



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

Name of service area:	Cavan Monaghan
Type of inspection:	Child Protection and Welfare - Child Abuse Substantiation Procedure
Date of inspection:	25-28 September 2023
Lead inspector:	Sharon Moore
Support inspector(s):	Grace Lynam Saragh McGarrigle Adekunle Oladejo
Fieldwork ID	MON-0041058

## 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 Cavan Monaghan area 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). The inspection focused on the implementation of Tulsa's Child Abuse Substantiation Procedure (CASP) which came into operation on 27 June 2022.

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

Tulsa'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 (Tulsa) (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 343 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 at the time of inspection there were 41 cases open under the CASP; 24 (59 %) were disclosures of abuse made by a child and 17(41%) were retrospective disclosures of abuse.

## How we inspect

As part of this inspection, inspectors met with social work managers and staff. Inspectors 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 Cavan Monaghan Service Area CASP Team are responsible for two types of cases. Those that meet the CASP criteria (please see outline earlier in report) and cases that do not meet the CASP criteria but where actions may be needed to ensure that children are safeguarded from future harm. 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 area manager
- interview with the CASP principal social worker

- interview with the CASP regional lead practitioner/regional principal social worker
- interview with CASP social work team leader
- interview with regional social work team leader
- focus group with two CASP social workers
- focus group with external professionals
- focus group with An Garda Síochána
- focus group with Tusla professionals external to both CASP and regional Sexual Abuse Support (SAS) team
- the review of local policies and procedures, minutes of various meetings, staff supervision files, audits and service plans
- telephone call with an external professional
- the review of 24 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 inspection focused on the Child Abuse Substantiation Procedure (CASP) for the Cavan Monaghan service area. The service area is managed by an area manager who is accountable to the regional chief officer for the Dublin North East (DNE) region. The majority of CASP cases are managed by the Cavan Monaghan CASP Team with a small number of CASP cases held by the Regional Sexual Abuse Support (SAS) team. The SAS team held cases that had previously been worked under Tusla's Child Abuse and Neglect 2014 (Section 3) policy and had transferred to CASP. While the regional SAS team held CASP cases from each of the four service areas in the DNE region, only the Cavan Monaghan CASP cases held by the regional SAS team fell within the scope of the inspection.

The Cavan Monaghan CASP team was comprised of one social worker, one senior social worker and one social work team leader (SWTL), managed by the CASP principal social worker (CASP PSW). Both the CASP PSW and CASP SWTL held dual role responsibility for the CASP and Tusla's Child Protection Screening and Preliminary Enquiries process.

The regional PSW was accountable to the area manager with regard to their CASP regional lead role and for those CASP cases the regional SAS team held for the Cavan Monaghan area. The regional SAS team comprised of one senior social work practitioner and a social work team leader managed by the regional PSW/CASP regional lead. At the time of the inspection the team had one vacancy for a part-time (.5 wte.) senior social work practitioner post. The arrangement for the regional SAS team to hold CASP cases from Cavan Monaghan was in a transition phase at the time of the inspection. It was planned that when the CASP cases being held by the regional SAS team closed that the team would take on no further CASP referrals from the Cavan Monaghan area.

## Compliance classifications

HIOA 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
25 September 2023	10:00hrs to 17.00hrs 09:00hrs to 17.00hrs 10.00hrs to 17.00hrs 10.00hrs to 17.00hrs	Sharon Moore  Grace Lynam  Saragh McGarrigle  Adekunle Oladejo	Lead Inspector Support Inspector Support Inspector Support Inspector
26 September 2023	09:00hrs to 17.00hrs 10:00hrs to 17.00hrs 09:00hrs to 17.00hrs 09:00hrs to 17.00hrs	Sharon Moore  Grace Lynam  Saragh McGarrigle  Adekunle Oladejo	Lead Inspector Support Inspector Support Inspector Support Inspector
27 September 2023	09:00hrs to 17.30hrs 10:00hrs to 17.30hrs 09:00hrs to 17.30hrs 09:00hrs to 12:00hrs	Sharon Moore  Grace Lynam  Saragh McGarrigle  Adekunle Oladejo	Lead Inspector Support Inspector Support Inspector Support Inspector
28 September 2023	09:00hrs to 15.00hrs 10:00hrs to 14:45hrs 09:00hrs to 15:00hrs 09:00hrs to 14:45hrs	Sharon Moore  Grace Lynam  Saragh McGarrigle  Adekunle Oladejo	Lead Inspector Support Inspector Support Inspector Support Inspector



## Views of people who use the service

Hearing the voice of children and adults who have experienced a particular service is an essential part of understanding what impact the service has had on people's lives. Inspectors were however conscious that the reasons for children and adults being involved with the Child Abuse Substantiation Procedure (CASP), were both sensitive and often very traumatic. 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 those people who had experience of the CASP service in the 12 months prior to the inspection. One individual who had experienced the service rang the number and received a call back from an inspector.

The adult who spoke with an inspector reported that they had experienced CASP following their own retrospective disclosure of abuse. They advised that they received a phone call from the CASP team following the referral of their disclosure to CASP and that the CASP social worker explained all about the CASP. They expressed their frustration with the ongoing communication from the CASP team in regard to keeping them updated on the progress of the substantiation process.

Inspectors also spoke to a number of professionals both within Tusla and external to Tusla who had experience of working with the CASP team.

The external professional's spoke highly of the services delivered by the CASP team and reported good working relationships, communication and sharing of information. They had a clear understanding of Tusla's role in protecting children and why as part of this role some cases are also worked through the child abuse substantiation procedure. One professional advised that "the reason for CASP is to put other children at the centre; if a child discloses there is a Tusla team to support that child but CASP is designed to protect all the other children". It was also noted that the CASP team "protect the rights of everybody but protect the child as paramount". Staff and managers were viewed as very professional and acknowledgement of referrals of retrospective disclosures of abuse were described as 'timely and quick'.

While feedback from external professionals was positive overall regarding the operation of the CASP, some areas for improvement included improved communication with those making disclosures to update them on the progress of the CASP and adherence to the CASP set timelines. The need for a review of the approach to interviewing adult victims of abuse so they do not have to repeat their story to multiple agencies, was also raised.

The professionals within Tusla described positively the integrated social work approach to cases that were worked through the CASP. They highlighted the benefit of both the SWTL and PSW for CASP having a dual role and oversight with regard to the CASP alongside Tusla's child protection screening and preliminary enquiries process.

They also noted that the dedicated CASP Team and the Screening and Preliminary Enquiries team attending joint team meetings, peer supervision every two weeks and ongoing training together significantly benefitted the integrated working of cases open to CASP .

The benefits they noted included clarity of role and responsibilities with regard to safety planning where cases were open to both teams.

## Capacity and capability

The focus of this inspection was on the Child Abuse Substantiation Procedure (CASP) and the aligned service leadership and governance arrangements. The inspection considered the service area's compliance with Children First 2017, National Guidelines for the Protection and Welfare of Children and the *National Standards for the Protection and Welfare of Children (2012)*. The scope of the inspection included all cases open under the CASP at the time of inspection and those that had closed in the six months prior to the inspection.

Overall, inspectors found that the Cavan Monaghan service area had clearly defined governance and management systems in place, with clear lines of authority and accountability, to protect and safeguard children through the CASP. The service had strong leadership that was committed to the integration of the CASP into the area's child protection and welfare service .The CASP governance and workforce development arrangements were comprehensive and regularly evaluated. Service managers actively encouraged a culture of reflective practice, learning and continuous improvement. Risk, at an individual and systems level, was appropriately identified and managed. There was no wait list for the CASP service and all open CASP cases had an allocated CASP social worker. CASP staff at all levels were child-centred and trauma informed in their practice. They clearly recognised their responsibility with regard to safeguarding of children and collaborative joint working with other internal and external professionals. While the CASP and Tusla Policy regarding submission of notifications to the National Vetting Bureau were not aligned with the National Vetting Bureau Act (2012) the service area were fulfilling its obligations under the Act.

However, a review of the adherence to CASP timelines found that the timelines as set out in the CASP were not consistently met and there were significant delays in the progression of cases through this process. While the significant delays in the progression of the CASP were found not to impact on those already identified children they did impact on the ability of Tusla to act in a timely way to progress safeguarding actions for not as yet identified children who may be at risk, and the procedure did not fully address the findings of the HIQA 2018 investigation. Staff supervision was carried out in line with the Tusla supervision policy, however as not all cases were case managed at every supervision, this led to some cases not being discussed within supervision for periods of over six months. Inspectors also found that the imputing of case information and timely management sign off on the Tusla Case Management System (TCM) needed to be strengthened to ensure that the information held on children and adults files and data used for reporting and auditing purposes was accurate.

There was strong leadership and governance arrangements in place to ensure that effective safeguarding for children was central to cases being worked through the CASP. The service had a dedicated and experienced senior management team that aspired to deliver high quality safeguarding outcomes for children through making the CASP an integrated part of the child protection and welfare service. The area had established a system of child-centred working arrangements within and between the area social work teams focused on effective communication, knowledge sharing and safeguarding of children. This ensured that the CASP team did not work in a silo but were instead working in an integrated way with other social work teams.

The service area was managed by an experienced area manager who had established strong accountability systems to ensure that children benefited from safe and effective services. This included regular supervision for staff and managers, team meetings, management meetings, quarterly CASP governance meetings and regular audits. The area manager was accountable to the DNE regional chief officer and provided individual management supervision to the CASP PSW and CASP Regional Lead on a monthly basis. The area manager also chaired the quarterly CASP Governance meetings with the CASP team, which was a forum where all CASP open cases were discussed.

The CASP PSW attended the Cavan Monaghan area management meetings and had dual role responsibility for the CASP and Tusla Child Protection Screening and Preliminary Enquiries process. The CASP PSW was responsible for providing individual management supervision to the CASP SWTL who also had a dual role with regard to managing the CASP and screening and preliminary enquiries process in Monaghan. The CASP SWTL provided individual supervision for the CASP social workers and chaired joint team meetings for the CASP and the Screening and Preliminary Enquiries

teams. Both teams also attended peer supervision together on a fortnightly basis as well as ongoing training.

The regional CASP lead supported staff with the role out of CASP in the area, chaired the CASP regional communities of practice and had line management responsibility for the regional SAS team which held a small number of CASP cases.

This service area's approach to integrated working and management supported the child-centred operational practice of CASP in the Cavan Monaghan service area, placing the individual child's best interests and the enhanced safeguarding of all children at the centre of decision making. CASP staff demonstrated a good knowledge of legislation, policy and standards relevant to their roles. They were also very clear with regard expectations of impartiality and fair procedures as part of the CASP. In interviews and focus groups Tusla staff positively described an integrated social work approach to cases that were worked through the CASP. They highlighted the benefit of both the SWTL and PSW for CASP having a dual role and oversight with regard to the CASP alongside the Tusla child protection screening and preliminary enquiries process. Strategy meetings were held between the CASP, child-in-care and fostering teams, the benefits of which were found to include clarity of role and responsibilities of each team with regard to safeguarding, good communication and information sharing around CASP.

The area manager had a good understanding of the CASP service strengths and areas for development. Senior managers had a clear and well-structured approach to the identification, management and escalation of risk within the CASP service. Inspectors reviewed management records including the minutes of Tusla Cavan Monaghan Quality and Service Improvement meetings chaired by the area manager and attended by the CASP PSW. These records were found to contain clear actions to address organisational risk, with regular review of operational challenges or barriers to service improvement. The area risk register, area trackers, service improvement plan initiatives, complex cases, complaints, compliments and staff training needs were consistently reviewed, updated and actioned. This included updating and reviewing the area's risk register in response to new and escalating concerns about the CASP services provided. Inspectors also reviewed the area's risk register and found that there was one risk item logged in the 12 month period covered by the inspection. This had been logged by the area in August 2023. This related to the risk that the area could be deemed to be non-compliant with timelines set out in the CASP due to delays outside the control of Tusla in particular where there was a criminal investigation. Actions identified to mitigate against this risk included staff following up with An Garda Síochána regarding the progress of their investigations and the area

continuing to implement the joint working protocol between An Garda Síochána and Tusla.

The Tusla Need to Know (NTK) is a process by which an incident or event is notified to senior management to ensure that management are informed in a timely manner. The 'Need to Know' log was reviewed by inspectors and in the 12 month period prior to inspection it was found that the area had submitted two CASP 'Need to Know' notifications to the Regional Chief Officer. Inspectors found good practice in the recording of 'Need to Knows' with detailed recording of the risks, the likely impact and clear management actions were outlined in response to such risks. Inspectors saw evidence that these management plans included in the 'need to know' were actioned and for one 'Need to know' a detailed update was included and it was closed to the regional office within three months.

Supervision was regular, of good quality and contained clear records of decisions made and actions required. Inspectors found that supervision of staff and managers working within the CASP service was in line with the Tusla supervision policy and took place every four to six weeks for all CASP staff and managers. Improvements were however required in relation to the timely uploading of supervision records to the CASP files, and the frequency with which each case was discussed in supervision.

Overall, individual supervision with staff and managers was found to be of a good quality, with opportunities for reflective practice, discussions on ongoing professional development and clearly identified actions, with a review of these actions in the next supervision. A selection of CASP cases were discussed, reviewed and case managed in each supervision session. When a case was discussed the Tusla Case Management (TCM) case identification number was recorded on the social workers supervision record and the supervision record was placed on the case TCM file.

Case management through supervision required strengthening with regard to the regularity of each case being discussed, to ensure that reviewing and decision making on CASP cases was ongoing and timely. On the case files reviewed by inspectors the majority of the individual case management supervision records were of good quality and used the approved supervision template. They included evidence of ongoing monitoring of risks, progress and challenges. Risks were generally well-managed as they arose in individual cases. As not every case was discussed at every supervision a review of CASP case records by inspectors found gaps in the frequency of case management through supervision on individual cases. In addition, there were some gaps in recording and uploading of supervision case management record onto the CASP file.

There were 24 cases reviewed by inspectors and of these 11 cases were found to have gaps in supervision. Four cases were found to have a gap in case management

over three months, in three cases the gap was over six months and an additional four cases were found to have no supervision case management records on file. One of these cases was open to CASP for 11 months and a review of the file found only one record of the case being discussed and reviewed in supervision in that period. This case had also been identified as one where communication updates to the service user was not in line with the timelines outlined in the CASP policy. As a result, although supervision sessions were held regularly, the absence of a process to ensure all cases were discussed on a regular basis, meant that there were significant gaps in relation to case management and oversight on some cases. The impact of this being that, in relation to these cases, there was not sufficient oversight of adherence to the CASP timelines, both with regard to ongoing communication with children and adults or around the issues causing the delays in the progression of the CASP.

There were systems in place that ensured good communication and accountability, these included monthly joint team meetings between the CASP team and other CPW teams, quarterly governance meetings and monthly area management meetings. Overall, these were held regularly, well attended, and provided good assurances in relation to the management and oversight of the work of the team. Inspectors reviewed a sample of the minutes of monthly joint team meetings for the CASP team and Tusla Child Protection Screening and Preliminary Enquiries team for Monaghan, minutes for CASP and Screening and Preliminary Enquiries management meetings, CASP quarterly governance meetings, and monthly Tusla Cavan – Monaghan area management and governance meetings as part of this inspection. A range of matters were discussed at each meeting depending on the type of meeting. Inspectors found that minutes of senior management meetings consisted of regional and national updates, updates from each team including CASP, national guidelines, emerging issues, finance, health and safety, and Children's First. The range of meetings in place in the service area provided further oversight to the area manager of each team and strengthened the lines of accountability.

Inspectors also reviewed minutes of quarterly regional CASP community of practice meetings chaired by the CASP lead, and the CASP National Planning and Development group meetings that occurred on a monthly basis. Inspectors found evidence from both of these forums that learning from the operation of CASP in Cavan Monaghan was shared at these forums and practice issues identified in the area were raised. These forums included discussions on both regional and national CASP operational management and practice issues. The regional CASP lead participated in both these groups, and the area manager was the chair of the CASP National Planning and Development group. A review of the CASP 'National Change log' showed that issues raised by the area were logged on the change log for the CASP national governance group. This was a nationally held record of changes needed to the operation of the CASP from practice issues identified by all six Tusla

regions. The issues logged by the area included the timeline delays in the progression of cases up to conclusion and the need for alignment of the CASP and Tusla Policy regarding submission of notifications to the Garda National Vetting Bureau, which is covered later in this report. At the time for the inspection no national decision had been made regarding these issues.

The inspection found that there were good arrangements in the service area for reviewing and auditing of files. A local area CASP review and audit framework was brought into operation in 2023 which was aligned to the national audit framework. This audit framework presented a clear mechanism for staff with regard to the review and audit of CASP cases and practice in the area. There were four audit levels as part of the framework. Level one of the framework was a self-assessment completed by CASP staff and used to review all cases at quarterly governance meetings. The second level of the framework was monthly supervision using a supervision template. The third level was monthly monitoring of Key performance indicators and data integrity through Tusla Case Management (TCM) reports and the fourth was area audits on a quarterly basis of CASP closed cases. These audits and reviews were monitored by the use of a tracker which was reviewed at the monthly Quality, Risk and Service Improvement (QRSI) meetings and at CASP Regional Management Meetings on a quarterly basis. All actions and recommendations were tracked on the CASP Service Improvement Plan.

Inspectors found evidence from a review of the CASP June 2023 service improvement plan and audits undertaken that these had led to learning and changes were implemented. In the service improvement plan one of the service improvement initiatives included a plan for closed CASP cases to be audited by the PSW for Service Improvement on a quarterly basis. This audit was completed in August 2023. One of the outcomes of this audit was an action to carry out a full CASP audit of open cases for the purpose of reviewing notifications to the National Vetting Bureau. Another outcome of the audit was delays in CASP cases should be reviewed as part of quarterly governance meetings and a communication plan put in place. At the most recent quarterly governance meeting in August 2023 inspectors found evidence that this had been actioned, delays in cases had been discussed and plans were made to provide updates to two people who had made disclosures.

The area manager and CASP management team maintained good oversight of CASP caseloads and organisational pressures. Caseloads were discussed in supervision and all CASP cases were reviewed at quarterly CASP governance meetings chaired by the area manager. The PSW retained oversight and reviewed caseloads, referrals and waiting lists with the social work team leader.

In the 12 month period prior to the inspection 38 cases were referred to the CASP. Of these referrals all 38 required a CASP preliminary enquiry (P.E.) stage, 20 required progression to CASP Stage 1 and four required progression to CASP Stage 2. At the time of inspection there were 41 open CASP cases including three held by the regional SAS team. Of these open CASP Cases 31 had a completed CASP P.E and 10 cases were open at P.E. Stage. There were 17 cases with a completed PE open at CASP Stage 1 and 10 cases with a completed CASP Stage 1 open at CASP Stage 2. At the time of the inspection inspectors found that all CASP cases were allocated and there were no CASP cases on the waiting list. This is good practice, and meant that no children or adults were awaiting a service and the initial response was timely. In the 12 month period covered by the inspection there were four cases reviewed by inspectors that had been on the CASP waiting list between three and five months from when they initially transferred into the CASP team. These delays in allocation were in Q4 2022 and Q1 2023 and were attributed mainly to issues with CASP staffing, according to the PSW audits completed in Q2 and Q3 2023.

Inspectors found evidence in the files reviewed that children with cases open to the CASP team continued to be supported through the Child Protection and Welfare and Child-in-care teams. There was good two way communication between these teams and the CASP team. Where child protection concerns were identified as part of the CASP, referrals were made to the screening and preliminary enquires team in a timely manner.

A review of the adherence to CASP timelines found that the protracted timelines set out in the CASP were not consistently met and there were significant delays impacting on the ability of Tusla to act in a timely way to progress safeguarding actions for not as yet identified children who may be at risk. There were 24 files reviewed as part of the inspection, 19 open and five closed cases. Four of these cases were initially referred to Tusla under the 2014 (Section 3) policy and transferred over to the CASP team in 2022. The length of time these cases were open to the CASP team at the time of the inspection varied from 8 days to 11 months. In three of the open cases reviewed which had transferred over from 2014 (Section 3) policy to the CASP the referrals had been open to Tusla for between 21 months and over four years by the time of the inspection.

The length of time a case was open at CASP PE stage was found to vary between 8 days and 145 days. The inspection found that 15 cases were open more than 40 days at CASP PE stage. Of these 15 cases, four cases were open more than 66 days and five cases were open over 100 days. The area manager advised that one of the reasons the preliminary enquiry stage can take an extended period of time was the recognition that making a disclosure of abuse can be traumatic for the child or adult. The area approach to progressing cases through CASP PE was that the wellbeing and



welfare of the individual making the disclosure is paramount. It was evident from focus groups, interviews and file reviews that time and support was given to those who had made a disclosure to both understand the CASP and consider their engagement with the CASP. It was noted by the CASP team that there were times where the person making the disclosure may decide not to engage in the process and this resulted in the CASP not proceeding and the case closing to CASP at PE stage. In one of the cases that was at PE stage for over 100 days the child making the disclosure did not wish to speak to a Tusla social worker about the disclosure and would only speak with a member of An Garda Síochána. Tusla respected the child's decision and therefore had to wait for the Garda Specialist interview with the child to be concluded to progress the case through CASP.

Once a decision is made to proceed following the PE Stage there are clearly defined timelines set out in the CASP with regard to the period of time a case may remain open at stages 1 and 2. The timeline for a decision to proceed from CASP stage 1 to stage 2 is 60 days. Where it is required due to the complexity of the substantiation investigation there is a provision to extend to 90 days with the agreement of the social work manager. A decision to proceed to stage 2 must be made within these specified timeframes.

Inspectors found that of the cases reviewed, 16 cases proceeded to CASP Stage 1. These were found to be open at stage 1 for periods of between one and 199 days. Six were found to have passed the 60 day recommended CASP timeline and four were found to have also passed the 90 day extended CASP timeline by which a decision must be made to move to CASP Stage 2. These four cases were found to be open at CASP stage 1 for between 129 days and 199 days. In line with the CASP inspectors found evidence that the area manager had recently established a requirement for the CASP social worker to seek area manager approval for extensions when required at stage 1 of the procedure. The area manager advised that this did not always mitigate against delays, as often the CASP delays were outside the control of the CASP team. Inspectors found evidence of management approval for an extension over 60 days at stage 1 on only one of these six cases. This case required extension due to awaiting completion of the An Garda Síochána specialist interview with the child and the area were also awaiting parental consent for the independent social worker to view the recording of the interview. In two cases over 90 days delays were noted with regard to interviewing 3<sup>rd</sup> party witnesses and awaiting Social Worker independent report and its approval by an investigating Garda. In these cases there was evidence the allocated CASP social worker had been in communication with An Garda Síochána around the delays and the delays had also been raised at both joint strategy meetings and CASP quarterly governance meetings.

At the time of the inspection seven of the reviewed cases had been progressed to CASP Stage 2, six open and one closed. Of the open cases five were found to be open at CASP Stage 2 for between four months and 10.5 months.

Only one case was found to have progressed and completed all CASP stages in the 12 months since the introduction of the child abuse substantiation procedure. A review of the file found that the PE, Stage 1 and Stage 2 were all completed within the defined timelines set out in the CASP policy. However while this case was considered to have been progressed within the prescribed CASP timelines, inspectors found that commencing the PE to provisional conclusion took a total of 223 days or over 7.5 months.

The delays in the progression of the CASP were the subject of two complaints in the 12 months prior to the inspection. Inspectors found in the files reviewed that some of the delays in progressing cases at stage 2 included the CASP team not being able to make contact with the person against whom the allegation was made and requests from An Garda Síochána not to contact the person. Delays in CASP resulting from the progression of criminal investigations had been entered on the risk register by the area manager in August 2023. At time of the inspection the area had a risk management plan in place that included a review of CASP delays in supervision, quarterly governance meeting oversight and directly following up with An Garda Síochána around individual case delays. In two cases reviewed by inspectors a delay in the CASP due to the going criminal investigation was discussed at the quarterly governance meeting in August 2023 and a decision made that it would be brought for discussion at the next joint liaison meeting of An Garda Síochána and Tusla.

There was considerable concern for inspectors with regard to the protracted length of time that the CASP was taking to progress through the various stages to reach a founded or unfounded outcome. This concern related both to the impact on children and adults who had cases open to CASP and also on the ability of Tusla to act in a timely way to progress safeguarding actions for not as yet identified children who may be at risk. Inspectors found that while a management plan had recently been put in place to mitigate against CASP delays, the protracted timelines set out in the CASP were not consistently met and there were significant delays impacting on the ability of Tusla to act in a timely way to progress safeguarding actions for not as yet identified children who may be at risk, and the procedure did not fully address the findings of the HIQA 2018 investigation.

Inspectors found in the cases reviewed that the submission of notifications of 'bona fide' concerns to the Garda National Vetting Bureau was timely and the service area was meeting its obligations as a scheduled organisation under the National Vetting

Bureau (Children and Vulnerable Persons) Act 2012. The Act provides a statutory basis for the vetting of people who carry out work with children and or vulnerable adults. The Act identifies Tusla as a scheduled organisation required to notify the Garda National Vetting Bureau of any “bona fide” concerns that a person may harm or put at risk a child or vulnerable adult. A bona fide concern is a decision or conclusion made in ‘good faith’ which is honest and accurate based on the information available without deliberate attempt to damage the good name of the person concerned.

Inspectors found through interviews and focus groups that all staff and managers were clear that they had a responsibility under the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 to identify and report any ‘bona fide’ concerns to the Garda National Vetting Bureau. All staff and managers were clear that this should happen at any stage of the CASP process.

Inspectors reviewed the CASP and Tusla Policy regarding submission of notifications to the National Vetting Bureau and found that they were not aligned with regard to the National Vetting Bureau Act (2012). The area manager, CASP regional lead and the CASP PSW all noted that there was an issue with the wording of the CASP and how this aligns to the Tusla National Policy on the submitting of notifications to the National Garda Vetting Bureau. In July 2023 the regional CASP lead met with the new regional incoming ‘Appropriate Person’ and the outgoing regional ‘Appropriate Person’ to clarify the expectation with regard to submitting a notification to the National Vetting Bureau.

The clear outcome from that meeting was that submitting notifications to the Garda National Vetting Bureau before commencing stage 2 of the CASP does not procedurally impact the CASP. Therefore the CASP social worker could make contact with a person, against whom an allegation had been made, before CASP stage 2 to advise them that they had a ‘bona fide’ concern and planned to make a notification to the National Garda Vetting, without this compromising fair procedures with regard to the CASP.

This direction was communicated back to CASP staff and the issue with the wording had been escalated to the National CASP Governance Group by the regional CASP lead. The area manager, CASP regional lead and the CASP PSW were all clear that while this did cause some confusion for staff, safeguarding of children was paramount and the established practice in the area was that ‘bone fide’ concerns were notified as soon as they arose.

In the data provided by the service, three notifications (NVB4 notifications) were sent to the Garda National Vetting Bureau by the CASP Team in the 12 month period prior to the inspection. In two other open CASP cases the Garda Vetting Notification had been completed by the screening and preliminaries enquiry team prior to referral to the CASP and this information was contained on the files reviewed by inspectors. Inspectors found from the files, supervision notes and quarterly governance minutes sampled that consideration was given to the need to make a notification to the Garda National Vetting Bureau at all stages of the CASP.

Inspectors found that once the CASP social worker had a 'bona fide' concern they consulted directly with the "Appropriate Person"<sup>1</sup>. The area manager and CASP PSW advised inspectors this procedure was to avoid any delays in the submission of notifications.

The CASP social worker completed the NVB4 form following consultation with the Appropriate Person which they forwarded to the PSW and area manager for authorisation. Once authorised it was approved by the Appropriate Person and submitted to the National Garda Vetting Bureau.

In one of the files reviewed the NVB4 was authorised, approved and submitted by the Appropriate Person to the National Garda Vetting Bureau within six working days of being completed by the CASP social worker. In another case reviewed where the 'bona fide' concern arose at the CASP PE stage, there was evidence on file that the CASP SW contacted the person about whom there was a concern and advised that a notification would be submitted to the National Garda Vetting Bureau. The notification was submitted and the CASP proceeded. Where NVB4 notifications were considered and not progressed, a clear rationale for this decision was found on the file. In the cases reviewed by inspectors where an NVB4 notification had been submitted there was evidence that fair procedures were followed with regard to the person against whom the allegation was made when making the notification.

An audit of closed cases undertaken in September 2023 highlighted a particular concern with regard to retrospective cases and the need for more support for staff around the decision making required with regard to the threshold for a 'bona fide' concern. This had been escalated to the Regional Chief officer in line with their 'Need to Know' process. The area manager confirmed that as part of the management response a full audit of all open CASP cases with regard to identification of 'bona fide' concerns and submission of notifications will be undertaken in Quarter 4, 2023. It was found that while the CASP and Tusla Policy regarding submission of notifications

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<sup>1</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".

to the National Vetting Bureau were not aligned with the National Vetting Bureau Act (2012) the service area was meeting its obligations under the Act.

There was evidence of good joint agency working, collaboration and information sharing between the Tusla CASP team and An Garda Síochána. In line with the Tusla and An Garda Síochána joint agency protocol inspectors found that strategy meetings were convened and there was clear action planning in place around individual cases. The Area Garda Senior Level Management Liaison Forum (SLMLF) was attended by the CASP PSW. A review of SLMLF minutes showed that improved joint working and area based concerns with regard to child sexual exploitation were routinely discussed and clear strategic actions were agreed by both agencies.

All CASP case files reviewed as part of the inspection were held electronically on the Tusla Case Management System (TCM). Inspectors found that the imputing of case information and timely management sign off on the TCM system needed to be strengthened to ensure that the information held on children and adults files and data used for reporting and auditing purposes was up-to-date and accurate. When reviewing the case files inspectors found that the imputing of case information and dates on files were inconsistent. On some files not all relevant documents including supervision case management records had been scanned up to the TCM file. There was also a delay in management sign off of the forms created on the TCM system, or forms were completed in error. One file reviewed was listed on the TCM open cases report as completed at CASP stage 1 and open at Stage 2 at the time of the inspection. When the case was reviewed inspectors found that this information was not correct and the case was still open at CASP Stage 1. The CASP TCM file was the only file holding information relating to CASP therefore should a child or adult wish to access their CASP file the information available to them would not be up-to-date and accurate. The TCM system data was also used for reporting and for auditing purposes and at the time of the inspection the data on the TCM system was not up-to-date and accurate.

There were effective arrangements in place to monitor any complaints and concerns as well as adverse events including data breaches. Inspectors reviewed the CASP complaints log and found that there were two complaints listed in the 12 month period prior to inspection. Both complaints listed related to the delays in the progression of the CASP. One of the complaints also referenced the lack of communication between the CASP team and the individual making the complaint. Inspectors found that the management and recording of complaints was good and both complaints were resolved locally in a timely manner. There were clear details on file of the management of the complaints, including dates, identified actions to be taken and who was responsible, and when the issue was resolved. One complaint

regarding the delays in the CASP process was jointly managed by the PSW CASP and PSW Fostering. Inspectors found evidence that learning was taken from this complaint with regard to service improvement around the reviewing of safety plans with families. The need for additional training around safety planning for staff in the area was identified to support this service improvement. At the time of the inspection this training for the child-in-care and fostering teams was scheduled for October 2023.

**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.

The service area had well-developed systems and processes that reflected the performance standards set out in legislation, regulations, national policy, procedures and best practice guidance. Staff demonstrated good knowledge of legislation and policies relevant to their roles. While the CASP and Tusla Policy regarding submission of notifications to the National Vetting Bureau were not aligned with regard to the National Vetting Bureau Act (2012) the service area were fulfilling its obligations under the Act.

However, a review of the adherence to CASP timelines found that the protracted timelines set out in the CASP were not consistently met and there were significant delays impacting on the ability of Tusla to act in a timely way to progress safeguarding actions for not as yet identified children who may be at risk, and the procedure did not fully address the findings of the HIQA 2018 investigation.

**Judgment: Substantially 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.

The service area had strong governance arrangements and structures in place with clear lines of authority and accountability. Managers demonstrated leadership and there was a commitment to the integration of the CASP team into the child protection and welfare service. There was a clear risk management system and audit framework in place to achieve better outcomes for children through the CASP.

However the imputing of case information and timely sign off of CASP forms on the Tusla Case Management System (TCM) needed to be strengthened to ensure that the information held on children and adults files and data used for reporting and auditing purposes was up-to-date and accurate. Staff supervision was carried out in line with the timelines outlined in the Tusla supervision policy, however as not all cases were discussed at every supervision session this led to some cases not being discussed within supervision for periods of over six months.

**Judgment: Substantially Compliant**

## Quality and safety

Overall this inspection found the CASP team were child-centred in their approach to progressing cases through the CASP, while at the same time ensuring fair procedures and due process were afforded to the child or adult against whom the allegation had been made. There were clear child protection procedures and systems in place to ensure that effective safeguarding for children was central to cases being worked through the CASP and that all child protection concerns were assessed in line with *Children First*. The vulnerability, safety, welfare and individual needs of all children was considered and supported by the CASP team. Inspectors found that the CASP team equally supported and considered the needs of both children who had disclosed abuse and children against whom an allegation had been made. There was consideration given that children open to CASP may potentially have been subjected to organised, organisational or institutional abuse or child sexual exploitation. Communication was found to be child-centred and trauma informed. However, in some cases communication with children and adults was delayed and not in line with timelines set out in the CASP.

This inspection found that planned child-centred and trauma informed communication<sup>2</sup> was a central consideration by the CASP Team in their approach to undertaking the CASP. As part of this inspection there were 16 cases reviewed by inspectors where the person making the disclosure was a child and in three of these cases the person against whom the disclosure was made was also a child. Inspectors found from the files reviewed that the CASP team worked very closely with the other Tusla teams to agree a CASP communication plan and decide the most appropriate person to communicate with the child and family. This is good child-centred practice. Where the CASP team did have contact with children inspectors found evidence of clear and sensitive communication with children and their families. Inspectors found that information leaflets were sent, or telephone contact made as well as home visits to meet children and their families, to explain and discuss the CASP.

The communication needs of children and vulnerable adults were reviewed and considered by the CASP team. In one case reviewed by inspectors the CASP case was re-opened when the team became aware that the person making the disclosure had literacy support needs. The approach to communication was adapted in this case by the CASP social worker who telephoned the person and read through the information before the information was sent out in the post.

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<sup>2</sup> Trauma informed practice is a way of providing services that recognises the impact of trauma on children and adults and promotes a culture of safety, empowerment and engagement that does not cause further harm.



The CASP social workers understanding of the person's communication support needs was also shared with An Garda Síochána at the joint strategy meeting. In another case governance meeting records showed that the CASP social worker had raised the communication needs of a child following a home visit. The child was non-verbal and it was agreed that the CASP team would access support around a communication plan from the area therapeutic team.

A practice document for assessing child protection concerns in relation to children with disabilities and additional communication needs was developed by the area in January 2023 and this guidance was used by the CASP team to support their engagement with children. The CASP team and social workers on other Cavan Monaghan teams who communicate with children about the CASP had access to a 'Communicate'. This was a creative communication toolbox to support communication with children of all ages including those with additional needs. Training in working with children with disabilities was also scheduled for the CASP team in Quarter four 2023.

There was some evidence on the files reviewed by inspectors that children and adults were updated regularly about the CASP process. Where other Tusla teams were responsible for communication with children and families, inspectors saw evidence of the CASP teams contact with these social workers. However, inspectors found that there were communication gaps in some cases with regard to updating people on the progress of the CASP. Communication in these cases was found not to be in line with the timelines set out in the CASP policy.

The Tusla CASP publically available leaflets for children and young people were reviewed by inspectors and were found not to be child friendly or easy to understand. The leaflets did not provide a clear explanation of what would happen with the information that was shared by the child as part of the CASP process. In addition, inspectors identified at the time of the inspection that there was no leaflet to explain the CASP available for parents. The national planning and development group had identified the need for leaflets in other languages and were progressing the development of these, with an initial focus on the most common languages spoken in Ireland. The CASP Team had CASP leaflets available in print form that had been translated into Polish and Latvian. The leaflet however remained available only in English on the Tusla website at the time of the inspection.

The area had a stakeholder engagement plan in place and stakeholder meetings had commenced in the area. The area manager was also actively involved in the Children and Young Persons Services Committee (CYPSC) and was working with the CYPSC to produce leaflets that provided information around child abuse and neglect that would

be circulated in the area. External professional's spoke highly of the services delivered by the CASP team and reported good working relationships, communication and sharing of information. They had a clear understanding of Tusla's role in protecting children and why as part of this role some cases were also worked through the child abuse substantiation procedure. Staff and managers were viewed as very professional and the acknowledgement of referrals of retrospective disclosure of abuse was timely. The need for a review of the approach to interviewing victims of abuse so they do not have to repeat their story to multiple agencies was also raised by external professionals. While communication with children and families and the planning around this was child centred and positive, it was clearly identified in the cases reviewed that ongoing communication with those making disclosures to update them on the progress of the CASP and adherence to the CASP set timelines needed to be improved.

There were clear child protection procedures and systems in place to ensure that effective safeguarding for children was central to cases being worked through the CASP and that all child protection concerns were assessed in line with *Children First*. This was for children identified as potentially being risk at the time of referral to CASP and for children where safeguarding concerns arose at any stage of the substantiation process. These concerns included safeguarding responses for both identified and yet to be identified children. The area manager and CASP PSW both had good oversight of the ongoing consideration, assessment and management of child protection concerns related to CASP cases through quarterly governance meetings, supervision and audits.

In the Cavan Monaghan service area all screening and initial assessment of child protection concerns were undertaken by the areas two screening and preliminary enquiry teams. Immediate safeguarding action and garda notifications were managed as required within this team before a referral was made to CASP. Where cases were identified as meeting the CASP criteria these were all screened by the CASP SWTL who had dual role as team leader for the CASP team and also the Monaghan Screening and Preliminary enquiry team. Once screened and opened to the CASP at PE stage, the child protection and welfare, child-in-care and fostering teams continued to work to safeguard and support children and families through Tusla's national approach to practice in parallel to the CASP. These teams remained responsible for Tusla's safeguarding and support plan for the identified child.

As the scope of this inspection was confined to the CASP a review of the practice in relation to the screening and initial assessment of child protection concerns prior to referral to the CASP was not included. However the inspection found that sufficient information about children was retained in the CASP record that demonstrated the

CASP team had both considered and sought assurances that all child protection concerns relating to CASP referrals were assessed in line with Children's First and that children were safe. On the files reviewed there was evidence the area had clear communication and information sharing procedures in place to support the CASP team. The CASP staff had access to non CASP related information relevant to the immediate safety, welfare and protection of individual children connected to cases open to the CASP. Inspectors found evidence of this in the audits undertaken by the PSW and in one case reviewed the PSW had noted that the safety planning for the child was not evident on the CASP file and action plan was made for the CASP social worker to follow up. There was also evidence that children who were subsequently identified as potentially at risk, at any stage of the CASP, were referred by the CASP Team to the intake and preliminary enquires team for initial assessment and safety planning.

On the files reviewed, inspectors found that this integrated social work approach to cases that were worked through the CASP, also ensured that communication and engagement with children and families open to CASP was well-planned and trauma informed. Where the children in foster care had cases open to the CASP team strategy meetings were convened between the CASP, Child-in-Care and Fostering Teams. These meetings took place at referral stage to agree the roles and responsibilities of each team with regard to safeguarding, communication and information sharing around CASP with children, their parents and foster carers, and actions were discussed and agreed. In two of the cases reviewed the person against whom the allegation was made was working in a position where they has continued to have access to children while the CASP was ongoing. In both cases inspectors found that the CASP team proactively engaged with safeguarding officers in the relevant organisations and sought immediate assurances that detailed and clear safeguarding measures were in place for children.

This inspection found good child-centred and trauma informed practice with regard to gathering information from children. There was evidence on the files reviewed that when planning the CASP, every effort was made by the CASP team to minimise the number of times a person, especially a child, had to repeat the disclosure of abuse. Inspectors saw evidence of consultation with other Tusla teams and that the age, vulnerability, health and welfare needs of both children and adults were considered at all stages of the CASP. Wherever possible CASP social workers gathered information on the disclosure from transcripts of interviews by other Tusla Child Protection teams or from specialist interviews by An Garda Síochána.

There was evidence of child centred collaborative joint working and information sharing with An Garda Síochána. There was consistent evidence across all the files

reviewed that CASP staff considered and confirmed that notifications had been made to An Garda Síochána in advance of referral to CASP and that the CASP team made Garda notifications in a timely manner as required. Inspectors found that strategy meetings were convened with An Garda Síochána around individual cases and both the allocated CASP Social Worker and the CASP SWTL attended these meetings. Records of these strategy meetings were reviewed by inspectors which found that information was appropriately shared, clear actions were agreed by both agencies and signed records of meetings were on file. On the files reviewed there was evidence that in some cases An Garda Síochána requested that the CASP team did not make contact with the person against whom the allegation was made while the criminal investigation was ongoing. In the cases reviewed by inspectors, where this request was made CASP social workers complied with the request. In some cases this contributed to delays in progression of the CASP case as the person against whom the allegation was made could not be contacted about the disclosure by the CASP team. Where there was no longer An Garda Síochána or Tusla involvement with a case there was evidence on files reviewed that the joint strategy meetings were closed off.

The CASP team gave consideration as part of the CASP that children may have been subjected to child sexual exploitation or organised, organisational and/or institutional abuse. Children who were deemed to be at risk or especially vulnerable were appropriately identified, supported and responded to in a timely manner.

Inspectors reviewed that the National Tusla CASP document as part of the inspection and found that it did not contain specific information to support staff around how to identify and respond to organisational or institutional abuse or how to identify especially vulnerable children. In the absence of national guidance the local area had recently developed a practice guidance to support staff around this which was formalised in August 2023. Inspectors were told in focus groups and interviews that all staff and managers had a good understanding of this practice guidance. The area manager and CASP PSW told inspectors that the practice guidance was drawn up based on the established practice in the Cavan Monaghan area. Inspectors found in the cases reviewed that in practice there was ongoing consideration within the CASP that children may potentially have been subjected to child sexual exploitation, organised, organisational or institutional abuse.

There was evidence that in the assessment of individual concerns of abuse in an institutional or organisational setting there had been adequate consideration of the possibility of abuse of other children. In the assessment of allegations pertaining to those in contact with children through sporting organisations, or other child care facilities, schools and residential centres the CASP team had adequately considered

the possibility of abuse to other children and this was recorded as part of the assessment.

In the files reviewed there was evidence of a clear understanding and consideration of the potential for organised child abuse and child sexual exploitation and potential cases of organised abuse had been identified during the 12 month period prior to the inspection. Inspectors reviewed four CASP cases which were undergoing assessment for possible organised child sexual abuse and exploitation. In the four cases reviewed there was evidence of extensive communication and collaboration with other Tusla teams and An Garda Síochána with regard to child protection and safeguarding. Inspectors found that where there were a number of allegations against the same person these were noted in the CASP file. Under the CASP each of these allegations were managed separately in relation to each child or adult making a disclosure. There was evidence however that this information was used to identify patterns of abuse by named individuals and groups of individuals in the files reviewed by inspectors.

Information provided for the inspection indicated that there were 17 retrospective cases open to CASP team at the time of the inspection. There was evidence that retrospective disclosures were managed in line with Children First. A review of files showed that like the other CASP cases, there were also some delays in progressing these cases through the CASP, and in some cases there were clear explanations on file for this. These delays were not found to impact on the safeguarding of any identified children as Tusla worked to safeguard and support these children through Tusla's national approach to practice in parallel to CASP. While the significant delays in the progression of CASP were found not to impact on those already identified children they did impact on the ability of Tusla to act in a timely way to progress safeguarding actions for not as yet identified children who may be at risk, and the procedure did not fully address the findings of the HIQA 2018 investigation.

### **Standard 1.3**

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

This service was child-centred and trauma informed in its approach to communication. The CASP team worked very closely with the other Tusla teams to agree a CASP communication plan and the most appropriate person to communicate with the child and family. The CASP team had access to a creative communication toolbox called 'Communicate'. Information leaflets were provided, telephone contact made and home visits to meet children and their families were undertaken by CASP social workers to explain and discuss the CASP.

However communication was found to not always be in line with the timelines set out in the CASP. The Tusla CASP publically available leaflets for children and young people were not child friendly or easy to understand. The leaflets did not provide a clear explanation for the child of what would happen with the information they shared as part of the CASP. There was no CASP leaflet for parents. CASP leaflets translated into Polish and Latvian were available in print form however the leaflet remained available only in English on the Tusla website.

**Judgment: Substantially compliant**

**Standard 2.5**

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

There were clear child protection procedures and systems in place in the area to ensure that effective safeguarding for children was central to cases being worked through the CASP and that all child protection concerns were assessed in line with *Children First*. This was for children identified as potentially being risk at the time of referral to CASP and for children where safeguarding concerns arose at any stage of the substantiation process.

**Judgment: 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.

The needs of children who may have been subjected to child sexual exploitation, organised, organisational and/or institutional abuse and children who were deemed to be especially vulnerable were identified and responded to. In the absence of guidance within the national CASP the area had developed a local practice guidance to support CASP staff around how to identify and respond to potential or suspected child sexual exploitation and organised abuse. Information about previous incidents of abuse and or other allegations about the same alleged abuser were gathered in line with the standard and there was evidence that this information was used to identify patterns of abuse. There was close liaison between CASP staff and An Garda Síochána. Retrospective disclosures were managed in line with Children First.

**Judgment: Compliant**

# Compliance Plan for Cavan Monaghan OSV – 0004404

**Inspection ID: MON-0041058**

**Date of inspection: 25/09/2023**

## **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	Judgment: Substantially compliant
<p>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.</p> <p><b>Action:</b></p> <ol style="list-style-type: none"> <li>1. CASP timelines will continue to be discussed in supervision between the PSW and Area Manager and the rationale for non-adherence will be clearly recorded including timeframe extensions agreed as per policy.</li> <li>2. The CASP Timelines will be reviewed and aligned to practice requirements.</li> </ol> <p><b>Person Responsible:</b> SWTL -CASP &amp; Screening, PSW -CASP &amp; Area Manager, National CASP Planning and Development Group</p> <p><b>Completion:</b> Action 1 - Current practice/ongoing Action 2- National Action - Review of CASP has commenced and will be completed by Q2 2024</p> <p>Ongoing actions will be embedded by Q4 2023. This will be audited by SIP PSW as per area audit plan.</p>	



<b>Standard 3.2</b>	<b>Judgment: Substantially compliant</b>
<p>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.</p> <p><b>Action:</b></p> <ol style="list-style-type: none"> <li>1. All case information will be put on TCM by the allocated social worker and signed off by the social work team leader within agreed timeframes.</li> <li>2. Each supervision record will be uploaded to TCM within 5 days of the supervision taking place, a memo will be issued by the PSW for CASP to remind relevant staff of their responsibilities in this regard.</li> <li>3. A supervision schedule for open cases will be developed by the PSW for CASP to ensure open cases are discussed at least bi-monthly, in addition open cases will continue to be brought to CASP governance for additional oversight.</li> </ol> <p><b>Person Responsible:</b> CASP Social Worker, CASP Social Work Team Leader and CASP PSW.</p> <p><b>Completion:</b> Action 1 – 28<sup>th</sup> December 2023 Action 2- 30<sup>th</sup> November 2023 Action 3- 30<sup>th</sup> November 2023</p> <p>All actions will be embedded by Q4 2023. This will be audited by SIP PSW as per area audit plan.</p>	
<b>Standard 1.3</b>	<b>Judgment: Substantially compliant</b>
<p>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.</p> <p><b>Action:</b></p> <ol style="list-style-type: none"> <li>1. The supervision agenda will be updated by the PSW and SWTL to ensure communication is discussed and the rationale for any gaps or delays is clearly recorded during supervision between the SWTL and SW.</li> <li>2. Communication to persons making disclosures will be discussed during supervision to ensure (PMDs) and persons subject to abuse allegations (PSAAs) are kept informed of progress of the assessment as set out in the timelines of CASP. This will be recorded and updated on supervision records.</li> </ol>	

3. The area manager will highlight the feedback regarding the leaflets not being child-friendly to the National CASP Planning & Development Group, in the interim the CASP team (SW's & SWTL) will complement the use of leaflets with tools available within the 'communicate' and by advising on the availability of the YouTube video for viewing.

**Person Responsible:**

CASP social Worker, CASP Social Work Team Leader and CASP PSW.  
National CASP Planning and Development Group- (Feedback re leaflets)

**Completion:**

- Action 1- 30<sup>th</sup> November 2023
- Action 2- 28<sup>th</sup> December 2023
- Action 3 –28<sup>th</sup> December 2023

All actions will be embedded by Q4 2023. This will be audited by SIP PSW as per area audit plan.

**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	Substantially compliant		28/12/2023

	promote their welfare.			
<b>Standard 3.2</b>	Children receive a child protection and welfare service, which has effective leadership, governance and management arrangements with clear lines of accountability.	Substantially compliant		28/12/2023
<b>Standard 1.3</b>	Children are communicated with effectively and are provided with information in an accessible format.	Substantially compliant		28/12/2023