

**Health Information and Quality Authority
Regulation Directorate**

**Monitoring Inspection report of the HSE Children
and Family Services under the National Standards
for the Protection and Welfare of Children under
Section 8(1) (c) of the Health Act 2007**



Name of Local Health Area (LHA):	Roscommon
LHA ID:	100-210-326
Dates of inspection:	25 November 2013 – 3 December 2013
No. of Fieldwork days:	5
Lead inspector:	Tom Flanagan
Support inspector(s):	Orla Murphy
Type of inspection:	Announced
Inspection ID:	660

About monitoring of compliance

The purpose of monitoring is to safeguard vulnerable children of any age who are receiving child protection and welfare services. Monitoring provides assurance to the public that children are receiving a service that meets the requirements of quality standards. This process also seeks to ensure that the wellbeing, welfare and safety of children is promoted and protected. Monitoring also has an important role in driving continuous improvement so that children have better, safer lives.

The Health Information and Quality Authority (the Authority) has, among its functions under section 8(1) c of the Health Act 2007, responsibility to monitor the quality of service provided by the Child and Family Agency, Tusla to protect children and to promote their welfare.

The Authority monitors the compliance of Tusla with the National Standards and advises the Minister for Children and Youth Affairs and Tusla as to the level of compliance.

In order to drive quality and improve safety in the provision of child protection and welfare services, the Authority carries out inspections to:

- **Assess** if Tusla (the service provider) has all the elements in place to safeguard children and young people
- **Seek assurances** from service providers that they are **safeguarding children** through the mitigation of serious risks
- **Provide** service providers with the **findings** of inspections so that service providers develop action plans to implement safety and quality improvements
- **Inform** the public and **promote confidence** through the publication of the Authority's findings.

Monitoring inspections assess continuing compliance with the standards, can be announced or unannounced and take place:

- to monitor compliance with standards
- arising from a number of events including information affecting the safety or well-being of children

Summary of compliance with Health Act 2007 and National Standards for the Protection and Welfare of Children for the Health Service Executive Children and Family Services

This inspection report sets out the findings of a monitoring inspection:

- to monitor ongoing regulatory compliance with National Standards
- following receipt of solicited and unsolicited information
- following notification of a significant incident or event.

The table below sets out the themes that were inspected against on this inspection.

<p>Theme 1: Individualised Supports and Care</p> <p>Services for children are centred on the individual child and his/her care and support needs. Child-centred services provide the right support at the right time to enable children to lead their lives in as fulfilling a way as possible. A child-centred approach to service provision is one where services are planned and delivered with the active involvement and participation of the children who use services.</p>	<input checked="" type="checkbox"/>
<p>Theme 2: Effective Services</p> <p>Effective services ensure that the proper support mechanisms are in place to enable children to lead a fulfilling life. Personal planning is central to supporting children to identify their goals, needs and preferences and what supports need to be put in place by the service to ensure that each child maximises his/her personal development.</p>	<input checked="" type="checkbox"/>
<p>Theme 3: Safe Services</p> <p>Services promote the safety of children through the assessment of risk, learning from adverse events and the implementation of policies and procedures designed to protect children. Safe services protect people from abuse and neglect and follow policy and procedure in reporting any concerns of abuse and/or neglect to the relevant authorities.</p>	<input checked="" type="checkbox"/>
<p>Theme 5: Leadership, Governance and Management</p> <p>Effective governance in services for children is accomplished by directing and managing activities using good business practices, objectivity, accountability and integrity. In an effective governance structure, overall accountability for the delivery of services is clearly defined and there are clear lines of accountability at individual, team and service levels so that all people working in the service are aware of their responsibilities and who they are accountable to.</p>	<input checked="" type="checkbox"/>
<p>Theme 6: Use of resources</p> <p>The effective management and use of available financial and human resources is fundamental to delivering child-centred safe and effective services and supports that meet the needs of children.</p>	<input type="checkbox"/>
<p>Theme 7: Responsive workforce</p> <p>Each staff member has a key role to play in delivering child-centred, effective and safe services to support children. Children's services organise and manage their workforce to ensure that staff have the required skills, experience and competencies to respond to the needs of children.</p>	<input type="checkbox"/>
<p>Theme 8: Use of Information</p> <p>Quality information and effective information systems are central to improving the quality of services for children. Quality information, which is accurate, complete, legible, relevant, reliable, timely and valid, is an important resource for providers in planning, managing, delivering and monitoring children's services. An information</p>	<input type="checkbox"/>

governance framework enables services to ensure all information including personal information is handled securely, efficiently, effectively and in line with legislation. This supports the delivery of child-centred, safe and effective care to children.	
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As part of this inspection, inspectors met with children, parents/guardians, and other agencies and professionals. Inspectors observed practices and reviewed documentation such as child protection plans, relevant registers, policies and procedures, children's files and staff files.

Inspectors met with and spoke with 14 children and either met with and/or spoke with 17 parents. Inspectors also reviewed 63 files of children during the inspection.

Roscommon is one of two counties in the Galway Roscommon Service Area. According to recent national deprivation indices, Co Roscommon is marginally deprived and is one of the counties to suffer most significantly as a result of the recent economic downturn. The county is predominantly rural and is one of the largest yet least populated in the country. According to the 2011 census, the population of the county is 64,065, including over 18,000 children.

SUMMARY OF FINDINGS

At the time of inspection the Health Service Executive (HSE) had statutory responsibility to promote the welfare of children and protect those who were deemed to be at risk of harm. Such children require a proactive service which acts decisively to assess and meet their needs in order to promote their safety and welfare. As much as possible, children and families require a targeted service aimed at supporting families. However, there will always be some children who will need to be protected from the immediate risk of serious harm.

This service was well managed and key staff provided leadership, particularly in the context of the transition of the service to Tulsa, the Child and Family Agency. There were some deficits in governance, in the measures in place to reduce risk and in information management. The area manager acknowledged that systems for monitoring the outcomes for children needed to be developed.

Action was taken to protect children at serious and immediate risk although there were delays in carrying out assessments of other referrals. Assessments were of a high quality although decision making was based on staff members' professional judgment without clear guidance on issues such as risk and thresholds of harm. Cases of organisational and institutional abuse were well managed as were adverse incidents.

Overall, children received a child-centred child protection and welfare service which supported them to participate in the key decisions about their safety and welfare. The service made every effort to communicate respectfully with children within the resources available to them. Limited written information was provided for children and not all children were not fully aware of their rights. Children's complaints were dealt with informally and there was a missed opportunity to learn from children's complaints and to make service wide improvements as a result.

There were many elements of the service that were effective. Children at risk had child protection plans in place which were regularly reviewed. The quality of interagency cooperation was good. Managers took initiatives to reduce waiting lists but experienced challenges in terms of staffing deficits.

6. Summary of judgments under each standard

Theme	National Standards for the Protection and Welfare of Children	Compliant Non-compliant – minor, moderate, major
Theme 1: Individualised Supports and Care	Standard 1:1 Children’s rights and diversity are respected and promoted.	Compliant
	Standard 1:2 Children are listened to and their concerns and complaints are responded to openly and effectively.	Moderate non-compliance
	Standard 1:3 Children are communicated with effectively and are provided with information in an accessible format.	Moderate non-compliance
Theme 2: Effective Services	Standard 2:4 Children and families have timely access to child protection and welfare services that support the family and protect the child.	Moderate non-compliance
	Standard 2:7 Children’s protection plans and interventions are reviewed in line with requirements in <i>Children First</i> .	Compliant
	Standard 2:8 Child protection and welfare interventions achieve the best outcomes for the child.	Moderate non-compliance
	Standard 2:9 Interagency and inter-professional cooperation supports and promotes the protection and welfare of children.	Moderate non-compliance
	Standard 2:10 Child protection and welfare case planning is managed and monitored to improve practice and outcomes for children.	Moderate non-compliance

Theme	National Standards for the Protection and Welfare of Children	Compliant Non-compliant – minor, moderate, major
Theme 3: Safe Services	Standard 2:1 Children are protected and their welfare is promoted through the consistent implementation of <i>Children First</i> .	Moderate non-compliance
	Standard 2:2 All concerns in relation to children are screened and directed to the appropriate service.	Moderate non-compliance
	Standard 2:3 Timely and effective action is taken to protect children.	Moderate non-compliance
	Standard 2:5 All reports of child protection concerns are assessed in line with <i>Children First</i> and best available evidence.	Compliant
	Standard 2:6 Children who are at risk of harm or neglect have child protection plans in place to protect and promote their welfare.	Compliant
	Standard 2:11 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.	Compliant
	Standard 2:12 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.	Moderate non-compliance
Theme 5: Leadership, Governance and	Standard 3:1 The service performs its functions in accordance with relevant legislation, regulations,	Moderate non-compliance

Theme	National Standards for the Protection and Welfare of Children	Compliant Non-compliant – minor, moderate, major
Management	national policies and standards to protect children and promote their welfare.	
	Standard 3:2 Children receive a child protection and welfare service, which has effective leadership, governance, and management arrangements with clear lines of accountability.	Moderate non-compliance
	Standard 3:3 The service has a system to review and assess the effectiveness and safety of child protection and welfare service provision and delivery.	Moderate non-compliance
	Standard 3:4 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 and standards.	Compliant

Section 8(1)(c) of the Health Act 2007

Compliance with Health Act 2007 and *National Standards for the Protection and Welfare of Children* for the Health Service Executive Children and Family Services

Theme 1: Individualised Supports and Care

Services for children are centred on the individual child and his/her care and support needs. Child-centred services provide the right support at the right time to enable children to lead their lives in as fulfilling a way as possible. A child-centred approach to service provision is one where services are planned and delivered with the active involvement and participation of the children who use services.

National Standards for the Protection and Welfare of Children

Reference:

Standard 1.1

Children's rights and diversity are respected and promoted.

Standard 1.2

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

Standard 1.3

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

Inspection findings

The majority of children received a child-centred service that valued them as individuals and which took account of their particular needs and wishes. They were treated with respect and their rights to be listened to and to have a say in decisions about their lives were promoted. However, limited information was available to children about the services and how to access them. The rights of children and their parents needed to be set out clearly for them and a user-friendly complaints process established.

Inspectors found that children and families were supported in their right to express their views and be included in the decision-making process. Staff told inspectors that there was an emphasis on seeing the child and ensuring that their views were reflected in assessments and reports. A review of case files confirmed this and also showed that guardians ad litem were appointed for some children by the courts. Inspectors viewed evidence of direct work which was carried out with children to assist them in making major decisions in their lives. Children were considered as individuals and reports written about groups of siblings contained sections about each individual child and their particular needs. Senior staff told inspectors that parents were encouraged and facilitated to bring a friend or relative to child protection conferences (CPCs) as a support and this was confirmed by some parents. Inspectors also found that a number of families, whose basic welfare needs were not

being met due to their residency status in the country, were supported by the staff of the service, who advocated on their behalf.

Some information was available to children and families. The family support premises visited by inspectors displayed information and statements on children's rights. Some social workers told inspectors that they gave children a handout on their rights under the UN Convention on the Rights of the Child and explained it to them. Inspectors saw copies of this on case files. However, the majority of children and parents who spoke to inspectors were not aware of their rights, such as the right to access information held on them in their case files. They told inspectors that they did not receive written information on their rights. In focus groups and individual interviews, a number of parents described feeling powerless when dealing with the social work service. Some parents also felt that their perspective was not adequately listened to when they were involved with the service, which, in turn, caused them to be less engaged with the service. This may be reflective of the overall lack of information given to parents and children about their rights when dealing with the social work service.

The service made efforts to communicate with all children and families according to their needs and circumstances. While the social work offices did not have access to loop systems (to assist people with hearing difficulties) or provide information in braille, inspectors found that the services of interpreters were used with children and families for whom English was not their first language. A service was also available to facilitate those who had hearing disabilities to participate in interviews and assessments. In general, the social work premises were not child and family friendly but the staff made efforts to meet children and parents in an atmosphere in which they felt comfortable. For example, social workers visited the family homes to give feedback on strategy meetings and arranged to use child- and family-friendly premises of a voluntary organisation for interviews and family meetings. Support services were generally provided in people's homes or in community facilities where mainstream activities for children and families took place.

Some information such as leaflets on the social work and family support services were available in the HSE offices and support services' premises but the service was not pro-active in informing the public about its services, how to access them and their rights when involved with the service. The area manager told inspectors that a project was under way to develop a web-based facility for people to access full information on the services available in their own locality. However, at the time of inspection both children and parents told inspectors that they were not given any literature on the services available to them and several professionals, who completed questionnaires, indicated that adequate information on the services was not provided and that the services were not easily accessible.

Complaints by children were usually dealt with informally but not all children knew that they had a right to complain. Some children told inspectors that they had spoken to their social worker or support worker when they had a problem or complaint and that the issues were addressed in a satisfactory way. The service had a general HSE complaints policy 'Your Service Your Say', leaflets for which were available in all HSE offices. However, this was not child-friendly and a number of children and parents told inspectors that they did not know they had a right to

complain or how to do so. Staff told inspectors that they did not formally tell children and parents about the complaints process but focused on building trusting relationships with children in order that children could feel at ease in talking to them about any issue that arose. In contrast, a child-friendly complaints policy 'Speak Up...Speak Out!' was in place for children in foster care, while some children in foster care told inspectors that they had been given an explanatory leaflet and had been told about their right to complain. Inspectors reviewed the records of written complaints and found that they had been dealt with according to the HSE policy. These records did not include any complaints from children, which, instead, were recorded in the children's case files. The overall log of complaints, which was reviewed by the area manager, recorded the dates on which written complaints were made, the general nature of the complaints and the dates on which the complaints were closed. However, the actions taken to investigate the complaints and whether the complainants were informed of and were satisfied with the outcomes were not recorded.

Standard	Judgment
Standard 1.1 Children's rights and diversity are respected and promoted.	Compliant
Standard 1.2 Children are listened to and their concerns and complaints are responded to openly and effectively.	Moderate non-compliance
Standard 1.3 Children are communicated with effectively and are provided with information in an accessible format.	Moderate non-compliance

Theme 2: Effective Services

Effective services ensure that the proper support mechanisms are in place to enable children to lead a fulfilling life. Personal planning is central to supporting children to identify their goals, needs and preferences and what supports need to be put in place by the service to ensure that each child maximises his/her personal development.

National Standards for the Protection and Welfare of Children

Reference:

Standard 2.4

Children and families have timely access to child protection and welfare services that support the family and protect the child.

Standard 2.7

Child protection plans and interventions are reviewed in line with requirements in *Children First*.

Standard 2.8

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

Standard 2.9

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

Standard 2.10

Child protection and welfare case planning is managed and monitored to improve practice and outcomes for children.

Inspection findings

Children at risk had child protection plans in place which set out the roles of all the agencies involved and actions to be taken. These were developed with the involvement of parents and, where appropriate, with the children themselves. Children at risk were prioritised for services but access to services was dependent on available resources and some children experienced delays. There was a high standard of interagency cooperation and there was effective liaison with An Garda Síochána. Welfare needs of children and families were addressed by the provision of HSE family support services and a broad range of other support services provided by voluntary and community organisations.

Children at highest risk had access to social work services, while waiting lists for allocation to a social worker were proactively managed. Data submitted to the Authority prior to the inspection showed that of the 600 children whose cases were open to the service, all 139 children in care and all children at risk of significant and ongoing harm had an allocated social worker. Two hundred and thirty two children did not have an allocated social worker. Of these 232, 94 children were awaiting an initial assessment of child protection or welfare concerns while others were awaiting further assessment or long-term work. A protocol for managing cases awaiting allocation to a social worker stated that no child should be placed on the waiting list if there was information to suggest immediate risk to the child. Inspectors reviewed a sample of cases on the waiting list and found this to be the case. The cases on the waiting list were assigned a high, medium or low priority status at duty team meetings, according to the levels of risk outlined in *A framework for measuring, managing and reporting social work intake, assessment and allocation activity*. From

interviews with team leaders and a review of case files, inspectors found that team leaders reviewed the waiting list each month and prioritised cases for allocation on the basis of risk and in the light of any new information received. This was documented in the case files. The principal social worker and area manager maintained oversight of the waiting list.

Inspectors found that some high priority cases were not allocated to a social worker for a significant period of time. Inspectors viewed the most recent report from the area manager to the regional director which showed that, while the overall number of unallocated cases had been reduced to 185 by the end of October 2013, there were 98 high priority cases awaiting allocation, 44 of which were waiting more than three months. A sample of these case files showed that duty social workers were carrying out work on some of these cases and many had been referred to, and were receiving, support services. However, this meant that the needs of some children identified as high priority were not fully known and the service was not aware of the level of actual risk to which such children were exposed. In addition, children and families were receiving a service from a number of different social workers and support workers which had the potential to be fragmented, uncoordinated and could impact on the development of an effective working relationship.

The social work department did not have a full complement of staff and the resources of the service needed to be re-configured in order to ensure that a more effective service was provided. The area manager told the inspectors that the social work service was currently under-resourced but that there was capacity in the family support services to play a greater role in service provision. At the time of inspection, there were two social work vacancies and one social worker was on long-term leave. The principal social worker told inspectors that delays in filling posts had a significant impact on the capacity of the social work department to complete initial assessments in a timely manner and that some social workers were also carrying high caseloads as a result. Managers told inspectors that, in the recent past, social workers from another team were directed to put their longer term work on hold and to assist in addressing the waiting list for initial assessments. While the waiting list was subsequently reduced the outcome was that children in need of long-term work had their services delayed for a period of time.

There was an informal caseload management system in place. The principal social worker and team leaders told inspectors that there was no caseload management/weighting tool in use but that a national caseload management pilot project was underway in a neighbouring service and they expected a national roll-out of this new system in the near future. Team leaders allocated cases at supervision sessions and at duty team meetings and both social workers and team leaders told inspectors that they took into account the current caseload of the social worker, their capacity to take on more cases and the needs of the children concerned. Inspectors observed a senior social work practitioner taking on some more complex cases, which involved sensitive cultural considerations. However, one of the three social work offices in the county had only one social worker due to a delay in filling a vacant post. This worker managed very large caseloads and made early referrals to other agencies in the community in order to ensure that children and families on their caseloads had some services in place while they were awaiting formal assessment. A formal caseload management system could reduce inequities in caseloads for social workers and

improve the allocation of cases based on the prioritisation system.

Where welfare needs were identified, these were addressed primarily by the provision of HSE family support services or by referral to voluntary and community organisations. Family support services were well resourced and skilled staff delivered a wide range of good quality individual and family interventions, but the service was not being fully utilised. A number of staff were trained in evidence-based programmes and parents told inspectors that they had benefitted hugely from these interventions.

A range of needs-based services were provided in the area to support vulnerable children and families. HSE services included alternative care placements for children when these were required, child and adolescent mental health services and a psychology service, although there was evidence that this was poorly resourced. A home management service was also provided in the area which focussed on practical supports for families in their homes. Voluntary agencies provided services such as counselling and family therapy, domestic violence intervention, mental health support for young people, a number of after-school programmes for children and parenting programmes. These services were found to be very accessible, accepting self-referrals from children and parents and referrals from the social work department and from other statutory and voluntary agencies. Records showed that the number of referrals from social work had been low in the months prior to the inspection, and the acting family support manager told the inspectors that there was capacity in the team to deal with more referrals. Members of the family support team and child care team leaders held a series of meetings over the previous year with a view to developing the family support service to ensure that appropriate interventions were targeted at vulnerable children and families at the earliest possible stage. This was with the expectation that this would ultimately reduce the number of referrals to social work. Two senior staff members had recently attended training on Local Area Pathways (LAP), the model of service being developed by the National Office for Children and Family Services, and they told the inspectors that a commissioning strategy for LAP was due to be developed in January 2014.

Inspectors found that there was equitable access to support services, which were strategically located in the north and south of the county in the larger centres of population. Services were provided at home for some families who lived in rural areas who would otherwise find it difficult to access services. There was evidence that the service did not discriminate against particular groups. In fact, inspectors found that the service was proactive in identifying and addressing the particular needs of some minority ethnic groups.

Data submitted to the Authority showed that all children listed on the Child Protection Notification System had child protection plans and all had allocated social workers. Inspectors viewed a sample of these plans and found that they were developed at child protection conferences and updated, if necessary, at reviews. The child protection conference record set out the risk factors, protective factors and the children and family's needs. The plan contained details of a key worker and set out actions, the persons responsible for actions and time frames, and whether or not the parents were in agreement with these. Decisions were based on the evidence presented to the child protection conference in relation to how the best outcomes

might be achieved for the child. A review of a sample of case files showed that when a child was deemed to be no longer at risk of harm the case was closed to the Child Protection Notification System. Depending on the progress made, some cases were also closed to the child protection conference system while others were scheduled for review after six months to ensure that the progress was maintained and actions implemented.

Data submitted to the Authority showed that there had been a high rate of closure of cases in the 12 months prior to the inspection and some cases were not closed in a timely manner. The principal social worker told inspectors that some social workers found it difficult to close cases and that some cases required minor pieces of work or paperwork to be completed before the cases could be closed. Interviews with staff and minutes of meetings showed that there had been a concerted effort to close cases during the previous 12 months and that the principal social worker and team leaders had reviewed caseloads at various times with a view to closing cases. Inspectors reviewed a sample of closed cases and found that they had been closed appropriately following a consideration of risk and protective factors. Nevertheless, the failure to close cases in a timely manner could impact on the time that other children waited to be allocated to a social worker.

Inspectors found that the service supported and promoted interagency and inter-professional cooperation. Child protection conferences, strategy meetings and professionals meetings were held in order to exchange relevant information. A sample of records showed that these were usually attended by social work and support services staff, public health nurses and school principals. The attendance levels of other professionals varied but reports from general practitioners (GPs) and other medical personnel were usually presented to child protection conferences if they were unable to attend. Inspectors observed a strategy meeting, which was attended by several external professionals and served to update all professionals involved on the progress made in a particular case. A review of case files showed that there was regular contact between the service and other agencies to monitor the progress of child protection plans and support plans.

To support effective interagency working, a Communications Working Group was established in south Roscommon approximately two years ago and comprised managers from the child protection and welfare service and from other HSE agencies including public health nursing, speech and language therapy, psychology, physiotherapy, occupational therapy and from the Early Intervention Service. The focus of the Group was on systems of communication used by the agencies to exchange relevant information on children. Its work resulted in improved monitoring of children who received a service from several agencies and in early alerts to the social work department when they missed appointments with other agencies. Professionals from other HSE agencies told inspectors that children about whom there were child protection or welfare concerns were prioritised by their services. However, there were no protocols and procedures to guide inter-professional cooperation and to ensure that information was shared safely and effectively.

In addition, professionals from several statutory and voluntary agencies told inspectors that the service provided an extensive range of training and that they were invited to avail of this training and did so. This served to promote a common

understanding of key issues in child protection and welfare and underpinned good cooperation between the professionals of the various agencies.

Formal protocols were in place between the service and An Garda Síochána. The area manager told inspectors that she/he was in the process of establishing a system of regular meetings between her/himself and the Garda Superintendents for the area to review the operation of the protocols. Team leaders met with designated members of An Garda Síochána every three months to discuss particular notifications. A system was in place to record the formal notifications sent to An Garda Síochána and to acknowledge notifications received from it. Inspectors met with two members of An Garda Síochána who expressed the view that the protocols were working well and that there was good cooperation between the two agencies. While the social work department did not provide an out-of-hours service, arrangements were in place for emergency care placements to be made available for any children who may be taken into care by An Garda Síochána outside of normal office hours.

Standard	Judgment
Standard 2.4 Children and families have timely access to child protection and welfare services that support the family and protect the child.	Moderate non-compliance
Standard 2.7 Child protection plans and interventions are reviewed in line with requirements in <i>Children First</i> .	Compliant
Standard 2.8 Child protection and welfare interventions achieve the best outcomes for the child.	Moderate non-compliance
Standard 2.9 Interagency and inter-professional co-operation supports and promotes the protection and welfare of children.	Moderate non-compliance
Standard 2.10 Child protection and welfare case planning is managed and monitored to improve practice and outcomes for children.	Moderate non-compliance

Theme 3: Safe Services

Services promote the safety of children through the assessment of risk, learning from adverse events and the implementation of policies and procedures designed to protect children. Safe services protect people from abuse and neglect and follow policy and procedure in reporting any concerns of abuse and/or neglect to the relevant authorities.

National Standards for the Protection and Welfare of Children Reference:

Standard 2.1

Children are protected and their welfare is promoted through the consistent implementation of *Children First*.

Standard 2.2

All concerns in relation to children are screened and directed to the appropriate service.

Standard 2.3

Timely and effective actions are taken to protect children

Standard 2.5

All reports of child protection concerns are assessed in line with *Children First* and best available evidence.

Standard 2.6

Children who are at risk of harm or neglect have child protection plans in place to protect and promote their welfare.

Standard 2.11

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.

Standard 2.12

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.

Inspection findings

Systems, which were designed in accordance with *Children First* (2011), were in place in order to ensure that children were safe and protected from abuse. However, not all elements of this system were functioning effectively due to a shortage of personnel in key positions and the need for policies, procedures and guidance in key areas to ensure consistency of approach.

The processes in place to promote the safety and welfare of children were generally in line with *Children First* (2011). For example, the area had implemented the HSE business processes designed to support the consistent implementation of *Children First* (2011) and systems for the management and assessment of referrals were standardised in line with these. The policies and procedures used reflected this approach and staff interviewed by inspectors were aware of their roles and responsibilities. However, certain elements of the system were not functioning as described by *Children First* (2011). There were delays in carrying out initial assessments in many cases. The area had a Child Protection Notification System, which was the responsibility of the area manager and was maintained securely and separately from other records. However, the Child Protection Notification System

functioned as an internal list and was not managed and maintained in such a way as to provide adequate information to appropriate professionals who had a need to access relevant information about a child. There was also no mechanism to allow 24-hour access to this information.

Decisions about thresholds of harm and levels of risk were based on individual social workers' and team leaders' professional judgment and there was no standardised framework in place as the national guidance on thresholds had not yet been implemented. This meant there was no uniform approach to the assessment of risk and social workers used a variety of tools to assist them in this regard. The policy on the duty social work system stated that, in the absence of national guidelines, each referral was prioritised on a case-by-case basis. The principal social worker told inspectors that both team leaders who oversaw the duty system were experienced and exercised sound professional judgment. There was a prioritisation system in place for all open cases. A review of case files showed that team leaders and social workers jointly allocated priority status to individual cases on a monthly basis in supervision and the protective factors and risk factors in each case were clearly set out inside the front of the case files. Inspectors found that the priority status allocated to each of the cases reviewed was appropriate. However, in the absence of clearly defined thresholds of harm, robust decisions were heavily reliant on the experience and judgment of team leaders. Staff interviewed by inspectors demonstrated an awareness of the effects of long-term harm on children and also identified the need for more substantial guidance on thresholds to be provided. In mitigation, some training on child neglect – recognition, assessment and outcomes – had been provided to staff during 2013 to strengthen and standardise professional judgment. At the time of the inspection, further training on this subject was planned for December 2013.

Inspectors found that when children were identified as at immediate or serious risk, the service took immediate action to ensure the children's safety. This was evident in several case files reviewed and inspectors observed an urgently convened planning meeting, which showed the liaison that took place with An Garda Síochána, with emergency placements being provided at short notice. In addition, staff were deployed to ensure the safety of and wellbeing of the children and preparations were made for legal action to be taken to safeguard the children.

Child protection and welfare concerns were screened effectively in line with Children First (2011) and the system used to carry out preliminary enquiries was robust. There were three social work offices throughout the county where initial referrals were received and were dealt with by duty social workers. One office had two duty social workers and there was one duty social worker available in each of the other offices. Referrals were managed according to a local policy and two team leaders maintained oversight of the duty service and signed off on intake records and assessments. A significant number of professionals from other agencies commented on the availability and willingness of duty social workers and team leaders to discuss potential referrals and offer advice. Inspectors also observed a meeting between a duty social worker and an external professional, who was seeking advice on whether the circumstances of a particular child required referral to the social work department. A review of files demonstrated that appropriate action was taken following initial screening and preliminary enquiries.

Initial screening, preliminary enquiries and assessments took account of children who were subject to multiple re-referrals to the service. Inspectors viewed a database of cases open to the service and observed that the dates on which children were previously referred to the service were recorded. When children had been referred previously, their cases files contained copies of the relevant intake forms and any assessments that had been completed. Inspectors reviewed a sample of cases which had multiple re-referrals over time and found that in relation to each referral, appropriate action had been taken to address the reported concern. Court reports and completed assessments viewed by inspectors all contained summaries of previous referrals and measures taken to address concerns which were reported previously.

Inspectors found that assessments were of a high quality. Initial assessments were carried out by qualified and experienced social workers and were recorded on standardised templates. Social workers told inspectors that, in north Roscommon, where social work staffing was reduced, child care leaders also contributed to the initial assessments, which were subsequently completed by social workers. There was evidence that the assessments outlined risk and protective factors and considered the voice of the child and family. They indicated whether there was ongoing risk which required further assessment and specified the actions to be taken following assessment. Further assessments and court reports were thorough. Inspectors found that the assessment process, when carried out in accordance with recommended time frames, was sufficiently robust to support social workers in making sound professional and timely decisions to protect children.

A system of Child Protection Conferences (CPCs) was in place but it did not have an independent chairperson. Since mid-2013, conferences were chaired in north Roscommon by the acting family support services manager and in south Roscommon by a principal social worker from within the wider service area. Whilst this mitigated the impact of the absence of an independent chairperson, neither had received specific training in what is a specialist role. The area manager told inspectors that he/she she hoped to fill this post during the coming months.

Draft national guidance on child protection conferences and the child protection notification system had not yet been implemented. Instead, a local policy/procedure document guided the operation of child protection conferences. This document, which was not signed or dated and set out the procedures to be followed in bullet points, needed to be reviewed to ensure that comprehensive policy and guidance underpinned the child protection conference and Child Protection Notification System so that that all elements of the child protection conference and Child Protection Notification systems were in line with Children First (2011).

Inspectors found that child protection conferences and reviews were convened in a timely manner in order to protect children at risk of ongoing significant harm effectively. A review of files showed that child protection conferences were arranged at short notice and that they were usually attended by parents and a number of professionals involved in the case. Children, depending on their age and level of understanding, were sometimes invited to attend at the discretion of the chairperson. But there was evidence from children and from the records of child protection

conferences that they were met with beforehand to ascertain their views and after child protection conferences to be given feedback on decisions. On the other hand, family welfare conferences, which are family-led meetings convened by an independent chairperson to make decisions about the welfare of a child, had not taken place for approximately four months. Inspectors viewed the record of referrals for family welfare conferences and found that some cases had been referred for family welfare conferences but no date for the family welfare conference had been set due to the absence of a chairperson.

In mid 2013, the child protection conference policy group, a service area group that included all senior managers, decided that child protection conference reviews would be held every six months for any child and that, after two reviews, consideration would be given to whether the child still remained at risk despite child protection interventions. Consideration was then given to what action, including legal action, needed to be taken. Prior to that, the cases of some children remained open to the child protection conference system for prolonged periods of time and had multiple and often frequent reviews. Inspectors viewed the list of children deemed to be at ongoing risk of harm and found that two sets of siblings had had multiple reviews since 2011. Inspectors requested that managers reviewed the circumstances of one set of siblings to assure themselves of the safety of the children concerned.

Minutes of departmental meetings showed that staff were able to raise concerns about the operation of the service. Staff who spoke to inspectors were aware that they could make a protected disclosure if necessary.

A system was in place for notifying relevant senior managers of any serious incident which impacted on children's safety and welfare. The Area Manager and principal social worker were aware of the protocols and procedures which governed the reporting arrangements. No serious incidents were under review at the time of inspection. The last published review of a serious incident was in 2010 and this contained clear recommendations for changes of practice in the area. An action plan had been developed and inspectors found that the recommendations of the review relevant to the local area had been implemented and that staff members had received training in relation to the subject matter of the review.

The area manager took overall responsibility for the management of concerns regarding organisational/institutional abuse in the area and maintained records of these. The principal social worker told inspectors that he/she was the local representative on the Sex Offender Risk Assessment and Management (SORAM) committee, set up in conjunction with An Garda Síochána and the Probation Service to jointly assess and manage the risk posed within the community by convicted sex offenders. Inspectors met with one of the Children First Information Officers who provided training and advice to voluntary and community organisations in the area in relation to their policies and practice concerning child protection. All reports of organisational/institutional abuse and retrospective disclosures were accepted through the duty system and referred on to the principal social worker and the area manager. Inspectors viewed a sample of reports of retrospective abuse and found that these had been dealt with effectively in line with Children First (2011). There was also evidence that staff had received training on the subject of retrospective disclosures of abuse. However, there were no policies on the management of

organisational/institutional abuse and retrospective disclosures in order to ensure a consistent approach by all staff concerned.

Standard	Judgment
Standard 2.1 Children are protected and their welfare is promoted through the consistent implementation of <i>Children First</i> .	Moderate non-compliance
Standard 2.2 All concerns in relation to children are screened and directed to the appropriate service.	Moderate non
Standard 2.3 Timely and effective actions are taken to protect children.	Moderate non
Standard 2.5 All reports of child protection concerns are assessed in line with <i>Children First</i> and best available evidence.	Compliant
Standard 2.6 Children who are at risk of harm or neglect have child protection plans in place to protect and promote their welfare.	Compliant
Standard 2.11 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.	Compliant
Standard 2.12 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.	Moderate non-compliance

Theme 5: Leadership, Governance and Management

Effective governance in services for children is accomplished by directing and managing activities using good business practices, objectivity, accountability and integrity. In an effective governance structure, overall accountability for the delivery of services is clearly defined and there are clear lines of accountability at individual, team and service levels so that all people working in the service are aware of their responsibilities and who they are accountable to.

National Standards for the Protection and Welfare of Children

Reference to;

Standard 3.1

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

Standard 3.2

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

Standard 3.3

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

Standard 3.4

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 and standards.

Inspection findings

Good management structures were in place to support the provision of safe services to children but further measures were required to improve the effectiveness of the service and make it more accessible. There were some deficits in guidance and policies. Systems for monitoring the outcomes for children needed to be developed and improvements were required in the area of strategic planning in order to reduce risks and to ensure that the effective use of resources was maximised.

The service had a statement of purpose which set out in general terms the basis in legislation, the statutory functions of the service, the services provided, the service objectives and the model of service delivery. However, this was a generic document produced by the National Office for Children and Family Services¹ which was not signed or dated and did not contain a date for review. A number of senior members of staff were not familiar with the statement of purpose and it had not been reviewed by local managers. While the day-to-day operations of the service were in line with the statement of purpose, the model of service delivery was not described

¹ At time of inspection the service was provided by the HSE and managed by the National Office. The Child and Family Agency was established with effect from 1 January 2014 and now provides this service.

in detail and the statement of purpose did not reflect the particular facts of the local service.

During the previous three years, the service had undergone a period of significant change, including the restructuring of teams, the introduction of new personnel in key management positions and the development of a common management for the social work department and the family support services. The area manager took overall responsibility for managing the service whilst the principal social worker managed the social work department and the acting family support services manager was accountable for the family support services and home management service. Three social work team leaders, a child care leader and project leaders managed individual teams throughout the area. Managers were qualified and experienced in the field of child care. They told inspectors that they had attended management training provided by their employer and there was evidence that two team leaders were currently pursuing postgraduate training relevant to their role. Staff told inspectors that their managers were available to them and supportive. The area manager had demonstrated leadership in this area by committing significant resources to the training of staff, both from within the service and from external agencies.

Interviews with all of the managers and focus groups with staff demonstrated that they were clear about their roles and responsibilities. Records of meetings showed that a system of regular service area management meetings was in place which focussed on operational issues and service development. A sample of managers' supervision notes demonstrated evidence of accountability and showed that specific operational issues were addressed at the appropriate level. Meetings of the local management team, which comprised all senior staff and the training officer, were held monthly. Departmental meetings were also held monthly. Records of the departmental meetings showed that they were used to inform staff of management decisions, to disseminate policies, to familiarise staff with service developments in the community and as a forum for discussion of operational issues. Interviews with staff confirmed that they were aware of relevant legislation and standards and their role in relation implementing them.

The service was currently in a period of transition to the new Child and Family Agency (Tulsa) and this impacted on some areas of governance. Though many new policies, such as the HSE Business Processes, had been implemented, several national guidance documents had not yet been implemented – including guidance on thresholds of need, draft guidance on child protection conferences and guidance on a new model of service delivery, all of which were developed with a view to improving the effectiveness of the service. Prior to the inspection, the HSE National and Regional Service Plans (2013) and a local area Strategic Plan for Galway Roscommon Children and Family Services (2014) were submitted to the Authority. The local strategic plan outlined specific objectives but did not address the issue of how waiting lists could be reduced or eliminated and did not contain contingency plans in the event of continuing staff shortages.

Risks were identified but some risks were not adequately managed or mitigated. The HSE risk management framework underpinned the policies and procedures for identifying, managing and escalating risk. *A framework for measuring, managing and*

reporting social work intake, assessment and allocation activity was completed each month and served to identify and report on pressures on the service. A local risk register was in place and the type of risks identified in the register were appropriate. However, inspectors found that key risks such as staffing issues and waiting lists featured on the risk register but there was no evidence of any risk management plan or escalated action to address resource deficits and reduce or eliminate the waiting list.

There were some systems in place to analyse data and the quality of the service. Data on key performance indicators was collated and formed the basis of regular reports to the National Office for Children and Family Services. However, the information systems used in the area were mainly paper-based and the task of gathering this data was onerous and involved much duplication. Some data had not been analysed. For example, approximately 25% of referrals during the 12 months prior to the inspection were re-referrals of cases that had been previously known to the service and closed but managers told inspectors that the rate of re-referrals had not been considered in the context of an overall framework of thresholds of harm, levels of risk and the effects of long-term harm to children. The principal social worker told inspectors that there was a high number of children in care in Roscommon (139) and that a low number of supervision orders (five) had been granted during the 12 months prior to the inspection and he/she acknowledged that these issues needed to be further explored by the service in the context of managing children at risk in their own families and community. In addition, the area manager acknowledged that very little information was gathered on the outcomes for children and families.

A number of quality assurance practices were in place in the service and these had led to improvements in the service. The principal social worker audited approximately 10 case files per quarter. The findings in relation to individual cases and case files were formally sent to the relevant social workers for their attention. The overall findings, which were collated with those of similar audits in the service area, showed an improvement in record keeping and served to heighten awareness among social workers of the importance of issues such as the rights of the child and the need for the voice of the child to be heard. The area manager told inspectors that she/he also audited a random selection of case files periodically and inspectors saw evidence of this in the case files review. In January 2013, the management team established a group which comprised staff from all grades to benchmark the service against the *National Standards for the Protection and Welfare of Children*. This group met on 10 occasions in 2013 and focused on the elements of a safe and effective service. There was evidence that learning from this exercise, including issues related to the management of risks, such as high caseloads and the waiting lists, was disseminated to the entire staff team and influenced changes in training and practice.

There was evidence that the service had implemented learning from a national inquiry published in 2010. A multi-disciplinary working group addressed the recommendations and a final action plan was developed in 2012. A quality and patient safety audit had been carried out in 2012/2013 to ensure that the service was in compliance with the implementation of the recommendations of the national inquiry. Examples of improvements in the overall service included more effective interagency communication and increased multidisciplinary training. Public health

nurses in the area told inspectors that they had developed new assessment tools which highlighted child protection issues and assisted them in making more effective contributions to child protection conferences.

Overall service improvement was not driven by outcomes for children or informed by families’ experiences. While some feedback from children and families on the quality of service provision was sought by some of the support services, there was no formal consultation with children and families about their experience of the service as a whole. Systems designed to monitor all complaints and concerns and to identify trends in areas such as re-referrals and decisions to take legal action also needed to be further developed.

Inspectors found that external agencies were accountable for delivering agreed services. Formalised service level agreements were in place to ensure that support and welfare services provided by seven external agencies on behalf of the HSE were carried out in line with clearly defined and agreed criteria and funding. Inspectors viewed these agreements, which were detailed and set out the requirements for safe, quality services sub-contracted by the HSE. A senior manager, who was responsible for monitoring these agreements told inspectors that she/he met frequently with representatives of these agencies and that they reported to the HSE on their activity under a range of headings. Services were required to comply with national guidance, policies and legislation as part of their service level agreements.

Standard	Judgment
Standard 3.1 The service performs its functions in accordance with relevant legislation, regulations, national policies and standards to protect children and promote their welfare.	Moderate non-compliance
Standard 3.2 Children receive a child protection and welfare service, which has effective leadership, governance and management arrangements with clear lines of accountability.	Moderate non-compliance
Standard 3.3 The service has a system to review and assess the effectiveness and safety of child protection and welfare service provision and delivery.	Moderate non-compliance
Standard 3.4 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 and standards	Compliant

Action Plan

Provider's response to Inspection Report No.	660
Name of Local Health Area (LHA):	Roscommon
LHA ID:	100-210-326
Date of inspection:	25 November 2013 – 3 December 2013
Date of response:	18 February 2014

REQUIREMENTS

Put in place a plan which addresses all deficits identified in this report including those relating to minor non-compliances not described in requirements below, taking into account the significance of the non-compliances, the risks involved in them, when identifying time frames and individuals responsible for actions.

Review the plan at regular intervals to ensure that progress is being made to address all non-compliances.

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

Theme 1: Individualised Supports and Care

Moderate non-compliance with Standards 1.2/1.3

The provider is failing to comply with standards in the following respect:

Not all children and families were aware of their rights or received age-appropriate information on their rights, including their right to complain, to access information or make a complaint.

Information for children and families about how to access the service was not consistently provided.

Verbal/informal complaints were not recorded on the complaints log and records did not show whether children and families were satisfied with the outcome of the complaints investigation.

Action 1 required:

Support children in understanding and exercising their rights at all times, including their right to be protected from abuse and neglect and their right to complain.

Action 2 required:

Inform and educate the public, both adults and children, about reporting child abuse, neglect, and welfare concerns and facilitate easy access to the service for each child and their family.

Action 3 required:

Put in place a robust complaints procedure so that all concerns or complaints are listened to and issues raised are addressed in a timely and effective manner in accordance with this procedure.

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Action 1: The Child & Family Agency, Roscommon will adapt the National documents "Have your say" and "Shout it out", which will also reflect the UN Convention on the Rights of the Child document and will be used, as the current 'Speak Up Speak Out' leaflet for children in care is used. These are child and family friendly documents and the Q & A group will monitor and review their distribution to service users. The social worker for each child will ensure that all children and young people are advised of the complaints process and ensure they fully understand the process of making a complaint.</p> <p>Children will be made aware of the UN Convention on the Rights of the Child through distribution of the information leaflet to children. This will be put up in poster form in all offices.</p> <p>All social workers and family support staff of the local area will receive briefing sessions at team meetings regarding the implementation of the Children's Complaints Policy & Procedures.</p> <p>Action 2: A TUSLA website has been launched and is in the process of being further developed. A Director of Communications has been appointed. With the anticipated launch of Children First on a statutory basis, it is expected that this will be accompanied by a national awareness campaign. In the interim an information leaflet and poster on the Child & Family Agency will be designed locally. This will be in line with posters which are in use across the country. Roscommon already have an information leaflet which will be re-designed with TUSLA logo. This information poster and leaflets will be circulated to all health centres, GPs surgeries and community services such as Citizen's Information offices and libraries. This will be done in conjunction with the roll out of the FACS [Family and Children's services] website which is due to go live by the 01 05 2014. This local initiative will list all services for children and families in the Galway and Roscommon area and will link into the National TUSLA website.</p> <p>The local area has appointed a Children Services Committee Co-Coordinator to set up and develop a Children Services Committee. The Children's Services Committee is responsible for securing better developmental outcomes for children in their area, through more effective integration of existing services and interventions. The Committee will include senior managers from the major statutory</p>	<p>Principal Social Worker, Team Leaders May 2014</p> <p>Q2 and ongoing</p> <p>Area Manager and Principal Social Worker July 2014</p> <p>Principal Social Worker Family Support Manager Team Leaders. July 2014.</p> <p>Area Manager May 2014</p> <p>Area Manager April 2014</p>

and voluntary service providers. Sub committees will be set up to address local service provision issues and develop better on the ground working relationships which will be designed to ameliorate and facilitate greater ease of access to services for each child and their families. An introductory meeting is scheduled in Roscommon on 11th March 2014.

The Committee will have an educational function, with regard to the public, about awareness of abuse, neglect and welfare issues and how to report them. This work will be undertaken by a subgroup of the Committee within the first six months.

The local area is continuing to support interagency and inter-disciplinary training initiatives organised by Workforce Development TUSLA West.

Action 3:

The local area will establish a Complaints Register for all levels of complaints, including verbal complaints and complaints made by children; in addition to the existing complaints register under 'Your Service Your Say', which at present details complaints from adults. All complaints will be sent to the Complaints Officers i.e. the Principal Social Worker and Family Support Manager. They will be reviewed each quarter and any trends be monitored. Social work team leaders will ensure that all complaints are logged on the centrally held Area register and will monitor the investigation of complaints made by children through staff supervision.

The complaints register will detail the nature of the complaint, the process surrounding the investigation, the outcome of the complaint and whether the complainant was satisfied with the outcome. All children and young people's files will contain a complaints section which will cross reference with the central Complaints Register. The register will be formally reviewed on a quarterly basis by the Area Manager and PSW. The register will be used as a Quality Assurance tool to identify trends, and will inform quality of service delivery. Where appropriate, analysis of trends will inform the Workforce Development Plan.

Complaints are being dealt with in a timely and effective manner using 'Your Service Your Say'. However to enhance this, a schedule identifying the date of complaint, who is responsible for responding and a clear timeframe will be established.

The register will be formally reviewed on a quarterly basis by the Area Manager and Quality Assurance and Improvement Manager.

Principal Social Worker
May 2014

Area Manager
April 2014

In place

Theme 2: Effective Services

Moderate non-compliance with Standards 2.4/2.8/2.9/2.10

The provider is failing to comply with standards in the following respect:

Not all children and families had timely access to social work services.

There was no system in place to eradicate or reduce the waiting lists.

There was no caseload management/weighting tool in use and some social workers were managing very large caseloads.

There were no written procedures and protocols in place to support interagency and inter-professional information sharing and working.

Robust decisions were not made in a timely manner, where appropriate, about the closure of cases.

Action 4 required:

Provide children and families with timely access to services² based on identified need, assessed risk and priority.

Action 5 required:

Put in place a system to eradicate, reduce or manage any waiting lists, which is safe, effective and does not place any child at risk of harm.

Action 6 required:

Put in place a system to manage and review caseloads on an ongoing basis to ensure best outcomes for children.

Action 7 required:

Establish clear procedures to support good effective interagency and inter-professional working relationships to support and promote the protection and welfare of children.

Action 8 required:

Monitor and review the level of risks to a child so that appropriate actions, including the closure of cases, are taken in a timely manner to protect them from harm.

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

Timescale:

Provider's response:

Action 4:

The local area will continue to review the duty and intake system.

Principal Social

² Such as CAMHS, social work service, validation service, family support, service, family welfare conference, child protection case conference, alternative care placement, psychology assessment.

<p>These reviews take the form of the PSW, team leaders and social workers examining, at a dedicated monthly meeting, the processing of referrals, the prioritisation and decision making criteria and the alternative arrangements in place to engage with cases deemed welfare within available resources. This process will take into account the recently published national "Threshold of Need" guidance document and the national "social work assessment" framework when available. Their implementation will ensure more timely access to services including assessments. The PSW for child protection will conduct regular bi-monthly sample reviews of cases in the duty and intake system and an audit of cases awaiting allocation and re-prioritise if thought necessary</p> <p>The "Threshold of Need" document was issued on 10 02 2014; this will be implemented and will ensure that cases with a higher prioritisation are addressed primarily through social work intervention, while those cases with a lower prioritisation are referred to the family support services. This will allow social workers more time to address the cases with the highest assessed risk.</p> <p>Training has already taken place with all Managers in the service and all staff will receive briefings in its use throughout February and March 2014. This training will be rolled out at Team level; it will be coordinated by the team leaders and PSW.</p> <p>A "go live" date has been set for 01 04 2014. Adherence to the threshold criteria will be monitored by Team Managers, PSW's and reviewed quarterly by the Q&A Group</p> <p>The National Social Work Assessment Document is currently being finalised by the Head of Policy in the national office. It is envisaged that it will be implemented in Q2. In the interim, the following assessment protocols are in use, Signs of Safety, The Family Preservation model, Common Assessment Framework and the Marte Meo model.</p> <p>Local monthly meetings are already in place with social work team leaders and family support project leaders. These will be developed further to include the Family resource centres and any relevant services, to ensure a better consistency in the delivery of services to children identified at risk or at need in the community.</p> <p>The local area has appointed a dedicated chairperson to the family welfare conferencing service who will be in place by 01 04 2014. Family Welfare Conferences will recommence following this appointment. The role will be supplemented by trained staffed from within the service who will have flexibility of response. This will be managed by the Family Welfare Conference Coordinator.</p> <p>The Area Manager will agree a set of local protocols with the CAMHS and Psychology service to provide guidance around the prioritisation of children most in need of these services. Initial</p>	<p>Worker/Team Leaders July 2014</p> <p>Head of Policy. Q2</p> <p>In place. Area Manager</p> <p>In place. Area Manager</p> <p>The Area Manager July 2014</p> <p>The Area Manager July 2014</p>
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<p>discussions have taken place and meetings will begin in March 2014</p> <p>Protocols between CASATS [child sexual abuse treatment services] are already in place and a member of the Social work team is on the board of management. There are existing protocols in place when seeking, alternate care, special care and residential care.</p>	<p>In Place</p>
<p><u>Action 5:</u></p> <p>Waiting lists are updated monthly by the team leader following staff supervision and overview of referrals. The waiting lists are then reviewed monthly by Principal Social Worker and then again by the Area manager. Cases will be prioritised and re-prioritised by the level of risk and length of time on the waiting list. A review of all cases currently on the waiting lists will be carried out by the Principal Social Worker as a matter of urgency. This in conjunction with a general case review of all open cases by the Principal Social Worker and Team leaders will facilitate timely closure of cases. The threshold document will provide guidance as to the appropriateness of referrals and the timely engagement of relevant services within the community where relevant.</p>	<p>Area Manager July 2014.</p> <p>In place. Area Manager.</p>
<p><u>Action 6:</u></p> <p>The National Caseload Management System has been piloted and implementation is subject to consultation with IMPACT and approval by the senior Management Team. Subject to agreement, the project will be rolled out nationally.</p> <p>The Caseload Management system has a built in review process which is monitored and managed by the Team Leader and the Principal Social Worker. This policy will help prioritise children with the greatest level of need, and, in conjunction with the National Thresholds Guidance Policy document should lead to a more targeted use of resources. In the interim, caseloads are monitored on a daily basis, if necessary, by the team leader and adjustments are made if deemed appropriate.</p>	<p>National Management Team Q3</p> <p>Principal Social Worker April 2014</p>
<p><u>Action 7:</u></p> <p>Nationally, a Memorandum of Understanding has been agreed by TUSLA and the HSE in relation to joint responsibility for provision of services to children and young people.</p> <p>At local level, the Area Manager has initiated a consultation process with the heads of other relevant disciplines providing services to children in this area to look at developing solutions to blockages that prevent the timely access to services and to ensure that there is a coherent communication plan in place. This consultation process</p>	<p>Area Manager July 2014</p>

<p>has already involved meetings with the heads of the disability services and the hospital social work services. Further meetings with the head of the local CAMHS service and heads of allied health professions are anticipated over the next three months. All protocols will be overseen by the Children's Service Committee. Consultation and Development of protocols will have at the forefront timely access to services based on identified need, assessed risk and priority.</p> <p>The local area is continuing to support interagency and inter-disciplinary training initiatives organised by local Workforce development.</p> <p><u>Action 8</u></p> <p>A risk analysis of cases will be addressed at each supervision session with the Team Leader and Social Worker. The Principal Social Worker will review the waiting list in each area on a monthly basis with the Team Leaders.</p> <p>There will be a review of all open cases twice per annum between the Team Leader and the Principal Social Worker with two specific purposes. 1. To ensure that cases are closed in a timely fashion and 2. To ensure that lower threshold cases are transferred to the Family Support Services or other relevant services.</p> <p>At a team level, each individual team will be required to identify risk factors relating to their team and report these through the line management system where they will be placed on the Risk Register.</p> <p>The Area Manager will establish a Quality/Assurance group which will review issues of organisational risk related to the service, as previously referenced.</p> <p>Measuring the Pressure is reported to the Regional and National offices each month.</p>	<p>Principal Social Worker May 2014</p> <p>The Area Manager May 2014</p>
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Theme 3: Safe Services

Moderate non-compliance with Standards 2.1/2.2/2.3/2.12

The provider is failing to comply with standards in the following respect:

There was no standardised framework in place to determine thresholds of harm and levels of risk to guide social workers and team leaders.

The chairperson of child protection conferences was not always independent of case management decision making and had not received training specific to the role.

The Child Protection Notification System was not managed and maintained in such a way as to provide adequate information to appropriate professionals who have a need to

<p>access relevant information about a child. There was no mechanism to allow 24-hour access to this information.</p> <p>There were no policies/procedures on the management of organisational/institutional abuse in order to ensure a consistent approach by all staff concerned.</p>	
<p>Action 9 required:</p> <p>Put in place and train staff in the use of clear frameworks which determine thresholds of harm and levels of risk.</p>	
<p>Action 10 required:</p> <p>Put in place an independent chair of child protection case conferences who is appropriately trained.</p>	
<p>Action 11 required:</p> <p>Put in place a Child Protection Notification System that includes all children at risk of ongoing harm, that is managed in line with Children First.</p>	
<p>Action 12 required:</p> <p>Put in place procedures for the investigation of all referrals of organisational or institutional abuse.</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response</p> <p><u>Action 9</u></p> <p>The National Threshold of Need Guidance for Practitioners in TUSLA has been recently published. Training has begun in its implementation.</p> <p>In the intervening period, before the National Threshold Policy is fully implemented the social work department is using the current document Measuring the Pressure and the Hardiker Scale. This is complemented by the use of the Common Assessment Framework</p> <p>The principal social worker will review each caseload with the team leader and each social worker twice each year to ensure that there is prioritisation given to cases which meet the higher thresholds.</p> <p><u>Action 10</u></p> <p>In line with National protocol, Independent chairpersons for child protection case conferences are being appointed. The post will be filled by 01 06 2014.</p>	<p>Principal Social Worker April 2014</p> <p>Area Manager July 2014</p> <p>The National Office on-going from February 2014.</p>

<p><u>Action 11</u></p> <p>The National Guidelines for Children and Family Services Child Protection Conferences and the Child Protection Notification System are being rolled out across the country and staff in Roscommon are attending training in February 2014. In addition to the briefing sessions and the training, the software to host the national CPNS is currently under development. The CPNS will be accessible 24hrs to relevant professional groups.</p> <p>Roscommon has been using the National Standardised Business Process and all child protection plans are currently adhering to the framework laid out in the process.</p> <p>In the interim the local Child Protection Notification System is maintained and relevant professionals are notified that a child is placed on the CPNS arising from the decision made at a case conference.</p> <p>In line with national protocol, Independent Chairpersons for child protection case conferences are being appointed with dedicated administrative support in all areas. This post is due to be filled by Q3.</p> <p><u>Action 12</u></p> <p>The local area will be guided by the provisions of Children First relating to organisational and /or institutional abuse.</p> <p>The Area Manager will liaise with the regional and national offices around the development of written guidance for the assessment and management of organisational and /or institutional abuse and will implement a local policy, whilst the national policies are finalised. A specific group has been set up comprising Area Manager, PSW, Team Leaders and administrative staff to put in place local procedures. The first meeting is 28th February 2014</p> <p>The social work department has implemented the National Procedures for responding to requests from An Garda Siochana on individuals subject to a vetting request.</p> <p>A Principal Social Worker is now participating in the local SORAM (sex offenders risk assessment and management) group. This group is an interagency initiative involving the Probation Service, the Gardai and TUSLA. It aims to develop a better understanding of offending behaviour amongst appropriate personnel of each organisation and ensure that perpetrators are risk assessed and effectively managed in the community. This group meets on a monthly basis.</p>	<p>In place</p> <p>Area Manager May 2014</p> <p>Area Manager May 2014</p> <p>Principal Social Worker In place.</p>
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Theme 5: Leadership, Governance and Management

Moderate non-compliance with Standards 3.1/ 3.2 /3.3

The provider is failing to comply with standards in the following respect:

The model of service delivery and the day-to-day operations of the service were not reflected in the Statement of Purpose.

A number of national guidance documents had not yet been implemented. These included draft guidance on thresholds of need and on child protection conferences, and guidance on a new model of service delivery, all of which were developed to improve the effectiveness of the service.

Key risks such as staffing issues featured on the risk register but there was no evidence of any risk management plan or escalated action to address these identified risks.

Very little information was gathered on the outcomes for children and families and there was no formal consultation with the majority of children and families about their experience of the service as a whole.

Action 13 required:

Ensure the model of service delivery and day-to-day operations of the service reflects the statement of purpose.

Action 14 required:

Put management systems in place in the area to ensure that the service provided is safe, appropriate to children's needs, consistent and effectively monitored.

Action 15 required:

Ensure that there are systems and processes in place to identify, analyse, prioritise and eliminate or minimise organisational risk relating to the service.

Action 16 required:

Carry out regular reviews of the quality and safety of care and support in the service and ensure that services are provided in accordance with the standards.

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

Timescale:

Provider's response:

Action 13

The local area will review and develop its local statement of purpose

Area Manager,

<p>and function to reflect how services and resources are delivered in line with the National model of service delivery. This process will involve a consultation process with all key stakeholders. The document will provide a clear outline of what each service offers and detail how it delivers its service within the national context. The document will take into account the National standards and all other relevant areas of policy and law. The document will also highlight the changes occurring within the social work and family support services resulting from the implementation of new policies and procedures.</p> <p>The Quality and Assurance Group will provide guidance to operationalise the National Statement of Purpose. A detailed Statement of Purpose will be written to reflect the particular service provision within the local area. The Q and A group will review this Statement of Purpose in relation to local services. A local training group will be set up by the Principal Social Worker, with representatives from all teams and disciplines. This group will, in partnership with workforce development, draw up a local training plan which will reflect the individual and group training requirements.</p> <p>The Area Manager is currently developing a local Strategic plan. The plan will set out the local strategy for 2014/2016. All staff, through team meetings, training events and staff supervision will be encouraged to contribute their ideas.</p>	<p>Principal social Worker and Q&A group June 2014</p>
<p><u>Action 14</u></p> <p>The implementation of the National Thresholds Policy and the National Child Protection Conferences and the Child Protection and Notification System will improve the effectiveness of the service. This policy has now been published and training for its implementation has commenced.</p> <p>The introduction of a caseload management system based on the pilot study in Galway during 2012 and 2013 will help to standardise and manage caseloads. It is anticipated that this will be introduced through the national office in 2014.</p> <p>In the interim, the Principal Social Worker in conjunction with Team Leaders and individual social workers will review case loads at monthly supervision, will review the waiting list monthly with Team Leaders and will review social work files twice a year to ensure caseloads are more tightly managed.</p> <p>The local area is now working more effectively and with closer co-operation with the Family Support Services. This is in line with the Threshold of Need Guidance which clearly establishes a clear referral pathway into Family Support or Child Protection. The</p>	<p>Principal Social worker and Team Leaders June 2014</p> <p>Area Manager, Principal Social Worker and Family Support Manager</p>

<p>introduction of this policy will provide a better and more consistent service to children and families which will be more closely aligned to their identified needs. It will be evaluated and monitored through the Quality and Assurance Group who will review the practical implementation of the Threshold policy document on a quarterly basis.</p>	<p>May 2014</p>
<p>The Children Services Committee will work on protocols and procedures to guide inter professional co-operation and ensure that information is shared safely and effectively and will facilitate consultation with children and families. On going plans and the development of protocols as outlined in Action 4 will further facilitate the timeliness of access to services identified and required.</p>	<p>Area Manager, Children Services Coordinator June 2014</p>
<p><u>Action 15</u></p> <p>The Quality and Assurance Group will take on responsibility for monitoring the Risk Register, which is populated by the Principal Social Worker and Family Support Manager and held by the Area Manager. The Q&A group will have responsibility for monitoring the progress of risks, their reduction and minimisation and will appraise the Area Manager of any escalating risks; this will then be notified to the Regional Director.</p>	<p>Area Manager, Principal Social Worker and Team Leaders May 2014</p>
<p>The Area Manager will continue to advocate for measures to address the non filling of maternity Leave posts and any other staff or resource deficits which may arise. Recently an Agency worker has been employed to fill a maternity leave vacancy.</p>	
<p><u>Action 16</u></p> <p>The Quality and Assurance group will carry out on going reviews of the quality and safety of care and support in the service. The independent chairperson of the Child Protection Case Conference will put in place systems to gain feedback from parents and children about their experiences of participation in Child Protection Case Conferences. A questionnaire will be designed to this effect.</p> <p>Children’s views will be monitored through the use of feedback questionnaires and focus groups run through Foroige.</p> <p>The Q&A group will review this process at regular intervals</p>	<p>Area Manager, Principal Social Worker and Family Support Manager, Case Conference Chairperson September 2014</p>