



Health Information and Quality Authority  
Regulation Directorate monitoring inspection of  
Child Protection and Welfare Services

Name of service areas:	Sligo Leitrim West Cavan Donegal
Type of inspection:	Child Protection and Welfare - Child Abuse Substantiation Procedure
Date of inspection:	22 - 24 August 2023
Lead inspector:	Mary Lillis
Support inspector(s):	Susan Geary Caroline Browne Sharon Moore Grace Lynam
Fieldwork ID	MON-0040852

## About this inspection

HIQA monitors services used by some of the most vulnerable children in the state. Monitoring provides assurance to the public that children are receiving a service that meets the national 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 continual improvement so that children have access to better, safer services.

The Authority is authorised by the Minister for Children, Equality, Disability, Integration and Youth under section 8(1)(c) of the Health Act 2007, to monitor the quality of service provided by the Child and Family Agency to protect children and to promote the welfare of children.

The Authority monitors the performance of the Child and Family Agency against the *National Standards for the Protection and Welfare of Children* and advises the Minister and the Child and Family Agency.

This inspection was a monitoring inspection of Sligo Leitrim West Cavan and Donegal service areas to monitor compliance with the National Standards for the Protection and Welfare of Children. The scope of the inspection included standards 1.3, 2.5, 2.12, 3.1 and 3.2 of the National Standards for the Protection and Welfare of Children (2012). This inspection focused on the implementation of Tusla's Child Abuse Substantiation Procedure (CASP) which came into operation on 27 June 2022.

### **Introduction to the Child Abuse Substantiation Procedure (CASP)**

Tusla's Child Abuse Substantiation Procedure was brought into effect as one of the actions on foot of the recommendations from an investigation by HIQA into the management of allegations of child sexual abuse against adults of concern by the Child and Family agency (Tusla) (2018). The findings of that investigation included some which will not be commented on here. There were a number of findings however which relate directly to the introduction of CASP, these include:

- Lack of standardised approach to the management of retrospective abuse allegations
- Inconsistencies in informing the alleged abuser about the allegation and when informed of the allegation, inconsistencies in the amount of information provided to them
- Delays in starting, conducting and concluding the assessment of the allegation that impacted on a person's ability to respond to the allegation

- Inconsistent understanding of and adherence to standardised processes or policies by staff
- Shortage of qualified social work staff which contributed to delays in the management of referrals
- Inconsistent practice in relation to joint working with An Garda Síochána.

In order to meet its statutory obligations to protect children and promote their welfare, Tusla must carry out an assessment of allegations of child abuse in line with fair procedures. This is called a 'substantiation assessment' – an assessment that examines and weighs up all the evidence and decides if the allegation is founded or unfounded on the balance of probabilities. This is not a criminal investigation. If the allegation is founded a determination is made that the person who is the subject of the abuse allegations poses a potential risk to a child or children. Tusla calls this process the CASP – Child Abuse Substantiation Procedure. It is part of Tusla's child protection and welfare service. It is applicable only when a disclosure of abuse meets certain criteria. The CASP process only applies to cases where:

- there is an allegation of abuse and there may be a need to inform a third party about this in order to protect children from harm. This arises when alleged abusers are engaged in activities outside of the home which would allow them access to children. The nature of the allegation gives rise to a concern such that Tusla must share the information with a third party, for example an employer.
- cases where Tusla's national approach to practice cannot be applied, that is, where there are no children identified who can be protected by a safety planning process involving their family and wider support network
- cases where the alleged abuser is a foster carer or a supported lodgings provider or an adult living in a foster home.

A case that is being worked under CASP goes through three stages before an outcome is reached. CASP outlines the length of time each stage should take. A case can be closed at any stage without an outcome being reached.

- Preliminary Enquiry – basic information is gathered from the alleged victim to confirm that the case meets the CASP criteria and that the person wishes to proceed with CASP. Contact with the person making the disclosure should be made within 14 days.
- Stage 1 – further in-depth information is gathered about the allegation from the alleged victim. This can take the form of reviewing information Gardaí have gathered such as specialist interviews with children or statements from adults. This should happen within 60 days or extended to 90 days if approved by a manager.
- Stage 2 – the allegation is put to the alleged abuser, they are provided with all the

information gathered on the allegation by the CASP social worker and their responses are received and considered. Stage two has a number of steps to allow time for the alleged abuser to respond to the allegations and could take up to 286 days for a final conclusion to be made.

Addressing the risk to identified individual children is kept separate and is the responsibility of a different child protection and welfare team.

In any of these cases the person making the allegation may be a child or an adult. When an adult makes a disclosure of abuse which occurred when they were a child the term 'retrospective disclosure' applies.

In data provided by the service prior to the inspection there were 69 cases open under the CASP; 49 (71%) of which were retrospective disclosures of abuse and 20 (29%) were disclosures of abuse made by a child. It is noted that the service recorded if a disclosure was made by an adult or a child, but did not change the age as time passed. This meant that while some people making a disclosure were under 18 years of age at the time of the disclosure, they were adults, over 18 years, at the time of the inspection.

## How we inspect

As part of this inspection, inspectors met with social work managers and staff. Inspectors observed practices and reviewed documentation such as CASP case files, policies and procedures and administrative records.

A CASP file relates to an allegation of abuse. This means it contains information on the alleged victim and the alleged abuser. In the case of a child, there may be another file, held separately from the CASP file, and maintained by the other teams within Tusla which contains information about child protection concerns and how they are being managed. This would include interventions under Tusla's national approach to practice and safety planning where required.

The allegation assessment team covering Sligo, Leitrim, West Cavan and Donegal Tusla areas were responsible for two types of cases. Those that met the CASP criteria (please see outline earlier in report) and cases which were referred to Tusla prior to the introduction of CASP in June 2022, but did not transfer over to the CASP process. Over the course of the inspection it was apparent that there were 119 of these pre-CASP cases, some allocated and some awaiting allocation to a named social worker. Only the cases which were being worked under CASP were reviewed by inspectors for this inspection.

The key activities of this inspection involved:

- the analysis of data
- interview with the regional chief officer (RCO)
- interview with the CASP lead practitioner/manager
- interview with social work team leader
- focus group with three CASP social workers
- focus group with external professionals
- focus group with An Garda Síochána
- focus group with Tusla professionals external to the allegation assessment team
- the review of local policies and procedures, minutes of various meetings, staff supervision files, audits and service plans
- observation of meetings relevant to the standards being assessed
- the review of 29 CASP case files
- phone call with one person with experience of CASP as a service user.

The aim of the inspection was to assess the compliance of the implementation of the Child Abuse Substantiation Procedure with the national standards.

### **Acknowledgements**

HIQA wishes to thank members of the public and external professionals who spoke with inspectors, as well as the staff and managers of the service for their cooperation during the course of this inspection.

## **Profile of the child protection and welfare service**

### **The Child and Family Agency**

Child and family services in Ireland are delivered by a single dedicated State agency called the Child and Family Agency (Tusla), which is overseen by the Department of Children, Equality, Disability, Integration and Youth. The Child and Family Agency Act 2013 (Number 40 of 2013) established the Child and Family Agency with effect from 1 January 2014.

The Child and Family Agency has responsibility for a range of services, including:

- child welfare and protection services, including family support services
- existing Family Support Agency responsibilities
- existing National Educational Welfare Board responsibilities
- pre-school inspection services
- domestic, sexual and gender-based violence services.

Child and family services are organised into 17 service areas and are managed by area managers. The areas are grouped into six regions, each with a regional manager known as a regional chief officer. The regional chief officers report to the chief operations officer, who is a member of the national management team.

Child protection and welfare services are inspected by HIQA in each of the 17 service areas.

### **Service area**

The West North West Region of Tusla covers the service areas of Sligo Leitrim West Cavan, Donegal, Mayo and Galway Roscommon. This inspection focused on the child abuse substantiation procedure for two service areas within this region, namely, Sligo Leitrim West Cavan and Donegal. The allegation assessment team for the two service areas comprised four social workers and one team leader managed by a principal social worker (PSW), who was the CASP lead. The CASP lead was accountable to the regional chief officer for the West North West region.

## **Compliance classifications**

HIQA judges the service to be **compliant, substantially compliant or not compliant** with the standards. These are defined as follows:

- **Compliant:** A judgment of compliant means the service is meeting or exceeding the standard and is delivering a high-quality service which is responsive to the needs of children.
- **Substantially compliant:** A judgment of substantially compliant means the service is mostly compliant with the standard but some additional action is required to be fully compliant. However, the service is one that protects children.
- **Not compliant:** a judgment of not compliant means the service has not complied with a standard and that considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of children using the service will be risk-rated red (high risk) and the inspector will identify the date by which the provider must comply. Where the non-compliance does not pose a significant risk to the safety, health and welfare of children using the service, it is risk-rated orange (moderate risk) and the provider must take action within a reasonable time frame to come into compliance.

In order to summarise inspection findings and to describe how well a service is doing, standards are grouped and reported under two dimensions:

## 1. Capacity and capability of the service:

This dimension describes standards related to the leadership and management of the service and how effective they are in ensuring that a good quality and safe service is being provided to children and families. It considers how people who work in the service are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

## 2. Quality and safety of the service:

The quality and safety dimension relates to standards that govern how services should interact with children and ensure their safety. The standards include consideration of communication, safeguarding and responsiveness and look to ensure that children are safe and supported throughout their engagement with the service.

### This inspection was carried out during the following times:

Date	Times of inspection	Inspector	Role
22 August 2023	09:30hrs to 17.30hrs	Mary Lillis	Lead Inspector
	09:30hrs to 17.30hrs	Susan Geary	Support Inspector
	11.00hrs to 17.30hrs	Caroline Browne	Support Inspector
	11.00hrs to 17.30hrs	Sharon Moore	Support Inspector
	11.00hrs to 17.30hrs	Grace Lynam	Support Inspector
23 August 2023	09:00hrs to 17.15hrs	Mary Lillis	Lead Inspector
	09:00hrs to 17.15hrs	Susan Geary	Support Inspector
	09:00hrs to 17.15hrs	Caroline Browne	Support Inspector
	09:00hrs to 17.15hrs	Sharon Moore	Support Inspector
	09:00hrs to 17.15hrs	Grace Lynam	Support Inspector
24 August 2023	09:00hrs to 15.00hrs	Mary Lillis	Lead Inspector
	09:00hrs to 14.00hrs	Susan Geary	Support Inspector
	09:00hrs to 15.00hrs	Caroline Browne	Support Inspector
	09:00hrs to 15.00hrs	Sharon Moore	Support Inspector
	09.00hrs to 15.00hrs	Grace Lynam	Support Inspector

## Views of people who use the service

Hearing the voices of adults and children who have experience of a particular service is an essential part of understanding the impact a service has had on people's lives. Inspectors were conscious of the sensitive and often traumatic reason for people being involved with CASP. Their right to engage or not in the inspection process was respected. A dedicated telephone number was provided for any person who had experience of this service, to contact HIQA and speak with inspectors during the inspection. This telephone number was given to people who had experience of CASP in the 12 months prior to the inspection. Two individuals rang the number and, while inspectors rang both individuals back, contact was made with only one.

The adult who spoke with an inspector reported that they had disclosed retrospective abuse approximately 10 months before the inspection. They spoke very positively about the individual social worker they had contact with saying "I couldn't speak highly enough of [name]". They expressed the opinion that as an organisation Tusla "had no teeth", no power to take immediate action. They expressed their frustration and anger at this and at the length of time the process was taking. They questioned the point of reporting the abuse because from their point of view nothing had changed as a result.

Inspectors spoke to a number of professionals both within Tusla and external to Tusla who have had experience of working with the allegation assessment team under CASP. These included managers from a range of relevant external services. External professionals had varying contact with the allegation assessment team depending on what service they were from and what their roles were in relation to children and their families. They described mixed experiences of the service.

All professionals spoke with expressed the view that the staff and managers in the service were very professional and knowledgeable. However, they raised concerns regarding the child abuse substantiation procedure itself, including the length of time it took and the formality of the written communication with the people involved.

One professional described an incident where they were contacted by an adult client who was distressed because they had received a standardised CASP letter and was unable to understand that letter. As this professional had been involved in joint working meetings, they were able to redirect the client to the appropriate social worker for further support. This professional reported they knew the letter had been explained to their client before it was sent but even with that support the letter was too difficult to understand. The professional also reported that they understood that their client's social worker was in contact with the client very quickly to clarify the

letter. This professional felt the fault lay not with the staff but with the standardised letters.

Another professional said that when the CASP was being applied to allegations about foster carers there was confusion about when the CASP process began. They expressed the view that when the procedure was first introduced it was not publicly accessible and that communication was poor and very formal. However, this had subsequently improved. Others said families were confused about how the child protection and welfare teams and allegation assessment teams were allocated to them.

Professionals within Tusla said the CASP criteria was very narrow and that this became clearer to them as they began to transfer cases to the team. As a result some of these referrals did not fit the criteria for referral to the allegation assessment team and were referred back to child protection and welfare services. They said this issue could be addressed if the CASP team screened<sup>1</sup> referrals as they would be able to quickly identify the cases that fit the specific CASP criteria.

## Capacity and capability

This was an inspection that assessed Tusla's compliance, in the application of Tusla's CASP, with the national standards. It is important to note that this is just one small part of the child protection and welfare service that Tusla provides. HIQA monitors the performance of the Child and Family Agency against the *National Standards for the Protection and Welfare of Children (2012)*, and therefore the terms used in this report are those used in the standards and in Children First.

This inspection overall found that not all cases referred that met the CASP criteria underwent the substantiation process and for those that did there was a very long wait for an outcome. Staff and managers were knowledgeable of their roles and responsibilities and dedicated to providing a quality service. The combination of Tusla's policy on the completion of NVB4 forms, (the forms used to notify the Garda Síochána National Vetting Bureau, Garda Vetting (police vetting) of concerns about adults) and CASP, resulted in delays in these notifications being sent to the Garda Vetting Bureau. This meant that Tusla did not operate in line with its requirements as a scheduled organisation under the National Vetting Bureau (Children and Vulnerable

<sup>1</sup> Screening is the first step taken by a child protection and welfare service to establish the appropriateness of the referral to the service, and to identify children that require a service in a timely manner including those at immediate risk. If the referral does not meet the threshold for a Tusla service, it can be directed to an alternative service if appropriate, and closed to Tusla. Where referrals meet the threshold, a prioritisation category is applied to the case, as well as a category of the abuse based on the information provided in the referral.

Persons) Act 2012. The area had escalated this risk to Tusla's national forum but it was slow to be addressed. There were clear lines of accountability. Oversight of the service was achieved through good quality supervision practices. There were delays in the implementation of other governance mechanisms, which management was in the process of addressing.

There were clearly defined governance arrangements and lines of responsibilities and accountability. The team assigned to implement the child abuse substantiation procedure was managed by an experienced principal social worker, who was in post for six months, with oversight from the regional chief officer. These structures were well understood by staff and managers interviewed by inspectors. There was one team of social workers who worked cases for both the Sligo, Leitrim, West Cavan and Donegal Tusla areas. They reported into a social work team leader, who reported to the principal social worker (PSW) for CASP. The PSW was supervised by the general manager for professional development, who reported into the regional chief officer (RCO).

At the time of the inspection, oversight of the service was mainly achieved through supervision. Management was in the early stages strengthening oversight through the introduction of other mechanisms, such as file audits and the use of reporting functions on TCM, Tusla's information management system. While this was welcome it did mean that oversight was limited for the initial 14 months of the service. Specifically the introduction of auditing practices were delayed. The periodic auditing of aspects of a service such as the completion of required notifications or case file audits provides management with assurances that the quality of work is good and staff are working in line with policies and procedures. If this does not occur then management may not identify risks and issues in a service.

Supervision, team meetings, and regional practice forums were used to ensure good communication between staff and management and vice versa. Supervision took place every four to six weeks, in line with Tusla national policy. Supervision records, at all levels from social worker to PSW, were of a very high standard. The records demonstrated clear comprehensive discussions of both cases and service level issues, where applicable. Records included a review of actions achieved from previous supervision sessions, and actions to be taken on foot of the current discussion, with a named person responsible and a timeline for when it should have been completed.

There was evidence of good regular case supervision on CASP files reviewed by inspectors. However, in a small number of cases there were delays in carrying out the identified actions, or issues causing the delays were not escalated or dealt with in a timely way. For example, a case was put on hold as the social workers were waiting

for a transcript of a specialist child interview from the Gardaí, but this issue was not escalated to management or in the meetings with the Gardaí and so the case was delayed for five months. In another file reviewed, the absence of a report template resulted in delays in completing the report and delays to case progression. While this was escalated to management it also took five months for the issue to be resolved.

There was good oversight of the frequency of supervision, through a database that both the team leader and PSW maintained. This tracked the dates of supervision provided that year and any reason for changes or gaps in supervision. There was also oversight of interagency working through the use of a database that tracked information such as which cases were linked with Garda investigations, the stage or outcome of investigations and if and when strategy meetings between professionals took place.

In addition to supervision the regional chief officer and the PSW had oversight of the service in terms of key performance indicators (KPIs) through relatively new reporting functions on Tusla's information management system. This allowed for reporting of statistics, such as the number of referrals received, open cases and number of cases closed in a given reporting period. It also allowed for a review of the stage that the CASP process cases were at and how long each stage was taking. Before this reporting function, some of this information was gathered manually and provided to the RCO by the information and data management officer. However, prior to this the level of oversight of KPIs was limited. This reporting function was new and allowed for more detailed, up-to-date and accurate information to be gathered. The RCO acknowledged that this function while new, was already highlighting delays at all stages of the process. The PSW and RCO planned to use the detailed functionality to identify key points in the substantiation process where efficiency could be improved. While discussions were taking place on how to address these delays, these were at the very early stages. The RCO reported that some proposed measures such as setting time limits on certain points in the process, would require national consensus and could not be taken at a local level.

There was clear lines of communication from management to staff. There were management level regional meetings, taking place every two months. These meetings were attended by the PSW and team leaders in CASP in the region. Team meetings took place in general monthly and were attended by social workers, team leaders and occasionally by the PSW. Both meetings had similar agendas covered a range of key topics which kept staff informed of developments in such areas as staffing, Children First, training and feedback on the service as well as practice issues. Discussions from the regional management meetings were fed back at team meetings. The minutes of

both meetings reviewed by inspectors showed clear discussion and decision making including individuals responsible and timeframes identified.

The implementation of TCM, the new Tusla information management system, allowed for centralisation of record keeping and easier auditing of records by management. In general, records reviewed by inspectors were up to date and available on file.

Although the information contained on files was not always consistent.

Management were in process of strengthening their oversight of open and waitlisted cases for the service, through the use of auditing systems. However, these were being implemented over 12 months after the introduction of CASP, representing a significant delay. A framework for the systematic auditing of allocated CASP files, was in the process of being implemented as of the 21 August 2023, 14 months after the commencement of CASP. This framework outlined the frequency of self-assessments and file audits by social workers, social work team leader and PSW. A national "guidance for CASP case allocation and management of cases awaiting allocation", came into effect since June 2023, one year following the introduction of CASP. This national guidance recommended auditing a "sample" of unallocated case files every three months, using a national template. It did not stipulate the size of the sample to be undertaken. One audit of a total of 12 files, 10 allocated cases and two unallocated cases had been completed by the PSW at the time of the inspection. This audit identified actions to be carried out in relation to individual files. This information had been collated into a management report but as only one audit was completed it had not yet identified themes for improvements to the service as a whole.

Inspectors reviewed two of the audited cases and found that the audit template had been completed for both cases. One case had not proceeded after the preliminary enquiry. The other had been transferred to CASP in July 2023, (the initial referral having been received by Tusla in August 2022). The audit was completed on 02 August 2023 and recommended that the case be allocated and various actions be taken to progress it. This case was still unallocated at the time of the inspection despite the action plan derived from the audit.

An audit on the completion of notifications to the Garda Vetting Bureau had been planned but was not completed due to changes in personnel.

While it's acknowledged that national guidance on managing cases awaiting allocation was only provided in June 2023, inspectors found limited oversight of these cases on file. At the time of the inspection there were 31 cases awaiting the allocation of a social worker under CASP. In addition to the case described above a further six cases were sampled from the waiting list. None of those six cases had an audit completed.

There was good oversight of risks by local and regional management. Risks that could be managed locally were managed effectively, however, risks escalated to a national forum were not dealt with in a timely fashion. The PSW maintained a local CASP risk, issue, action and decision log. This was used to identify any risks or issues related to the CASP team, rated the risk in terms of impact and likelihood of it occurring, log actions and track decisions. If a risk or issue could not be addressed at a local level this was escalated either through the “need to know” process or for discussion at the national CASP planning and development meetings and or escalated to the RCO for consideration for placement on the regional risk register. A risk in relation to the notification of specified information to the Garda Vetting Bureau was identified and referred to this CASP planning and development group in February 2023 and was still outstanding at the time of the inspection six months later. This meant that for six months there was an awareness that adhering to Tusla’s internal policy resulted in the team not meeting their obligations as a scheduled organisation under the National Vetting Bureau Act (2012) but this was not addressed. The impact of this risk on children will be discussed later in the report.

At the time of the inspection the regional risk register contained an overarching risk, specifically the risk to business continuity due to their inability to fill vacant posts across the region. The allegation assessment team had one vacant post and no senior social work practitioner role. This was identified by the PSW as a concern as it limited social workers promotional opportunities and could lead to knowledge loss on the team. The PSW reported they were liaising with area managers regarding this.

National oversight of the implementation of CASP was achieved through monthly CASP planning and development meetings. This was also the mechanism by which Tusla reviewed the impact of the new procedure on practice. There were no other mechanisms in place to provide assurances to the Tusla National Management team, in relation to the implementation of CASP on a regional or area basis. The planning and development meetings were attended by the regional implementation leads for CASP, as well as professionals from data protection and legal services. They were chaired by an area manager who reported into the CASP national implementation lead. These meetings discussed areas such as training needs, communication and risks arising from the implementation of CASP and actioned changes needed to improve practice. For example, the need for updating foster care committee guidance as a result of the CASP was identified and addressed by the group. As a result, new guidance on when the foster care committee should be informed of an allegation of abuse against foster carers was issued. A review of the meeting minutes showed that this group highlighted concerns also identified by inspectors during this inspection such as concerns regarding notifications to Garda Vetting Bureau and lack of information available to the public in languages other than English. The group was in

the process of establishing the cost of translating leaflets into other languages to address this need. However, not all issues were discussed or highlighted, for example the group did not discuss concerns around timeliness of the process.

The CASP planning and development group was responsible for commissioning the national review of the CASP process which was being carried out by an external body. This review was on going at the time of the inspection. The purpose of the national review was to assess, evaluate and improve the implementation of the child abuse substantiation procedure. This national review included interviews with external stakeholders, Tusla staff and management, both those working in CASP and other areas of the service. The review was ongoing and was due to continue into early 2024.

There was a statement of purpose for the allegation assessment service. This detailed the basis in legislation for the service, the service provided, how it would protect children, the objectives of the service and model of service delivery.

The principal social worker and the regional chief officer had a clear vision for the service and were committed to service improvement and development. They both identified the length of time the process was taking as an issue in the service which they wished to address. The RCO noted that the CASP was narrow and focused on one cohort of adults, and there were several other cohorts of adults who may pose a risk to children in the community. At the time of the inspection the PSW and RCO had proposed expanding the social workers role to include working with these other adults, such as those already convicted of child abuse offenses. This extension of the role of the team's social workers would in effect provide greater universal safeguarding from abuse for all children in the region. It was acknowledged that any such expansion of the remit of the social work team would require a similar expansion of the number of social workers working on these cases and could not go ahead without additional staffing.

While there were service improvement plans in place that applied to the allegation assessment team and CASP, how the objectives were being measured required clarity and improvement. As this team covered two service areas, it was included in the service improvement plans for those two service areas, as well as regional service improvement plans. As the two area's service improvement plans were linked with national objectives, the goals that applied to CASP were similar, for example both areas identified a goal of a reduction in waiting lists for child protection and welfare services, which CASP comes under. However the plan for Sligo Leitrim West Cavan was more specific stating a goal of 10% reduction in CASP cases awaiting allocation. While this is a small difference it does bring into question how the team will be

judged as meeting the goal. How the objectives were being monitored and judged at a regional level was not clear. In August 2023 the regional West North West Service Plan noted that the objective to “safeguard children and young people from potential harm by sharing necessary and proportionate information with others” was “successfully achieved”. However, given there were concerns raised by the CASP development group and by the PSW for inclusion on the regional risk register regarding notifications to the Garda Vetting Bureau, it was hard to see how this could be determined to have been achieved.

Staff demonstrated knowledge of legislation, policy and standards relevant to their roles. They demonstrated awareness and knowledge of Children First, data protection legislations and the importance of fair procedures, especially impartiality in their work. Staff and management in the service also demonstrated sensitivity to the traumatic nature of disclosures.

This inspection found that there were substantial delays at all stages of CASP and timelines set out in the procedure were not met in almost all cases. This was acknowledged by both staff and managers, they commented that the timelines were not achievable. In the cases reviewed by inspectors there was often delays in the case being screened and transferred to the allegation assessment team for CASP. This issue had been identified by management and a decision was made for the screening of cases for CASP to be completed by the allegation assessment team. This change was due to begin following the inspection.

In data provided by the service before the inspection, 15 cases had completed preliminary enquiry (PE) stage in the 12 months before the inspection. Of these seven cases were referred to Tusla after the introduction of CASP on 27 June 2022, while eight had been referred before that date. Two of the cases referred since implementation of CASP took more than 10 months for the PE to be completed. One of the reasons for this was that time needed to be given to alleged victims to decide if they wished to engage in stage 1 of the process or not and this could not be rushed. It was reported that often alleged victims of retrospective abuse chose not to engage in the process and as a result the process could not proceed. This occurred in two of the seven cases where a PE was completed and took 120 and 227 days for this conclusion to be reached. The regional chief officer reported that consideration was being given to time limiting such decisions but noted that there was a reluctance to impose such timeframes due to the impact they could have on people making disclosures.

There were six cases that proceeded to stage one. These cases took a range of between 49 days and 313 days to complete the preliminary enquiry. Of the four cases

that had started stage two of the CASP, only one completed stage 1 within the recommended 60 days as outlined in the CASP. In the 14 months since the introduction of the child abuse substantiation procedure, no case had completed all stages (preliminary enquiry, stage one and stage two) to come to a conclusion.

Inspectors found that there were delays in the submission of notifications to the Garda Vetting Bureau and as such Tusla was not meeting its obligations as a scheduled organisation under the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 (the 2012 Act) to notify the Garda Vetting Bureau as soon as may be of their concern and the reasons for it. In data provided by the area before the inspection of the cases referred in the 12 months before the inspection, none were subject to a notification to the Garda Vetting Bureau. The National Vetting Bureau Act provides a statutory basis for the vetting of people who carry out work with children and or vulnerable adults. This act stipulates which organisations are required to notify the National Vetting Bureau of a "bona fide" (genuine) concern that a person may harm or put at risk a child or vulnerable adult. Tusla is one such organisation. Notifications made under the 2012 Act are made separately to the notifications made to An Garda Síochana when Tusla staff suspect a crime has been committed.

Inspectors found from file reviews and speaking to the allegation assessment team that staff were clear about their responsibility to identify and report genuine concerns to the Garda Vetting Bureau. On files sampled by inspectors there were records noting that such a notification was being considered. However, the notifications were not being submitted, for a considerable length of time.

The allegation assessment team leader explained to inspectors that although bona fide concerns can arise at any time during the procedure, the Tusla policy states concerns need to be put to the alleged abuser. However, CASP only allows for information to be shared with the alleged abuser at stage two of the process. Therefore submitting a notification to the Garda Vetting Bureau before commencing stage 2 of the procedure would then not be in line with the CASP. Furthermore, section 19 in the 2012 Act does not expressly provide that the concerns must be put to an alleged abuser and that a response must be received and considered. It only requires that the alleged abuser is informed of the scheduled organisation's intention to notify the Garda Vetting Bureau of its concerns.

Given that the PE stage for some cases was taking more than 10 months and that the majority of stage 1 took longer than the stipulated 60 days, a case could take up to a year to reach stage 2. It was only at this point that it was deemed possible to make a notification to Garda Vetting, even though a bona fide concern could have been held at an earlier stage and not notified to the Garda Vetting Bureau. This is contrary to

the intention of the Act, and potentially could put children at risk, as the Garda Vetting Bureau would not be aware of the bona fide concerns in the interim period, and so alleged abusers who were undergoing a substantiation process could apply for vetting to work with children and it would not be picked up in the vetting process.

The principal social worker responsible for implementing the CASP said that social workers were providing the specified information to Tusla's Appropriate Person<sup>2</sup>. Management were aware that the CASP was not in line with the legislation regarding notifications to the National Vetting Bureau. This issue was included on the risk and issue log for the CASP and had been escalated nationally. While inspectors were informed that this would be discussed and a decision made shortly after the inspection Tusla's response to this risk was not adequate, timely or in line with their obligations under Section 3 of the Child Care Act. The relevant part of the National Vetting Bureau Act (2012) was enacted in 2022.

The risk was raised by CASP implementation leads in February 2023 and was still outstanding at the time of the inspection. While the CASP was revised in May 2023 following its introduction in June 2022, this revision did not address this gap in compliance identified here. This meant that the provider failed to review new and existing legislation and its impact on practice and address any gaps in compliance.

There were effective arrangements in place to monitor concerns and complaints, as well as adverse events including data breaches. A centralised regional database was maintained of these, which the CASP lead, area managers and regional chief officers had access to for oversight. The database contained details of adverse events or complaints, including dates, identified actions to be taken and people responsible, and noted when the issue was resolved. There were three complaints on the complaints log, two related to correspondence in terms of accuracy or not having received promised correspondence and one related to the length of time the CASP process was taking to come to a conclusion. It was evident that these complaints were being responded to in a timely manner. The complaint regarding the length of the CASP process was being dealt with by a different Tusla area within the region. This showed management's commitment to addressing complaints in a fair and impartial way.

The implementation of CASP in Sligo, Leitrim, West Cavan and Donegal addressed some but not all of the issues identified in the investigation of Tusla in 2018. CASP provided a standardised approach to guide staff in case management of the retrospective abuse allegations that meet the CASP criteria and this was well

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<sup>2</sup> Under the act a scheduled organisation must nominate a person to make notifications to the Vetting Bureau. This person is known as the "Appropriate Person".

understood and adhered to by social workers and managers working in CASP. However, not all retrospective abuse allegations meet the criteria for CASP and so not all are assessed. CASP ensures that all people who have an allegation of abuse made about them are informed of that allegation and a consistent amount of information is provided to them. All information held on the CASP case file in Sligo, Leitrim, West Cavan and Donegal is shared with the alleged abuser at stage two. However this impacted on the amount and type of information that could be held on a CASP case file and so may impact on safeguarding.

The 2018 HIQA investigation found delays in commencing, carrying out and concluding the assessment of alleged abuse. As discussed earlier, this inspection also found there continued to be long delays assessing allegations under CASP in Sligo, Leitrim, West Cavan and Donegal. The complexity and challenges arising out of the implementation of the procedure raises questions about the efficiency and cost-effectiveness of it, at a time when social work resources within Tusla are significantly challenged.

This inspection found good understanding of and adherence to the process, albeit not the timelines, of CASP, within the CASP team of social workers and good understanding of the process was reported by Tusla staff who were not part of the allegation assessment team. Although they did report some confusion on the initial introduction of CASP.

### 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.

Staff demonstrated knowledge of legislations, policies and standards appropriate to their role. The combination of CASP and Tulsa policy regarding submission of notifications to the National Vetting Bureau meant that Tulsa was not meeting its obligations as a scheduled organisation under the National Vetting Bureau Act 2012. The provider did not take adequate steps to address the gaps in compliance in relation to this legislation. The protracted nature of the CASP policy resulted in long delays before a conclusion was reached, and did not address the findings of the 2018 HIQA investigation.

**Judgment: Not compliant**

### Standard 3.2

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

There were clear lines of accountability and good communication between staff and managers. Staff and managers were knowledgeable on their roles and responsibilities. Oversight of the service was primarily provided through supervision and there was delays in implementing other governance mechanisms. There were arrangements in place for the effective management of risk at local level, however the response from a national perspective to such risks was not timely. While there were service improvement plans in place, how these goals were measured as achieved was unclear.

**Judgment: Substantially Compliant**

## Quality and safety

Overall, this inspection found that while children and families were communicated with in a sensitive manner, there were often delays in this communication. In addition, publicly available information leaflets were complex and only available in English. There was inconsistent documentation on CASP files related to children. Due to cases waiting for preliminary enquiry, there were delays in identifying children who had contact with the alleged abuser. The procedure did not provide guidance on how to identify or respond to cases of possible or confirmed organisational or institutional abuse, the absence of such guidance gave rise to the risk of such cases not being identified. All of this together, meant that the child was not always at the centre of the application of CASP.

Inspectors reviewed 11 cases where the person alleging abuse was currently a child and found that the quality of communication with children and their families was mixed. There was evidence of clear and sensitive communication with children and their families, in the majority of cases. The allegation assessment team had contacted families by letter and telephone and had clearly explained the CASP process to them. Explanatory leaflets and information about data protection were included in correspondence sent to families. There was a video available that provided further explanation. Although social workers told inspectors that they rarely met with children, inspectors found that in three cases they had visited children and their parents in their homes. The team checked that children had viewed the CASP explanatory video and also to see how they were since making their disclosure.

However, in half of cases reviewed, there were delays in either making contact with children and families and or keeping them updated on the progress of the substantiation procedure. The reasons for the delays and whether or not this had been explained to children and their families was not consistently recorded on files. Staff told inspectors that for various reasons they did not always update children and families every eight weeks in line with the policy; in some cases this was due to a parent not wanting regular updates. Inspectors found some cases where persons who had made a disclosure, had requested not to be contacted, and this was respected and was recorded in the case record.

In other cases, inspectors were unable to verify the nature of the communication with children and their families as it was not held on the CASP file. As these records may have been maintained on the child's file held by the child protection and welfare (CPW) team. Inspectors did not review these files as this was outside of the CASP process. However, the lack of a clear record of communication meant that it was possible for children and families to not have received any communication in relation to CASP from anyone.

The CASP service had a number of publicly available information leaflets on the Tusla website. There was a leaflet for children, young people and adults who were disclosing abuse or subject to an abuse allegation. These leaflets were all written in English, which meant people who do not speak English as their first language may not be able to access this information. Staff told inspectors that leaflets would be translated if required into another language but to date this had not been necessary. The national planning and development group had identified this issue and were in the process of addressing it, with an initial focus on the most common languages spoken in Ireland, according to the most recent census.

Notwithstanding that the CASP process is legalistic in nature and quite complex, inspectors reviewed these leaflets and found they were not child-friendly. They did not include an explanation that all the information about the alleged abuse that children provide must be given to the alleged abuser as part of the procedure. External professionals who spoke with inspectors, reported that standardised written communication both letters and leaflets were legalistic and caused confusion for some families. Social workers told inspectors that the wording of leaflets had been recently reviewed for improvements and they were awaiting an outcome of this review. In addition, it had been identified that there was no leaflet to explain the CASP process to parents.

External professionals had mixed views on their experiences with regard to communication about the CASP process. Many of the professionals who spoke with inspectors both internal and external to Tusla, spoke about a growing understanding of CASP as time passed. Some spoke about a lack of clarity and available information at the introduction of the procedure but that this had improved over time. Some professionals noted that people in their organisation, who did not work with the allegation assessment team regularly, would not have an awareness of CASP.

The professionals who had direct contact with the allegation assessment team were very positive about the communication between them. They said they found the staff very professional, helpful and well-informed. They described good working relationships based on an understanding of each other's roles. Other professionals who had limited experience and direct contact with the team reported poor communication about CASP. They felt there was no forum to discuss the procedure with Tusla, they had no information about the procedure and did not know what cases were referred to the allegation assessment team. Some external professionals expressed the opinion that the procedure needed to be more child-friendly and that more support should be available for children and their carers and or families.

The allegation assessment team did not engage with a wide variety of professionals and agencies or run public campaigns to raise awareness about the CASP process. However,

they were engaging in joint training with key groups of professionals they worked with on a regular basis such as the Gardaí and information was publically available on their website.

Children First sets out how disclosures can be made by children or adults about current or past abuse. Information provided prior to the inspection indicated that the allegation assessment team had 69 CASP cases open to the team. Forty nine of which were retrospective disclosures, while 20 were made by children, some of whom had, since the time of the disclosure, become adults. All disclosures need to be assessed in line with Children First in order to be compliant with standards.

The person alleged to have caused harm may continue to pose a risk to children they come into contact with through their personal or professional lives. Tusla has an obligation under Section 3 of the Child Care Act 1991 to promote the welfare of children. Where a child is deemed to be at immediate and serious risk Tusla can share information with a third party, such as an employer, before they inform the person allegedly causing the harm that they have done this. The purpose of this is to ensure that effective protective measures can be taken to safeguard a child's welfare. An example of this was seen on one file reviewed by inspectors. It was clearly noted that a third party had been informed of the allegations by the child protection and welfare team before being transferred to the allegation assessment team for substantiation.

Where a child is not at immediate or serious risk Children First (2017) states that Tusla has a duty to ensure that any action taken affords natural justice and fair procedures to any person alleged to have caused harm to a child. The alleged abuser has a right to be informed of the allegations made against them and be afforded an opportunity to respond to the allegation. Inspectors found that all staff and managers were clear in their responsibilities in this regard. It was evident on files that alleged abusers were being informed of the allegations and given opportunities to respond.

The introduction of CASP meant that the child's social worker was responsible for safeguarding the child, but a separate social worker or in the case of this region, a separate team was responsible for assessing if a an allegation of abuse, on the balance of probabilities was founded or unfounded. As such CASP social workers were not involved in the assessment of children's needs. So this inspection focused on the practice in relation to the agreed approach to assessment of risk to other children, posed by an adult alleged to have abused a child – CASP. This inspection found that the steps of the procedure was followed but not the timeframes, as discussed earlier. No case had completed all stages of CASP to come to a conclusion since its introduction in June 2022. In addition there were examples of cases taking more than 10 months to complete PE and only one case completed stage one within the recommended time frames. It also found that while there

was some good child centred practice, when viewed as a whole practice was not child centred and so not in-line with standards.

Taking into account the traumatic nature of any disclosure of abuse, every effort was made to minimise the number of times a person, especially a child, had to repeat the disclosure. This meant that often CASP social workers did not meet children but rather gathered information from transcripts of specialist interviews by the Gardaí or other specialist organisations responsible for interviewing children. This is good practice, as it is child centred and trauma informed. As a result much of the work of the team centred on working with adults. Gathering information from adults alleging abuse and ensuring that the alleged perpetrator, typically an adult, was informed of the allegation and given a right of response within defined timeframes.

Inspectors found some evidence that the allegation assessment team took into account the views of children as conveyed by their parents. For example, inspectors reviewed cases where, when children did not wish to proceed with the substantiation procedure, this decision was relayed to the CASP social worker by their parents. The case was then closed and did not proceed through all the stages of the substantiation procedure. This meant that the wishes of the child were respected but also that Tusla could not reach any conclusion about whether the allegation was founded or unfounded.

The substantiation procedure is undertaken by the team where the alleged abuser lives. This means that families may be working with two teams of social workers, one of which could be based in a different service area. While this is the agreed approach to practice it may not be child-centred as it can lead to confusion for families. External professionals reported this as an issue to inspectors. In addition there may be a criminal investigation by An Garda Síochána - all happening simultaneously. In order to combat confusion and ensure communication was clear with families, the allegation assessment team developed good working relationships with the Gardaí and child protection and welfare teams in their area.

An investigation is started in relation to the cases that are referred to CASP but not all are processed through all the stages of the procedure to reach a conclusion of founded or unfounded. There are various reasons for this, one of which is that the person making the disclosure may decide not to proceed with the substantiation procedure, in which case the work of Tusla ceases.

If in the course of the substantiation, social workers identified a child with whom an alleged abuser had contact the allegation assessment team referred that child to the child protection team. This was observed on a number of files during the inspection. However, 31 of the 69 open CASP case were on a waiting list, 30 of these were awaiting preliminary enquiry. This means that the substantiation procedure had yet to begin. Inspectors were

concerned about the existence of waiting lists at the preliminary enquiry stage as it was possible that there were children at risk due to contact with an alleged abuser, who had not been identified due to the lack of this information being gathered. Inspectors reviewed a sample of files on the waiting list and found that, in two cases, where the referral indicated there may be children potentially at risk, for example that the alleged abuser may have contact with their nieces and nephews, no work had yet been done to establish what contact, if any, an alleged abuser had with those children. Tusla professionals attending the focus group told the inspector that for retrospective cases where there was no child identified as having contact with the alleged abuser, it was the CASP team's responsibility to contact the person making the disclosure during their preliminary enquiries to find out if the alleged abuser had any contact with children. Therefore for cases on a waiting list this information had not yet been determined.

Following the inspection inspectors issued a provider assurance report (PAR) to the service provider seeking assurances that:

- there were no children at risk associated with cases on the waiting list, and
- that a comprehensive assessment of the risk of harm was adequate for all cases on the waiting list.

The regional chief officer submitted a PAR which indicated that a national review of the CASP was currently underway. It described the processes and practices in place both in the child protection and welfare service and the allegation assessment team relating to how cases are managed between the two teams. This provided assurance that risk was assessed for identified children. The PAR also reflected that improvement was required and contained a plan of action which included a review all cases in the region and the governance processes in place to ensure management of cases was thorough and robust. The PAR also outlined that the allegation assessment team would take on added responsibilities.

Inspectors found that minimal information was maintained on CASP files about the persons making the disclosure. Inspectors were informed that this was to protect the data rights of the person alleging abuse as the CASP involved the sharing of all information about the disclosure with the alleged abuser as part of their right to fair procedures. Both the PSW and RCO told inspectors that, where a child was the person making the disclosure, information relating to the assessment of their needs and any safety planning required would be on the child's file. As these files were maintained separately on the electronic recording system and did not form part of the CASP record they were outside the scope of this inspection and therefore were not reviewed by inspectors.

Notwithstanding this, inspectors found inconsistent recording practices on the files reviewed. This meant it was not always clear from the files if a child was safe or not. Inspectors found that in some cases sampled it was clearly recorded that safety planning was in place for children who required it. However, practice in this regard was inconsistent. In other cases reviewed the CASP file did not reflect whether or not safety planning was in place for children who required it. For example, one file noted that the alleged abuser was a parent and their children were receiving services from child protection and welfare. However, it was not possible for inspectors to verify the safety of other children as it was not stated clearly on their files. This inconsistent recording practice meant that the CASP files only reflected the safety of some children and not others. While inspectors were assured that such information was being held on the child protection and welfare file, it would have been good child-centred practice to have this information clearly stated on all CASP files, and would ensure that the CASP was in compliance with standard 2.5.

There was good co-operative working between the Tusla allegation assessment team and An Garda Síochána. Inspectors found that notifications about suspected cases of abuse were appropriately shared between the Tusla allegation assessment team and An Garda Síochána. Although as discussed earlier notifications to the Garda Vetting Bureau were delayed. Strategy meetings were held between Tusla and the Gardaí. Information was shared and plans of action were developed and agreed and these were recorded and maintained on case files. In some cases An Garda Síochána asked CASP social workers not to make contact with the alleged abuser because of an ongoing criminal investigation. In the cases reviewed by inspectors, where this request was made it was complied with. In some cases this contributed to delays in alleged abusers being advised about the disclosure that had been made about them to Tusla. It also meant that the CASP was not being applied in line with the timelines set out by that procedure.

Inspectors found that Tusla's Child Abuse Substantiation Procedure did not contain specific information about how to identify and respond to organisational or institutional abuse or how to identify especially vulnerable children. Documentation provided for the inspection demonstrated that managers had identified this issue. Regional guidance was provided to social workers regarding child exploitation and institutional abuse. This guidance document recommended that, in cases of organisational or institutional abuse, a Need to Know report be completed and that a tracker of these cases be maintained. The guidance was due to be implemented in practice from 01 August 2023 therefore inspectors did not find evidence of its specific implementation in records. The lack of such information and guidance for professionals meant that it is possible that organisational abuse would not be considered by staff and so such cases could be missed and or not responded to appropriately.

The allegation assessment team had not identified any cases of organisational or institutional abuse. However, inspectors reviewed five cases where this might have been a

consideration, for example where the alleged abuser was linked with a sporting organisation or a religious one. Inspectors found that practice was inconsistent in relation to managing allegations of abuse within organisations. In one case the allegation assessment team had met with the organisation to ensure they understood their role as mandated persons under the Children First Act 2015. In another case information regarding previous incidents of reported abuse about the same person were included in the case file but in three cases reviewed there appeared to be a lack of understanding and or consideration of organisational abuse.

Inspectors found that where there were a number of allegations against the same person these were noted in the CASP file. Each allegation was managed separately in relation to each person making the disclosure. There was no evidence that this information was used to identify patterns of abuse in an organisation or by a named individual, in the files reviewed by inspectors.

Following the inspection inspectors issued a Provider Assurance Report (PAR) to the provider requesting assurances that:

- in the assessment of individual concerns of abuse in an institutional or organisational setting that there has been adequate consideration of the possibility of abuse of other children, both in relation to allocated cases and cases on the waiting list that have yet to have preliminary enquiries completed, and that
- the assessment of allegations pertaining to those in contact with children through sporting organisations, crèches or other child care facilities, residential centres, hostels, religious retreat centres, or any other organisation, has adequately considered the possibility of abuse to other children and that this is recorded as part of the assessment.

The provider submitted a PAR which provided adequate assurances regarding the issues outlined. The PAR outlined an improvement plan which included the implementation of an interim policy on institutional and organised abuse and the tracking of adherence of a Tusla 2021 policy on child sexual exploitation.

In one case reviewed inspectors found that further investigation of the referral was required to determine if the threshold for emotional abuse had been met. Inspectors requested that this case be independently reviewed. Following the inspection an independent review was completed and the report of its findings was submitted to HIQA and satisfactory action taken.

Information provided for the inspection indicated that there were 49 retrospective cases open to the allegation assessment team under CASP at the time of the inspection. There

was evidence that many of these were referred in line with the Children First Act 2015 as they had been referred by people mandated under the Act to report retrospective referrals of abuse. These included members of An Garda Síochána, medical practitioners, social workers, teachers and psychologists. This demonstrated that mandated persons were aware of their responsibility to report.

Inspectors reviewed six allocated retrospective cases that were at different stages of the substantiation procedure. In three of these cases - following the completion of the preliminary enquiry - the alleged victim did not wish to proceed to the next stage of the substantiation procedure.

The overarching findings are that assessments were not completed in-line with timescales set out in Tusla's own procedures; no CASP case had been concluded in the 14 months since its commencement, there were substantial delays at all stages of the process and while there were reasons for some delays such as challenges in engaging with alleged victims and alleged abusers the procedure overall was not efficient and therefore not person centred. This inspection indicated that children were not always at the centre of the implementation of CASP in this area. The reasons for this were due to the following:

- The delays in Garda Vetting notifications potentially placed children at risk.
- The delays in communication with children and their families.
- The delays in identifying children who possibly had contact with alleged abusers due to cases awaiting allocation at preliminary enquiry stage.
- It was not consistently evident on files if a child was safe and protected. While identified children were referred to child protection and welfare services and managers of the service advised inspectors that such safeguarding information was on the child's child protection and welfare (CPW) file. It would be good practice to have this clearly stated on the file.
- There was no national guidance and only newly introduced local guidance on how to identify and respond to organisational or institutional abuse or how to identify especially vulnerable children.

### Standard 1.3

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

This inspection found some evidence of good communication with children and families. Information leaflets were sent to them to explain CASP and there was evidence of telephone contact being made. There was some evidence that families were updated about the process. However, there were delays in communication with some families and it was reported that there was confusion both within families and among some external professionals about how the CASP process worked. In addition, leaflets were not child-friendly and were only available in English.

**Judgment: Substantially Compliant**

### Standard 2.5

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

This inspection was confined to the assessment of allegations of abuse and did not include a review of practice in relation to initial assessments of child protection concerns. This inspection found good child-centred practice in relation to the minimisation of trauma, through the manner in which information from children was gathered. There was good co-operative working with An Garda Síochána. However, children were not always at the centre of practice. At times the procedure was confusing for families. Generally little information about children was retained in the CASP record and recording practices were inconsistent. This meant that at times it was difficult to determine if a child was safe from CASP files alone. The existence of waiting lists at preliminary enquiry stage resulted in delays in identifying children who may be at risk due to their contact with the alleged abuser. There were substantial delays at all stages of the procedure, the procedure was not efficient and therefore not person or child centred.

**Judgment: Not 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.

Inspectors found that Tusla's Child Abuse Substantiation Procedure did not contain specific information about how to identify and respond to organisational or institutional abuse or

how to identify especially vulnerable children. It was not part of the allegation assessment team's responsibilities to raise awareness about and promote the safety and protection of children subjected to organisational or institutional abuse or to identify especially vulnerable children. Information about previous incidents of abuse and or other allegations about the same alleged abuser were gathered in line with the standard but there was no evidence that this information was used to identify patterns of abuse. There was some evidence that retrospective disclosures were managed in line with Children First insofar as they were being reported by mandated persons in line with Children First.

**Judgment: Not compliant**

# Compliance Plan for Sligo, Leitrim and West Cavan and Donegal OSV – 004395 & OSV-004392

Inspection ID: MON-0040852

Date of inspection: 22/08/2023

## Introduction and instruction

This document sets out the standards where it has been assessed that the provider is not compliant with the National Standards for the Protection and Welfare of Children 2012 for Tusla Children and Family Services.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of children using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of children using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of children using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Standard 3.1	Judgement: Not compliant
<p><b>Outline how you are going to come into compliance with 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.</b></p> <ul style="list-style-type: none"> <li> <p>All CASP cases closed in the last 12 months were reviewed post inspection to ensure where the threshold for a bona fide concern was reached a submission was made to the National Vetting Bureau. This found that in two cases where the threshold was met a submission was made to the National Vetting Bureau. In all cases where a notification was required one had been submitted and in 1 further case a submission was being completed on an active linked referral. All other closed cases reviewed did not reach a bona fide threshold for submission and the rationale for this was indicated on the PE forms in each of these cases.            Person Responsible – SWTL            Action Completed</p> </li> <li> <p>The tracking of NVB4 status on current CASP cases (allocated and unallocated) has been added to current database which tracks Joint Working in all cases. NVB4 status is recorded as completed, required, further assessment / more information needed or no Threshold to provide oversight of all cases open to the service at once. This will continue on an ongoing basis for all existing CASP cases and those transferring to CASP.            Person responsible – SWTL</p> </li> <li> <p>A review of all cases open to CASP, post Preliminary Enquiry to identify any cases where a Vetting Submission may be required in light of the above.            Person Responsible – SWTL for unallocated cases, Allocated SW for allocated cases.</p> </li> </ul>	

- Post inspection a wording change was made in Tusla’s Policy & Procedures for Submission of Specified Information Notifications (to the National Vetting Bureau to emphasise the need for NVB4s to be completed at or following preliminary enquiry stage when we have a bona fide concern and that the completion of the NVB4 is independent of any other process, this change has been immediate.

Action Complete

- Cases awaiting allocation for Preliminary Enquiry will continue to be prioritized to minimise any delay in the submission of NVB4s where threshold of a bona fide concern is met at PE.

Person Responsible – SWTL / PSW

**Standard 3.2**

**Judgment: Substantially compliant**

**Outline how you are going to come into compliance with Standard 3.2: Children receive a child protection and welfare service, which has effective leadership, governance and management arrangements with clear lines of accountability.**

- The current local arrangements for management and escalation of risk will continue to be implemented.

Person Responsible – SWTL / PSW / RCO

- In addition to the local/regional governance measures in place at the time of the inspection a Regional Governance meeting, attended by SWTLs and PSW for CASP is convened every 8 weeks, this will review and address any matters requiring escalation and also review current local governance measures including case file audits and supervision management.

Person Responsible –PSW

- The findings of the inspection in respect of timeliness for national response to issues will be raised with the appropriate personnel on the National Steering Group.

Person Responsible – RCO

- Going forward any issues of risk escalated nationally will include an identified time frame for a response/action and where action effective action is not taken within this time frame the PSW for CASP will liaise with the RCO to address the issues of timeliness.

Person Responsible – SWTL / PSW / RCO

Standard 1.3	Judgment: Substantially compliant
<p><b>Outline how you are going to come into compliance with Standard 1.3: Children are communicated with effectively and are provided with information in an accessible format.</b></p> <ul style="list-style-type: none"> <li> <p>• Contact will be made with parents of all children who are subject to a CASP referral, by telephone in the first instance (where it is appropriate to do so details are available to do so) and to explain the CASP process and offer a meeting. Thereafter the CASP worker will provide information leaflets and directions to the CASP video online and meet with the parents (and child where appropriate) to explain the CASP process in simple steps to ensure parents and children are well informed in their decision-making about engaging in a CASP assessment. Person Responsible- Allocated SW / SWTL</p> </li> <li> <p>• PMD's and PSAA's (or their parents where they are children) will be communicated with at least every eight weeks if delays to a substantiation assessment occur, in line with CASP. Person Responsible- Allocated SW / SWTL</p> </li> <li> <p>• If there is any potential delay to a substantiation assessment the allocated CASP social worker will raise this with their line manager and record it on the case file. Person Responsible- Allocated SW / SWTL</p> </li> <li> <p>• Regular case strategy meetings will be held with An Garda Síochána about cases subject to investigation and jointly liaise with families to avoid repetition and confusion about information provided to families. Agreed actions in this regard to be reviewed at subsequent Strategy meetings. Person Responsible - Allocated SWs and SWTL</p> </li> <li> <p>• Presentations have been made to Gardaí most likely to be assigned to these cases, at varying ranks across the service area in two Garda divisions with further plans in place for 2024 to repeat this to further members of An Garda Síochána to raise awareness of how cases should be reported and what the CASP process is once a referral is received. Person Responsible –CASP SWTL &amp; PSW</p> </li> <li> <p>• Presentations have been provided to Fostering and External stakeholders in respect of CASP Process – such presentations to continue throughout 2024 as part of a communications plan. Person Responsible: CASP PSW / Lead</p> </li> </ul>	

- Work is ongoing with local Gardaí to develop and implement measures to enable dissemination of information with PMD's about Tusla's CASP process and contact with PMD's by the CASP service at the point of referral, without undue delay - this is being addressed in Garda Liaison Meetings.  
Person Responsible; CASP SWTL / PSW
- Meetings with various local statutory and voluntary services to raise awareness of how cases should be reported and what the CASP process is once a referral is received have been offered and further efforts will continue to be made in 2024.  
Person Responsible –CASP SWTL
- The issue of the language in standard letters and leaflets as not being child-friendly from the implementation of CASP was raised initially to the CASP planning and development group via the PSW and more recently via the national review of CASP. This information will be reviewed as part of the review of CASP nationally.  
Person Responsible – PSW / CASP Lead
- Going forward any issues pertaining to such matters escalated nationally will include an identified time frame for a response/action and where action effective action is not taken within this time frame the PSW for CASP will liaise with the RCO to address the issues of timeliness.  
Person Responsible - SWTL / PSW / RCO
- Findings of the inspection in respect of these matters will be raised for a national response to the appropriate personnel in the National Steering Group.  
Person Responsible - RCO

**Standard 2.5**

**Judgment: Not compliant**

**Outline how you are going to come into compliance with Standard 2.5: All reports of child protection concerns are assessed in line with Children First and best available evidence.**

- The CASP team will make contact with parents of all children who are subject to a CASP referral, by telephone in the first instance (where details are available to do so) and to explain the CASP process and offer a meeting. Thereafter the CASP worker will provide information leaflets and directions to the CASP video online and meet with the parents (and child where appropriate) to explain the CASP process in simple steps to ensure parents and children are well informed in their decision-making about engaging in a CASP assessment.  
Person Responsible: Allocated SWs / SWTL

- PMD's and PSAA's (or their parents where they are children) will be communicated with at least every eight weeks if delays to a substantiation assessment occur, in line with CASP.  
Person Responsible- Allocated SW / SWTL
- If there is any potential delay to a substantiation assessment the allocated CASP social worker will raise this with their line manager and record it on the case file.  
Person Responsible- Allocated SW / SWTL
- All referrals awaiting preliminary enquiry for CASP have been screened by the Duty & Intake teams to identify children at potential risk of harm relevant to a CASP case. These have all been reviewed post-inspection and there are no cases awaiting Preliminary Enquiry with known identified children at this time. This screening of these cases on the Child Protection and Welfare Teams at the point of Intake will continue on an ongoing basis  
Person Responsible: SWTL – Action Complete
- Cases awaiting Preliminary Enquiry continue to be allocated as a matter of priority with highest priority being allocated to disclosures made by children who are subject to CASP.  
Person Responsible; CASP SWTL / PSW
- Clear Regional practice guidance for screening of CASP cases, previously circulated will be updated in line with TCM and reiterated to outline specific tasks required to be taken to identify children and evidenced at screening. A meeting will be held with all relevant Intake TLs and PSWs within one week to ensure this guidance is implemented imminently.  
Person Responsible: CASP SWTL / PSW
- Screening of all cases considered for CASP will ensure all reasonable steps should be taken to identify any such children and consider the level of risk posed to these children. This may require contacting the referrer, the PMD and potentially Gardai depending on the referral information. Any identified children will be linked to the PSAA / CASP referral as appropriate on TCM and evidenced in the CASP Screening form with particular reference to the safety planning status and a clear rationale where no safety plan has been implemented  
Person Responsible: Screening SW / Screening SWTL

- Any identified children connected to a PSAA are being added as connections on the TCM system so that it can be identified from a CASP referral that there are identified children. Where these children may not be known at the point of referral but are identified in the course of assessment they will be added by the CASP SW.  
Person Responsible: Allocated SW / SWTL
- In any case where children are identified in the course of a CASP assessment a Child Protection and Welfare Referral is submitted to the relevant duty & intake team without delay. A note will be made on the details page of CASP referral identifying the submission of this referral and the referral number (when created) to allow the cross referencing of cases. A copy of the referral will be attached to the PSAA as a personal file on the CASP case on TCM and the identified children will be linked to the PSAA / CASP referral as appropriate on TCM with particular reference to the safety planning status and a clear rationale where no safety plan has been implemented. This will allow a reference between Child Protection cases and CASP cases.  
Person Responsible: Allocated SW / CASP SWTL
- On conclusion of any CASP assessment, where there are identified children, a meeting will be held between the CASP SW / SWTL and the Intake / Child Protection teams in the areas where any identified children reside to ensure any further safety planning or further SW intervention required following assessment is addressed.  
Person Responsible: Allocated SW / CASP SWTL

<b>Standard 2.12</b>	<b>Judgment: Not compliant</b>
<p><b>Outline how you are going to come into compliance with 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.</b></p> <ul style="list-style-type: none"> <li>• Every referral open to CASP considers if there are historic / previous allegations against a PSAA and this information is recorded on the CASP Preliminary enquiry to identify possible patterns of abuse relevant to the current assessment. This occurs on an ongoing basis in every referral Person Responsible: Allocated SW / SWTL</li> <li>• In cases of multiple reports of abuse made against the same PSAA the CASP team work closely together with An Garda Síochána to ensure that all available information is collated to inform decisions about current potential risk and ensure the safety of any identified / identifiable children. The collation of this information is assisted through the ongoing Garda Liaison Meetings attend by Social Work Team Leaders</li> </ul>	

and Garda Liaison Sergeants and also via the Senior Management Liaison Forums  
Person Responsible: Allocated SW / SWTL

- Continued operation in line with Tusla's Child Sexual Exploitation Procedure and the requirements of this policy to identify and report concerns of suspected child sexual exploitation and suspicious activity of concern by an adult to the Garda National Protective Services Bureau in line with this procedure using the provided tools.  
Person Responsible: CASP SWs SWTL PSW
- Attendance at the Senior Garda Liaison Meeting where information gathered by Tusla and Gardaí in respect of identified patterns of abuse and adults who may pose a risk to children is considered. While this has not arisen in a CASP case to date it has occurred in cases reported under the 2014 policy and a notification was made to the Garda NPSB and the information was included in a Garda operation about organised exploitation of children by an individual and assisted in identifying children in other areas at risk.  
Person Responsible: CASP SWTL
- The previously drafted CASP West North West Guidance on Child Exploitation and Institutional or Organized Abuse has been replaced with a Practice Guidance Document for Identifying and Managing risks associated with allegations of child abuse in Institutional/organisational settings & organised abuse/child sexual exploitation. This document outlines key considerations to be given to every referral received where the PSAA is / was involved in an organisation at the time of the alleged abuse and a clear process of required steps to be undertaken in identifying, managing and notifying cases which are identified to be organised or organisational as well as identifying and tracking patterns in these cases.  
Person Responsible Screening & CASP SWs, SWTLs and PSWs
- A Community of Practice Meeting for all CASP staff in the region will be dedicated to the implementation of the above drafted document to ensure all staff are aware of their roles and requirements in respect of these cases.  
Person Responsible CASP PSW
- A meeting will be held with Intake TLs and PSWs within 2 weeks to discuss implementation of the above document and disseminate to front line staff for enacting on all incoming referrals.  
Person Responsible CASP SWTL / PSW
- All staff in the Region will complete Training on Tusla's Child Sexual Exploitation Procedure and use the documents contained within to identify and report patterns or

concerns of organised / organisational abuse and Child Sexual Exploitation  
 Person Responsible - RCO

- Findings of the inspection in respect of these matters will be raised for a national response to issues raised with the appropriate personnel. This will include a recommendation regarding the development and implementation of a National Policy.

Person Responsible - RCO

## Section 2:

### Standards to be complied with

The provider must consider the details and risk rating of the following standards when completing the compliance plan in section 1. Where a standard has been risk rated red (high risk) the inspector has set out the date by which the provider must comply. Where a standard has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The provider has failed to comply with the following standards(s).

Standard	Regulatory requirement	Judgment	Risk rating	Date to be complied with
<b>Standard 3.1</b>	The service performs its functions in accordance with relevant legislation, regulations, national policies and standards to protect children and promote their welfare.	Not compliant		30 <sup>th</sup> December 2023
<b>Standard 3.2</b>	Children receive a child protection and welfare service, which has effective leadership,	Substantially compliant		30 Dec 2023

	governance and management arrangements with clear lines of accountability.			
<b>Standard 1.3</b>	Children are communicated with effectively and are provided with information in an accessible format.	Substantially compliant		30 Dec 2023
<b>Standard 2.5</b>	All reports of child protection concerns are assessed in line with Children First and best available evidence.	Not compliant		30 Dec 2023
<b>Standard 2.12</b>	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.	Not compliant		30 Dec 2023