



**Health Information and Quality Authority (HIQA) Regulation
Directorate monitoring inspection report of Tusla social work
role under the Child Care (placement of Children in Residential
Care) Regulations, 1995 (22 – 25)**

Name of provider:	The Child and Family Agency
Tusla Region:	Mid-West
Tusla Service Area:	Mid-West
Type of inspection:	Announced
Date of inspection:	6 - 7 December 2022
Fieldwork ID:	0038245

About this inspection

HIQA is authorised by the Minister for Children, Equality, Disability, Integration and Youth under Section 69 of the Child Care Act, 1991 as amended by Section 26 of the Child Care (Amendment) Act 2011 to inspect children's residential centres provided by the Child and Family Agency (Tusla)¹ and to report on its findings to the Minister for Children, Equality, Disability, Integration and Youth.

This inspection relates specifically to the statutory duties of Tusla social workers in the monitoring of placements for children in residential care, to which the Child Care (Placement of Children in Residential Care) Regulations 1995 (22, 23, 24 and 25), apply.

¹ Tusla was established 1 January 2014 under the *Child and Family Agency Act 2013*.

How we inspect

As part of this inspection, inspectors met with the relevant social work managers with responsibility for children in care and evaluated the respective regulations as listed above.

The key activities of this inspection involved:

- the analysis of data submitted by the area
- interviews with:
 - the area manager
 - The general manager for alternative care
 - the relevant principal social workers
- focus groups conducted with:
 - social work team leaders
 - social workers
- the review of:
 - local policies and procedures, minutes of various meetings and case management records
 - a sample of 11 children's case records.
- Observation of a child-in-care review

Four children and three parents spoke with inspectors.

Acknowledgements

HIQA wishes to thank the staff and managers of the service for their cooperation with this inspection.

Profile of Tusla social work services to children in residential care

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 January 2014.

Tusla has responsibility for a range of services, including:

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

Tusla has the legal responsibility to promote the welfare of children and protect those who are deemed to be at risk of harm.

Tusla services are organised into 17 service areas which are managed by area managers. These areas are grouped into six regions, each with a regional manager known as a chief officer.

Service Area

Mid-West is one of the 17 areas within Tusla's service areas. The area includes the counties of Limerick, Clare and North Tipperary. The 2016 census showed that the Mid-West area is home to 8% of the national population, or 385,000 people. There are 96,266 children (0-18 years) representing 25% of the area's total population. There are over 70,300 family units and 25% of families were lone parent families. The Mid-West area is noted as having a mix of urban and rural areas. Levels of deprivation in the area vary with a number of areas classified as either "disadvantaged", "very disadvantaged" or "extremely disadvantaged".

The Mid-West area is also one of the six Tusla regions in its own right. It is under the direction of a regional chief officer. The area management structure of the children in care and child care review services is an area manager and a general manager for alternative care. There are two principal social workers managing social work team

leaders, senior social work practitioners, social workers, social care leaders, social care workers, family support practitioners and access workers.

Data provided to HIQA prior to the inspection showed that as of 22 November 2022, this service area had 549 children in care, with 30 of those placed in residential care. There were 25 of these children placed with non-statutory providers and 22 of the 30 children in residential care were placed outside the area. Four of the children in residential care were 12 years of age or younger. There were no mainstream residential care centres located in the Mid-West area at the time of the inspection. There were four Tusla residential facilities located in the Mid-West area, all of which had specific admissions criteria that excluded the majority of children who required residential care. For example, there was one semi-independent living centre which prepared young people to leave care and which accepted referrals for young people aged 17 years of age. This impacted on children as it was often necessary to place them in centres that are a significant distance from their home community.

The area had one vacant social work team leader post, two vacant social worker posts and four vacant senior social work practitioner posts and two social care worker posts vacant. These vacancies spanned various time frames from 15 days to 682 days at the time of the inspection.

Compliance classifications

Inspectors will judge whether the service has been found to be **compliant**, **substantially compliant** or **not compliant** with the standards and regulations associated with them.

The compliance descriptors are defined as follows:

- **Compliant:** A judgment of compliant means the service is in full compliance with the relevant regulation 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 regulation 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 regulation 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.

Once a judgment on compliance is made, inspectors will review the risk to children of the non-compliance.

In order to summarise inspection findings and to describe how well a service is doing, the regulations are grouped and reported under the dimension of quality and safety of the service.

Quality and safety of the service:

The quality and safety dimension relates to regulations that govern how services should interact with children and ensure their needs are planned for and met. The regulations include consideration of planning, review, visiting children and recording. They 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
06 December 2022	9:30hrs to 17:00hrs	Mary Lillis	Inspector
	9:30hrs to 17:00hrs	Mary Wallace	Inspector
	10:30hrs to 17:00 hrs	Una Coloe	Inspector
07 December 2022	9:30hrs to 16:30hrs	Mary Lillis	Inspector
	9:30hrs to 16:30hrs	Mary Wallace	Inspector
	9:00hrs to 16:00hrs	Una Coloe	Inspector

Views of people who use the service

It is important to hear from children living in residential care to understand their experience of care planning and the visits they receive from their social worker. Inspectors spoke with four children in residential care about their experiences and views of care planning, as well as visits and contact with their social workers.

The children in general spoke positively about their social workers. One child described their social worker as "sound", while another said they were "nice". Two of the children reported that their social worker knew them well with one saying "we are really close". Another child reported that their social worker does not know them very well but that "she knows what she is supposed to know".

All the children who spoke to inspectors reported that they were visited by their social worker. The children told inspectors that they did different things with their social worker during these visits, for example they talked in the residential centre, played sports or went out to eat. The frequency of the visits varied from child to child, with most children satisfied with how often they see their social worker. One child said "I don't see them often", while another child said the social worker visited "whenever I need [them] to", and a third said "I see them kinda like once a few weeks".

All the children reported being invited to their child-in-care review meetings. Two children said that they went to the meetings, while two others told inspectors that they did not, with one child saying they "don't like talking in them". The two children who attended the meetings were very positive about their experience saying "I think they are good. A chance to talk" and "I like them, they're interesting, all about me". One child expressed frustration at what they described as not being listened to saying "I can't respect, listen to their [social workers] opinion if they don't listen to mine".

All of the children spoken with knew about the plans for their care, which were discussed and devised during the child-in-care reviews. Two of the children reported that they had seen a copy of their plan and read it, while two other children said that their social worker talked to them about the plan. One child spoke about their aftercare plan and aftercare worker. One child told inspectors that they were not happy with the decisions made in their care plan. Inspectors found that the child's social worker and social work team leader were aware of this feedback and were addressing it with the child.

When asked about the residential centre where they lived, one child reported they were looking forward to Christmas, while another reported it was better than the other

houses they lived in and it was safe. A third observed that “no one likes living in residential” but that there were “days when I am happy”.

Three parents spoke with the inspectors. All of the parents reported that their children were safe and well cared for in their residential centres. The parents’ views of the aspects of the service related to this inspection were mixed. One parent spoke about not being able to attend the child-in-care review due work commitments. Two of the parents reported that they were updated on their child’s care, while one parent reported that they were updated “once in a blue moon”. Two parents spoke about having contact with their child via phone or video calls. Another parent reported that they did not get to see their children.

Quality and safety

Data submitted by the area showed there were 30 children placed in residential care at the time of this inspection. This accounted for 5.4% of the 549 children in care in the area. Inspectors reviewed 11 children's case records for care planning, reviews, supervision and visiting children and the quality of case records, to inspect the provider's level of compliance with the Child Care (Placement of Children in Residential Care) Regulations, 1995.

Overall, the inspection found good levels of compliance with the regulations. Of the cases sampled, the inspectors found that all had up-to-date care plans. There were effective systems in place for management and oversight of reviews and care plans. There was minor room for improvement in recording to ensure that all work is evidenced on file. The provider achieved improvements in the frequency of visits to children by social workers in the six months before the inspection and these improvements needed to be maintained to be fully compliant.

Care planning and review

A care plan is a written document which outlines the plan for the child’s care based on an assessment of the child’s needs. The regulations require that each child placed in residential care has a written and up-to-date care plan, which clearly outlines the aims and objectives of their placement and the supports to be provided by Tusla to the child, their parents (where appropriate) and the residential centre. This plan should include contact arrangements between the child and their family and the arrangements in place to review the plan at different intervals throughout the child’s placement in care.

Data provided to HIQA by the area showed that all children in residential care had an up-to-date written care plan. This was consistent with the findings of this inspection in that all cases sampled by inspectors had up-to-date care plans. The

inspectors found that care plans, where possible, were developed as soon as the need for residential care was identified. If this was not practicable, for example in the case of emergency admissions, the care plan was drawn up prior to the first review (within two months of admission to the residential centre).

Overall, the care plans reviewed by the inspectors were of good quality, and were child centred and individualised. Care plans stated the objectives and aims of the placement. They were informed by the child's assessed needs including identify, culture, religion, education, health and family and social relationships. The inspectors found clear, detailed information on the child's strengths and needs in these areas. Contact arrangements between the child and their family were detailed in care plans, as required.

Details of supports to be provided to the child and actions to be carried out to meet their needs were also outlined in care plans as required. It was observed by inspectors that, for two children, some actions outlined in their care plan were repeated over a number of care plans and appeared to drift. However, social workers told inspectors that there was either a rationale for any delays or work had been completed on these actions but not documented on the child's file. This required improvement.

There was evidence of good practice with regard to the details of support to be provided to the child from other services and professional collaboration which supported the planning and delivery of care to children. A variety of professionals, such as psychology and counselling professionals, child and adolescent mental health and education professionals, were found to have provided services to children in residential care and had input into the care plans. In addition, the provider was in the process of setting up a therapeutic team for the area, to ensure that children in care had a comprehensive multidisciplinary team assessment and therapeutic plan.

Where additional supports were required for children assessed as having complex needs and children who were aged 12 or younger, the provider had protocols in place to ensure that social workers received support and guidance from senior management. A senior management complex case review panel was in operation to enhance the quality and safety of care being provided to these children, which inspectors found worked well. This panel was attended by the area manager, general manager for alternative care, as well as clinical professionals, social workers across all grades and managers from Tusla's prevention, partnership and family support service. This panel discussed in detail the child's presenting needs and how best those need could be met. This resulted in a shared understanding of individual children's care needs, clear oversight by management and appropriate actions being taken to help meet the child's needs.

Children were supported by social workers and residential care staff to contribute to the development of plans for their care. The inspectors found that children's views were well represented on the care plans reviewed during the inspection. While care

plans were shared with families and relevant professionals, this was not always apparent from the file. Social workers also informed inspectors that a child-friendly care plan template had been recently developed by the area but had yet to come into use as routine practice.

Each child placed in residential care should have their case reviewed in line with the regulations. The process in place in Tusla to do this is called a child-in-care review. Through this process, the child's allocated social worker assesses outcomes for the child and identifies whether their needs are being met in their current placement. The social worker ensures that the child's care plan is being adhered to and any changes required to this plan are made during this review. The regulations place a statutory duty on the social worker to ensure these reviews take place within specific time frames and that all relevant people are prepared and participate in the review process. It is particularly important for the child to participate and be consulted so their views and experiences can be considered when updating their care plan.

Inspectors found that in the 12 months before the inspection, all except one child-in-care review, which was three days late, took place within the legally defined time frame for the cases sampled. There were four children aged 12 years or under, from the area, placed in residential care. National policy states that children 12 years and under should not be placed in residential care except in exceptional circumstances and that their cases should be reviewed monthly. Inspectors reviewed three of these four cases and found that monthly child-in-care reviews were taking place for these children. One monthly review was delayed and clear rationale for this outlined on the file. Children who were living in residential care aged 12 years and younger did not always have a new care plan following each monthly child-in-care review because the plan for the child had not changed. However, this was not clearly recorded on the child's file.

Inspectors found that records of reviews were clear and comprehensive. The views of those who attended were well recorded and there was sufficient detail on all areas discussed. There were clear discussion of the child's strengths and any areas of concern. This information was used to plan for the child's care. Children were encouraged to attend reviews when it was appropriate. Children's views were well represented in the review record, even when they did not attend.

An inspector observed a child-in-care review and found good practice. The child attended and they were supported to contribute their views in relation to all areas of their life, including their education, contact with family, health and wellbeing. The child's views and wishes were central to the meeting. There was input from the residential centre, social worker and school, with comprehensive discussion on all aspects of the child's development. Parents were invited to attend and their views were represented. There was evidence of good relationships and collaboration between the child and all involved in their care.

The management and oversight of care planning and reviews was achieved through a variety of methods and found to be effective. Case supervision records were noted on files and included discussions regarding case developments, the child's care plan and child-in-care review meetings. Additional oversight of children in residential care aged 12 years and younger was achieved through the presentation of all such cases at the complex case review panel. A residential services governance group was established in June 2022, chaired by the general manager for alternative care. Its objective was to ensure adequate monitoring of children in residential services and compliance with national standards. It had met on three occasions before the inspection and was due to begin meeting monthly in 2023. This was one of the service improvement plans being actioned in the area. The area manager also requested that Tusla's Practice Assurance and Service Monitoring Team (PASM), carry out "a review of the governance, management and oversight of children placed in residential care centres" in the mid-west region. This was carried out from April to May 2022 and the region achieved an overall rating of "reasonable assurance". These measures provided effective managerial oversight of this group of children in care.

Supervision and visiting children

When a child has been placed in a residential centre, a Tusla social worker is responsible for the care of the child. Their primary aim is to ensure the child is safe and supported in their placement. The regulations state that the supervising social worker should visit the child at different intervals, according to the length of time they are in their placement, and ensure that their care plan is being followed through and reviewed as necessary, and that the child's needs are being met. In addition, a note of every visit should be entered into the case record together with any actions taken as a result of the visit.

Data provided to HIQA by the area showed that all children in residential care had an allocated social worker. Inspectors confirmed through reviewing a sample of children's records that this was the case. However, a small number of children had experienced a number of changes of social worker over the 12 months prior to the inspection. Having a consistent social worker provides for a more effective way to safeguard children in their placement.

The majority of children were visited by their social worker in line with regulation in the last 12 months. Records reviewed by inspectors confirmed that 82 percent of children whose cases were reviewed were visited within the time frames. In the six months prior to the inspection all the children were visited in line with regulations. The visits reflected child centred practice and supporting the children as required. There was also evidence to show that additional visits were made to a child, who was going through a difficult period. However the inspection found that there was evidence of gaps in visits to some children in the 12 months prior to inspection. For

example, delays in visits after a change in placement and gaps in visits for a period due to reallocation to a different social worker.

The majority of records of social worker's visits to children were of good quality and in line with regulation. Inspectors found that the social workers were creative and committed in their approach to engage children. A review of files determined that generally good quality discussion with children took place in respect to contact with families, their placement, complaints, reasons for being in care and current difficulties and challenges in the child's life. It was clear that children were listened to and had opportunities to share their views, wishes and concerns with their social workers.

Case records

Case records document the child's time in care, support effective planning for the child and record how the views of the child are sought and considered, when decisions about their care are being made. The regulations require that each child placed in residential care has an individual case record which is compiled by Tusla and is kept up to date. These records should be private, permanent and secure, hold all relevant and available information about the child and be held forever. In order to meet these regulatory requirements, safe and secure information systems are needed. Systems of monitoring and managing information are also needed to promote continuous improvement in the quality of case records.

Inspectors found that case records were safely and securely stored on Tusla's information system.

Records required by the regulations, such as care order, birth cert, school record, medical records, care plans, reviews and notes of visits to the child were on file in almost all of the childrens' files reviewed by inspectors. Some minor gaps were identified, for example an absence of school reports and gaps in notes of visits to children. Social workers informed inspectors that they were not recording all interactions with children in case records. They informed inspectors of difficulties in finding time to complete case notes; this was attributed to limited administrative support and busy caseloads.

Management within the service had themselves identified that there were areas for improvements in record keeping. Principal social workers informed inspectors that the signing of child-in-care review minutes required improvement. Inspectors found evidence of same on file review. Principal social workers told inspectors that there was oversight of records via audits and supervision. Inspectors found evidence that file audits were completed, however in some cases there was no action attached to

the deficits identified, and this could dilute the effectiveness of carrying out such audits.	
Regulation 22 Case records	Judgment Substantially Compliant
The area had a case record for each child placed in residential care. The majority of records required by regulation were present on file, but there were minor gaps identified in case records and school reports on some children's file.	
Regulation 23 Care plan	Judgment Compliant
All children in residential care had up-to-date care plans. The care plans reviewed by inspectors were, in the main, clear, comprehensive, and identified the child's strengths and needs and required supports. The care plans also represented the views of the child.	
Regulation 24 Supervision and visiting of children	Judgment Substantially compliant
All children in residential care had an allocated social worker and were visited by their social worker. The majority, but not all visits, in the last 12 months were within the regulatory time frame.	
Regulation 25 Review of cases	Judgment Compliant
Inspectors found that in the 12 months before the inspection, child-in-care reviews took place within or very close to the legally defined time frame.	

Compliance plan

This action plan has been completed by the Provider and HIQA has not made any amendments to the returned Compliance Plan.

Provider's response to Inspection Report No:	MON_0038245
Name of Child and Family Agency (Tusla) region:	Mid-West
Name of Child and Family Agency (Tusla) service area:	Mid-West
Date of inspection:	6-7 December 2022
Date of response:	

These requirements set out the actions that should be taken to meet the identified child care regulations.

Regulation 22: Case Record

Judgment: Substantially Compliant

The provider is failing to meet the regulations in the following respect:

Records required by the regulations were on file in almost all of the children’s files, reviewed by inspectors. Some minor gaps were identified for example an absence of school reports and gaps in notes of visits to children.

Action required:

Under **Regulation 22** the service area is required to ensure that:

A health board shall compile a case record of every child placed in residential care by it and the said record shall be kept up to date. A case record of a child kept by a health board in accordance with this article shall include such of the following documents as are available to the board –

- a note of every visit to the child in accordance with article 24 of these Regulations.
- a note of every review of the child's case pursuant to article 25, 26 or 27 of these Regulations, together with particulars of any action taken as a result of such review.

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

1. The Mid-West Region acknowledges that improvements are needed in relation to a note of every visit to the child in accordance with article 24 of these regulations. The Region further acknowledges that improvements are needed in relation to a note of every review of the child’s case pursuant to article 25,26 or 27 of these Regulations, together with particulars of any action taken as a result of such review.
2. The Mid West are in the process of implementing service improvement initiatives to support our compliance with Regulation 22 to 25 based on a PASM audit completed in Q2 2022. The final report issued in Q3 2022. This review examined the governance arrangements, management and oversight of a sample of children placed in Children’s Residential Centres (CRCs). This audit was primarily guided by articles 22-25 of the Child Care (Placement of Children in Residential Care) Regulations 1995 and the Child Care (Standards in Children’s Residential Centres) Regulations 1996 which relate to the role of the social worker for children placed in residential centres.

Actions Taken/Planned	Person Responsible	Completion Date
Responsibility for ensuring that children are visited at statutory intervals and a record of same is on NCCIS rests initially with the social worker and social work team leader	Allocated social workers/social work team leaders	In Place
Oversight of this process will be undertaken by principal social workers using supervision and oversight of the performance data	principal social workers Tina Wiseman/Stephen Molloy	In place
A local briefing meeting on residential care took place to ensure that staff are aware of the minimum visiting requirements and the recording of same. Furthermore staff were briefed on the requirements that the visiting schedule for children in Residential care will need to be adjusted each time a child enters a new placement	principal social workers Tina Wiseman/Stephen Molloy	complete
A template has been created to differentiate between statutory visits and welfare visits so that these can be easily identified on NCCIS for monitoring purposes	principal social workers Tina Wiseman/Stephen Molloy	complete
Oversight of review processes to ensure a note of every review, together with particulars of any action taken as a result of such review will be undertaken by social work team leaders using supervision with the social workers and documented in supervision records.	social work team leaders	In place
Responsibility for ensuring that child in care review minutes are shared with children and young people and all relevant contributors rests with the child's social worker and that evidence of this process is recorded on NCCIS.	Allocated social workers	In place
Social work team leaders are responsible for overseeing this.	social work team leaders	In place

Regulation 24: Supervision and visiting of children

Judgment: Substantially compliant

The provider is failing to meet the regulations in the following respect:

The majority but not all visits, in the last 12 months, were within the regulatory time frame.

Action required:

Under **Regulation 24** the service area is required to ensure that:

A child who has been placed in a residential centre by a health board shall be visited by an authorised person as often as the board considers necessary, having regard to the plan for the care of the child prepared under article 23 of these Regulations and any review of such plan carried out in accordance with article 25, 26 or 27 of these Regulations, but in any event

- i. at intervals not exceeding three months during the period of two years commencing on the date on which the child was placed in the residential centre, the first visit being within one month of that date, and
- ii. thereafter at intervals not exceeding six months

A note of every visit to a child in accordance with this article shall be entered in the case record relating to the child, together with particulars of any action taken as a result of such visit.

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

Actions Taken/Planned	Person Responsible	Completion Date
Responsibility for ensuring that children are visited at statutory intervals and a record of same is on NCCIS rests initially with the social worker and social work team leaders	Allocated social workers/social work team leaders	In place
Oversight of this process will be undertaken by principal social workers using oversight of performance data in supervision	principal social workers Tina Wiseman/Stephen Molloy	In place

<p>A template has been created to differentiate between statutory visits and welfare visits so that these can be easily identified on NCCIS for monitoring purposes</p>	<p>principal social workers Tina Wiseman/Stephen Molloy</p>	<p>complete</p>
<p>A local briefing meeting on residential care took place to ensure that staff are aware of the minimum visiting requirements and the recording of same. Furthermore staff were briefed on the requirements that the visiting schedule for children in Residential care will need to be adjusted each time a child enters a new placement</p>	<p>principal social workers Tina Wiseman/Stephen Molloy</p>	<p>complete</p>
<p>An Area residential governance group is in place to track and monitor children in residential care to include visits to children, reviews and care planning of all children and young people in the Area</p>	<p>Anne Neville, General Manager Alternative care.</p>	<p>In place</p>
<p>Monthly Alternative Care senior management meetings chaired by the General Manager are in place. This meeting reviews the Alternative care performance data, quality initiatives and service improvement plans</p>	<p>Anne Neville, General Manager Alternative care.</p>	<p>In place</p>
<p>Senior Management meetings chaired by the Area Manager are held every three weeks. These provide overall oversight, information sharing and governance and service planning for the Area.</p>	<p>Aisling O Neill, Area Manager</p>	<p>In place</p>
<p>The General Manager who operationally manages Alternative Care reports to the Area Manager and supervision is in place 6 weekly which reviews performance and escalated issues.</p>	<p>Aisling O Neill, Area Manager</p>	<p>In place</p>