



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Provider Assurance Report

**Carlow Kilkenny South Tipperary
Service Area**

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|----------------------------------|---|
| Name of Service Area: | Carlow Kilkenny South Tipperary Service area |
| OSV No: | 0004389 and 0004390 |
| Name of provider: | Tusla |
| Chief Operations Officer: | Mr. Jim Gibson |
| Date of Request: | 6 December 2019 |
| Date to be returned | 3 February 2020 |

Assurance is required in the following area:

1. Unallocated Cases

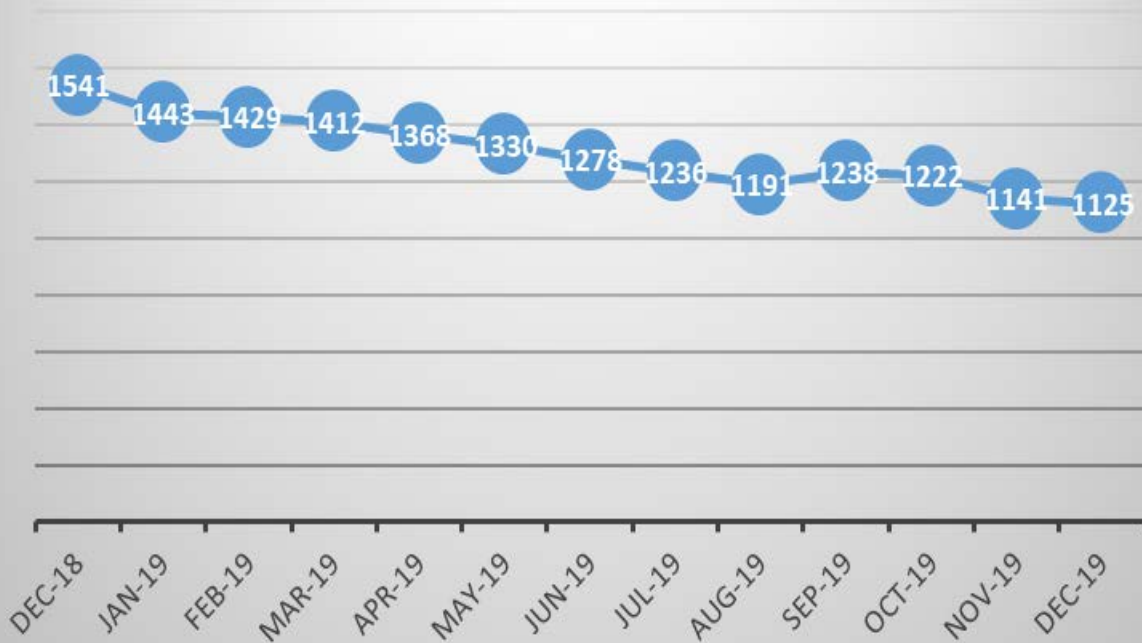
Please outline how the unallocated cases project has impacted on the waiting list in CKST. Please in your response include the following;

CKST is averaging **321** referrals per month including mandated reports. All referrals received are managed within the standard business processes, through the dedicated point of contact.

Please see tables below for number of referrals received in 2019; **3850**



Open Cases

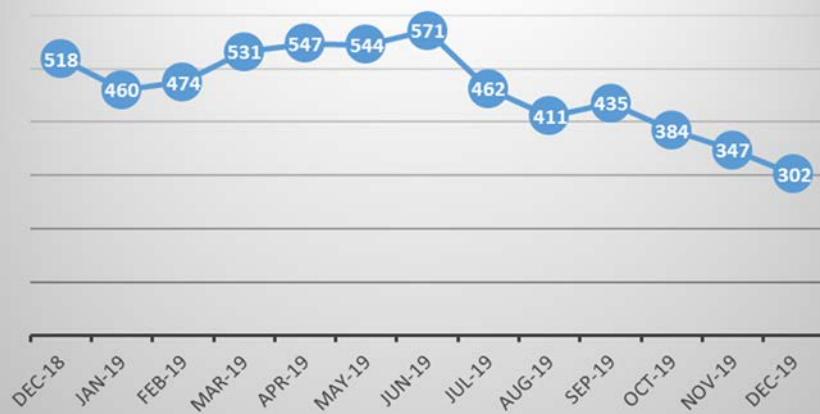


During 2019 Area Management and teams reviewed allocated and unallocated cases on an ongoing basis to ensure that each case had one open referral assigned on NCCIS, issued fortnightly reports from NCCIS to each team with a goal of reducing cases awaiting allocation and ensuring adherence to Standard Business Process.

Cases were closed and new cases allocated using case prioritisation and case load management tools to reduce the number of unallocated cases.

See graph below indicating a reduction of **41%** in the calendar year 2019.

Unallocated cases



NCCIS , Local system Admin and local user liaison provided weekly reports from NCCIS to PSW and team leaders to identify actions to be taken on the system to ensure business processes are adhered to, e.g. all referrals identified at process stage closed to be closed off fully and intakes to be signed off by team leaders.

A number of workshops were held throughout the team for all teams which identified actions that were required to be taken on cases.

Signs of Safety case prioritization workshops were held in July, August, September and October where the aim was to review unallocated cases and close cases if appropriate. All these measures assisted in reducing the number of unallocated cases.

The review process under Signs of Safety has been ongoing in the area since mid-2018 and continued throughout 2019. Monthly monitoring at Area Governance level was in place.

The most direct positive effect on the reduction of cases awaiting allocation relates to the filling of vacant posts however the allocation of social workers to children in care was an ongoing challenge throughout the year. Where there is no allocated social worker to a child in care other professional staff had to be reassigned to provide defined supports and contact.

NCCIS supported area management including SWTL's to have greater oversight and assisted in the avoidance of drift as referrals progressed through Tusla's standard business processes.

In terms of the Duty Service the following initiatives were in place:

- Monitoring output through NCCIS, and reviewing staffing accordingly.
- Strengthening screening processes at the front door to ensure those cases awaiting allocation are appropriately meeting threshold.
- 8 weekly audits of the unallocated cases by Duty Management Team, with actions and reviews highlighted as necessary, using Post Intake Prioritisation sheets.
- Actions entered onto a tracker for the proceeding 8 weeks to be completed
- In addition, high priority unallocated cases are reviewed on a fortnightly basis by social work team leaders
- Any new referral received on a case that is awaiting allocation is reviewed by the team leader where prioritisation may be changed and may be subsequently allocated
- All cases that are awaiting allocation that are subject to three referrals are discussed at RED meetings
- Two cases are reviewed at the weekly RED meetings
- Assignment of two Senior Practitioners to the assessment teams, whose role is to oversee the unallocated cases and allocating actions to SW and SC staff.

Please clearly provide the following data/information:

The number of unallocated cases in CKST in the Child Protection and Welfare Service by priority level:

Waiting times

| Waiting time/Referral Priority | High | Medium | Low | Total |
|--------------------------------|------|--------|-----|-------|
| < 1 month | 2 | 34 | 10 | 46 |
| 1-3 months | 16 | 42 | 3 | 61 |
| > 3 months | 0 | 145 | 50 | 195 |
| Total | 18 | 221 | 63 | 302 |

The number of unallocated children in care as of the 31/12/2019

54 children in care are unallocated as of 31/12/2019. As of 31/1/2020 there are 303 children in care with an allocated social worker. There are now 39 unallocated.

The means by which the COO is assured of the reduction in unallocated cases in CKST

- Direct engagement by attendance at Area Governance Group twice in 2019
- Ongoing reports on progress via reports from Governance group
- Ongoing input of Quality Assurance – verification reports and monitoring/audit schedule in 2019
- The number of unallocated cases are reported monthly under the MTP reports.
- CKST returns shows a 41% reduction in unallocated cases since 01/01/2019.

Whether this project will be extended into 2020;

Yes – the focus remains in place with a Rapid Improvement Plan instigated and subject of monitoring and reporting

If so, the projected outcomes, including timelines of the project

- Rapid Plan has a focus across a number of key themes – Children/Young People; Foster Carers; Governance and Oversight; Resources (staffing and recruitment/retention); Statutory Duties; Staff Engagement; Culture; Interface across internal services; Service Delivery Model
- CKST estimate a further 20% reduction in unallocated cases in 2020 – to be kept under review.

Assurance is required in the following area:

2. Recruitment/Resources

Please outline how the CKST Service Area benefited from recruitment initiatives and the pilot of the workforce development plan specifically to include:

There have been some improvements in the level of vacancies throughout the area, however, there were significant challenges in relation to recruitment for Children in Care in particular which impacted on staffing levels across the area. Due to vacancies the area reassigned staff from other teams for periods of time to Children in Care:

1. Bespoke campaign for CIC SWTL unsuccessful, post filled on a temporary basis.
2. Bespoke campaign for Snr Practitioner.
3. Ongoing social work recruitment campaign to fill social work vacancies at basic grade.

Please clearly provide the following data/information:

The outcome of the comprehensive review of resources at the 'front door':

- Draft report of Comprehensive report received. Additional posts approved for Area team to enhance staffing in protection and welfare team

The number of approved WTE posts in the Child Protection and Welfare Service:

20.9 posts on Duty /Intake and Assessment
17.56 post Child Protection and Welfare

The number of new posts approved since September 2019 (if applicable):

Four

The number of approved WTE posts in the foster care service:

14.42 approved in Fostering service

The number of posts filled in the foster care service since September 2019:

One, PSW appointed replacing PSW who transferred out of area.

The number of filled posts in the Child protection and Welfare Service since September 2019:

- One PSW
- Two Social Workers
- One Social Work Team Leader
- One Snr Practitioner

A breakdown of vacancies per function (Child Protection and Welfare Service and Foster Care Service) as of 31/12/2019:

| | |
|--------------------------------|--|
| ➤ Intake and Assessment | One vacancy since 10 th January |
| ➤ Child Protection and Welfare | Three vacancies |
| ➤ Foster Care | None |

Specific initiatives employed to ensure effective use of resources:

Duty Intake and Initial Assessment

3 additional Agency Social Workers and 2 Social Care Workers from Residential Services were assigned to the Team to assist with reducing the Waiting List. This is in addition to the 20.82 WTE in the Baseline.

An agency Clerical Officer was been assigned to the Duty Intake and Initial Assessment Team specifically to undertake the role of Garda Liaison, it is reported that this has had a significant positive impact in managing the risk to ensure compliance with the agreed protocol.

In June 2019, 2 Family Support Practitioners were reassigned to undertake actions on waitlisted cases.

Child Protection & Welfare

An Agency Social Care Worker was assigned due to a temporary Social Worker post within the Child Protection and Welfare Team being unable to fill. Whilst this Agency worker could not carry out specific Social Work duties, the assistance they were able to provide to the CPW Team has been invaluable and the team report that they have been in a position to close cases under the guidance of the Social Work Team Leader and Principal Social Worker.

Assurance is required in the following area:

3. PPFS and pathways to community based early intervention

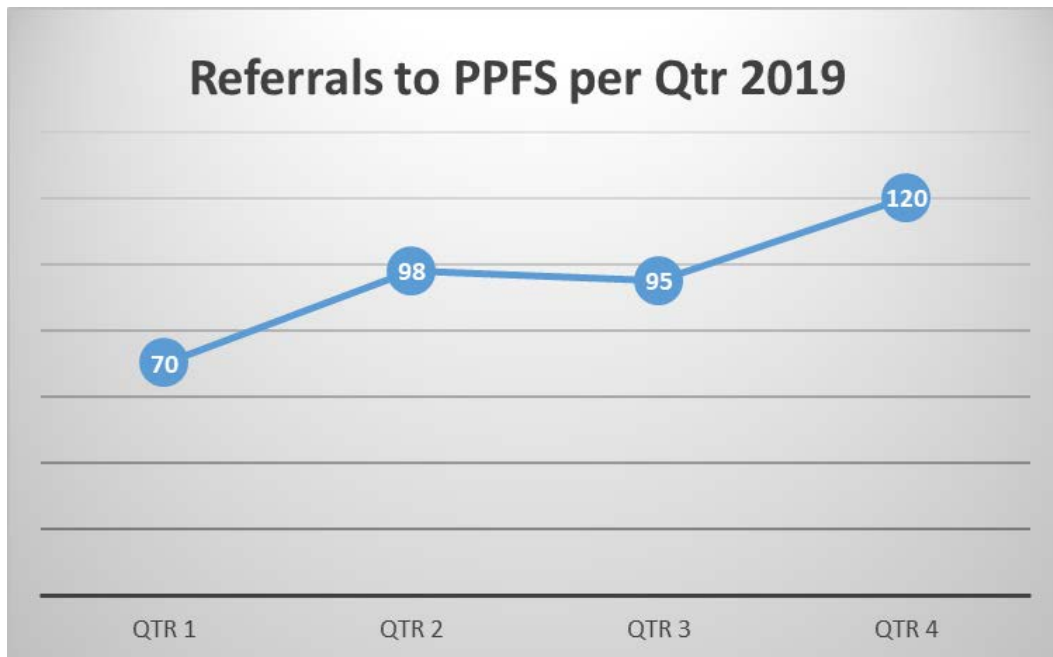
Please outline how children and families in CKST benefited from the review and strengthening of PPFS and pathways to community based early intervention.

Please specifically include in your response:

PPFS is implemented in the area.

- There are 3 PPFS steering committees established with membership from both internal Tusla staff and representatives from statutory, community and voluntary services. Each steering group also takes responsibilities for CYPSC actions under outcome 3: Safe and Protected with a focus on parent and family support.
- All steering group members actively supported Tusla Public Awareness Week in 2019 by organising an event in their own services.
- South Tipperary Steering Group have a working sub-group, which is developing a parenting strategy for the area supported by Tusla National Framework. PP&FS steering groups in Carlow and Kilkenny will begin process in 2020.
- There are seven child and family networks (CFSNs) across the area with participation from partner funded agencies as well as the statutory sector.
- Level 8 Module PP&FS with Carlow IT, funding secured with DCYA “What Works” initiative. This course will run twice in 2020. Students have been selected from CFSN members and partner services in Carlow.

Please see referrals to PPFS graph below:



Breakdown of Source of Referrals to PPFS



There were a number of initiatives identified where seed funding was allocated to service priorities as identified under the area commissioning plan.

Eight projects have commenced:

Parental Participation:

- Mums group in Newpark Close FRC
- Kilkenny Lone Parent's Action Plan
- Millennium FRD Parent Talks
- Parent Support: Outreach Hub in Borris, Co Carlow
- Peer Led Harm reduction programme. Be safe Be seen Carrick On Suir
- Junior Shed, Droichead FRC
- Anchors programme, Ossory Youth
- Being a Syrian Teen in Carlow, St Catherine's.
- The area has service level and grant aid agreements with 27 agencies in the community and voluntary sector.

Please clearly provide the following data/information:

Use of RED process

- The area has established Red Process since mid-2018.
- Red meetings take place on a weekly basis
- Snr CFSN co-ordinators attend RED Meetings

Use of Meitheal process

Please see below detail of Meitheal's in progress across the area.

| In progress | As of 06/01/2020 |
|-----------------|------------------|
| Carlow | 22 |
| Kilkenny | 26 |
| South Tipperary | 22 |
| Total | 70 |

- Two focus groups were held in 2019 with funded services to review Meitheal Implementation in the area.
- Information on pathway for families to access Meitheal was shared with all funded services and PP&FS steering groups.
- All funded services are asked to discuss Meitheal with parents for all diversions from SW, duty and assessment and to offer to complete S&N for the child.

Implementation of national RED process practice guidance

- The area is implementing the Red process practice guidance. Weekly Red meeting are held. SWTL due to be permanently appointed in Q.1 2020 under the Cases Awaiting Allocation Project will be taking lead role on the Red Process in this area.

Assurance is required in the following area:

4. Retrospective Cases

Please outline how the national service improvement project for the management of retrospective cases has impacted on the management of retrospective cases in CKST Service Area.

- Area participated in the National Audit in June 2019 where a number of cases were identified for closure and subsequently closed.
- On 17th December a practice intensive workshop with staff internal and external to the area took place where all unallocated (31) were reviewed, actions identified and addressed.
- As of 31/01/2020 there are currently 56 cases open.

Please clearly provide the following data/information:

The number of retrospective cases awaiting allocation by priority level as of 31/12/2019

19 Cases are awaiting allocation as of 31/01/2020;
7 high priority,
10 medium priority,
2 low

The cases awaiting allocation are reviewed on a monthly basis by PSW where allocation and prioritisation may change on review and cases are allocated based on prioritisation and if additional information is available to inform these decisions.

Assurance is required in the following area:

5. Audit of Garda Notifications.

Please outline what follow up has been completed with An Garda Siochana in relation to the above audit in March 2019 in the CKST Service Area.

- Area fully participated in the audit of cases from this area- has not received outcome or findings from National Audit
- An area wide Garda workshop has been rescheduled Q.1 2020.
- 6 weekly meetings with Garda and SWTLs are occurring. 44 took place in 2019.
- PSWs met with Superintendents on a quarterly basis.
- There is ongoing engagement with Gardaí including interagency meetings, e.g with Local and Church authorities. Latest meeting took place on 10th January, 2020.
- The area is represented by the PSWs on SORAM in Carlow/Kilkenny and Tipperary.

Assurance is required in the following area:

6. Supports/training initiatives to staff who complete initial assessment and safety planning.

Please outline what supports have been put in place to support good practice and consistency in approach in relation to the completion of initial assessments and safety planning.

- SofS TDO facilitated and supported in excess of 12 group supervision sessions in the area throughout the year in 2019 and also hosted five individual workshops for Duty/Intake, Child Protection and Welfare and Children in Care.
- 90 Staff attended training and SofS practice callback intensives throughout the year.
- The area facilitated 2 practice intensive workshops, one on Intake on the 15th, 16th August and the second on Initial Assessments on 16th, 17th and 18th October, 2019.
- The area submitted a case for the National Practice Intensive Workshop on safety planning, 3 staff participated on 4th, 5th and 6th November, 2019.
- SofS training schedule in place for 2020.

Please clearly provide the following data/information:

Specific initiatives:

- Area good practice event in November, 2019
- Area workshops for staff held on implementation on Signs of Safety
- Lean Management in March, October and December 2019
- On line training
- Training log

How you are assured of the impact of these initiatives on practice and outcomes for children?

- Area monthly report to COO
- QA audit intakes another one due (Q1 2020)
- SOFS quantitative report due from QA
- Feedback and data from learning and training events
- Feedback from focus Group

Assurance is required in the following area:

7. Review of current service delivery model

Please provide an update in relation to this review:

- **Please see current organogram attached.**
- 2nd PSW CIC appointed responsible for Care reviews and access
- One Snr Social Worker practitioner assigned to children in non-statutory residential care.
- Proposed reassignment of one social worker for children with disabilities.
- Review not completed

Please clearly provide the following data/information:

The key findings of the review

No findings as review not completed – organisational reforms across Tusla under consideration; service delivery model will be examined in context of specific profile of CKST Q1 2020.

What measures have been put in place to date to address the findings of the review

See above

The expected impact on service delivery arising out of the findings of the review in CKST

See above

Assurance is required in the following area:

8. Specific Area initiatives as outlined in the Service Improvement Plan for CKST

- A Rapid Improvement Plan is operational in the Area with a focused thematic approach to identified priorities arising from HIQA inspection; audit and QA audits/reviews
- CKST has formed a local project team to implement review and oversee actions, this involves monthly meetings to review progress and effectiveness of actions implemented. Duty/Intake and CIC fostering report monthly on progress to Area meeting.
- This group report to Area Governance committee and Nationally
- 41% reduction in cases unallocated achieved as of 31.12.2019, reduction is based on number of unallocated cases on 01/01/2019.
- Area Manager's reviews high priority unallocated cases in supervision.
- Social Worker Interviews have been held in CKST and panel is formed.
- Area participated in the recruitment of Snr Social Work Practitioners. Recruitment and retention is monitored on an ongoing basis and reports to the area governance meeting.
- The area participated in the audit of retrospective cases prepared and action plan and is reviewed as part of the areas audit schedule.
- Staff from CKST attended and manned a stall National Ploughing Championship from 16th to 19th promoting Tusla and recruitment initiatives.
- Workforce plan for front door, Comprehensive review is in draft.
- The following posts are in the recruitment process, Social Care worker, Grade V, Grade 6, CFSN co-ordinator.
- Review has been undertaken in relation to Red process, it is proposed to assign some of the responsibilities associated with RED to newly appointed SWTL.
- Practice Intensive was held on 15th and 16th August 2019 which included PPFS staff. Staff also attended SOFS gathering in Athlone. IA Practice Intensive held 16th, 17th and 18th October 2019.
- Prioritisation workshop scheduled to take place in Q1 and Q.2 2020
- Area has an audit schedule with a focus on unallocated cases
- Area participated in Garda Audit in March 2019
- A tracker is maintained to keep a record of how learning from ongoing audits is disseminated to the team.
- Staff attended Practice Leader Capacity building intensive in June 2019
- Training Needs Analysis submitted to Workforce Development with priority areas identified.
- Schedule for Signs of Safety Training in place for 2020.

- Staff are reminded and supported to avail of training and learning opportunities on ILearn.

Please clearly provide the following data/information:

The implementation of self-audits and how the findings of these audits have contributed to service improvement

- 8 week audits occurring unallocated cases on Duty Team. Tasks identified and thresholds reviewed. Safety plans reviewed and allows for minimal actions to be identified and completed on unallocated cases. This is audit activity is leading to a number of cases being diverted and or closure.
- Quarterly auditing of allocated cases on duty, reviews reasons for drift and timeline delays. Issues identified at audit are fed back at team meetings and form the basis for training plan for the team.
- Supervision file audits bi annually, ensures that supervision of staff is both regular and of good quality. Issues identified are discussed in management meeting and training needs identified as a result.
- Practice Intensive workshops are assisting in reviewing and monitoring of practice. Issues are identified and appropriate actions are taken to resolve. Example reduction in number of Initial CPC's requested identified which resulted in local review of cases identified for CPC by area.
- Currently National Review is taking place.

The implementation of the area learning plan

Training Needs Analysis completed for area.

Top priority for training are:

- Legal training
- Report writing and recording
- Resilience
- Attachment
- Permanany Planning

CKST as an area continues to instil a culture of learning and good practice amongst staff. In the last quarter there has been engagement with all staff at all levels to promote learning, good practice and increase moral.

These engagements included:

- Evidence informed Practitioner Programme (EPPI) presentation to staff held, 60 staff attended. One Team leader is identified as nominated Practice Lead for student placements. Plan in place 6 students to commence in January 2020.
- Two Lean workshops have taken place with the CIC team and a further workshop is taking place with SWTL's on 22nd January 2020 with focus on Supervision and assisting social workers on their time management in undertaking their statutory duties.
- There are nine practice leads in Signs of Safety in this area. One SWTL presented at Signs of

Safety Gathering and Edan, Fostering support presented at Foster Care Association National Conference.

- Certificate in PPFS course has been launched in conjunction with Carlow IT, due to commence in Q.1 2020
- Overview of Good Practice Event (GPE) circulated to all staff, four local focus groups are set up arising from GPE.
- Quarterly newsletters to all staff to disseminate local information planned for 2020.
- Weekly newscasts to all staff to update on events etc.
- On December 16th December 2019, 40 staff from across the area attended a presentation by National Manager for Risks and Incidents. At the presentation findings from NRP review into foster care provision to four children in voluntary care. Documentation was circulated for dissemination to teams
- A staff workshop lead by the Chief Operatiосn Officer is scheduled for 6th Feb 2020

The effective use of case management

- In 2019 the area took part in the Duty Caseload management pilot programme. The current caseload management tool does not effectively capture purely intake caseloads.
- The Caseload management tool is in use in all other areas.
- Further training is available in Q.1 2020.

The timely completion of notifications of suspected abuse to An Garda Siochana

- The need for notification to Gardai is identified at screening by Social Work Team Leader where direction is given for this to take place.
- The area audit activity of Intake Records reviews compliance.