader
- Safety Scale – drafted by Social Worker and Team Leader
- 3 Houses Tool

Conference process

- Did the Chairperson create a genogram with the family?
- Was a whiteboard used to map the Child's story during the CPC?
- Were participants including family and wider network (if a network is represented at conference) asked to help establish a safe plan for the child?
- Did the Chair explain the threshold of ongoing risk of significant harm?
- Did the safety plan reflect bottom lines?
- Were all participants given a copy of the CPC record?

Scoring matrix

A standardised template (scoring matrix) was used to audit the specific components of SOS practice which should be reflected in the completion of the IR and IA processes. The scoring matrix provides a % score as a measurement of the level of implementation of the SOS practice tools in each area.

Intake (closed)

	Score*	Comment:
3 Columns (internal mapping) including analysis and judgement	2	
'Leading Through' Questions with referrers	2	
Total	4	

*A score of 1 is given for partial completion

Intake (proceeding to IA)

	Score*	Comment:
3 Columns (internal mapping) including analysis and judgement	2	
'Leading Through' Questions with referrers	2	
Draft Danger Statement	2	
Draft Safety Goal	2	
Scaling Question	2	
Total	10	

*A score of 1 is given for partial completion

Completed Initial Assessments

	Score*	Comment:
3 Columns mapping with family and network	2	
Danger Statement	2	
Safety Goals	2	
3 Houses Tool	2	
Safety Scaling	2	
Total	10	

*A score of 1 is given for partial completion

Child Protection Conference [To be reported separately]

	Score*	Comment:
Danger Statement	2	
Safety Goal	2	
Safety Scale	2	
3 Houses Tool	2	
Genogram	2	
Use of Whiteboard	2	
Participants asked to help establish a safe plan for child	2	
Threshold of ongoing risk of significant harm explained	2	
Safety plan reflects bottom line	2	
Copy of CPC given to participants	2	
Total	20	

*A score of 1 is given for partial completion

Group Supervision [to be reported separately]

	Detail (frequency and attendance)	Score
Is Group Supervision taking place?		2*
What proportions of staff are attending as required? [state required frequency]		4**
Total		6

***A score of 1 is given for some evidence of Group Supervision taking place**
**** 1=25%, 2=50%, 3=75% and 4=100%**

Questionnaire

The Area Manager, Principal Social Worker (Duty/intake), one Team Leader and five social workers were requested to complete a brief questionnaire incorporating the '3 columns' approach to providing additional information. This was considered necessary particularly in relation to the experience of Group Supervision and confidence in the utilisation of the SOS approach [2]. A brief questionnaire was provided for completion (see appendix 1).

Review of the Area Implementation Plan

The Area's Implementation Plan and update will be reviewed as part of the audit to ensure the most up to date information is taken into consideration.

Incidental Findings

Any incidental observations which appear to be impacting on implementation or any issues or risks observed or described by the area to the Practice Assurance and Service Monitoring Team, or observed directly whilst undertaking the audit, will be factually described and reflected in the overall findings.

Clarifications and Escalations

Any referrals which upon review appear to indicate a child may be at immediate risk, will brought to the attention of the Team Leader/Principal Social Worker. Identified risks which remain after clarifications have been sought will be brought to the attention of the Area Manager in accordance with the QA Directorate's escalation policy.

Feedback

Area Managers will be invited to provide feedback after the draft audit report and analysis is completed. This will inform a discussion on any contextual factors directly impacting on implementation which need to be included in the analysis.

[2]Area Manager, PSW for duty/intake; 1 TL and 5 social workers (duty/intake only) in each area randomly selected by QA from staff list.

Internal Quality Assurance of the process

Random selection of audit sheets and files reviewed will be completed by QA managers to ensure consistency and accuracy of application of the audits methodology. All data collected will be reviewed and collated by the National QA Coordinator and checked by the Audit Planning and Methodologies Manager.

4. Findings: follow up to base line audit

Table 1. Closed Intake Records reviewed

<table>
<tr><th colspan="5">Closed intake records</th></tr>
<tr><th>Area</th><th colspan="2">3 Columns (internal mapping) including analysis and judgement</th><th>'Leading through' questions with referrers</th><th>Total percentage of closed intake records that record the use of SoS</th></tr>
<tr><td rowspan="3">CKST</td><td colspan="2">79.5%</td><td>79.5%</td><td rowspan="3">79.5%</td></tr>
<tr><td>Number of closed intake records reviewed</td><td>Max score</td><td>Actual score</td></tr>
<tr><td>22</td><td>88</td><td>70</td></tr>
</table>

Observations:

79.5% of closed intake records reviewed showed evidence of engagement with the Signs of Safety framework, compared to 76.7% for the same category in 2018.

When examined under each category and using the scoring matrix, the audit found that from the sample of 22 records reviewed, 79.5% provided evidence that the '3 columns or internal mapping' was completed, providing evidence of the application of thresholds and professional judgement when closing referrals that do not meet the threshold for intervention.

The audit found evidence on 79.5% of records of contact with the referrer. Where contact with the referrer was evident a score of 1 was given. Where contact with the referrer included detail of discussion of the referral and/or referrers concerns, a score of 2 was provided. The review found some room for improvement in the recording of 'leading through questions' with the referrer as outlined by the Signs of Safety approach.

Table 2. Intake Records Proceeding to Initial Assessment reviewed

Intake Records Proceeding to IA						
Area	3 Columns (internal mapping) including analysis and judgments	Leading through' questions with referrers	Draft Danger Statement	Draft Safety Goal	Scaling Question	Total percentage of intake records proceeding to IA that record the use of SoS
CKST	90.9%	84.1%	100%	100%	90.9%	93.2%
	Number of intake records proceeding to IA reviewed	Max score		Actual score		
	22	220		205		

Observations:

- 93.2% of Intake records proceeding to an initial assessment contained evidence of engagement with the Signs of Safety framework, compared to 83.4% for the same category in 2018.
- 100% of records contained draft danger statements, compared to 89.7% in 2018.
- Draft safety goals were also present in all records reviewed, compared to 87.9% in 2018.
- Significant progress was evident in relation to the recording of leading through questions with referrers, which had increased from 63.8% in 2018 to 84.1%.
- Improvement was also noted in the recording of the rationale for scaling numbers, this is reflected by an increase in the scaling question category from 83% to 90.9%.

Table 3. Completed Initial Assessments reviewed

Any initial assessment reviewed as part of this audit regarding a child under the age of 4 years at the time of the assessment received the full marks of 2 in the "3 houses" section.

Intake records regarding requests for S20 reports and Retrospective Abuse cases were excluded from this audit.

Completed Initial Assessments						
Area	3 Columns (internal mapping) including analysis and judgments	Danger Statement	Safety Goals	3 Houses Tool	Safety Scaling	Total percentage of completed Initial Assessments that record the use of SoS
CKST	88.1%	90.5%	90.5%	90.5%	81%	88.1%
	Number of completed IA's reviewed	Max score		Actual score		
	21	210		185		

Observations:

- The audit found an increase from 80.7% (2018) to 88.1% (2019) of records that demonstrated evidence of the application of Signs of Safety.
- There was a slight decrease of 6.3% in the completion of the '3 Columns/Internal Mapping, Increases were evident across all other sections.
- Progress was evident in relation particularly to safety scaling, which had increased from 63% in 2018, to 81% in 2019. The audit found improvement in the recording of the rationale for scaling numbers.
- There was increased evidence of the use of the three houses tool, (and/or other tools as applicable), to ensure that the views of children and young people were included and reflected in the assessment process.

Table 4. All files reviewed (relevant to samples 1-3 only)

Total Number of files reviewed	Max score	Actual score	Areas total percentage[3]
65	518	460	89%

As shown in table 4, a sample of 65 (25%) of 261 referral records (June 2019) were reviewed on NCCIS to ascertain compliance with the relevant sections of SOS processes. 89% of records reviewed evidenced the engagement of Signs of Safety framework in practice.

[3] This number excludes the group supervision and Child Protection Conference findings

5. Findings: Child protection Conference (baseline)

Table 5. Child Protection Conference baseline

Child Protection Conferences										
Area	Danger Statement	Safety Goal	Safety scale	3 houses tool	Genogram	Whiteboard	Participants asked to help establish safety plan	Chair explained threshold of on-going risk of significant harm	Safety plan reflects bottom line	Participants given copy of CPC record
CKST	93%	93%	83%	93%	60%	67%	100%	100%	93%	73%
	Number of CPC Records reviewed				Max score		Actual score		Total percentage that record the use of SoS	
	15				300		257		86%	

6. Findings: Group supervision

Table 6. Group Supervision

Group Supervision			
Area	Is group supervision taking place?	What proportion of staff are attending as required?*	Total Score
CKST	65%	69%	69%
	Max score	Actual score	
	102	70.3	

Central to the successful implementation of the SOS approach is the embedding of practice and learning through group supervision. Schedules for group supervision were forwarded to

the audit team which detailed the dates of supervision sessions across teams and a record of sessions cancelled or rescheduled. A review of schedules found that group supervision has commenced across teams, however there are inconsistencies in the extent to which this is embedded and the frequency of sessions varying across teams.

Questionnaires completed by Area staff reflect mixed views on the implementation of Group Supervision in the CKST Area, with 40% of respondents of the opinion that this is not working effectively. Qualitative feedback extracted from the completed and returned questionnaires is summarised in section 7.

*The proportion of staff attending group supervision in the table above reflects an average across teams based on self-reported data from the area.

7. Feedback from Questionnaires for Social Work staff

Questionnaires completed by Area staff reflect the opinion that Signs of Safety has been implemented for Duty/intake and initial assessment in the area. Qualitative feedback extracted from the completed and returned questionnaires is summarised below:

What are you worried about?

- Staff instability; the biggest struggle for teams where staff members are all at different stages.
- Concern that all team may not be using the approach correctly. - Inconsistencies in implementation due to different worker's experience with the model and how this will affect the delivery of the service. For example, from our service a case will initially be worked by the intake team who apply the Signs of Safety approach however if we are not all consistent with the national process this could impact on implementation.
- The continued training of new staff, given the high volume of staff turnover.
- The child's voice not being heard as it should be i.e. mapping/safety planning is very adult focused.
- Lack of confidence using trajectories.
- Developing further specialism, fine tuning and enhancing the quality of danger statements, safety goals etc.
- Embedding SOS beyond duty into Welfare and Protection - developing skills in trajectories and effective use of safety networks for long term safety planning

- Robust safety planning – that is nationally consistent

What's working well?

- The identification of risk and support, questioning, balancing strengths and safety with the danger and harm, the use of scaling questions, language is simple for clients, some team members are confidently scaling and wording danger statements, the Practice Intensive workshops, use of mapping.
- Higher management are supportive of team taking time out for practice intensives and supporting the initial slowing of the process to facilitate building knowledge and quality.
- We are now using it more and more in every day practice such as when cases are allocated in order to focus our work and be able to plan more effective practices. On a daily basis we are mapping cases allocated to us and ensuring that we are applying to model from the beginning of the case.
- SOS is well embedded in duty, all IR's and IA's feature the elements of the model and are recorded as such to evidence decision making.
- Group supervisions are running consistently.
- Staff are invested in the model.
- Ongoing call back days.
- Changing culture – more supportive, client centered approach.
- Mapping helps families clearly understand the concerns and next steps.
- Parents seem to be reassured by the Three Houses Tool as it looks at positives as well as worries.

What needs to happen?

- Updates required regarding the national policy on Safety planning – this was due to be released Summer 2019 but no update forthcoming.
- Additional training and support particularly with trajectories.
- More exposure to use of words and pictures.
- 5-day training for all staff, not just those in management roles.
- Refresher courses at local level around specific areas of the practice - has happened in the past however, we need to have more of these.
- Be more creative around the use of Signs of Safety.
- National induction weeks for new staff, to include SOS training prior to commencing post.

- Further training re SOS implementation post duty. At present duty teams initiate immediate/interim safety planning and begin to form networks. W&P set up the network and form the trajectory and long term safety plans. Further training needed in this regard and on long term cases.
- Continue practice intensives and group supervisions to further enhance skills and ensure consistency.
- More time to prepare for meetings with families and to have the space to prepare questions which are relevant to the assessment.

Group Supervision:

Questionnaires completed by Area staff reflect mixed views on the implementation of Group Supervision in the CKST Area, with 40% of respondents of the opinion that this is not working effectively. Qualitative feedback extracted from the completed and returned questionnaires is summarised below:

What are you worried about?

- Lack of consistency across the teams, inexperienced team leaders leading out on the model, some resistance from team members to group supervision, group supervision being cancelled when other more pressing issues emerge.
- Keeping practice leaders trained in SOS to lead groups – i.e. staff turnover. Change to SWTL could remove a high volume of knowledge from the team.
- Facilitators at times can appear unsure of the process – facilitator confidence would promote confidence in using the process.
- Sense that Group Supervision is a chore rather than a helpful practice tool. Staff are not so willing to bring a case to group supervision and can see it as a negative mechanism to look and negatively critiquing their work.
- Maintaining schedule within busy team - Cancellation of sessions due to work priorities.
- Use of Training Development Officer (TDO).

What's working well?

- Group supervision working well in one team.
- Support from the Training Development Officer and the Practice Intensives support group supervision. - TDO has been very involved in CK team and provided invaluable input to effectively running the group supervision.

- SWTL's and the teams are invested in Group supervision and are very positive about its effectiveness.
- All staff are engaging opening and meaningfully.
- Bringing a case to group supervision gives me more focus and clarity on how next to proceed. It is particularly helpful for preparing questions.

What needs to happen?

- More exposure to Group supervision and continuous training and discussion at team meetings and support staff mapping complex cases in group supervision.
- Use practice leads more.
- Be more open to the critique and see it positively.
- More training for staff around the benefits of bringing a case to Group Supervision.
- ST team to liaise with TDO for further input and assistance.
- Continue to schedule of group supervision.
- PSW to attend throughout the year also.
- Ensure support and guidance for SWTL.
- Group supervision needs to be a process that is part of the normal working day.

8. Comments on the Area Implementation Plan

The CKST SOS area implementation plan has been submitted for the attention of Sue Kane, National Manager, Signs of Safety Implementation.

9. Incidental Findings

There is clear evidence that the CKST area remains committed to the implementation of the Signs of Safety approach. The audit found that the high level of compliance from the 2018 baseline audit has been maintained, with progress made in most areas.

The following incidental findings are provided for the information of the Area in their continuing implementation of the Signs of Safety approach:

- Improvement is required with regards to achieving consistency in embedding the practice of group supervision across teams.
- The audit found that for 18% (n=4) of closed IRs reviewed there was room for improvement in the use of language to better reflect the Signs of Safety approach.
- There continues to be good evidence of use of the '3 Columns / Internal Mapping', however there was a slight decrease (2%-6%) in this category for Intake Records proceeding to Initial Assessment, and completed Initial Assessments, despite increases across all other categories.
- There was increased evidence of contact with the referrer, however there was room for improvement in recording the referrers views in the form of '*leading through questions*' as per Signs of Safety approach.

10. Clarifications and Escalations

There were no clarifications or escalations required during this audit.

11. Acknowledgements

The audit team would like to thank the Carlow/Kilkenny/South Tipperary Area for their co-operation and for facilitating the review.

Signed:

Emma King

Lead QA Officer

8. Appendices

Appendix 1: Questionnaire for Social Work Staff

Follow Up Quantitative Audit of the National Approach to Practice SOS

Question 1 **In your opinion, has SOS been implemented for Duty/intake and initial assessment in your area?** *Please describe implementation to date using the '3 columns' analysis below*	**Yes** **No**
Question 2 **Is Group Supervision working effectively in your area?** *Please describe in the '3 columns' analysis below*	**Yes** **No**

What are you worried about?

What's working well?

What needs to happen?

Appendix 2: Factual Accuracy

A draft copy of the findings will be forwarded to the Area Manager for the purpose of verification of factual accuracy and, in the interest of fairness. While every effort is made to ensure accuracy at the draft stage we are conscious that this may not be so. All factual inaccuracies identified must be completed on the factual accuracy form below and returned to the named National Quality Assurance Officer:

Page number and reference (with supporting evidence):	Factual inaccuracy identified/disagreement with findings:

Signed:

Date: