

Action Plan

This Action Plan has been completed by the Provider and the Authority has not made any amendments to the returned Action Plan.

Provider's response to Inspection Report No:	713
Name of Service Area:	Child and Family Agency Midlands
Date of inspection:	12-14 January 2016 19-21 January 2016 9-11 March 2016
Date of response:	28 th June 2016

These requirements set out the actions that should be taken to meet the *National Standards for the Protection and Welfare of Children* (2012).

Theme 1: Child Centred Services

Standard 1.1

Requires improvement

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

Not all children had received information on their rights.

It was not always evident on children's records, that children were given the option to attend meetings.

Staff did not consistently record a family's ethnicity.

Staff had not received training on cultural diversity.

Action required:

Under **Standard 1.1** you are required to ensure that:
Children's rights and diversity are respected and promoted.

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

ACTIONS :

- 1. The National office is in the process of developing a Children's rights leaflet which is going through a tendering process. The leaflet will be available nationally by end of Q4. In the interim the area has already devised a local rights leaflet for children. This has been circulated to the teams and Social Workers will be providing and explaining the leaflet to all children with whom they are working and record same on the case file.**
- 2. All staff are being directed that children should be provided with the opportunity of attending CIC Reviews, Strategy Meetings and any other meetings specific to their care needs, appropriate to their age and developmental level. Principal Social Workers and Team Leaders will brief Social Workers at team meetings and reinforce through the supervision process. Discussions with children / young people will be recorded in case files, in addition to reasons why the decision may have been made that it was not appropriate for them to attend. Children being admitted to care will be provided with the age appropriate TACTIC leaflets / forms. The Review Forms record if a child attended the review and if not the reason for same.**
- 3. Social Workers will record a child's ethnicity on case files. The new IT Information System/ case tracker system, records a family's / child's ethnicity.**
- 4. Workforce Learning and Development have developed a training module on working with families from diverse backgrounds. The training will be run for Midland staff in early Q4. All staff will be required to attend. A register of training attended is held centrally .**
- 5. Local audits will be completed by Principal Social Workers and Team Leaders in Q4 and will continue on a bi-annual basis. The outcome of the**

audits will be compiled, forwarded to the Area Manager, included on the Area's Learning Tool, reviewed and discussed at the area management meetings and Social Work team meetings. The Regional Professional Support Manager will keep an oversight of the audit outcomes implementation of learnings.

<p>Proposed timescale:</p> <ol style="list-style-type: none"> 1. Q3 and National Leaflet by end of Q4. 2. Q3 3. Q3 4. Training will be provided to all staff by early Q4 5. Local audits will be completed in Q4 and continue on a bi-annual basis. 	<p>Person responsible: National and Area Management</p> <p>Area Management and Regional WFLD PS/W, T/L and Area Manager. Regional Professional support Manager.</p>
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Standard 1.2

Requires improvement

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

The complaints procedure was not transparent as an independent complaints officer did not investigate each complaint.

The complaints log did not outline the investigation undertaken or record if the complainant was satisfied with the outcome of the complaint.

There was no formal consultation process in place for children to give their views on the service.

Action required:

Under **Standard 1.2** you are required to ensure that:

Children are listened to and their concerns and complaints are responded to openly and effectively.

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

ACTIONS :

- 1. Since February '16 all complaints arising in the Area are overseen by the Area's Complaints Manager who is independent of the Principal Social Workers/ Service Managers. In line with the national complaints policy all complaints are dealt with at as low a level as appropriate. The Complaints Manager, who holds the full complaints file, has independent oversight of the process. The complaints log and trends arising are reviewed on a quarterly basis at area management meetings. A log will also be maintained to capture complements about the service. Recommendations arising from investigations of complaints are incorporated into the Area Learning Tool. Trends and recommendations arising from complaints are discussed at team meetings. The Complaints Manager will complete an annual report in respect of complaints, complements and trends arising. The Regional Quality Assurance Manager and Regional Quality Assurance Group will carry an oversight role.**
- 2. The complaints log is in line with national policy. It has been amended to record if the complainant was satisfied with the outcome of the complaint. In line with national policy all complainants are advised of their right to appeal the outcome of a complaint investigation.**
- 3. Child friendly complaints / participation leaflets (Tell Us. You Say, We Listen) have been developed by TUSLA National Office, wherein children are advised regarding how to make a complaint and are asked to provide their views in respect of their experience of the service received. These leaflets have been circulated to all staff. Principal Social Workers, Team**

Leaders and other service managers will ensure that all children in receipt of a service will be provided with the leaflet and time taken to explain the information to them. A record of same will be recorded on case files.

- 4. An audit will be completed by end of Q4, and on an annual basis, in respect of circulation of Complaints Leaflet. The outcome of the audit will be reviewed at area management meetings and shared with all staff during team meetings. The Regional Professional Support Manager will have an oversight and support role in this regard.**

Proposed timescale:

- 1. February 2016**
- 2. February 2016**
- 3. Leaflets will be distributed by end of Q3**
- 4. Complaints Manager will complete an audit by end of Q4 and on an annual basis.**

Person responsible:
1&2 Area Manager / Complaints Manager/ Regional Quality Assurance Manager.
3&4 Complaints Manager, PS/Ws and T/L/ Regional Professional Support Manager.

Standard 1.3

Requires improvement

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

There were no communications systems available within the service in order to assist children with sensory disabilities.

Letters at the point of referral did not consider potential literacy issues with recipients.

No formal awareness initiatives had been taken to inform the public of the service and how to access it.

Action required:

Under **Standard 1.3** you are required to ensure that:

Children are communicated with effectively and are provided with information in an accessible format.

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

ACTIONS :

- 1. Contact is being made with the National Adult Literacy Agency, National Council for the Blind and the Deaf Association in respect of how to improve communication methods for children with sensory disabilities and to address communication with families where literacy issues may exist. Recommendations arising from the consultations will be implemented.**
- 2. TUSLA National office has developed information leaflets for families which explain services provided. These are in use in the area.**
- 3. A priority goal for the area for 2016 is the enhancement of public awareness of the service. To meet this objective two awareness presentations are planned to occur in 2016, the initial one occurring the end of Q3. Local referrers and other community representatives are being invited. Further presentations will be planned for 2017. It is hoped that these will enhance the public awareness of the local service and how to access it.**

Proposed timescale:

- 1. End of Q3**
- 2. End of Q3**
- 3. Q3 and Q4**

Person Responsible:

Area Manager and Area

Management Team

Theme 2: Safe and Effective Services

Standard 2.1

Significant risk identified

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

Children First was not consistently implemented.

Action required:

Under **Standard 2.1** you are required to ensure that:

Children are protected and their welfare is promoted through the consistent implementation of Children First (2011).

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

ACTIONS :

1. All referrals to the service when received are consistently reviewed by Principal Social workers and Team Leaders and are prioritised in line with national policy and guidance.
2. There is a local guidance document in place that governs the review of cases awaiting allocation and this is consistently applied across the area. All cases awaiting allocation will be risk assessed using the Risk Estimation Tool. Previous patterns of referrals are being incorporated into the risk estimation tool. This process is regularly reviewed through discussion at team meetings and through the supervision process between Area Manager and Principal Social Workers and Principal Social Workers and Team Leaders.
3. All cases open within the service are being risk assessed rated using the Measuring the Pressure Guidance for cases allocated and Risk Estimation Form for cases awaiting allocation are being signed and dated by the Team Leader completing the risk rating. The Principal Social Workers will have oversight.
4. Area Manager and Principal Social Workers keep a close oversight of numbers of cases awaiting allocation, to ensure they are proactively managed and appropriate and timely interventions occur. In March 2016 the Area Manager and Principal Social Workers completed a review of all cases awaiting allocation to ensure they were appropriately prioritised and risk rated. Measure the Pressure returns are a standard item on the agenda for monthly area management meetings and supervision meetings between Area Manager and Principal Social Workers .
5. Neglect training has been provided to the teams.
6. Principal Social Workers and Social Work Team Leaders closely monitor referrals to the service and ensure that analysis of cumulative harm occurs during assessment by reviewing and clearly identifying the previous history, patterns of behaviour and the effectiveness of safety/protective factors. The IT Tracker system will be utilised to assist in respect of this, by providing monthly reports to Principal Social Workers in respect of numbers of re-referrals to the service. The

Regional Professional Support Manager will provide oversight in respect of learning / practice needs arising.

- 7. Principal Social Workers and Social Work Team Leaders will schedule a series of audits on a quarterly basis to ensure compliance with the above. The outcome of the audits will be compiled and forwarded to the Area Manager and reviewed at monthly area management meetings. The Regional Quality Assurance group and the Regional Professional Support Manager will provide oversight.**
- 8. Additional Social Work staffing and management capacity at Team Leader level has been approved for the Duty /Intake Teams and additional Social Work capacity for the Child Protection & Welfare Teams. Recruitment is on-going to fill these additional positions. This will enhance the service's capacity to respond to referrals and provide appropriate interventions.**

Proposed timescale:

- 1, 2, 3 , – February 2016**
- 4 - February 2016**
- 6 - February 2016 – IT Tracker early Q3**
- 7 - Q3 at quarterly intervals**
- 8 - Q2**

Person responsible:
PS/W and T/L
Area Manager and
PS/Ws & Info.Officer
PS/Ws . Regional
Quality Assurance
Manager and
Regional
Professional Support
Manager.
National recruitment
and Area
Management

Standard 2.2

Requires improvement

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

There were some delays in preliminary enquiries being undertaken.

There were delays in some children being directed to the appropriate services.

Thresholds were not routinely recorded on children's records.

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:**

ACTIONS :

- 1. Social Work Team Leaders will proactively monitor and address all referrals to minimise delays in preliminary enquiries being undertaken and ensure appropriate interventions are provided. All referrals to the service will be prioritised and risk rated using the risk estimation tool and are in line with national guidance. This will be monitored by Principal Social Workers through unannounced and regular reviews of case files and through the supervision process. The Area Manager will review through supervision sessions with Principal Social Workers. Additional Social Work staffing has been approved and recruitment is active. When the additional positions are filled, the service's capacity to complete preliminary enquiries will be enhanced.**
- 2. A multi-agency referral group has been established which will review referrals on a monthly basis, where it has been assessed that an additional support service to S/W is required or where the threshold for Social Work intervention has not been met but the family require further intervention. This will enhance the timely access for families to appropriate support services. Thresholds will be recorded on case files and Principal Social Workers and Social Work Team Leaders will review during supervision and through unannounced case audits.**

Proposed timescale:

- 1. Q3**
- 2. Q3**

Person responsible:

**Area Management
Area Management
PS/Ws and T/L**

Standard 2.3

Requires improvement

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

Some children were placed on wait lists for services and therefore they did not have a timely and effective service.

The service was not consistent in identifying patterns of cumulative harm, long-term harm and neglect in children's lives.

Patterns of re-referrals of neglect were not consistently identified. 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:

ACTIONS :

As per response to Std 2.1 and 2.2

- 1. Social Work Team Leaders and Principal Social Workers keep a close oversight of numbers of cases awaiting allocation, to ensure they are proactively managed and appropriate and timely interventions occur. Team Leaders and Principal Social Workers proactively monitor and address all referrals to minimise delays in preliminary enquiries being undertaken and ensure appropriate interventions are provided. Measure the Pressure returns are a standard item on area management meetings and PS/W supervision with Area Manager. Quarterly dataset returns are being will be reviewed at area management meetings .**
- 2 A multi-agency referral group has been established which will review referrals where it has been assessed that an additional support service to Social Work is required or where the threshold for Social Work intervention has not been met but the family require further intervention. This will enhance the timely access for families to appropriate support services.**
- 3 Social Work Team Leaders and Principal Social Workers closely monitor referrals to the service and ensure that analysis of cumulative harm and neglect occurs during assessment. The IT Tracker is being utilised in respect of this to track re-referrals and patterns of concerns arising by providing Principal Social Workers with monthly reports. Principal Social Workers will bring these reports to their supervision sessions with the Area Manager.**
- 4 A Complex Case Governance Group, comprising the Area Manager, Principal Social Workers and Team Leader representative has been established to provide assistance to Social Workers in completing assessments of complex cases and enhance the governance of same. This will assist in enhancing the standard of assessments completed but also ensure children with complex needs receive appropriate interventions.**
- 5 Principal Social Workers and Team Leaders will complete audits, on a quarterly basis to ensure compliance with the above. The outcome of the**

audits will have the oversight of the Area Manager and Regional Professional Support Manager.

Proposed timescale:

- 1. February 2016**
- 2. End of Q3**
- 3. End of Q2**
- 4. January 2016**
- 5. Q3**

Person responsible:

**Area Manager ,
PS/Ws and T/Ls ,
Info. Officer and
Regional
Professional Support
Manager**

Standard 2.4

Requires improvement

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

Prioritisation systems were not always effective in ensuring high priority cases received timely and appropriate access to child protection and welfare services.

The system to oversee wait lists was not consistently implemented.

Previous initial assessments were not consistently considered when new referrals were received.

Some initial assessments were completed on individual referrals received within short time-frames.

Not all family support plans were created or reviewed in a timely manner.

Some cases were closed prematurely without records being completed.

The Meitheal model was under development.

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:

ACTIONS :

Please refer to responses to Std 2.1, 2.2 and 2.3

- 1. Principal Social Workers ensure compliance with national prioritisation systems and review same regularly through management audits, on a quarterly basis.**
- 2. All cases awaiting allocation will be reviewed regularly by Team Leaders with the oversight of Principal Social Workers in line with national and local guidance. The Social Work Team Leaders will review all cases awaiting allocation on a monthly basis or more regularly should additional information arise. The Principal Social Workers will maintain oversight of cases awaiting allocation through regular audit and the supervision process. Cases awaiting allocation are a standard item on Area Manager supervision meetings with Principal Social Workers which occur in compliance with the national supervision policy. Cases awaiting allocation are also a standard item for monthly area management meetings.**
- 3. Principal Social Workers and Social Work Team Leaders ensure that new**

referrals are considered in the context of previous assessments and family histories. This occurs through case review, audit and the supervision process. The IT Tracker system provides monthly reports to the Principal Social Workers in respect of referrals to the service. These are actively reviewed and incorporated into supervision sessions between Principal Social Workers and Team leaders and the Area Manager and Principal Social Workers.

4. Social Work Team Leaders and Principal Social Workers review and regularly audit the quality of assessments completed to ensure that presenting needs have been appropriately assessed and met.
5. Social Worker Team Leaders and Principal Social Workers will ensure that Family Support Plans are developed, are robust to meet presenting need, reviewed in a timely manner and that all Family Support Plans have an identified review date. This is reviewed as part of the Audit schedule and as part of the supervision process.
6. Social Work Team Leaders and Principal Social Workers review and audit cases presenting for closure to ensure appropriate network checks are completed, presenting needs have been met and appropriate case records are completed. The National Guidance for Case Closure is pending finalisation and will be implemented by the area when finalised.
7. The outcome of audits will be compiled on a quarterly basis and conveyed to staff during team meetings. Learning needs identified will be addressed in consultation with Workforce Development. The National Quality Framework is targeted to be finalised in Q4 this will include each area having a Service Improvement Plan which will incorporate local audit findings and learnings. This will have the oversight of the Regional Quality Assurance Manager and Regional Quality Assurance Team.
8. The implementation of Meitheal is ongoing. It is being led by the Manager of PPFS. Network meetings have been established and Meitheals have occurred and referral process established in line with national guidance. The area's multi-agency referral forum will co-ordinate the referral and allocation of cases requiring additional support services to Social Work or where the threshold for Social Work intervention is not met but a support intervention is required. Meitheal trainings are scheduled up to the end of 2016. A Meitheal steering group will be in place by Q4 which will work closely with the local CYPSC to ensure appropriate co-ordination and planning of Meitheal and community support services across the area.

Proposed timescale:		Person responsible:
1 – 6	February / March 2016	PS/W and T/L
7	Q4	PS/W, T/L, Area Manager
8	March 2016 and Steering Group Q4	Manager PPFS and Area Manager. Regional Quality Assurance Manager.

Standard 2.5

Requires improvement

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

There were delays in some child protection concerns being assessed.

Not all initial assessments were carried out and completed in a timely manner.

Some initial assessments and children's records identified that further assessments were required but they were not completed.

The quality of initial assessments varied.

Social workers did not always identify when further assessments were required.

A minority of further assessments were not of good quality.

Not all Garda notifications were managed in a timely way.

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:

ACTIONS :

- 1. Social Work Team Leaders and Principal Social Workers ensure that all child protection concerns will be appropriately reviewed, risk-rated and prioritised accordingly to ensure assessments are completed in a timely manner. This will be addressed through quarterly Audits and supervision. The Area Manager will receive copies of audit outcomes and the Regional Quality Assurance Manager and Regional Quality Assurance Group will have oversight.**
- 2. Social Work Team Leaders and Principal Social Workers review Initial assessments to ensure the quality of the Initial Assessments are appropriate and consistent and that actions are clearly identified and appropriately completed. This will be addressed through audits and supervision.**
- 3. Social Work Team Leaders and Principal Social Workers review further / comprehensive assessments to ensure consistency and quality. This will be addressed through the quarterly Audits and supervision.**
- 4. The outcomes of the audits will be compiled and learnings conveyed and discussed at team meetings. The Principal Social Workers will provide the Area Manager with the audit outcomes for discussion at supervision and area management meetings. The Regional Professional Support Manager**

<p>will have oversight of practice issues arising and actions will be agreed in respect of same.</p> <p>5. A tracking system for Garda notifications and acknowledgements has been implemented across the area. Monthly review is undertaken by Principal Social Workers.</p>	
<p>Proposed timescale: 1-3 – March 2016 and audits commence Q3</p> <p>4 - Q4 5 – Q2</p>	<p>Person responsible: PS/Ws and T/L</p> <p>PS/Ws , Area Manager, Regional Quality Assurance and Regional Professional Support Manager</p>

Standard 2.6

Requires improvement

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

Not all children, their parents/guardians and professionals received child protection plans and minutes in a timely manner.

Action required:

Under **Standard 2.6** you are required to ensure that:
Children who are at risk of harm or neglect have child protection plans in place to protect and promote their welfare.

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

ACTIONS:

1. Managers of the Child Protection Conference Service ensure that Child Protection Plans are completed in a timely manner and circulated to children, parents / guardians as appropriate. Timeframes for completion of Child Protection Plans and their circulation are being closely monitored. This will be reviewed on a quarterly basis by the Managers of Child Protection Conference Service in their meetings with the Area Manager.
2. The clerical / admin support to the Child Protection Conference service is currently under review to ensure the overall effectiveness of the service. It is planned that designated clerical admin staff will be identified to support the service.

<p>Proposed timescale: 1. Q2 2. Q3</p>	<p>Person responsible: 1. Manager of CPC Service & Area Manager 2. Area</p>
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	Manager, Clerical Admin Manager & Manager CPC Service
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Standard 2.8

Requires improvement

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

There were some delays in unallocated children and families receiving services.

There were families waiting for family welfare conferences.

Not all children had written safety plans when appropriate.

The service did not keep a record of children referred to external services.

Action required:

Under **Standard 2.8** you are required to ensure that:

Child protection and welfare interventions achieve the best outcomes for the child.

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

ACTIONS:

- 1. Referrals and cases awaiting allocation are closely monitored, reviewed and prioritised by Social Work Team Leaders with oversight by the Principal Social Workers to ensure the service is proactive in responding to presenting need. Cases awaiting allocation are a standard item for Area Managers supervision meetings with Principal Social Workers in addition to being a standard item at monthly area management meetings.**
- 2. Staffing vacancies within the Family Welfare Conferencing Service are actively being addressed in order to return the service to the approved staffing level. The Family Welfare Conference Team Leader with the oversight of the FWC Manager reviews all referrals and prioritises on presenting need**
- 3. Social Work Team Leaders, with the oversight of the Principal Social Workers, ensure that where child protection concerns have been identified, CPC requests are made and child protection plans agreed and monitored through the CPC process. Safety Plans are put in place as appropriate.**

Proposed timescale: <ol style="list-style-type: none"> 1. February 2016 2. Q3 3. February 2016 	Person responsible: <ol style="list-style-type: none"> 1.Area Manager, PS/Ws and Team Leaders 2. Manager of FWC 3. PS/Ws and Team Leaders
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Standard 2.9

Requires improvement

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

Interagency links were not consistently in place and there were gaps in inter-professional contact in unallocated cases

It was not clear always clear how staff communicated the outcome of their assessment of notifications of An Garda Síochána.

Action required:

Under **Standard 2.9** you are required to ensure that:

Interagency and inter-professional co-operation supports and promotes the protection and welfare of children.

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

ACTIONS:

- 1. One of the area's primary objectives for 2016 is the enhancement of the service's profile with referring agencies within the area. Presentation days for the key referring agencies are planned with the initial one to occur at the end of Q3. This will enhance inter-agency links. A working group of Principal Social Workers, Manager of PPFS and Business Support Manager is leading the initiative and reports back to the Area Management Team. An evaluation form will be provided to the agencies attending on the day to obtain their opinions in respect of the effectiveness of the presentation provided. This will be used to influence the nature of future engagement.**
- 2. A multi-agency referral forum has been established. This is attended by the relevant Principal Social Workers, PPFS Manager and representatives from funded agencies.**
- 3. Liaison meetings with HSE CAMHS and the local SATU teams have been established. A liaison meeting has also occurred with the local Dept. Of Education representatives.**
- 4. Engagement is taking place with local HSE management with the purpose of establishing a local liaison forum comprising of appropriate HSE service managers, Principal Social Workers and Area Manager.**
- 5. Social Work Team Leaders, with the oversight of the Principal Social Workers ensure, through case discussion and regular file reviews that preliminary enquiries involve contact with appropriate professionals / agencies and where cases are waitlisted for allocation, identified, involved professionals are notified of same and a contact person identified that they can contact should the need arise.**
- 6. Garda / Social Work Action Plan meetings are established. All Garda**

notifications and assessment outcomes are addressed at this forum. Quarterly liaison meetings with Gardai are established and attended by Principal Social Workers, Team Leaders and Designated Garda Inspectors and Sergeants. A written record of these meetings is being kept.

Proposed timescale:

1. End of Q3
2. Q2
3. Q2
4. Q4
5. Q2
6. February 2016

Person responsible:

1. Area Management Team
- 2&3 PS/W and T/L
4. Area Manager
5. & 6. PS/W and T.Leaders

Standard 2.10

Requires improvement

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

Case management systems were not effective or consistently adhered to.

Decision making on individual cases was not always clearly recorded.

There were some delays in the transfer of cases due to the communication process.

Social work team leaders had signed off on some poor quality assessments and decisions.

Managers did not have robust oversight of waitlists.

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:

ACTIONS:

- 1. Principal Social Workers and Team Leaders ensure compliance with the national caseload management tool and clearly record discussions during supervision. Principal Social Workers brief the Area Manager during supervision meetings in respect of caseload allocation. If it arises that individual Social Workers are regularly evidencing unmanageable caseloads, Team Leaders in consultation with Principal Social workers actively review case allocation. Area Manager will be informed and staffing resources across the area will be actively reviewed to ensure appropriate use of same. Unresolved issues are escalated to the Service Director and national management as appropriate and required. Returns in respect of caseload management will be utilised to plan staffing resources for the area.**
- 2. Social Work Team Leaders and Principal Social Workers will complete audits in respect of adherence – quarterly. The outcome of the audits will be forwarded to the Area Manager. In Q3 the Regional Professional Support Manager will meet with the Principal Social Workers to review the Area's audit systems to ensure their effectiveness.**
- 3. Decisions made and reasons for same are clearly recorded on case records.**
- 4. The case transfer protocol between teams will be reviewed on a bi-annual basis by the Principal Social Workers and Area Manager to ensure its effectiveness and minimise delays.**
- 5. Principal Social Workers will regularly review and audit assessments completed to ensure the quality of same. Outcomes of assessments will be conveyed to the Area Manager and used for discussion at team**

meetings and as a method of identifying learning needs. Consultation will occur with the Regional Professional Support Manager in respect of practice needs arising.

6. **Principal Social Workers and Team Leaders are proactive in their oversight and review of cases awaiting allocation. All cases awaiting allocation are reviewed and risk rated in line with local and national guidance documents, by Social Work Team Leaders on a monthly basis with the oversight of the Principal Social Workers or more frequently if new information arises. Cases awaiting allocation and measuring the pressure returns are standard items for supervision meetings between Principal Social Workers and Area Manager, in addition to being standard items for area management meetings.**

Proposed timescale:

- 1-2 February 2016 and audit will be completed during Q3
- 3 March 2016
- 4 End of Q2
- 5 End of Q3 and quarterly
- 6 February 2016

Person responsible:

**Area Manager /
PS/Ws and T.Leaders
Regional Business
Support Manager**

Standard 2.11

Significant risk identified

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

The quality of internal reviews relating to serious incidents varied.

The implementation of recommendations of internal reviews and the National Review Panel reports were not consistently implemented or monitored.

The dissemination of learning from local and national reviews was inconsistent.

Action required:

Under **Standard 2.11** you are required to ensure that:

Serious incidents are notified and reviewed in a timely manner and all recommendations and actions are implemented to ensure that outcomes effectively inform practice at all levels.

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

ACTIONS:

- 1. Internal reviews will be completed in accordance with the national policy and consistency applied in respect of their quality and detail. Reviews will be completed at Principal Social Worker grade level and training provided as required. Templates for reviews and review formats will be revised in consultation with the Regional Professional Support Manager. The Regional Quality, Safety and Risk Governance Group will quality assure reports as required.**
- 2. The area has completed a Learning Tool which incorporates the recommendations and findings of the National Review Panel and internal reviews. This tool identifies actions required and implementation is reviewed at area management meetings. Managers have disseminated the tool to their teams for appropriate discussion, implementation and review. The Learning Tool will be reviewed in consultation with the Regional Quality Risk and Service Improvement Manager to ensure it is compliant with the national procedure for Tracking, Measuring and Verification of the Implementation of Internal and External Reports. Evidence of implementation will be captured on a quarterly basis by the Regional Quality , Risk and Service Improvement Manager. The Regional Quality, Safety and Risk Governance Group which meets on a monthly basis will also ensure dissemination across the region of learning from Serious Incidents , Case Reviews in addition to HIQA, NRP and HSQ recommendations.**

Proposed timescale:

- 1. Q4**
- 2. End of Q3.**

Person responsible:

**1.Area Manager /
Regional
Professional**

	SupportManager 2.Area Manager , Service Managers and the Regional Quality, Risk and Service Improvement Manager.
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Standard 2.12

Requires improvement

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

High priority adult cases that were identified for immediate allocation in November 2015 were un-worked.

There were significant wait lists associated with the assessment of adults of concern in the community.

Action required:

Under **Standard 2.12** you are required to ensure that:

The specific circumstances and needs of children subjected to organisational and/or institutional abuse and children who are deemed to be especially vulnerable are identified and responded to.

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

Response to immediate escalation

ACTIONS:

- 1. The area now has a dedicated team for the assessment of adult retrospective concerns. All High rated cases are allocated. A monthly report on cases allocated and awaiting allocation is provided to the Area Manager and forwarded to the Service Director. Case allocation is a standard item for supervision sessions between the Area Manager and Principal Social Worker.**
- 2. A governance group for adult retrospective concerns, comprising Principal Social Workers , Team Leader and allocated Social Workers has been established which meets on a six weekly basis and reviews the allocation and assessment of referrals. Minutes of the meetings are forwarded to the Area Manager. A review by the Principal Social Workers and Area Manager is scheduled in July to ensure the effectiveness of the current system.**
- 3. The Agency's business plan for 2016 has given priority attention to the reduction of the number of cases awaiting allocation this has been incorporated into the Area's Business Plan. Reducing the number of retrospective abuse cases awaiting allocation is a key component of this work. Progress in this regard will be monitored and reported nationally.**

Proposed timescale:

- 1. February 2016**
- 2. February 2016**
- 3. Q4 2016**

Person responsible:
Area Manager ,
PS/Ws and Manager
of Adult
Retrospective Team
(ARTS)
National Ops lead,
Children First.

Theme 3: Leadership, Governance and Management

Standard 3.1

Requires improvement

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

Not all policies, internal procedures and standards were consistently adhered to.

Action required:

Under **Standard 3.1** you are required to ensure that:

The service performs its functions in accordance with relevant legislation, regulations, national policies and standards to protect children and promote their welfare.

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

ACTIONS:

- 1. A National Policy Catalogue is now available on the Tusla Hub from the Policy and Strategy Directorate. All staff will be made aware of this at team meetings further to discussion at the Area Management meetings with the Principal Social Workers. A process of audit and self assessment to ensure compliance with national policies and procedures and standards will take place annually . The Regional Professional Support Manager will devise a work plan with the Principal Social Workers to oversee compliance.**
- 2. It is planned that the National Tusla Quality Assurance Framework will be implemented in Q4. This will include a process of self assessment by the area management and the development of an annual service improvement plan. The Area's self assessment of compliance with national policies will be completed as part of this process by the Area management team.. The Regional QSRI will assist in this regard.**

Proposed timescale: 1 & 2 Q4

**Person responsible:
National TUSLA ,
Area Management
Team and Regional
Professional Support
Manager.**

Standard 3.2

Requires improvement

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

The service did not have a statement of purpose.

The service did not have a service plan.

Risk management systems were not robust and were not consistently implemented.

Not all communication systems were effective.

The system for overseeing the management of wait lists was not robust.

Action required:

Under **Standard 3.2** you are required to ensure that:

Children receive a child protection and welfare service, which has effective leadership, governance, and management arrangements with clear lines of accountability.

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

ACTIONS:

- 1. The service will review its Mission Statement to ensure an appropriate statement of purpose is included.**
- 2. The area's service plan was finalised the end of March 2016 and is scheduled for regular review at the Area management meetings.**
- 3. Liaison is ongoing with the national office to ensure that the Area is appropriately complying with the national guidance on the risk register and its management. The Area's risk register is reviewed and amended on a three monthly basis at the Area management meetings or more frequently if required. The Regional Quality Assurance Manager and the Regional Quality Assurance and Risk Group has oversight.**
- 4. The Area will regularly review its communication systems to ensure their effectiveness.**
- 5. Refer to response under Std 2.1 Action 2.**

Proposed timescale:

- 1. Q3**
- 2. March 2016**
- 3. March 2016**
- 4. Q3**

Person responsible:

- 1. Area Manager**
- 2. Area Management Team**
- 3. Area Management Team and Regional quality Assurance and Risk**

	team. 4. Area Management Team
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Standard 3.3

Requires improvement

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

The recommendations from audits and other reviews were not consistently implemented or monitored.

The monitoring systems in place did not identify and mitigate all potential risks to the safety protection and welfare of children.

The dissemination of learning from local and national monitoring systems was inconsistent.

Action required:

Under **Standard 3.3** you are required to ensure that:

The service has a system to review and assess the effectiveness and safety of child protection and welfare service provision and delivery.

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

1. As per Std 2.11 – the area has implemented a learning tool which incorporates recommendations and learning from local and national reviews. Local managers will ensure this is disseminated to their teams and discussed at team meetings. When the national QA Framework is implemented in Q4 the learning tool will be incorporated into the annual service improvement plan.
2. Information from local case file audits will be compiled to ensure learning accross the service. This will be incorporated into the Learning Tool.
3. TUSLA has recently finalised a Procedure for Tracking, Measuring and Verification of the Implementation of recommendations of Internal and External Reports. The Area links with the Regional Quality Assurance Manager to review the Learning Tool to ensure it is compliant with the national procedure.
4. As per Std 3.2 the area's Risk Register is reviewed and amended at the area management meetings and has the oversight of the Regional Quality Assurance and Risk team.

Proposed timescale:

1. March 2106 and Q4
2. End of Q3
3. End of Q3
4. March 2016

Person responsible:
Area Management
Team. Regional
Quality Assurance
Manager and
Regional Quality
Assurance and Risk

	team.
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Standard 3.4

Requires improvement

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

The monitoring and review of service level agreements was not robust.

Action required:

Under **Standard 3.4** you are required to ensure that:

Child protection and welfare services provided on behalf of statutory service providers are monitored for compliance with legislation, regulations, national child protection and welfare policy standards.

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

ACTIONS:

1. All Service Level Agreements have been completed for 2016 and a regular, robust review system has been implemented. The PPFS Manager receives regular performance returns from funded agencies and completes site visits to further monitor service provision. The Area Manager and PPFS Manager review same during supervision meetings. Quarterly compliance review meetings are also held with funded agencies. Principal Social workers act as gate-keepers of referrals to specific funded agencies to ensure appropriate prioritisation of referrals.

Proposed timescale:

1. March 2016

Person responsible:

Manager PPFS, Area Manager and PS/Ws.

Theme 4: Use for Resources

Standard 4.1

Requires improvement

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

Resources in the service were not consistently planned for, managed or deployed.

A comprehensive needs analysis for the service area had not been undertaken.

The physical condition of some offices used by the service were unsuitable.

Action required:

Under **Standard 4.1** you are required to ensure that:

Resources are effectively planned, deployed and managed to protect children and promote their welfare.

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

ACTIONS:

- 1. An analysis of the service was completed in 2015 which identified improvements required. The area was also reviewed by the national management team using the Resource Allocation Model and additional staffing resources have been allocated to meet identified need. Additional management capacity at Team Leader level and two additional Social Work Snr Practitioner positions have been approved for the Duty / Intake service and recruitment is active. This will enhance the staffing resource capacity within the service. Additional Social work positions have also been approved for the Child Protection and Welfare service.**
- 2. MTP figures are reviewed at the monthly management team meetings and resource allocation reviewed in light of same. Service demands will determine resource allocation rather than staffing preferences. Every effort is being made to ensure an even distribution of experienced staff specifically in areas of greatest need. Staffing resource allocation across the area is regularly reviewed at area management meetings and an end of year review will occur to plan and influence service planning. Monthly staffing returns are completed and provided to the Service Director.**
- 3. The Longford/Westmeath Children & Young People Services Committee had commissioned a review of support services within the area. This document is currently being reviewed by the CYPSC and will be used to influence development and spread of support services.**
- 4. A Children & Young People Services Committee will be established for Laois /Offaly, once a co-ordinator is appointed. A review of support services will then be completed for the area.**
- 5. Accommodation deficits were identified during last year's improvement process and measures are underway to address these,**

including the leasing of new accommodation and refurbishment/upgrade of other premises. Staff in one area will be moving to identified new office accommodation in early 2017.

Proposed timescale:

- 1. Q2-3 in 2015 and Q2 in 2016**
- 2. Q1 2016**
- 3. Q2 2016 and Q1 2017**
- 4. CYPSC established Q4 and needs analysis early 2017**
- 5. Q2 2016 and Q1 2017**

Person responsible:

- 1. Area Management Team**
- 2. -3 – Area Manager & CYPSC**
- 4 Area Manager**
- 5 Area Management & national estates**

Theme 5: Workforce

Standard 5.1

Requires improvement

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

Not all staff files were up to date, as interim appointments were not reflected on staff files.

The area did not have a record of all staff's up-to-date professional registration as appropriate.

Action required:

Under **Standard 5.1** you are required to ensure that:

Safe recruitment practices are in place to recruit staff with the required competencies to protect children and promote their welfare

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

ACTIONS:

1. Staff files will reflect any changes to individuals' positions / appointments
2. The Area has an up to date record in respect of Professional Registration. This is reviewed and updated annually as per CORU's requirement. This has been updated at the end of May 2016 .

Proposed timescale:

1. End of Q2
2. Completed and pending updating end of Q2.

Person responsible:

1. National / Regional HR.
2. Area Management / PS/Ws

Standard 5.2

Requires improvement

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

Not all teams had the appropriate skill mix and experience to meet the needs of the children.

Action required:

Under **Standard 5.2** you are required to ensure that:
Staff have the required skills and experience to manage and deliver effective services to children.

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

ACTION:

- 1. As per Std 4.1 – The Area Manager, in consultation with the Principal Social Workers, will ensure an appropriate distribution of experienced staff within the staffing resources allocated to the Area, to meet service needs. Staffing is a standard item for review at area management meetings and during supervision with Principal Social Workers. Two additional Team Leaders and two additional Social Worker Snr Practitioners have been approved for the Duty / Intake Team and recruitment is active. This will significantly enhance the experience and skill-mix within the team.**

Proposed timescale:

- 1. Q2 and Q3 for filling of additional positions.**

Person responsible:

**Area Manager /
PS/Ws / Tusla
Recruit.**

Standard 5.3

Requires improvement

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

The quality of supervision varied.

Decision-making was not always clearly recorded in supervision files.

Action required:

Under **Standard 5.3** you are required to ensure that:

All staff are supported and receive supervision in their work to protect children and promote their welfare.

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

ACTIONS:

- 1 Area Manager, Principal Social Workers , Team Leaders and service managers ensure that supervision is delivered in line with the national policy and that case decisions are clearly recorded on supervision records. All managers and supervisees attend supervision training and a central training register is maintained.**
- 2 A supervision audit was completed by the Area Manager and Principal Social Workers in December 2015. The information arising has been compiled and disseminated to line managers for discussion at team meetings. In line with national policy a follow-up audit will be completed in July 2016.**
- 3 A staff well being initiative will be implemented, in conjunction with National HR, to provide additional supports to staff.**
- 4 Meetings involving the Area Manager, Principal Social Workers, Team Leaders and the Regional Professional Support Manager will be established to review and address identified practice improvement needs arising. All staff will have their individual Personal Development Plans (PDPs) which will help guide practice improvement .**

Proposed timescale:

- 1. On-going**
- 2. July 2016 and bi- annual**
- 3. Q4**
- 4. Q4**

Person responsible:

**Area Manager,
PS/Ws and Manager
of PPFS
Area Manager and
National HR.
Regional
Professional Support
Manager**

Standard 5.4

Requires improvement

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

A training needs analysis had not been completed for the service area.

Not all staff had received training in Children First (2011).

Action required:

Under **Standard 5.4** you are required to ensure that:

Child protection and welfare training is provided to staff working in the service to improve outcomes for children.

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

ACTION:

- 1. A training needs analysis (TNA) had been completed on part of the service in early 2015 which assisted national workforce learning development (WFLD) in identifying training needs. To ensure that the need of the full area was incorporated, a follow-up training needs analysis was agreed with WFLD in December 2015, completed by local management and sent to WFLD in early March. The final TNA has been completed by WFLD and a meeting is scheduled with local management to plan in respect of training needs identified which are not being addressed by the national training schedule.**
- 2. All staff have Personal Development Plans (PDPs) which are reviewed on a six monthly basis during the supervision process. Training needs identified within PDPs directly influence annual training schedules.**
- 3. A central training register is maintained. All staff requiring refresher training in Children First have been identified and will be scheduled to attend training which is being arranged in consultation with WFLD.**

Proposed timescale:

- 1. March 2016**
- 2. March 2016**
- 3. Q4**

Person responsible:

- 1. Area Management Team & WFLD**
- 2. Service Managers**
- 3. Area Management and WKLD**

Theme 6: Use of Information

Standard 6.1

Significant risk identified

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

The system in place to gather and analyse data and information was limited in its capacity to support effective planning and delivery.

There were discrepancies in data/information to support effective decision making.

Action required:

Under **Standard 6.1** you are required to ensure that:

All relevant information is used to plan and deliver effective child protection and welfare services.

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

ACTIONS:

1. As part of the improvement process in 2015 the development of an IT DataTracker system was identified as a priority. The new system, which is going live, will significantly assist. Other gaps in data collection are currently under review by the area management team and improvements will be identified for implementation.
2. Validation of data across the area is strongly emphasised and will be enhanced through the Information Officer returning fulltime to that role. Data Reports will be provided to the Area Manager during supervision meetings and will be reviewed at area management meetings.
3. The national roll-out of the NCCIS is underway (Mid West Area) at present. The implementation of the NCCIS will significantly improve the process of collecting and analysing data to assist in decision-making and service development.

Proposed timescale:

- 1 Q3
- 2 Q3
- 3 Mid 2017

Person responsible:

1. Area Management Team / Information Officer
2. Area Manager / Information Officer
3. National Tusla

Standard 6.2
Significant risk identified

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

The majority of information systems in place to support the delivery of the service were not fit for purpose.

Action required:

Under **Standard 6.2** you are required to ensure that:

The service has a robust and secure information system to record and manage child protection and welfare concerns.

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

ACTION:

- 1. The deficiencies in the local information systems had been clearly identified during the the 2015 service improvement process. A provider has been contracted to develop and implement a fit for purpose, integrated case tracker IT system. The system is now going live and will be completed accross the service Area by July 2016. This is an interim measure until the national NCCIS is fully implemented.**

Proposed timescale:

1.July 2016 for local tracker system. Planned national roll –out of NCCIS underway Mid West Area at present

**Person responsible:
Area Manager / local
Information Officer
and national
management.**

Standard 6.3

Requires improvement

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

The records management policy was not consistently implemented.

Each child did not always have their own file.

The quality of records varied.

Files did not have unique identifiers.

Parents and children did not know how to access their own information.

File audits were not collated for the overall area.

Chronologies were not consistently implemented in children's records.

Action required:

Under **Standard 6.3** you are required to ensure that:

Secure record-keeping and file management systems are in place to manage child protection and welfare concerns

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

ACTIONS:

- 1. Principal Social Workers and Team Leaders ensure, through team briefings and the supervision process that all staff are re-advised of the importance of appropriate management of case records. This will be further addressed during the completion of case audits. The Regional Professional Support Manager will work with the Area Management to actively review file management.**
- 2. TUSLA is developing a national record keeping policy. A working group has been set up to oversee the policy's development. This policy will define the format of case files. When it is finalised and operational the area will implement.**
- 3. The new IT Case Tracker System will assign each child with a unique identifier this will also be used as the case file identifier**
- 4. While maintaining adherence to Data Protection protocols, the Area will be proactive in informing and encouraging children and their families to access their records locally in the most appropriate manner are made. The Area has a guidance leaflet for families in respect of accessing their records, this is being distributed to families. FOI Training has in the past been provided to staff and this will be reviewed to address any deficits that may arise. Records management training has also been provided. Both trainings will again be provided to staff again by the end of 2016.**

5. The findings of file audits will be collated to ensure learning across the area and identify any specific issues / trends arising. The National Quality Assurance Framework incorporates an annual service plan. The Regional Quality Assurance Manager will have an oversight role.
6. While there is no requirement to have case chronologies, in line with best practice principles, Principal Social Workers and Team Leaders in consultation with the Professional Support Manager, will plan the implementation of chronologies in cases but specifically in respect of re-referrals. The implementation will be monitored during the agreed schedule of audits / reviews of files by Team Leaders and Principal Social Workers and through the supervision process.

Proposed timescale:

1. Q3
2. Q4
- 3 July 2016
- 4 Q4
- 5 Q4
- 6 Q4

Person responsible:

1. Area Management Team
2. National Management
- 3 Area Manager / Information Officer
- 4 Area Management Team / Business Support Manager
- 5 Service Managers and Regional Quality Assurance Manager
- 6 Area Manager / PS/Ws, T.Leaders and Regional Professional Support Manager.