



Risk-based Child Protection and Welfare Report

Name of service area:	Dublin South-West, Kildare, West-Wicklow
Name of provider:	Child and Family Agency Tusla
Type of inspection:	Risk based
Fieldwork I.D.:	MON-0033951
Date of inspection:	27 – 30 September 2021
Lead inspector:	Niamh Greevy
Support inspector(s):	Una Coloe, Leanne Crowe, Jane McCarroll, Susan Talbot

About monitoring of child protection and welfare services

The Health Information and Quality Authority (the Authority) 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 requirements of quality standards. This process also seeks to ensure that the wellbeing, welfare and safety of children is promoted and protected. Monitoring also has an important role in driving continuous improvement so that children have better, safer services.

HIQA 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 services provided by Tusla to protect children and promote their welfare. HIQA monitors Tusla's performance against the *National Standards for the Protection and Welfare of Children* and advises the Minister and Tusla.

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

- **assess** if the Child and Family Agency (the service provider) has all the elements in place to safeguard children and young people
- **seek assurances** from service providers that they are **safeguarding children** by reducing serious risks
- **provide** service providers with the **findings** of inspections so that service providers develop action plans to implement safety and quality improvements
- **inform** the public and **promote confidence** through the publication of the Authority's findings.

The Authority inspects services to see if the National Standards are met. Inspections can be announced or unannounced. This inspection report sets out the findings of a monitoring inspection against the following themes:

Theme 1: Child-centred Services	<input type="checkbox"/>
Theme 2: Safe and Effective Services	<input checked="" type="checkbox"/>
Theme 3: Leadership, Governance and Management	<input checked="" type="checkbox"/>
Theme 4: Use of Resources	<input type="checkbox"/>
Theme 5: Workforce	<input type="checkbox"/>
Theme 6: Use of Information	<input type="checkbox"/>

How we inspect

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

The key activities of this inspection involved:

- the analysis of data
- interview with the area manager and principal social workers
- focus groups with social work team leaders, social workers and social care staff
- speaking with children and their families
- the review of local policies and procedures, minutes of management and team meetings, staff supervision files, audits and other relevant documentation
- observation of duty
- the review of 57 children's case files and 13 relative foster carer files.

The inspection team issued a standard request for documentation and data to the service area in relation to each theme of the inspection. The inspection team endeavored to evaluate progress within the area in the management of identified risks and engaged with the social work teams and management with respect to the systems and governance issues which were acknowledged by the area following the previous inspections of the services.

Where an inspector identified a specific issue/systems risk that may present an immediate and or potential serious risk to the health or welfare of children, then, in line with HIQA policy, these risks were escalated to the relevant local Tusla manager during the inspection fieldwork and or following completion of the inspection fieldwork to the Tusla area manager.

Acknowledgements

The Authority wishes to thank children and families that spoke with inspectors during the course of this inspection in addition to staff and managers of the service for their cooperation.

Profile of the Service Area – Dublin South West/Kildare West Wicklow¹

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 four regions, each with a regional manager known as a service director. The service directors report to the director of services and integration, who is a member of the national management team.

Service area

Dublin South West Kildare West Wicklow is one of the 17 areas within Tusla's Child and Family Agency. It is a diverse area that comprises four county boundaries: County Kildare, Wicklow, South Dublin and Dublin South City. The area comprises of rural communities, large rural towns, commuter belt towns and communities of extreme deprivation. The overall population for the entire area is 402,436 people, with 27% of the population under 18 years inclusive, totally 108,186 children and young people (CSO 2016). There was a 5% profile of the service area increase in the 0 – 17-year-old populations from 2011 to 2016, with an overall population surge of 4.9% in the period.

Of the 17 Tusla areas, Dublin South West Kildare West Wicklow is the second largest Tusla area, and has the 3rd highest level of deprivation. The 2016 Pobal HP Deprivation Index outlines that 11,788 people were residing in areas classed as most disadvantaged in 2016, which is 10.8% of population of the area. Of this group, 29.2% or 3446 were under age of 18. The unemployment rates for the area exceed

¹ This section was provided by The Child and Family Agency, Dublin South West Kildare West Wicklow.

the national average at 25,657. Thirteen per cent of the population were unemployed in 2016.

The area is under the management of the Service Director for the Dublin Mid Leinster region, and is managed by the Area Manager who has responsibility for the management team.

Children in Care

The area has three fostering teams based across the region area in Naas, Celbridge and Tallaght. Each of these teams are managed by a social work team leader who reports to a principal social worker. There is one principal social worker in the area with responsibility for fostering and two Principal Social Worker's for children in care, one for Kildare West Wicklow and one for Dublin South West. The area also had a Social Work Team Leader with responsibility for Foster Care Reviews and a Social Work Team Leader for Child in Care Reviews. The Aftercare Manager for the area reports to the Principal Social Worker for Children in Care in the Kildare West Wicklow area.

Child Protection and Welfare

The child protection and welfare service was restructured on the 23 March 2020, with the service area divided into four geographical areas covering Tallaght North and Dublin 12, Tallaght South, Kildare North and Kildare South. The area restructured into having four Intake and Assessment teams and four Child Protection and Welfare teams. Each of these teams is managed by an individual Social Work Team Leader.

The intake and assessment teams manage child protection and welfare concerns from the point of referral and screening through to the end of initial assessments for their area. Each Social Work Team Leader screens and prioritises all referrals received to their respective office. Management oversight is provided by one dedicated principal social worker for the intake and initial assessment teams. The Child Protection and Welfare teams are responsible for children where there is an identified need for ongoing social work intervention following the completion of the initial assessments. These teams do not complete initial assessments unless a new concern is identified for a child who is currently open to their team. Management oversight is provided by one dedicated principal social worker for the child protection and welfare teams.

The area also has two Principal Social Workers with responsibility for chairing case conferences.

Compliance Classifications

HIQA judges the service to be **compliant, substantially compliant or non-compliant** with the standards. These are defined as follows:

Compliant	Substantially compliant	Non-compliant Moderate	Non-compliant Major
The service is meeting or exceeding the standard and is delivering a high-quality service which is responsive to the needs of children.	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.	The service is not compliant with the standard. Where the non-compliance (moderate) does not pose a significant risk to the safety, health and welfare to children using the service, the provider must take action <i>within a reasonable time frame</i> to come into compliance.	The service is not compliant with the standard. Where the non-compliance poses a significant risk (major non-compliance) to the safety, health and welfare of children using the service the provider responds to these risks in a timely and comprehensive manner.

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:

Leadership, Governance and Management

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:

Safe and Effective Services

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
27/09/2021	9:30am – 5pm	Niamh Greevy	Inspector
27/09/2021	9:30am – 5pm	Jane McCarroll	Inspector
27/09/2021	9:30am – 5pm	Leanne Crowe	Inspector
27/09/2021	9:30am – 5pm	Una Coloe	Inspector
27/09/2021	9:30am – 5pm	Susan Talbot	Inspector
28/09/2021	9am – 5pm	Niamh Greevy	Inspector
28/09/2021	9am – 5pm	Jane McCarroll	Inspector
28/09/2021	9am – 5pm	Leanne Crowe	Inspector
28/09/2021	9am – 5pm	Una Coloe	Inspector
28/09/2021	9am – 5pm	Susan Talbot	Inspector
29/09/2021	9am – 5:30pm	Niamh Greevy	Inspector
29/09/2021	9am – 5pm	Jane McCarroll	Inspector
29/09/2021	9am – 5pm	Leanne Crowe	Inspector
29/09/2021	9am – 5pm	Una Coloe	Inspector
29/09/2021	9am – 5:30pm	Susan Talbot	Inspector
30/09/2021	9am – 5pm	Niamh Greevy	Inspector
30/09/2021	9am – 5pm	Jane McCarroll	Inspector
30/09/2021	8am – 4pm	Leanne Crowe	Inspector
30/09/2021	9am – 5pm	Una Coloe	Inspector
30/09/2021	9am – 5pm	Susan Talbot	Inspector

Views of people who use the service

Inspectors spoke with five young people availing of the after care service. Inspectors also spoke with one relative foster carer and four parents or other family members who were receiving, or had received a child protection and welfare service since the last inspection. The area did not identify children who were agreeable to speak with us.

Young people described how their aftercare worker provided them with information on important issues in preparation for reaching adulthood. Young people had mixed views about the level of support they received. Two young people were satisfied with the level of support from aftercare.

They said the following:

"they listened to me"

"[The aftercare worker] is very capable"

"she told me all the services that could help me"

"she did all the paperwork and she just explained to me what I needed to know and who would give me support"

"I have everything I need"

Three young people felt that they needed more support. One young person said the aftercare worker "sent out the forms for SUSI but [it] would be better if they sat and helped complete forms".

Young people made two suggestions for the aftercare service:

"Some young people are afraid to ask for help so after care workers should be ringing them every month to check in".

"Should start aftercare work on budgeting [and] life skills", like key working in residential care.

Young people described the important role that their foster carers played in supporting them into adulthood.

They said:

"I still go back and stay with my foster dad"

"great foster carers, they help with everything – don't need aftercare workers for this [independent living skills] so rarely ring them... foster carer sorts it"

The impact of the housing crisis and the particular vulnerability of young care leavers to becoming homeless was an issue that was reflected by young people. Where young people were unable to rely on their foster carers for support, and local

accommodation for young people leaving care was at capacity, they described having no other accommodation options, "no plan B". Three young people affected by this described their experience of homelessness and the difficulties they faced trying to find somewhere to live. In this situation one young person felt "aftercare didn't help enough".

Inspectors spoke with four parents or other family members about their experience of the duty and intake service.

They said:

"all the people we deal with at Tusla are great"

They described the service as "helpful"

"it's all about the child and the safety plan for the child"

"they were very supportive. Things are now going well. It feels like we're moving in the right direction"

"they provide support and advice and are always there for me"

"I could not be happier with the help I have received from Tusla"

Capacity and Capability

A combined foster care and child protection and welfare inspection was carried out. The focus of this service area inspection was to review areas where there were non-compliances found, as well as concerns escalated by HIQA, during the last inspection in December 2020. As a result, this inspection focused on the work completed since the last inspection.

The service area had an experienced senior management team and there were clear lines of responsibility. The structure of the foster care and child protection teams are outlined under the service area profile above. All principal social workers for fostering and child protection reported to the Area Manager. The area management team, which included the area manager, principal social workers (PSWs), other senior managers and professional support personnel, met approximately monthly to discuss and address a wide range of issues across the service area as a whole.

The child protection and aftercare services had service plans in place for 2021. Managers reported service planning occurred annually and a further service planning day was scheduled to take place in the weeks following this inspection. The development and retention of staffing was a key priority for the child protection and welfare service, as staff vacancies impacted on the service's capacity to provide a timely service. In addition to a range of responses, the area made a business case

and were granted approval to increase the staffing in the Kildare West Wicklow teams by four. While increased staffing will increase capacity to deal with the waitlist, the management structure will be placed under further strain in their efforts to support and supervise additional staff. While one team leader supervised six staff, two supervised between eight and nine staff. The fourth team leader was supervising seven staff at the time of inspection but this would increase to ten staff when the three staff on boarding were in position. No request for additional management capacity had been submitted by the area manager to the Service Director at the time of inspection, but this issue was due to be discussed at the service planning day in October 2021.

The service plan also set out objectives in relation to learning and development, management and governance of the service and liaison with other agencies including An Garda Síochána. Progress was made against the majority of objectives set out in the original service plan with the exception of audits to be completed by the PSW or Quality Risk and Service Improvement (QRSI) Team Leader. The review of the service plan identified appropriate next steps and inspectors found that the highest priority areas had been followed up by the time of this inspection. Other actions were not due for completion by the time of inspection and a small number of actions did not have clear timeframes set out so it was not possible to measure if the area were progressing these issues in line with their goals.

The service plan for aftercare identified areas for development and time bound related actions. The area had completed all actions in line with timeframes such as completion of file audits, planning around accommodation and the development of the drop-in service. The service had successfully recruited two further staff since the last inspection but managers identified that they needed to further expand their service in order to be able to meet service demands. Other actions were not due for completion at the time of inspection.

The Area Manager and principal social workers (PSW) articulated clear priorities to inspectors in relation to their areas of responsibility. The PSW for child protection outlined the significant efforts since the last inspection to deal with the level of risk associated with a high number of cases awaiting allocation for preliminary enquiries, which was reflected in the reduction in this figure by 43 per cent, from 168 at the time of the last inspection to 96. The number of cases awaiting allocation for initial assessments had reduced from 98 at the time of the last inspection to 28 at the time of this inspection, a reduction of 71 per cent. Eighty one cases were on a waitlist for support services² compared to 112 at the time of the last inspection, a reduction of 28 per cent.

² Support service include Partnership, Prevention and Family Support services such as family support services, family resource centres and Meitheal.

Although inspectors were not provided with a service plan for fostering, priorities for the service were evident in their supervision with the Area Manager. A service planning day for fostering was scheduled to take place in October 2021. The PSW for fostering told inspectors that the priority in relation to the aspects of the fostering service relevant to this inspection related to the improvement of governance and management systems which were evident during this inspection. The PSW and Area Manager told inspectors of their plan to complete relative foster carer assessments internally by dedicating two whole time equivalent positions to this work. They were considering how to model this within projected resources. The PSW and Area Manager assured inspectors that they would continue to refer relative foster carers for assessment by a private provider where they are unable to allocate the assessment.

The area manager received some assurances from her management team through the senior management team meeting and through supervision. The senior management team met on a monthly basis. These meetings were chaired by the area manager and attended by all principal social workers, other senior managers for PPFs and business support. The agenda covered both the child protection, foster care and aftercare services. Records of these meetings show they were used to discuss issues such as the risk register, oversight of private fostering providers, staffing, complaints, NCCIS and audits. Inspectors were provided with reports on the timeframes for completion of intake records and initial assessments which were reportedly discussed in management meetings. While inspectors found that these figures were reported to regional and national managers within Tusla, management records in the area did not reflect discussion or related decision making on this issue. A sample of minutes from these meetings were reviewed by inspectors and they demonstrated clear decision-making in relation to the issues discussed but it was not consistently evident that actions were implemented. Inspectors also reviewed records of management meetings held within fostering and duty/intake. These were used to discuss management issues, audits, training, efforts to reduce the number of cases awaiting allocation and to communicate information between fostering and child protection.

The service area's strategic direction was guided by Tusla's national policies but further improvements were required to ensure that all screening, preliminary enquiries and initial assessments were completed in line with Tusla standard business processes. The restructuring that took place prior to the inspection in December 2020 combined with additional staffing, had successfully reduced the number of cases waiting for a service at all process stages. Monthly reports were provided to the PSW in relation to timeframes for the completion of intake records and initial assessments, which were reportedly discussed in supervision. However, inspectors did not find this discussion or related decisions reflected in supervision between team leaders and the

PSW, despite it being a standing agenda item. In supervision between the PSW and the Area Manager, there was one reference to timeframes in September 2021 when the PSW reported that no cases were waiting longer than three months for preliminary enquiries. There was no reference to the length of time cases were waiting for initial assessments in supervision between these managers. The lack of recorded discussions and actions focussed specifically on adherence to timeframes was notable given that some cases were waiting one to two years for an initial assessment. When the Dublin South West offices successfully eliminated their waitlist in June 2021, they were in a position to prioritise work on the adherence to timeframes. However, inspectors did not find sufficient evidence of focus shifting towards this goal.

The Area Manager also held the principal social workers to account through regular supervision. In these meetings, PSWs reported to the Area Manager on some relevant data and trackers. Records did not show evidence of clear actions being identified for follow up and where actions were recorded, supervision records did not show they were tracked for completion. The PSW for duty and intake reported monthly figures on cases awaiting allocation, while the PSW for fostering reported in relation to Garda vetting, relative foster carer assessments and oversight of private fostering providers commissioned to carry out relative foster carer assessments on Tusla's behalf. The PSW responsible for aftercare discussed the development of the service plan and resources to support young people using the aftercare service. Staffing issues and resources were also regularly discussed.

Staff were knowledgeable and committed to their role. Social workers and managers attended complex case forums, group supervision, training and briefing sessions developed to improve practice. The area had increased the number of senior social work practitioner posts on teams which team leaders said had increased capacity. The Area Manager told inspectors the coordinator for Tusla's national practice approach had worked directly with teams to build practitioner confidence and expertise in assessing risk and effectively engaging with children and families. There was an extensive training schedule in place to support staff which included training in relation to screening, intake and initial assessment, safety planning and aftercare. Further similar training was scheduled up to the end of 2021 to include screening and thresholds, Garda notifications and NCCIS business processes.

There were good communication systems across the service area to ensure that staff were supported and kept informed about any changes with regard to service delivery. Managers used team meetings, emails and memos to communicate to staff. Staff told inspectors they had worked well together in the face of the significant challenges posed by the pandemic and cyber-attack and worked hard to prioritise the safety of children. Staff felt well-supported by their team leaders. They said they received

regular good quality supervision and that audits and workshops had supported their development. They also described good peer support in the service area.

There were quality assurance systems in place, but there was room for improvements in the adherence to local policy and the quality of some audits. There were two team leader posts dedicated to the completion of audits, one linked to child protection and one to fostering. Audits of supervision and the operation of the NCCIS were completed. The supervision audit completed in April 2021 identified that greater consistency was needed in how case management supervision is recorded at all levels, clear arrangements for access to supervision records in the event of managers leaving their post and improved adherence to audit requirements, among other issues. These findings were shared through management and team meetings but further work was needed to fully implement these actions. The area intended to monitor this progress at area management meetings. The national quality assurance directorate also completed an audit of cases awaiting allocation since the last inspection which acknowledged the risk associated with the waitlist. This resulted in the practice assurance and service monitoring team escalating the risk related to unfilled posts in the service area. The area agreed that the PSW would provide regular updates regarding waitlist numbers in supervision, which inspectors found was the case, and that the action plan for HIQA's inspection in December 2020 would be implemented. The final recommendation from the quality assurance directorate was that the service director would consider a more extensive review of cases awaiting allocation by their team. The service director reportedly deferred this recommendation due to the review of cases undertaken by the area in March and May 2021, the impact of the cyber-attack and the resulting redeployment of Practice Assurance and Service Monitoring staff. This directorate also conducted an audit of compliance with the aftercare standards and which included a compliance plan.

Audits were a core assurance in relation to the management of unallocated cases and the inability to meet the audit requirements set out in the local Standard Operating Procedure (SOP) for the management of cases awaiting allocations was communicated to senior management. These audits were an opportunity to review cases on the waitlist to ensure correct prioritisation, categorisation and consideration of cumulative harm. The Area Manager acknowledged that more work was needed to ensure audits were evidenced on every child's file while they were waiting allocation. Team leaders told inspectors audits helped to strengthen the monitoring of the history of cases to ensure sufficient consideration of cumulative harm and working to ensure better performance in relation to timescales set out for preliminary enquiries and initial assessments. The lack of capacity to adhere to audit timeframes in addition to the ineffectiveness of audits in addressing the quality issues within the screening and preliminary enquiry process hampered the service's efforts to provide a safe duty and intake service.

Audits were also undertaken in relation to aftercare records and assessments of relative foster carers. The audit on aftercare records made a number of recommendations including the need to ensure young people sign their plans, improvements to the quality of case notes and signed supervision records to be placed on file. These recommendations were in place on the majority of files reviewed as part of this inspection. The audit for relative foster carers found improvements consistent with this inspection, including good quality records on files and improved oversight through monthly meetings with team leaders and private fostering providers. It recommended that the safeguarding review form is completed consistently every 6-8 weeks and supervision sheets are completed at each supervision session for all emergency approved carers. These recommendations were initiated by the time of inspection.

Learnings from reviews, audits, complaints and complex cases were shared through management meetings and managers reported this learning was cascaded down through team meetings. Inspectors reviewed minutes of two regional meetings held to discuss shared issues and disseminate learning. Multi-agency planning forums remained active across the service area to assist in decision making in relation to children with complex needs. Bi-monthly performance conferences were established to provide assurances to the CEO and National Director in relation to identified areas of work, for example regarding the performance of the aftercare service. The Area Manager told inspectors this was also a forum for senior leadership to work together to address unmet needs and share learning across areas.

The service area had systems in place for the identification, management and review of organisational risk but these were not always effective. Not all risks within the service were identified. The service were not following their own SOP for cases awaiting allocations but this was not identified as a risk. The Tusla 'Need to Know' process was also used to apprise the area manager and the service director of significant issues relating to individual children and areas of risk such as the lack of foster care placements or significant incidents. The Area Manager held a risk register for the area. The main risks related to this inspection were the lack of data protection impact assessment for aftercare, impact of cyber-attack, unallocated aftercare cases, the impact of COVID-19, staff vacancies and cases awaiting allocation from preliminary enquiry through to initial assessment. The Business Support Manager managed the risk register, received risk assessment forms and issued the register to PSWs for review in advance of the senior management meeting. Risk management was regularly discussed at the senior management meeting from April 2021 onwards.

The Area Manager told inspectors that the risk related to unallocated cases in the duty and intake service had been escalated to the Service Director. The register

detailed the measures in place to manage this risk including the allocation of high priority cases, diversion of cases to PPFs where possible. Records provided to inspectors also showed the other approach taken by the area to reduce the number of unallocated cases included what the area referred to as 'blitz' days, whereby staff from multiple teams worked together to respond to waitlisted cases, in an effort to reduce cases waiting for a service. The area dedicated time in March and April to this effort and this was scheduled again for October 2021, following inspection.

Since the last inspection the Area Manager had succeeded in increasing the staffing in the Dublin South West duty and intake teams, which had the significant impact of almost eliminating the cases awaiting allocation in those teams.

In the interim, inspectors queried the disparity between the service provided in Dublin South West where referrals were receiving a service within two weeks, and the service provided in Kildare West Wicklow where higher priority referrals were waiting significantly longer for a response, in some cases up to nine months. The area manager acknowledged the inequity in that a low priority case could be seen much quicker in Dublin South West than a medium priority case in Kildare West Wicklow. Records provided to inspectors showed that managers had recognised this issue and considered moving cases across teams. The PSW told inspectors that they ultimately decided against moving cases for a number of reasons. These were that the Dublin south west offices were newly in a position of having no waitlist and this position was vulnerable to crises on cases held by the teams there. The second reason related to staff morale and the need to recognize the extensive work undertaken by these teams to get to this position and the impact on morale of delegating work from other areas. The third factor in this decision was the plan to deal with the backlog through increased staffing in the Kildare West Wicklow teams. In July 2021 approval was given to recruit four additional staff to increase the capacity of the duty intake teams in Kildare West Wicklow. One staff was due to start in early October 2021, two further staff were in the recruitment process and interviews were scheduled to secure the fourth position. The addition of four staff had the potential to significantly reduce the number of cases awaiting allocation and in turn improve the timelines of access to the service, reducing the risk being managed by the service at the time of inspection.

The service had implemented training for staff as part of its plan to improve the quality of preliminary enquiries. This was effective as there was an improvement in the recording of history of involvement with the service in records. Inspectors saw numerous examples of staff recording decisions made based on consideration of cumulative harm.

Further improvements were required, however, to address the quality issues identified by this inspection. Quality issues in six records (three screening and three preliminary enquiry) resulted in risk to children being overlooked. These issues were not detected through audit or where they were detected, they were not promptly acted on. This undermined the efforts of the area to ensure the safety of children.

Governance of information

The National Child Care Information System (NCCIS) was used to record children's case records. At the time of the last inspection, all records for children were held on NCCIS except for aftercare files. This had been progressed by this inspection and all aftercare records reviewed by inspectors were accessible on NCCIS. This was a significant improvement to support good oversight of these cases. Inspectors found that records were up to date and managers relied on NCCIS to maintain oversight of cases. Foster carers' records remained paper-based at the time of this inspection.

The area had conducted an audit of NCCIS that identified a number of issues and corresponding actions. The NCCIS audit found that records needed to be launched more promptly, there were delays in closing referrals diverted after screening and greater consistency was required in the accurate population of fields and uploading of supervision records. These findings were shared through management meetings, team meetings and the circulation of memos but further work was needed to fully implement these actions. Data issues were identified as part of this inspection. They included anomalies in dates of screening and preliminary enquiries, the categorisation of abuse or neglect referrals as a welfare concern and incorrect prioritisation of referrals which all impact on the ability of senior management to gather reliable data on the service. The area's audit found an issue with the population of primary report type for referrals but noted that the 'current' primary report type was generally populated accurately. Notwithstanding these issues, inspectors found the content of records were largely of good quality and available on NCCIS despite the challenges of the cyber-attack.

Foster Care

The key issues identified by HIQA in December 2020 that were followed up in this inspection related to the governance of;

- the significant delays in the assessment of relative foster carers,
- the capacity to allocate new carers for assessment
- assessments completed by private providers on Tusla's behalf and
- the aftercare service and its resources.

Within the areas reviewed as part of this inspection, significant improvements were found in the governance and management of the foster care service since the last

inspection in December 2020. Inspectors found that 24 assessments were completed in the nine leading up to this inspection, compared to 22 assessments completed in a 15 month period leading up to the last inspection in December 2020. This demonstrates a significant increase in the throughput of relative foster carer assessments in the period since the last inspection. Although it was not the focus of this inspection, the files reviewed by inspectors showed the service had also made significant improvements in the quality of emergency approvals and safeguarding arrangements in place for unassessed relative carers who had children in their care.

The Principal Social Worker (PSW) responsible for foster carers was a new position since the last inspection. They took up their post in January 2021 and had improved the oversight of assessments of relative foster carers and An Garda Síochána vetting for people over 16 years of age living in foster care households. The PSW held regular management meetings which improved communication and supported better oversight of the service. Team leaders told inspectors that in addition to the pillar management meeting, the appointment of the PSW over fostering supported them to drive consistency in fostering practices across the service area.

The oversight of the assessments of relative carers had improved but further improvements were required in relation to the oversight of Garda vetting. Garda vetting is required for all adults and young people over the age of 16 living in a foster care household. At the time of inspection, the PSW had set up monthly meetings with each fostering team leader to review the trackers relating to Garda vetting and assessments of relative foster carers. The trackers held by the area contained a list of carers with relevant information to help managers see key information such as the date Garda vetting expires or dates of when assessments started and any issues causing delays. These meetings took place in addition to supervision. Inspectors found that the quality of the data held in the tracker regarding assessments of relative foster carers had improved and provided clear information about the status of each assessment, reasons for any delays and actions underway to address delays. The tracker in relation to Garda vetting had resulted in timelier renewals of Garda vetting but further improvements were required. The tracker operated a traffic light system where vetting turned orange within three months of expiring and then turned red when it had expired. The PSW told inspectors that their goal was to have no reds on the tracker. At the time of inspection there were 18 people on the tracker whose vetting had expired. The area had submitted the request for updated vetting in 14 out of 18 before their vetting had lapsed. This meant that there were four cases where the vetting request was submitted after vetting had already expired. Inspectors also identified one case where Garda vetting had not been submitted at the time of inspection. In response to this, the PSW submitted the request for Garda vetting during the inspection and provided inspectors with an assurance that going

forward the Garda vetting log would be audited every six months to ensure that all relevant parties are included in the log and have up to date vetting in place.

Prior to the last inspection Tusla commissioned a private provider to complete relative assessments on their behalf in order to deal with the backlog. Inspectors found systems were in place to ensure assessments were commenced in a timely way. It was evident from files reviewed that where there was insufficient capacity to allocate a relative carer for assessment within a month of emergency approval, the case was escalated to the PSW for referral to the private fostering service for assessment. However, at the time of the last inspection, the oversight of this service required improvement. In response, the PSW had established monthly meetings with the private provider to get updates in relation to the progress of relative assessments being completed on Tusla's behalf. In addition to this, inspectors found evidence of communication between fostering social workers within Tusla and their relevant counterparts in the private fostering service. As a result, reasons for delays were clear on files and inspectors found that timely action was taken by Tusla to deal with these delays to assessments of relative carers.

The improved oversight in relation to the completion of relative foster carer assessments since January 2021 was reflected on files reviewed by inspectors. There were historical delays evident on six of the 13 files reviewed in relation to relative foster carer assessments. However, where assessments were ongoing for prolonged periods, inspectors found all reasonable efforts were being made to address this. Records showed evidence of oversight by team leaders and the PSW to progress relative assessments and manage any safeguarding issues that arose as a result of delays. The foster care service is required to notify the foster care committee when an assessment is ongoing for over 16 weeks and every subsequent 12 weeks. At the time of inspection, all notifications to the committee had been made in line with timeframes. This meant that 14 of 25 ongoing assessments had been notified to the committee for this reason.

Other meetings were in place to ensure good communication which supported the work of the fostering team. Regular meetings were held by the PSW with the clerical officer to ensure administrative supports were in place to support the work of the fostering service. The PSW advised the full fostering team met quarterly to support positive working relationships between the three fostering teams in the area. This meeting was interrupted by the cyber-attack in quarter two of this year. Regular pillar management meetings were held and the PSW told inspectors that PSWs for alternative care communicated regularly in between meetings. The minutes of these meetings show that they were used to deal with issues such as getting documentation for foster carer assessments and communicating practice changes around setting up emergency placements.

Aftercare files reviewed by inspectors showed improved oversight. The service had improved their management of resources and oversight of the service to ensure that young people were allocated at 17 for the completion of their assessment of need and aftercare plan. The quality of these records improved since the last inspection and efforts had been made to develop the aftercare service. Aftercare workers described greater accountability in their work and this was reflected in supervision and other management records reviewed by inspectors. While the area was meeting the bare minimum statutory requirements for aftercare, however, there was no scope to improve the level of allocation of young people to aftercare workers within existing resources.

The PSW and Aftercare Manager both acknowledged that the service had improved in terms of meeting its statutory requirements in relation to aftercare but further development of the service was needed to be able to provide support to young people aged 16 to 18 years. Managers told inspectors that due to resource constraints, where young people were settled in their placement, they were then de-allocated with access to a duty service in order to continue to complete assessments of need and aftercare plans in line with statutory timeframes for other young people. Managers also reported that they prioritised young people in the 16 to 20 year age group and young people with complex needs for allocation and that most of their support work was done after young people reached 18 years of age. While this demonstrated a good use of resources, the impact of this was described by young people who told inspectors they wanted more support from their aftercare worker to develop independent living skills in preparation for adulthood and for an aftercare worker to check in with them regularly to make it easier to access help. Data provided by the service in advance of this inspection showed that only 37% of eligible young people in foster care (17 of 46) and 42% of 18 to 22 year olds (86 of 203) were allocated at the time of inspection. The aftercare service had recently recruited two new staff but projected they needed four further staff in order to be in a position to meet the demands of the service.

Efforts had been made to improve the quality and oversight of the service within existing resources. The service had made efforts to expand the duty service by opening a drop-in service in Kildare, renovating the existing drop-in service and setting up an email contact to make the service more accessible. Managers and aftercare workers described better communication and working relationships with allocated social workers to support young people in this age cohort and inspectors saw evidence of this in management meetings. Managers also reported that accommodation options had improved through a connection with a voluntary housing service and by funding student accommodation. Accommodation plans were in place for all young people at the time of inspection. The five aftercare workers who spoke

to inspectors demonstrated their knowledge of and commitment to providing a good service to young people.

There were improvements in the oversight of the external provider since the last inspection. The aftercare service was provided by Tusla in addition to an external voluntary service. Monthly meetings and a tracker were in place to support good oversight of this service. The first meeting with Tusla's and the external provider's aftercare workers was held since COVID-19 emerged. This meeting showed good potential for sharing information and driving consistency in practice. An aftercare referrals meeting was held on a monthly basis to manage the allocation of young people for assessments of need and planning, which supported good management of resources. The aftercare steering committee was attended by key stakeholders in services across disability, health, Tusla and the Department of Social Protection. This committee had met three times since the last inspection and minutes of these meetings showed key issues were discussed and appropriate actions were identified for follow up.

There were overall improvements in the aftercare service. Referrals to aftercare since the last inspection in December 2020 were timelier, with all files reviewed showing that young people were referred on or close to their 16th birthdays. Inspectors reviewed nine assessments of need and found that the majority were good quality and completed in a timely way. The quality of one assessment required improvement and a second case was not completed within statutory timeframes.

The majority of aftercare plans were good quality and completed in a timely way. Good quality plans were evident the majority of files reviewed with improvements required on one case reviewed by inspectors. Where inspectors found good quality plans, they were underpinned by comprehensive assessments that recognised and planned for the identified and anticipated needs of young people. While four plans were completed after the young person reached 17.5 years of age, which is outside of the legislative timeframes set out for Tusla, there were reasonable causes for delay in three of these. Delays in the completion of aftercare plans leave the service at risk of having insufficient time to prepare children for leaving care and developing independent living skills. Supervision records showed improved oversight of aftercare cases since the last inspection.

There were significant developments in the quality of aftercare records though further improvements were required. At the time of this inspection, aftercare records for young people under 18 years were held on NCCIS, an improvement on the previous inspection. Inspectors found the quality of recording had improved significantly. The service had developed information packs, leaflets and an information sheet to assist young people in advancing their independent living skills. Improvements were

required in consistently recording when this information was given to young people prior to the assessment of need starting and work done with young people around independent living skills.

Child Protection and Welfare

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.

Judgment

Substantially compliant

Staff were dedicated and knowledgeable.

There was evidence of significant progress against actions in the compliance plan from the last inspection but further improvements were required. Where the area struggled to fully implement actions from their compliance plan, this was contributed to in a large part by the cyber-attack.

Adherence of staff to policies, procedures and guidances required improvement to bring the service fully in line with national policy, for example, children's records.

<p>Child Protection and Welfare Standard 3.2 Children receive a child protection and welfare service, which has effective leadership, governance, and management arrangements with clear lines of accountability.</p>	<p>Judgment</p> <p>Non-compliant - moderate</p>
<p>The child protection service had appropriate strategic and operational plans. Managers articulated a clear vision for the service.</p> <p>The service had a risk management framework in place which was used to identify and manage key risks.</p> <p>The service had a schedule of audits which had been collated to identify learning, with clear actions identified to address the findings. There was evidence of actions being followed up. There were clear lines of accountability and systems in place to monitor practice. This had resulted in improvements to practice and the successful reduction of waitlists.</p> <p>Significant progress had been made in the reduction of waiting lists. However, the management team had not sufficiently focussed on improving their compliance with Tusla’s timeframes as set out by the standard business processes.</p> <p>The tracking of management decisions to ensure they are implemented required improvement, for example, in management meetings and supervision records. This is necessary to enable managers to track progress against objectives and measure achievements.</p> <p>For the above reasons, the service were judged moderate non-compliant.</p>	

<p>Child Protection and Welfare Standard 3.3 The service has a system to review and assess the effectiveness and safety of child protection and welfare service provision and delivery.</p>	<p>Judgment Non-compliant – moderate</p>
<p>The risk management system did not identify all significant risks to the service, such as the lack of audit of waitlists in line with the area’s SOP for cases awaiting allocation.</p> <p>The quality assurance and monitoring systems did not consistently identify areas of poor practice. These issues were not detected through audit or where they were detected, they were not promptly acted on, for example where the audit identified that safety planning was needed but this had not been acted on by the time of inspection. This undermined the efforts of the area to safeguard children.</p>	

Foster Care Standard 19 Health boards have effective structures in place for the management and monitoring of foster care services.	Judgment Substantially compliant
<p>Significant improvements were found in the governance and management of the foster care service since the last inspection in December 2020. There was a significant increase in the throughput of relative foster carer assessments in the period since the last inspection and inspectors found improved oversight of these assessments. The service had incrementally improved its adherence to timeframes for the completion of relative foster care assessments but further improvements were required.</p> <p>The foster care service did not have a service plan in place at the time of inspection, though managers were clear about their objectives.</p> <p>The management of Garda vetting for foster carers and people over 16 years living in foster care household improved since the last inspection but further improvements were required. The PSW for fostering provided assurances during inspection regarding improvements to the oversight of Garda vetting system.</p> <p>There were overall improvements in the aftercare service. Referrals to aftercare since the last inspection in December 2020 were timelier. The majority of aftercare plans were also good quality and completed in a timely way. The aftercare service had improved their management of resources and oversight of the service to ensure that young people were allocated at 17 for the completion of their assessment of need and aftercare plan. The quality of these records improved since the last inspection. While the area was meeting the bare minimum statutory requirements for aftercare, there was no scope to improve the level of allocation of young people to aftercare workers within existing resources. Further improvements were required to ensure all aftercare plans were developed in line with statutory timeframes.</p>	

This inspection of the child protection and welfare service focused on the management of referrals from intake to the completion of initial assessment. Data provided to inspectors ahead of this inspection showed that there were 4185 referrals received by the service since the 1 January 2021 and that all of these referrals were screened within 24 hours in line with Tusla targets.

MANAGEMENT OF CASES AWAITING ALLOCATION

There was a significant reduction in the number of cases awaiting allocation for preliminary enquiries and initial assessments since the last inspection. Due to the risk identified on the last inspection of having a high volume of cases awaiting preliminary enquiry and the unknown risk related to this, the PSW told inspectors that the area prioritized the completion of preliminary enquiries since the last inspection. This resulted in the reduction of the waitlist for preliminary enquiries from 168 in December 2020 to 96 at the time of this inspection. The number of cases awaiting allocation for initial assessments had reduced from 98 at the time of the last inspection to 28 at the time of this inspection. Eighty one cases were on a waitlist for support services compared to 112 at the time of the last inspection. The existence of a waitlist across the stages of the child protection and welfare process meant that children were not receiving the service they required in a timely manner. However, it was positive that the area were successfully reducing the number of cases awaiting allocation.

Ensuring the safety of children awaiting allocation is a primary concern, particularly in managing a waitlist. Issues with the quality of preliminary enquiries was identified at the time of the last inspection and efforts to improve their quality through training was evident since the last inspection. Inspectors found that in three cases (of 35) the screening and preliminary enquiry process did not identify risks which resulted in an inadequate response. The quality issues are detailed under the section on screening and preliminary enquiries. Two of these cases were audited and in one case the audit identified the need for further safety planning but this had not been acted on by the time of inspection. In the second case, the safeguarding issues had not been identified by the audit. This meant that the systems and processes in place were not effective in ensuring appropriate safeguarding actions were taken in respect of all children awaiting a service.

The area had implemented a system to monitor and review cases awaiting allocation at each process stage, but there remained shortcomings in the monitoring of unallocated cases. Data provided by the area also showed that no high priority cases

remained unallocated at the time of inspection, a significant improvement since the last inspection. The Standard Operating Procedure (SOP) for the Management of Unallocated Cases set out that medium and low priority referrals awaiting preliminary enquiry were reviewed on a monthly basis. Medium and low priority cases awaiting initial assessment were to be reviewed on a quarterly basis. The last inspection found that the standard operating procedure in place to manage unallocated cases was not consistently implemented. This remained an issue at the time of this inspection.

HIQA sought assurances on the management of cases awaiting allocation as there were nine cases that were not audited in line with the SOP. Given audits were the primary way managers assured themselves of the safety of children waiting for a service, inspectors found it was a significant risk that audits were not carried out in line with the SOP. The Area Manager wrote to HIQA outlining the contextual factors that contributed to this issue and these are detailed below. The Area Manager provided assurances that the SOP for the Management of Unallocated Cases was reviewed to include that the team leader is required to escalate to the PSW where they are unable to audit referrals every quarter and support from the Quality Risk and Service Improvement (QRSI) team leader will be provided in completing these audits.

As referenced under the capacity and capability section, audits were the central way in which managers oversaw cases awaiting allocation. Cases awaiting allocation were not consistently audited in line with the SOP for the Management of Unallocated Cases. Notwithstanding the period where Tusla systems were compromised by the cyber-attack, there remained significant gaps in the audits of cases awaiting allocation. Inspectors reviewed seven cases awaiting allocation where a review was required and found that they had occurred in line with timeframes set out in the SOP in one case. Four cases out of seven had no evidence of audit despite requiring one and a further two cases had audits, but not in line with timeframes outlined in the SOP.

There were a number of factors that hindered the area's efforts to conduct audits in line with their SOP. For a six week period in quarter two, the area were not in a position to access NCCIS due to the cyber-attack that affected Tusla's servers nationally. As such, it was not possible to conduct audits during this period or the subsequent six weeks of national NCCIS recovery plan. The QRSI team leader position was vacant for the first six months of 2021 which impacted the completion of audits. In the written assurances provided to inspectors following inspection, the Area Manager advised that once the team leader was in post, the Garda Notification audit was completed and audits of referrals awaiting preliminary enquiry were prioritized, in line with the area's previous HIQA action plan. The Team Leader for service development commenced an audit of referrals awaiting initial assessment in August

2021, which was evident on records reviewed by inspectors. A further plan to contact referrers for these cases in early September 2021 was interrupted by unforeseen circumstances.

Inspectors found that the three month timeframe for review of cases awaiting allocation for initial assessment may not be frequent enough to safely manage the waitlist for all cases. For example, in one referral related to an expectant mother where assessment of child protection concerns was required, medium prioritization was appropriate six months into the pregnancy but a three month review was due after the due date of the baby. Where it is anticipated that a case will become a priority for allocation before the three month review, the area need to consider this as part of prioritization.

Of the five audits reviewed by inspectors, one was found to be good quality. One audit had identified the risk to a child that had been overlooked during screening, but had not resulted in timely action to address this. The third audit identified categorization issues which were addressed during the inspection but had not identified the risks to children overlooked during the preliminary enquiry process. The remaining two audits did not identify issues such as gaps on the file or incorrect categorization.

SCREENING AND PRELIMINARY ENQUIRIES

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

Inspectors reviewed 35 referrals for screening that occurred since the last inspection. Inspectors found evidence of screening on 34 of 35 referrals, which was an improvement on the findings of the December 2020 inspection. Twenty three (66%) of these showed evidence of screening within 24 hours of receiving the referral and a further three were outside of timeframes due to the cyber-attack. The area used a screening tool to record the screening process but in the event that this record was completed retrospectively where there was evidence of an immediate response elsewhere on file, this is considered to have been screened within timeframes for the purpose of this report. In two of the screening records, the screening date predated the referral by a number of days and the reason for this was unclear. At the time of the last inspection, it was identified that history checks, the initial checks of Tusla records to determine if a child is known to the service, were evident on 74% of the

cases sampled by inspectors. During this inspection, history checks were evident on all files sampled, except where this was not possible due to the cyber-attack. This is a significant improvement since the last inspection.

Inspectors found the quality of screening was good in the majority of referrals reviewed. Thirty two of 35 referrals reviewed by inspectors were appropriately categorized, prioritized and appropriate thresholds were applied. However, issues in relation to the quality of screening resulted in the delay of appropriate actions being taken in three cases. One case categorized as child welfare instead of being categorized as abuse with the result that it was diverted to PPFS where it required a preliminary enquiry by Tusla. Inspectors addressed this issue with the PSW during the inspection the Area Manager provided assurances to inspectors following inspection that the case received a preliminary enquiry and was diverted to PPFS. Inspectors identified issues with the prioritization of a second case where the case was deemed low priority, where it should have been medium priority. In a further case, a referral relating to an abuse category was received on a case that had preliminary enquiries in relation to a welfare category. This abuse category referral was closed without giving due regard to its contents which should have resulted in the area reviewing the prioritization and primary categorization of the case. This meant that further improvements were required to ensure greater consistency in the quality and timeliness of screening.

The purpose of preliminary enquiries was to gain further information in order to determine what action was required to address the needs of and risks to the child. Tusla had a five-day timeframe for the completion of this work and for an intake record to be signed off by the social worker and the team leader.

This inspection found that that the service area was still not in adherence with Tusla timeframes for preliminary enquiries. Inspectors reviewed the quality of 29 preliminary enquiries which are recorded on forms called intake records. Inspectors could not comment on the quality of three of these as two were ongoing at the time of inspection and the third was awaiting preliminary enquiries. Of the remaining 26, four were completed within the five day timeframe set out in Tusla's standard business process, three were completed within two weeks and one was completed within three weeks. Seven were completed within two months of referral, four within three months of referral, five within four months and two cases took longer than four months. Cases being waitlisted for preliminary enquiry was one cause of delay while in other cases the preliminary enquiries were ongoing for a number of weeks. Although most cases were promptly signed off by team leaders, there were three cases where preliminary enquiries had been signed by social workers and waited between three and four weeks for team leader approval.

The majority of preliminary enquiries reviewed as part of the inspection were good quality but a significant portion required improvement. Eighteen (69%) of the 26 preliminary enquiries reviewed by inspectors were found to be of good quality. This meant that inspectors found evidence of history checks, adequate interagency cooperation and consultation with families that informed decision making at this stage. All but one of these cases showed evidence of parental consent for network checks, where required.

Quality issues were identified by inspectors on the remaining seven intake records, with five of these cases having multiple issues. Five cases were found to be categorized as child welfare where inspectors found the reported concerns related to abuse or neglect categories. Inspectors found that two cases were prioritized as medium where the case met the threshold for a high priority response. Three cases showed evidence of case history being recorded on the intake record but decisions did not reflect the cumulative harm evidenced on these files. In three of these eight cases, the quality issues with the preliminary enquiry resulted in poor identification of risk to children and inadequate safeguarding. For example, concerns relating to neglect of a newborn that required a prioritized response were not addressed as part of the preliminary enquiry and in another case the history of domestic violence reported did not result in safety planning with the family or An Garda Síochána.

INITIAL ASSESSMENTS

The last inspection in December 2020 found that initial assessments were good quality but not completed in a timely manner. Given the previous positive finding in relation to the quality of initial assessments, this inspection focused on the adherence to timeframes and management oversight of assessments. Inspectors did, however, review initial assessments where required to ensure that safeguarding issues had been assessed and managed appropriately.

Data provided by the area showed that of the 4185 referrals received since 1 January 2021, 347 required an initial assessment. The area reported that 487 initial assessments had been completed in same period, with 142 initial assessments ongoing at the time of this inspection.

Issues in respect of timeliness remained. Inspectors reviewed ten files awaiting initial assessment and two where the assessment had commenced and was ongoing. The wait time from completion of the intake record to either the date the initial assessment started, or the time of inspection where the assessment had not started, ranged from one month to two years seven months. Of the two cases waiting over two and a half years, one case was medium priority and the other case was low priority. Four of the ten files waiting for initial assessment to commence had been allocated by the time of inspection, including the three cases waiting over two years.

This meant that of the six cases that remained unallocated awaiting initial assessment, one case was waiting over four months, one case over five months, two cases were waiting over six months and two cases were waiting eight months or longer for an initial assessment. While in three of those cases, preliminary enquiries had been completed within a month of referral, previous delays of between five and 14 weeks on the remaining four cases compounded the delays experienced by families using the service.

Inspectors reviewed 14 completed initial assessments. Five of these assessments commenced immediately after preliminary enquiries were completed which meant these families received a timelier service than those placed on a waiting list after preliminary enquiry. A further four commenced within a month of referral, which again meant that these families received a timely assessment. Standard business process requires initial assessments to be completed within 40 days. Nine of the 14 (64%) completed initial assessments reviewed by inspectors were met this timeframe, which is a significant improvement since the last inspection. In one case it was not possible from records to determine the timeframe of the assessment because there was a delay in launching the initial assessment record. The remaining four initial assessments took between 10 and 17 weeks to complete, which was outside the timeframe of eight weeks (40 days) set out by Tusla's standard business process.

Managers had signed off on all initial assessments reviewed, in line with Tusla's process. The issue of timeliness of team leader sign off was identified in two cases in the last inspection. On this inspection this was an issue on one case where the team leader's approval delayed the completion of the report by over three months. Inspectors also reviewed supervision records related to the completion of initial assessments. Of the 13 cases reviewed, good management oversight of initial assessments was evident on seven cases (54%) but absent on six.

Initial assessments showed adequate assessment of the reported concerns in 11 of the 14 files reviewed. However, in three cases inspectors identified that concerns reported in relation to abuse or neglect had not be considered in the initial assessment. The risks of not clarifying such issues as part of the assessments were mitigated in two cases by social workers putting adequate supports and safeguards in place to ensure the safety and welfare of children and in the third by an admission to care on the basis of concerns relating to siblings.

SAFETY PLANNING

Under Tusla's standard business process, screening and preliminary enquiries are envisaged to take place within five days and where needed, initial assessment is to follow and be completed within 40 days. Adherence to the process in line with timeframes leads to safe responses because it enables Tusla to get clarity on the level

of risk, coordinate supports and address issues promptly. Safeguarding issues arose during this inspection due to the risk resulting from delayed responses. For example, in one case Tusla received a report that a child was homeless who waited two months before having contact with social work. In another case, there was a reported concern that a child was sexually abused. This concern needed to be verified but sufficient actions were not taken to ensure the child did not have contact with the alleged abuser in the three and a half months up to the inspection. Inspectors sought and were provided with assurances during inspection in relation to the safety of this child. The Area Manager provided written assurances following inspection in relation to this case. In a third case, there was no contact with a family for 18 months and staff did not know if the child was living with the person the child alleged had physically abused them. Action was taken on this case on foot of queries by an inspector.

While safety planning is a formal process stage that takes place following initial assessment, inspectors reviewed safety planning, in terms of ensuring that necessary actions to safeguard children were taken where there were reported child protection and welfare concerns within the process stages up to completion of initial assessment. Safety planning refers to the arrangements that Tusla has in place to safeguard and protect children. Inspectors reviewed 23 cases in relation to safety planning and found nine (39%) of these had good quality safety plans in place. Three of those nine were examples of good practice, where timely action was taken to work with the family and their network to promote the safety and welfare of children.

In two cases, social workers identified that there were no appropriate safeguards that could be implemented to ensure the safety of children in the community. In these cases it was determined that children needed the protection of care but were obstructed in doing so by a lack of suitable placements. In one of these cases, children remained at risk in the community for three months while placements were sourced. In the other case, the child remained in safe but unsuitable accommodation and this case showed poor planning around this child's care.

Four cases (of 23) showed minimal safety planning was implemented that ensured basic safety for children. These plans would have been improved by involvement from the child, family and professional networks and monitoring by the social work department. In the remaining eight cases, inspectors found that safety plans were poor quality or entirely absent. One case is given as an example above. In another case, inspectors sought and were provided with assurances during inspection in relation to safeguarding issues where timely action was not taken to ensure the safety of children. The Area Manager provided written assurances following inspection in relation to this case. In the remaining six cases, three had been allocated and social workers had taken actions to safeguard children or were doing so the week of

inspection. In one case, action was taken on foot of queries by the inspector and in a second case the team leader provided assurances to the inspector that the case would be prioritized for action in early October 2021. In the last case, an assessment of the parent had concluded that there was no longer a concern the child was at risk of abuse and so safety planning was no longer required. However, in this case no action had been taken to safeguard the child in the six months between the team leader identifying the need for a safety plan and the assessment reaching this conclusion.

Inspectors reviewed a sample of 10 notifications of suspected abuse and found that all but one notification of abuse or neglect was made to An Garda Síochána, which is consistent with the findings of the last inspection. Following inspection, HIQA wrote to the Area Manager who provided assurances that the notification to An Garda Síochána had been completed in relation to this referral.

**Child protection and welfare
Standard 2.2**

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

**Judgment
Non-compliant -
moderate**

Inspectors found that all but one notification of abuse or neglect was made to An Garda Síochána. Inspectors sought and were provided with assurances that this notification was sent to An Garda Síochána.

All but one referral showed evidence of screening. Records showed twenty three (66%) of 35 screening records showed evidence of screening within 24 hours of receiving the referral and a further three were outside of timeframes due to the cyber-attack. History checks were evident on all files sampled, except where this was not possible due to the cyber-attack. This is a significant improvement since the last inspection.

Inspectors found the quality of screening was good in the majority of referrals reviewed. However, issues in relation to the quality of screening resulted in the delay of appropriate actions being taken in three cases. In one of these cases, inspectors wrote to the Area Manager following inspection and were provided with assurances that appropriate action was taken.

There were examples of very good practice at preliminary enquiry stage, such as interagency cooperation and planning. Eighteen (69%) of the 26 preliminary enquiries reviewed by inspectors were found to be of good quality. However, quality issues

were identified by inspectors on the remaining seven (31%) intake records, with four of these eight cases having multiple issues related to categorization, prioritization and a lack of consideration of cumulative harm.

Consequently, inspectors found that this posed a risk to the quality and safety of the service provided to children. For this reason, inspectors found this standard to be non-compliant.

Child protection and welfare
Standard 2.3
 Timely and effective action is taken to protect children.

Judgment
Non-compliant – major

In the majority of cases reviewed, where immediate action was required to address concerns and assess risks to children who were deemed at risk, social workers responded quickly and appropriate action was taken. However, in nine cases appropriate action was not taken in a timely way at the point of screening or preliminary enquiry to ensure children were safeguarded from identified risks.

Assurances were sought from and provided by the Area Manager following inspection in relation to two cases where action was required to ensure the appropriate safeguarding of children. Safeguarding issues arose during this inspection due to the risk resulting from delayed responses.

Child protection and welfare
Standard 2.4
 Children and families have timely access to child protection and welfare services that support the family and protect the child.

Judgment
Non-compliant – moderate

Significant work was undertaken by staff to reduce waitlists since the last inspection. However, some children who were referred to the service were waiting for lengthy periods of time for preliminary enquiries and initial assessments to be undertaken before their needs could be assessed. Assurances were sought and provided by the Area Manager following inspection in relation to poor adherence by the area to their Standard Operating Procedure for the Management of Cases Awaiting Allocation.

<p>Child protection and welfare Standard 2.5 All reports of child protection concerns are assessed in line with Children First and best available evidence.</p>	<p>Judgment Non-compliant – moderate</p>
<p>This inspection did not review the quality of initial assessment but focused on timeliness, oversight and ensuring that safeguarding issues were addressed by the assessment. Significant delays remained in relation to the completion of initial assessments with three cases waiting over two years allocated shortly before inspection. Of the assessments completed, inspectors found that nine of 14 were completed within the 40 day time frame which was a significant improvement on the previous inspection. Good management and oversight was evident on seven of 13 initial assessments reviewed by inspectors.</p> <p>Initial assessments showed adequate assessment of the reported concerns in 11 of 14 files reviewed.</p> <p>The reason for the judgment relates to the significant delay in the commencement of initial assessment.</p>	

Compliance Plan

This Compliance 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-0033951
Name of Service Area:	Dublin South-West, Kildare, West-Wicklow
Date of inspection:	27 – 30 September 2021
Date of response:	10 th January 2022

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

Theme 3: Leadership, Governance and Management

Child Protection and Welfare

Standard 3.2

Non-compliant – moderate

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

1. The management team had not sufficiently focussed on improving their compliance with Tusla's timeframes as set out by the standard business processes.
2. The tracking of decisions in management meetings and supervision to ensure they are implemented required improvement.

Action required:

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

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

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

Actions Taken/Planned	Person Responsible	Completion Date
Two additional Social Work Team Leader posts will be assigned to the Intake service. This will increase the number of Intake and Assessment Teams from 4 to 6 (3 intake teams in KWW and 3 in DSW). The two additional social work teams will provide increased capacity for governance, monitoring and supervision relating to response timeframes and service quality.	Regional Chief Officer	31 March 2022
Timeframes will be consistently reviewed by the Principal Social worker for Intake in supervision with the Team Leader's. Principal Social Worker monthly audits to continue with a focus on length of time case opened to social work department/quality of work/ whether Garda notification made/ cumulative harm being considered etc.	Principal Social Worker for Intake and Assessment	Monthly from January 2022

<p>Summary report to be provided to Area Manager in advance of monthly one to one's with Principal Social Worker. This report will include number and details of cases audited, summary of key issues and summary of corrective actions. Minutes from one to ones will be used as the tool to track the progress on agreed actions. A report will be provided to the Regional Chief Officer regarding the above at the regional governance and oversight meeting.</p>	<p>Area Manager</p>	<p>Monthly from February 2022</p>
<p>To ensure the continued safety for service provision and to reduce any related identified risks, such as staff vacancies, the intake service have scheduled a service review week for every quarter in 2022. The purpose of these review weeks will be to review and take any required corrective action in terms of service need. The Area Manager will be provided with a report relating to this action.</p>	<p>Principal Social Worker for Intake and Assessment</p>	<p>Quarterly 2022 and first review week commencing 14th Feb 2022</p>
<p>Actions logs will be maintained for all one-to-one records between the Area Manager and members of the Senior Management team. Actions from each one to one will be tracked and updates provided until the action has been completed or replaced by an updated action. Where actions or commitments are not being met, reasons for this will be documented and solutions sought. The area and regional risk management system will also be used if and when required.</p>	<p>Area Manager</p>	<p>From February 2022</p>
<p>The annual supervision audit completed in the area will track and monitor compliance to ensure actions agreed in supervision are being tracked to completion.</p>	<p>Area Manager</p>	<p>From February 2022</p>
<p>Proposed timescale:</p> <p>31 March 2022</p> <p>Monthly from January 2022</p> <p>Monthly from February 2022</p>		<p>Person responsible:</p> <p>Regional Chief Officer</p> <p>Principal Social Worker for Intake & Assessment</p> <p>Area Manager</p>

Quarterly 2022 and first review week commencing 14 th Feb 2022	Principal Social Worker for Intake & Assessment
From February 2022	Area Manager
From February 2022	Area Manager

<p>Child Protection and Welfare</p> <p>Standard 3.3</p> <p>Non-compliant – moderate</p>		
<p>The provider is failing to meet the National Standards in the following respect:</p> <ol style="list-style-type: none"> 1. The risk management system did not identify all significant risks to the service. 2. The quality assurance and monitoring systems did not consistently identify areas of poor practice. <p>Action required: Under Standard 3.3 you are required to ensure that: The service has a system to review and assess the effectiveness and safety of child protection and welfare service provision and delivery.</p> <p>Please state the actions you have taken or are planning to take:</p>		
Actions Taken/Planned	Person Responsible	Completion Date
A Risk Management Workshop will be scheduled in the area in February 2022 by the National Quality Assurance Directorate. The workshop will involve a briefing on the changes to the revised 2022 Organisational Risk Management policy, to launch 31 Jan 2022 and a briefing on the new online risk training to all Tusla staff, to launch 31 Jan 2022. A new online risk capture system will also be available and a revised risk register document.	National Quality Assurance Directorate	28 th February 2022

<p>Social Work Team Leader for Service Improvement to continue to complete audits regarding any cases awaiting allocation. Any issues arising or priority actions required will be escalated to SWTL for that Intake team and to PSW for Intake and Assessment. Action log with agreed actions, action owners and time frames will be maintained by the PSW for Intake relating to high priority work arising from these audits. Email threads relating to this work will also be uploaded to NCCIS. The PSW will seek assurances and verification from relevant teams around actions agreed.</p>	<p>Principal Social Worker for Intake and Assessment</p>	<p>Ongoing from January 2022</p>
<p>To reduce overall service risk and improve the effectiveness of the child protection service two additional Team Leader posts will be assigned to the intake service which will allow for the number of Intake and Assessment teams to increase from 4 to 6.</p>	<p>Regional Chief Officer</p>	<p>31st March 2022</p>
<p>To ensure the continued safety for service provision and to reduce any related identified risks the intake service have scheduled a service review week for every quarter in 2022. The purpose of these review weeks will be to review and take any required corrective action in terms of service need. The Area Manager will be provided with a report relating to this action.</p>	<p>Principal Social Worker for Intake and Assessment</p>	<p>Quarterly commencing week of 14th Feb 2022</p>
<p>To continue to improve and assess the effectiveness of the CPW service in the area, NCCIS reports will be generated and used by all managers as a governance and oversight tool. Reports that are now in place include individual and team information relating to referrals allocated and unallocated figures, priority rating, timeframes, and activity on cases.</p>	<p>Principal Social Worker for Intake and Assessment</p>	<p>Monthly from February 2022</p>
<p>QRSI Team Leader will deliver the Safety planning workshop in Q1 12th January 2022. This presentation will be informed by the findings of the safety plan audits (10% of CPW files) completed during the year. The Signs of Safety Training and Development Officer supporting our area will also co-facilitate this workshop on a quarterly basis with QRSI TL during 2022, beginning in Q2.</p>	<p>QRSI Social Work Team Leader</p>	<p>12th January 2022 and quarterly thereafter</p>

<p>A methodology will be developed within the area with regard to consistently seeking service user feedback from children and families having received an intake service</p>	<p>Quality and Risk Service Improvement Regional manager DML</p>	<p>June 2022</p>
<p>Proposed timescale:</p> <p>28th February 2022</p> <p>Ongoing from January 2022</p> <p>31st March 2022</p> <p>Quarterly commencing week of 14th Feb 2022</p> <p>Monthly from February 2022</p> <p>12th January 2022 and quarterly thereafter</p> <p>June 2022</p>		<p>Person responsible:</p> <p>National Quality Assurance Directorate</p> <p>Principal Social Workers for Intake & Assessment</p> <p>Regional Chief Officer</p> <p>Principal Social Worker for Intake and Assessment</p> <p>Principal Social Worker for Intake and Assessment</p> <p>QRSI Social Work Team Leader</p> <p>Quality and Risk Service Improvement Regional manager DML</p>

Theme 2: Safe and Effective Services

Child Protection and Welfare

Standard 2.2

Non-compliant – moderate

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

1. Twelve referrals (34%) of the sample were not screened within 24 hours in line with Tusla standard business process.
2. Issues in relation to the quality of screening resulted in the delay of appropriate actions being taken in three cases.
3. Not all preliminary enquiries were completed in a timely manner in line with Tusla standard business processes.
4. Quality issues were identified seven intake records, 31% of the sample, related to categorization, prioritization and a lack of consideration of cumulative harm.
5. One notification was not made to An Garda Síochána at the time of inspection.

Action required:

Under **Standard 2.2** you are required to ensure that:

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

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

Actions Taken/Planned	Person Responsible	Completion Date
Two additional Social Work Team Leader posts will be assigned to the Intake service. This will increase the number of Intake and Assessment Teams from 4 to 6 (3 intake teams in KWW and 3 in DSW). The two additional social work teams will provide increased capacity for screening. This will also improve capacity for governance and monitoring of response timeframes and service quality.	Regional Chief Officer	31 st March 2022
Planned workshops relating to screening and continued improved overall quality will continue as part of in-house training and development plan 2022.	Principal Social Worker for Intake and Assessment	Quarterly 2022 and commencing in February 2022
Governance tools and systems including NCCIS reports, supervision, reports to the area manager and area governance and oversight group will be	Area manager	From February 2022

<p>used to track, monitor and take required correction action relating to screening of all new referrals.</p> <p>This governance approach will be mapped out for all staff in the area.</p> <p>In addition to this, social work team leaders and PSW will be trained and supported in using the Tusla risk management system relating to the identification of service risks, managing these and reporting on them.</p>		
<p>PSW for Intake service currently and will continue to check any referrals awaiting screening past 24 hours and bring to the attention of the relevant Team Leader on an ongoing basis.</p> <p>The PSW will also take corrective action if required relating to any thematic issues arising from their oversight relating to screening and timeframes.</p>	Principal Social Worker for Intake and Assessment	Immediate action taken in January 2022 and ongoing
<p>An amended screening pro forma was piloted in the area in November 2021. These amendments were made to ensure information is recorded clearly.</p> <p>This new pro forma is now implemented for the intake service.</p> <p>The Service Improvement SWTL and the PSW for Intake and Assessment review these screening sheets monthly with a focus on the quality of screening for referrals.</p>	Principal Social Worker for Intake and Assessment	Completed and ongoing
<p>Continued IR workshops scheduled as part of our in-house training and development plan 2022 and focusing on timeliness and quality including the assessment of cumulative harm.</p>	Principal Social Worker for Intake and Assessment	Ongoing throughout 2022 and schedule available
<p>Continued monthly audits of completed IRs to be conducted by the PSW for Intake and Assessment. This will focus on quality, appropriateness of outcomes and Garda notifications. PSW to flag with SWTL if case requires urgent action. All relevant emails to be uploaded to NCCIS. As above, this information will be collated by the PSW for their monthly one to one report to the Area Manager and for the area governance and oversight meeting.</p>	Area Manager	Ongoing from February 2022

<p>These governance actions will be mapped and developed into a written governance standard operating procedure for the intake service within the area.</p>		
<p>Proposed timescale: 31 December 2022</p> <p>31st March 2022</p> <p>Quarterly 2022 and commencing in February 2022</p> <p>From February 2022</p> <p>Immediate action taken in January 2022 and ongoing</p> <p>Completed and ongoing</p> <p>Ongoing throughout 2022 and schedule available</p> <p>Ongoing from February 2022</p>		<p>Person responsible:</p> <p>Regional Chief Officer</p> <p>Principal Social Worker for Intake and Assessment</p> <p>Area Manager</p> <p>Principal Social Worker for Intake and Assessment</p> <p>Principal Social Worker for Intake and Assessment</p> <p>Principal Social Worker for Intake and Assessment</p> <p>Area Manager</p>

Child Protection and Welfare

Standard 2.3

Non-compliant – major

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

1. Timely and effective action was not taken to safeguard all children.

Action required:

Under **Standard 2.3** you are required to ensure that:
Timely and effective action taken to protect children.

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

Actions Taken/Planned	Person Responsible	Completion Date
<p>Four additional Social Work posts were approved for the area in the last quarter 2021 and are aligned to the two Intake and Assessment teams in KWW (2 additional Social Workers on each team). This additional staffing ensures that the two intake and assessment teams in KWW are on par with staffing levels on the two Intake teams in DSW.</p> <p>Of these additional posts, 2 posts are filled and 2 social workers are due to commence in February 2022.</p> <p>2 additional SWTLs have also been approved for the intake service. This is an additional allocation of 6 WTE posts for the intake service.</p> <p>When these positions are filled, this will significantly increase capacity for the service to provide a timelier response.</p>	Regional Chief Officer	31 st March 2022
<p>To monitor and take required corrective action if required, quarterly review weeks have been scheduled for the Intake service. These will take place every quarter in 2022. The purpose of these planned weeks (one per quarter) will be to respond to any risks identified within the service and to take the required corrective actions. This for example may include the intake service provide support to teams who have staff vacancies and where there are higher unallocated cases.</p>	Principal Social Worker for Intake and Assessment	Quarterly 2022 and first review week to be scheduled by end of Feb 2022

<p>Post Intake Prioritisation (PIP) days will be ongoing where teams review cases and complete urgent work and case closures. PIP days are also very useful in terms of shared learning across teams. These are completed quarterly, and the aim is to include 2 teams per quarter so each team across the Child Protection and Welfare pillar has at least 1 PIP day a year.</p>	<p>Principal Social Workers for Intake and Assessment and Child Protection and Welfare</p>	<p>Scheduled quarterly throughout 2022</p>
<p>Monthly reviews of referrals awaiting IR by Social work team Leaders. The two additional social work team leaders will support this work. Governance tools and systems including NCCIS reports, supervision, reports to the area manager and area governance and oversight group will be used to track, monitor, and take required correction actions required.</p>	<p>Area Manager</p>	<p>31st March 2022</p>
<p>Proposed timescale:</p> <p>31st March 2022</p> <p>Quarterly 2022 and first review week to be scheduled by end of Feb 2022</p> <p>Scheduled quarterly throughout 2022</p> <p>31st March 2022</p>		<p>Person responsible:</p> <p>Regional Chief Officer</p> <p>Principal Social Worker for Intake and Assessment</p> <p>Principal Social Workers for Intake and Assessment & Child Protection and Welfare</p> <p>Area Manager</p>

Child Protection and Welfare

Standard 2.4

Non-compliant – moderate

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

1. Some children who were referred to the service were waiting for lengthy periods of time for preliminary enquiries and initial assessments to be undertaken.
2. Children awaiting allocation were not consistently reviewed in line with the area's local Standard Operating Procedure.
3. The timescales for review in the local Standard Operating Procedure were not appropriate to manage all types of cases.

Action required:

Under **Standard 2.4** you are required to ensure that:

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

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

Actions Taken/Planned	Person Responsible	Completion Date
Timeframes will be consistently reviewed by PSW for Intake. PSW monthly audits to continue and focus on length of time case opened to social work dept., quality of work etc. Summary report to be provided to Area Manager in advance of monthly one to one's with Principal Social Worker. Minutes from one to ones will be used as the tool to track the progress on agreed actions. A report will be provided to the Regional Chief Officer regarding the above at the regional governance and oversight meeting.	Area Manager	Monthly from February 2022
The Area has reviewed the SOP for the Management of Unallocated Cases. The two additional posts assigned to Intake will increase capacity to conduct quarterly reviews by team leaders. An escalation procedure has been included in the SOP relating to the completion of audits. As an additional assurance, the QRSI Team Leader will complete quarterly reviews to provide verification to the area manager to ensure that audits under the SOP are being completed. QRSI Team Leader reports and findings will also be collated and presented at the Regional	Principal Social Worker for Intake and Assessment	Completed and ongoing quarterly 2022

Governance and oversight meetings chaired by the Regional Chief Officer.		
<p>Four new social work posts were approved for the Intake and Assessments Teams in the last quarter 2021. This additional staffing ensures that the two intake and assessment teams in KWW are on par with staffing levels on the two Intake teams in DSW. It is anticipated that this will assist in reducing waiting times and numbers awaiting allocation and this will be closely monitored by the PSW. Of these additional posts, 2 posts are filled, and 2 social workers are due to commence in February 2022. When these positions are filled, along with the two Team leader posts, this will significantly increase capacity for the service to provide a timelier response.</p>	Principal Social Worker for Intake & Assessment	31 st March 2022
<p>Proposed timescale:</p> <p>Monthly from February 2022</p> <p>Completed and ongoing quarterly 2022</p> <p>31st March 2022</p>		<p>Person responsible:</p> <p>Area Manager</p> <p>Principal Social Worker for Intake and Assessment</p> <p>Principal Social Worker for Intake & Assessment</p>

Child Protection and Welfare

Standard 2.5

Non-compliant – moderate

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

1. Significant delays remained in relation to commencing initial assessments.
2. In three cases inspectors identified that concerns reported in relation to abuse or neglect had not been considered in the initial assessment.
3. Improvements were required in the management oversight of initial assessments.

Action required:

Under **Standard 2.5** you are required to ensure that:

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

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

Actions Taken/Planned	Person Responsible	Completion Date
Four new social workers approved for Intake and Assessment Teams in KWW will enhance capacity and support allocation of cases.	Principal Social Worker for Intake & Assessment	28 th February 2022
SWTL for Service Improvement reviews cases awaiting initial assessment. A sample of cases across all Teams and process stages which are awaiting allocation are selected for these case audits/reviews.	Social Work Team Leader for Service Improvement	Quarterly throughout 2022
Audits reports and feedback is a standing item in supervision between team leaders and Principal Social Workers. Feedback to be included in the summary report provided to the Area Manager in advance of monthly one to one's with Principal Social Worker. Minutes from one to ones will be used as the tool to track the progress on agreed actions. A report will be provided to the Regional Chief Officer regarding the above at the regional governance and oversight meeting.	Area Manager	Monthly throughout 2022

<p>As an additional assurance, the CPC Chair reviews all initial assessments relating to children where a CPC has been recommended. The purpose of this review is to ensure that the threshold is met, the required policy followed and to provide feedback to the Area manager and management team on quality of initial assessments.</p>	<p>CPC Chair</p>	<p>Ongoing from Jan 2022</p>
<p>Workshops on IA's are also provided as part of training schedule. IA and IR workshop provided by SWTL for Intake and assessment and provided quarterly. The first of these workshops will take place on 9th Feb 2022</p>	<p>Principal Social Workers for Intake and Assessment</p>	<p>Commencing 9th Feb 2022 and quarterly thereafter</p>
<p>Proposed timescale:</p> <p>28th February 2022</p> <p>Quarterly throughout 2022</p> <p>Monthly throughout 2022</p> <p>Ongoing from Jan 2022</p> <p>Commencing 9th Feb 2022 and quarterly thereafter</p>		<p>Person responsible:</p> <p>Principal Social Worker for Intake & Assessment</p> <p>Social Work Team Leader for Service Improvement</p> <p>Area Manager</p> <p>CPC Chair</p> <p>Principal Social Workers for Intake and Assessment</p>