

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.

The non-compliances and corresponding actions have been numbered and some re-ordered for ease of reference

Provider's response to Inspection Report No:	4416_CPW_DSC_17
Name of Service Area:	Dublin South Central, Child Protection and Welfare Service
Date of inspection:	17, 18, 19 and 20 th September 2018
Action plan	December 4 th 2018.
Date of response:	

These requirements set out the actions that should be taken to meet the *National Standards for the Protection and Welfare of Children*

Theme 2: Safe and Effective Services

Standard 2.2

Non-Compliant Major

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

1. Screening and preliminary enquiries process was not robust and was not completed in line with the Child and Family Agency's standard business processes.
2. The oversight of screening processes was poor and ineffective at ensuring consistency and quality.
3. The application of thresholds was not routinely recorded.

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:

1.1 Three additional network coordinator posts assigned to PPFs were submitted to COO office during Q4 2018 by the Service Director.

Area Response

Additional Senior CFSN co-coordinator was assigned to the area and took up post in early 2019. An additional co-ordinator also joined the area in 2019. There are currently 5 CFSN networks in place in DSC with a further plan to re-assign a post within PPFs to the senior network co-ordinator in the South Inner city area to support her in that role.

Update on timescale – complete

The restructuring of the Intake pillar with separate Intake teams will allow greater attention to screening of preliminary enquiries. The review of the remaining open cases in the Lord Edward street Child protection teams are currently taking place.

Area Update

The Intake Pillar in Dublin South Central was established in January 2019 with the appointment of a Principal Social Worker for Intake. There is now an Intake Team located in Bridge House, Cherry Orchard Hospital for Dublin West and an Intake Team located in Lord Edward St for Dublin South City. Each team is led by a Social Work Team Leader and there is a total staff complement of 2 Senior Social Workers, 5 Social Workers, 2 Social Care Leaders and 1 Social Care Worker allocated to the Pillar. Designated Business Support has also been assigned to the Intake Pillar.

A standardised screening sheet has been introduced into Dublin South Central and all referrals are screened by either a Social Work Team Leader or an experienced Social Worker. The screening sheet incorporates the Signs of Safety Framework and a clear focus on safety for children referred to the service is supported by same.

The screening sheet ensures that all referrals are considered by an experienced social worker and

for those referrals that meet the threshold for a Tusla led social work response a categorisation and prioritisation of the referral takes place. If a referral is categorised as abuse a garda notification will be completed at the point of the referral being set up.

The Intake Pillar has a Standard Operating Procedure and a distinct Standard Operating Procedure for Business Support at Intake. The Intake Pillar is now operating a model of less paper and all work is therefore documented on NCCIS. This supports the SWTLs and PSW in having oversight and governance of all referral received by the Intake Pillar.

The Intake Pillar have worked alongside PPFS to develop the RED model and a structure of Comhar meetings with our partner agencies. 4 RED meetings and 2 Comhar meetings take place in DSC each month. Since April 2019 847 referrals have been considered at a RED meeting in DSC and 157 referrals have been brought to a Comhar meeting.

This interface between Intake and PPFS has been embedded over the past 12 months in DSC with further concentration in the early part of 2020 to ensure that CPW pillar also is referring its low priority cases for allocation, diversion or closure as part of the unallocated cases project in the area. The principal social worker for child protection is leading out on this action with her team leaders.

Update on timescale - ongoing

2.1 The application of thresholds using the SOS screening tool being implemented for all new referrals received since Sept 30th 2018 is being implemented and also retrospectively for all open cases in child protection. Oversight by the PSW for intake of referrals through sample monthly audits will take place with the Team leader for QA who will audit sample of completed screening tools. In addition, an SOS quarterly case prioritization workshop will review all screened referrals over the preceding 3 months to ensure compliance with thresholds and implementation of the SOS screening tool.

Area Update

A Practice Intensive Workshop for Intake took place in Quarter 4 2019. Practice Leads for DSC have been identified and further workshops will take place in 2020.

The PSW for Intake routinely reviews screened referrals to ensure compliance with thresholds and implementation of the SOS screening tool. The PSW review is recorded on the NCCIS referral record.

Update on timescale: - complete

2.2 Quality assurance (QA) of screened cases and completed IRs is part of this project review and is subject to ongoing monthly QA checks of completed IRs.

Area Update

A series of monthly audits were conducted by the Team Leader for Quality Assurance under the oversight of the PSW for Intake commencing in January 2019. The Team Leader for Quality Assurance moved to a new post within Tusla in September 2019. A plan has been made to fill this post.

The Quality Assurance Directorate have completed an audit relating to SOS Implementation in the Area and have also audited screened referrals at Intake and completed preliminary

enquiries.

The team leader for quality assurance completed these reports during 2019 & presented them to the HIQA governance & oversight meeting. The post has been vacant since end of September 2019 due to a re-assignment but the area intends to fill this now on an interim basis as soon as possible.

Update on timescale - ongoing

3 Four additional training dates for all social workers on thresholds/interim practice guide and screening are scheduled for December 2018 led by the PSW for child protection and the regional Training development officer (TDO) for SoS implementation.

Area Update

Dates in December 2018 were

- 6th December
- 7th December
- 12th December
- 19th December

These were led by the regional TDO's for SofS.

Update on timescale:

Above action is completed with a further work plan in place for 2020.

A further work plan has been agreed with the SOS TDO and Area Manager for the first 2 Quarters of 2020 which includes the following workshops;

Scheduled Workshops / Support Sessions

10 th February	Reflection with CPC Chairs
11 th February	Half Day workshop with Intake Team – new staff / refresher
5 th March	Group Supervision Domestic Violence Screening – Intake Team
5 th March	Half Day Workshop – Analysis
1 st April	Full Day Workshop – Comprehensive Safety Planning
30 th April	Principals to consult with TDO re agenda for this workshop.
21 st May	Principals to consult with TDO re agenda for this workshop

Standard 2.3

Non-Compliant Major

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

1. Some children did not receive timely interventions.
2. Safety planning was not embedded in practice and action taken to support families and protect children through good quality safety planning was not consistent.
3. The service did not respond appropriately in all cases where multiple reports of concerns for children who were already known to the service were received.

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:

1.1 A new dedicated principal social work post for intake and two dedicated intake teams (for Bridge House and Lord Edward Street) with two additional senior practitioner posts will ensure that all referrals are screened robustly, and that where risk is identified that immediate responses are put in place. The restructuring of the intake/child protection teams will allow for a clear daily duty rota to be put in place for immediate responses to children and families where screening indicates immediate concerns or assessments are required.

1.2 The principal social worker, as part of the project review of all open cases (including allocated and unallocated case lists), is ensuring that a more balanced case load is in place as per the Agency's case load management tool. This will ensure that social workers can respond immediately to any identified risks. The restructuring of the child protection/intake pillars and robust front door screening will allow social workers to respond on their reduced allocated cases to ensure that timely interventions are being provided to families where case prioritization deems them of high priority. Cases which are deemed to be of low/medium priority will be managed by the three child protection team leaders on a duty rota system and will be reviewed by the team leaders on a monthly basis. All high priority cases will be allocated with a restructured duty system of all other cases managed by team leaders and PSW's, ensuring regular review.

1.3 The new intake principal social worker will review the operation and frequency of R.E.D (Review, Evaluate, Direct) team meetings in the area to ensure that funded agencies are available to take more frequent child welfare referrals and provide interventions for families which are not deemed to be child protection concerns.

Area Update

A standardised screening sheet has been introduced into Dublin South Central and all referrals are screened by either a Social Work Team Leader or an experienced Social Worker. The screening sheet incorporates the Signs of Safety Framework and a clear focus on safety for children referred to the service is supported by same.

The screening sheet ensures that all referrals are considered by an experienced social worker and for those referrals that meet the threshold for a Tusla led social work response a

categorisation and prioritisation of the referral takes place. If a referral is categorised as abuse a garda notification will be completed at the point of the referral being set up.

The Intake Pillar has a Standard Operating Procedure and a distinct Standard Operating Procedure for Business Support at Intake. The Intake Pillar is now operating a model of less paper and all work is therefore documented on NCCIS. This supports the SWTLs and PSW in having oversight and governance of all referral received by the Intake Pillar.

The Intake Pillar have worked alongside PPFS to develop the RED model and a structure of Comhar meetings with our partner agencies. 4 RED meetings and 2 Comhar meetings take place in DSC each month. Since April 2019 847 referrals have been considered at a RED meeting in DSC and 157 referrals have been brought to a Comhar meeting.

Update on timescale - complete

2.1 Safety planning training is being provided to all teams during quarter one of 2019 under SoS practice model. In the interim, the area has devised its own safety planning template using SoS to ensure that all support networks involved with families are identified and are part of robust safety planning in the area.

2.2 The PSWs for intake and child protection will robustly and routinely review safety planning for children and families. Team leaders will also use supervision process to ensure that safety plans are robust. Training is being provided during December 2018 to all social workers within the intake and child protection pillars.

Area Update

A standardised safety plan template was introduced and implemented in the area in Q1 2019. This has been further developed in Q1 2020 and is in process of being implemented. This will be presented and discussed at Pillar Team meeting for Intake and Child Protection on 29th January 2020.

Team Leaders and Principal Social Worker ensure that safety planning is discussed in supervision with staff. Safety planning was discussed at a Pillar Team Meeting in June 2019- this is an ongoing process regarding implementation of robust safety planning. Regional TDO's held workshops in DSC on safety planning as outlined above.

PSW for CP has undertaken a number of mappings along with Team leaders and Social Workers on complex cases where safety planning was the focus. Safety network meetings are becoming more embedded in the Area and SWs insight, knowledge and skill in the area is developing.

Update on timescale – complete & ongoing

3 The intake pillar will routinely review patterns of referrals on each case using the National Child Care Information System (NCCIS) and ensure that where multiple referrals have been received that an alert system is activated using the SoS screening tool to robustly review these cases. SoS case prioritization workshops will be held every quarter to review all screened referrals into the intake/child protection pillar over the previous three months.

Area Update

A standardised screening sheet has been introduced into Dublin South Central and all referrals are screened by either a Social Work Team Leader or an experienced Social Worker. The screening sheet incorporates the Signs of Safety Framework and a clear focus on safety for

children referred to the service is supported by same.

The screening sheet ensures that all referrals are considered by an experienced social worker and for those referrals that meet the threshold for a Tusla led social work response a categorisation and prioritisation of the referral takes place. The screener is required to review any previous referrals made to Tusla in respect of the child and to note that they have undertaken same on the screening sheet. There is a DML Policy on Cumulative Harm which the screener will also have regard to when screening referrals.

The area has implemented changes to ensure robust screening of referrals at the front door with the creation of an intake pillar in the first quarter of 2020. These changes have been implemented in the area re front door referrals during 2019. The cumulative harm policy is also initiated where re-referrals are identified. A further work plan identified in the area for 2020 is to ensure that all family support databases /referrals are inputted on NCCIS to ensure front door teams are aware of this information during the screening process.

Update on timescale - complete

Standard 2.4

Non-Compliant Major

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

1. Children and families who were placed on a waitlist for preliminary enquiries, initial assessment, further assessment and those awaiting access to external services or PPFS did not receive a service in a timely manner.
2. The local protocol for managing cases awaiting a service was not being implemented and the systems in place to monitor waitlists were ineffective.
3. Reviews of referrals categorised as welfare cases did not appropriately consider cumulative risks in all cases.
4. There was no plan in place to systematically reduce waitlists in the service.
5. Some cases were closed inappropriately.

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:

1. Cases awaiting referral to PPFS following completion of preliminary enquiry will be prioritized by PPFS allocation using the R.E.D team meetings.

Area Response

During 2019 there has been a number of blitzes re the interface between intake and PPFS teams to ensure that low priority child welfare cases have been diverted to the Red team meetings. This has resulted in diversion of these child welfare referrals to services to support families and children in the area. During the first quarter of 2020 a concentration on ensuring that the low priority allocated cases held in the CPW pillar are diverted to RED which will reduce the area's unallocated low priority cases further. In order to achieve this the regional service director has approved overtime which will be utilized to clear this backlog on the CPW pillar. This will increase capacity of CPW teams to allocate H's and M's currently awaiting allocation.

Update on timescale - completed & ongoing

2.1 A revised protocol for managing cases on a waiting list for preliminary enquiries, initial assessments and further assessment will be implemented in the area following completion of the project currently taking place which is reviewing all open cases within the intake and child protection pillars, including both allocated and unallocated cases. This review will be completed by January 2019. Following this review, all open cases within the area will have been screened using the SoS prioritization tool and follow up actions determined. The cases awaiting allocation for preliminary enquiry are being prioritized and any backlogs will be cleared by the end of Q4 2018. A revised protocol based on the above screening of cases awaiting allocation for IAs/FAs will be in place in the area by January 2019.

2.2 The revised area protocol for managing cases on a waiting list will include details on the

frequency and process for review, including how cases will be escalated for PSW's attention. Waiting lists will be monitored continually by intake and child protection team leaders with oversight by the principal social workers. A team leader post for quality assurance in the area will be filled in January 2019 and this person will have responsibility for reporting directly to the PSW for intake and child protection to ensure that cases on waiting lists are also screened for quality assurance on a regular and ongoing basis.

Area Update

A series of monthly audits were conducted by the Team Leader for Quality Assurance under the oversight of the PSW for Intake commencing in January 2019. The Team Leader for Quality Assurance moved to a new post within Tusla in September 2019. A plan has been made to fill this post.

The Quality Assurance Directorate have completed an audit relating to SOS Implementation in the Area and have also audited screened referrals at Intake and completed preliminary enquiries at Intake.

The Intake Pillar has developed a SOP for the Governance of Referrals Awaiting Completion of a Preliminary Enquiry. This sets out the process where in the Intake SWTLs and the PSW for Intake have oversight of referrals awaiting completion of a preliminary enquiry and the schedule of reviews regarding same. The PSW for intake regularly reviews implementation of same with her intake team leaders.

Update on timescale – complete

2.3 Monthly quality assurance reports will be provided to the PSW's and Area Manager by the quality assurance team leader. The purpose of these monthly reports will include a sample audit of completed screenings of referrals and also of completed Intake records, initial assessments and closed cases.

Area Update

A series of monthly audits were conducted by the Team Leader for Quality Assurance under the oversight of the PSW for Intake commencing in January 2019. The Team Leader for Quality Assurance moved to a new post within Tusla in September 2019. A plan has been made to fill this post & interim backfill approval of this post is in place. The post is to be sent to TL panel during January 2020. The area manager has also sought assistance of the regional office to ensure that a team leader is to assist the area with these audits as an interim plan.

Update on timescale - ongoing

3. Completed intake records which refer to PPFs will have the assistance a PPFs social worker who will ensure/quality assure that cumulative risks have been considered as part of the recommendations for diversion to child welfare interventions. The PSW for intake & team leaders will ensure that cumulative referrals/risks have been considered prior to signing off these intake assessments.

Area Update

The screening sheet ensures that all referrals are considered by an experienced social worker and for those referrals that meet the threshold for a Tusla led social work response a categorisation and prioritisation of the referral takes place. The screener is required to review any previous

referrals made to Tusla in respect of the child and to note that they have undertaken same on the screening sheet. There is a DML Policy on Cumulative Harm which the screener will also have regard to when screening referrals.

The Intake Record which documents the preliminary enquiry also outlines previous referrals made in respect of the child and the relationship of same to the current referral.

Update on timescale – complete

4.1 The principal social worker for child protection is currently reviewing overall case allocations to ensure that optimum allocations across all child protection teams is taking place to reduce overall waiting lists.

Area Update

Caseload management is now being implemented within the ISA- all staff that were in post in 2019 received training in caseload management.

Update on timescale: - complete & ongoing

4.2 A briefing document on overall numbers of social workers and administration staff within the area, details regarding increased referrals to the area and numbers of children in care, in addition to socioeconomic deprivation levels using research based upon the 2016 census is being prepared for the service director and national office by the area manager. The purpose of this briefing document to the Service Director is to ensure that the area has sufficient social work and administration resources based on improved data collation systems, such as NCCIS, which indicate a trend of increased referrals into the area.

Insert update here:

This briefing document was completed during the first half of 2019. Business cases have also been submitted by the area for additional posts and these also have been supported by the service director and COO. The area continues to have capacity issues in respect of its compliment of resources as the area's data and thresholds for referrals with greatly improved governance and oversight. The governance and systems changes developed with the restructuring of the pillars have led to greatly increase referrals regarding the area's MTP data which have resource implications. Resources are being used to their greatest potential utilization as evidenced by the reduction in unallocated cases since March 2019 by 40%.

Update on timescale

Continued utilisation of screening and RED team process to ensure tight oversight of unallocated cases in the area. Regular updates are provided by the area to the service director re unallocated case numbers on a 2 weekly basis. The numbers of unallocated cases are also discussed at the area monthly oversight meeting chaired by the RSD.

5.1 A standard operating procedure (SOP) is in place for all referrals in the area. This includes quality assurance review of all cases deemed appropriate for closure by the local area quality assurance team leader. This SOP is being reviewed by the area in light of the re-structuring of intake/ child protection pillars. Learning from these audits will be provided to the team leaders and teams within both pillars. This will also be incorporated into the revised SOP.

Area Update

A SOP for Intake and CPW has been in place since February 2019.

Update on timescale - complete

1.1 Training on case closures will be provided to all team leaders within the intake and child protection pillars during Q1 2019 by the principal social workers.

Area Update

Case Closure Policy has been disseminated to the Intake Team Leaders and CPW Team Leaders. Referrals are closed where the threshold for a Tusla led Social Work intervention is not met. This is in line with the Case Closure Policy. Communication regarding closure of referrals takes place in writing with the referrer and the parent/ carer of the child. Decision and analysis relating to closure of the referral is documented on the referral record.

Within CPW, there is a case closure summary sheet which is uploaded onto NCCIS at point at closure.

Update on timescale - complete

Standard 2.5

Non-Compliant Major

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

1. The quality of some initial and further assessments was inconsistent and there were delays in the commencement and completion of assessments. Child protection concerns were not address in line with Children First.
2. Some children were not seen as part of initial and further assessments.
3. Not all allegations of suspected abuse were notified to An Garda Síochána.

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:

1.1 The quality of initial and further assessments will be reviewed by the principal social worker for child protection with the child protection team leaders in respect of their quality assurance processes prior to signing off of these assessments. The PSW's for intake/child protection and service improvement will have oversight of the quality assurance audit process in the area and will receive monthly audit reports from the quality assurance team leader. The monthly reports from the quality assurance team leader will audit a sample of completed intake records, initial assessments, further assessments and closed files to ensure that the quality of assessments is of a good standard. Feedback to the team leaders and teams at training workshops will be provided in respect of improving the overall quality of assessments in the area. Further training will be provided to all intake and child protection team members in respect of quality assurance processes for when they are completing initial assessments and further assessments in line with children first guidelines.

Area Update

This is an ongoing process by PSW for CP and Service Improvement for example individual feedback is given per case when reviewed by a PSW. There has been a number of file audits and case reviews whereby IA's have been reviewed and feedback given to staff regarding quality of IA's. QA Team Leader carried out a number of reviews of IRs and IA's in Q1 and Q2 and feedback from these was provided to staff and Team Leaders. A workshop was given ro all staff in Intake and CPW regarding SBP and quality of IR's and IA's.

Update on timescale - ongoing

1.2 Further training will be provided to all intake and child protection team members in respect of quality assurance processes for when they are completing initial assessments and further assessments in line with children first guidelines.

Area Update

Training regarding SBP will be ongoing for new staff and present staff and will continue to be quality assured by Team Leaders. Supervision also provides the space to discuss quality of work completed and appropriate referral pathways. The Practice Intensive Workshops on 10th, 11th

and 12th September 2019 specifically focused on the IA process.

Update on timescale – Complete & ongoing

These workshops are completed. Further workshops agreed for 2020 with regional TDO.

2. The dedicated quality assurance team leader post in the area will review and complete audits of completed initial and further assessments as part of this role and provide feedback to the principal social worker on completed audits on a quarterly basis. This feedback will also be provided to the child protection teams.

Area Response:

Post is currently vacant but interim plan agreed with RSD re assistance of a TL from regional office.

Update on timescale - During Q1 2020.

3.1 The project review being led by the PSW for child protection of all open cases within the intake/child protection pillars will ensure that all notifications of suspected abuse to An Garda Síochána have been made. Ongoing monthly sample audit reports of intake/child protection case files by the QA TL will ensure compliance with this action.

Area Update

A review of all abuse referrals and all high priority child welfare concern referrals has been undertaken at Intake. Notifications to AGS have been completed in all abuse referrals. These are now completed at the point of referral to Intake, regardless of whether the preliminary enquiry has been concluded.

Update on timescale - complete

3.2 The newly appointed principal social worker for child protection will continue to chair the Garda child abuse review meetings to have continued robust oversight of all notifications to/from the Gardaí. The PSW will have oversight of the area Garda notification meetings.

Area Update

PSW for CP chairs 6 weekly LMT Meetings with An Garda Síochána. A dedicated business support supports the centralized tracking and monitoring of Garda Notifications in the area.

Update on timescale - complete

Standard 2.10

Non-Compliant Major

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

1. Governance arrangements were not robust.
2. National frameworks, policies and processes were not consistently implemented.
3. Monitoring systems such as supervision, caseload management systems were not robust
4. The national guidance on caseload management was not implemented across the area.
5. Deficits identified in audits carried out in the area were not acted upon in a timely manner.
6. The areas service improvement plan had not been effectively implemented within defined timeframes.
7. Information governance was inadequate, NCCIS was not fully implemented.

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:

1.1 A dedicated quality assurance team leader will also provide audits/reviews of completed assessments and closed cases as well as provide regular reports to the principal social workers for both intake and child protection.

Area Update

QA Team Leader has provided a number of audit reports in 2019 regarding Intake and CPW cases.

Update on timescale - complete

Post is currently vacant and interim plan in place to ensure QA actions take place.

1.2 The Service director has asked the National project management office to co-ordinate a project response called 'project vision' for all action plans and service improvement plans in the area. This will be lead out by the PSW for service improvement in the area and will form the basis of the oversight progress meetings chaired by the Service Director.

Area Update

PSW for Service Improvement has led out on a Service Improvement Plan for Intake and CPW with all managers within the service attending. This is an ongoing process.

Update on timescale - ongoing

2 The quality assurance lead for the area will ensure that all national policies, processes and frameworks are presented to large team meetings and training provided to all social work teams on same.

Area Update

Team leaders and principal social workers will ensure that all teams are aware of same. PSW and regional TDO's have held workshops on several areas identified for learning such as SBP, safety planning, NCCIS, SofS.

Update on timescale – complete & ongoing

3& 4 A supervision audit is taking place during early 2019. Caseload management training is being provided to all staff during Q4 2018 and will continue into 2019. The purpose of these is to ensure that effective and regular supervision meetings are in place in the area and that all social workers receive same.

Area Update

The National QA team undertook an audit of supervision files in 2019. There is a local SOP in area regarding supervision process.

Update on timescale - complete

5. The area audits which have identified deficits, as well as the signs of safety screening review of all open cases within the intake/child protection pillar are being tracked on a database to ensure tracking of decisions and actions are being made.

Area Update

There are trackers for a number of audits that have been completed in area.

Reviews on individual cases are also uploaded onto NCCIS.

An audit schedule has been requested by the area manager to be completed by each principal social worker for their pillars during 2020.

Update on timescale - ongoing

1. The area's service improvement and HIQA action plans are being formulated into a project management plan for the area. The regional service director will have oversight of tracking implementation of this plan at the oversight meetings she is chairing.

Area Update

There are HIQA Action Plans and Governance oversight meetings chaired by SD and attended by QA happening within the area. Fortnightly statistics regarding the number of allocated and awaiting allocation are provided to SD through Area Manager once per fortnight for Intake and CPW.

There is a Service Improvement Plan in place for Intake and CPW.

All children/referrals are recorded on NCCIS and the area now relies on NCCIS solely for data collection and auditing.

The intake pillar went paperless during Q4 2019 with all referrals actioned on NCCIS. A work plan is in place with PSW CPW and NCCIS TL since Q4 2019 to ensure cleansing of data and this is ongoing to ensure greater accuracy of referral data on NCCIS. The children n care pillar also has an action plan in place since 2019 as part of its service improvement plan to ensure all care plans and placements plans are live on NCCIS.

Update on timescale – ongoing

2. The area has a dedicated team leader post for NCCIS due be filled in Q4 2018. An admin project team for NCCIS is being created in the area. The area also has a full time data information/NCCIS officer. The TL posts will ensure auditing / full compliance by the area with NCCIS, cleansing of legacy data and working with regional child care information officer and improving information systems and data within the area.

Area Update

TL for NCCIS came into post in July 2019. Since then there have been significant improvements in the implementation of NCCIS within the area. The Intake Pillar has moved to a paperless system and is fully utilizing the NCCIS for recording and processing all new referrals to the service. They are also reporting statistics fully from NCCIS without relying on additional databases.

The Child Protection and Welfare Pillar have greatly reduced the number of open referrals within the pillar by appropriately linking and closing referrals, there has also been regular review of cases where the information on NCCIS did not accurately reflect the current status of a case. Additional training has helped to ensure that cases are categorized and prioritized appropriately and that the process stage is accurate for the referral. They have moved towards relying solely on NCCIS for reporting numbers of cases within the system and are no longer reliant on additional case lists and databases. CPW have also moved to a paper – less system in so far as they are no longer printing or adding documents to old paper files and all information is recorded solely on NCCIS.

There is a clear process in place for both pillars use of NCCIS with the assistance of business support to upload new referrals within a timely manner to ensure good governance over referrals received by the social work department.

Both pillars regularly discuss/review the information on NCCIS through supervision, training, team meetings and are committed to ensuring the information recorded is accurate and reliable. There is an acknowledgement that this is an on-going process and with continued support and training this may be fully implemented and improved in time.

Update on timescale - complete