



Service Area Inspection

Health Information and Quality Authority Regulation Directorate monitoring inspection on the progress of the service area's implementation of their child protection and welfare and foster care services actions

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| Name of service area: | Kerry |
| Name of provider: | Child and Family Agency Tusla |
| Type of inspection: | Risk based Service Area Inspection |
| Date of inspection: | 18 – 21 January 2021 |
| Lead inspectors: | Lorraine O Reilly |
| Support inspector(s): | Sharron Austin Sabine Buschmann Susan Geary Olivia O Connell Susan Talbot |

About this inspection

This inspection of Kerry Service Area was undertaken due to the on-going risks within the child protection and welfare services in the area. An inspection of the child protection and welfare service in December 2019 identified non-compliances and risks to the protection and welfare of children in the area.

This inspection was a combined foster care and child protection and welfare inspection aimed at assessing the progress within the area with respect to agreed actions by the area manager identified to address risks to children across both services in response to previous inspections and significant risk issues within the area in 2020. In the context of this inspection, the areas inspected related to identified risks and therefore the entire standard was not assessed in all cases.

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
- interviews with the area manager and principal social workers
- speaking with parents and children
- the review of local policies and procedures, minutes of various meetings, staff supervision files, audits and service plans
- the review of relevant sections of children's case files
- the review of other reports and documents as required

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 service.

Where an inspector identified a specific issue or 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, regional service director and or Tusla's director of services and integration.

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

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

Kerry is one of Tusla's Child and Family Agency's 17 Areas and forms part of the Southern Area. The 2016 Census recorded a total population 147,707 in Kerry with a child population (0-17 years) of 34,527, representing 23.4% of the Area's total population. The area is under the management of the interim service director for the Tusla South region, and is managed by the area manager who has responsibility for the senior management team. The senior management team consisted of:

- area manager
- principal social worker- duty/ intake Team

- principal social worker- child protection and welfare team
- principal social worker- children in care team
- principal social worker- fostering team
- principal social worker- service development team
- manager- placement prevention and family support
- manager- family centre
- principal social worker- child protection case conference chairperson
- business support manager

The service area was restructured in July 2020. At the time of this inspection, the area had a dedicated duty/intake team, child protection team, children in care team, fostering team and aftercare team. The area also had an area support team that provided oversight of retrospective cases of abuse and service development. Each team was assigned a dedicated principal social worker post for oversight. One principal social worker was on extended leave at the time of the inspection which meant that one principal social worker was providing oversight for both the children in care team and fostering team.

Child Protection and Welfare

The duty and intake team managed child protection and welfare concerns from the point of referral and screening through to the end of initial assessments for children living in the area. The social work team leader and duty social worker screened and prioritised all referrals received by the area. The duty and intake team was managed by one social work team leader who reported to a principal social worker. The team consisted of a senior social work practitioner, four social workers, one child care leader and two administration officers.

The child protection and welfare team was responsible for children where there was an identified need for ongoing social work intervention following the completion of the initial assessment. The child protection and welfare team was managed by a social work team leader who reported to a principal social worker. The team consisted of one senior social practitioner, four social workers, one child care leader and one administration support officer. One further social worker post was vacant at the time of the inspection. The area had identified the need for a second social work team leader given the volume of work for the team.

There was one principal social worker dedicated to chairing child protection conferences for children who were listed on the child protection notification system

(CPNS). The CPNS is a confidential list of all children who have been identified at a child protection conference as being at significant risk of harm.

Children in Care

According to data provided by the area, there were 139 children from the area in foster care at the time of the inspection. The area had one children in care team who provided a social work service to all children in care. The team was managed by two social work team leaders who reported to one principal social worker. The two team leaders managed a team of seven social workers, one child care leader and one administration support officer. Two other child in care social worker posts were vacant at the time of the inspection. The principal social worker had responsibility for both the children in care team and fostering team at the time of the inspection. A third social work team leader had a dedicated role of chairing child-in-care reviews.

Kerry Service Area monitoring and inspection activity

Below is a brief overview of inspection activity and engagement with the Kerry service area, including engagement with Tusla's previous chief operations officer in relation to the risks identified since the last child protection and welfare inspection and the last foster care inspection which both occurred in 2019.

March 2019: Foster care inspection

The key findings were largely related to poor governance. Two standards were non-compliant moderate, two were substantially compliant and two were compliant. The key risks were:

- no system in place to track allegations and child protection concerns
- inadequate management and classification of complaints
- the area had not appropriately informed the foster care committee (FCC) of relevant issues about placements and a child protection concern against foster carers
- lack of documentation about case management and safety planning
- an absence of managerial oversight of care plans and quality of records
- the validity of the data provided by the area to Tusla national office and HIQA given that there were differences in what was reported and what inspectors found during the inspection

November 2019: Child protection and welfare inspection

The key findings were largely related to poor governance. One standard was non-compliant, four were partially compliant and two were substantially compliant. The key risks were:

- an absence of appropriate An Garda Síochána (police) vetting on staff files
- an absence of required social work registration on one file
- significant delays in children receiving a service
- safety planning was not routinely monitored
- delays in notifying An Garda Síochána of suspected abuse
- supervision was not embedded in the area which contributed to poor oversight and governance of social work practice.

May 2020

The chief executive officer of Tusla notified the Chief Inspector of Social Services about a number of issues arising in the Kerry service area. The Kerry area manager had reported two significant practice issues to Tusla's national office. The first was that an internal review found retrospective cases of alleged abuse had not been managed appropriately. The second issue was the under-reporting of notifications of suspected abuse to Gardaí in line with *Children First: National Guidance for the Protection and Welfare of Children (2017)*. This meant that the service's statutory responsibility to notify Gardaí of suspected cases of abuse had not been met. HIQA sought assurances from the area's service director about how the identified practice issues would be addressed.

June 2020

The service director for Tusla South responded to HIQA's request for assurances. They advised high priority retrospective cases were allocated to assess any risk to children and ensure safety plans were put in place where required. The waiting list for retrospective cases was subject to quarterly reviews by the service development team. Additional staff were assigned to complete various tasks. All identified cases of retrospective abuse were subsequently completed and submitted to Gardaí. An audit was completed and confirmed that all social work staff active on duty in the Kerry area had current CORU registration and enhanced measures were put in place for ongoing monitoring of registration. Dates for the outstanding notifications to Gardaí to be submitted were provided. The area developed service improvement plans for each team and a tracker to ensure that all actions were undertaken. A series of audits were undertaken at local and regional level. The Tusla Practice Assurance and Service Monitoring Team (PASM) had commenced four audits in the area. These

looked at the management and oversight of child protection and welfare referrals, open child protection and welfare cases, closed cases to child protection and welfare and the management and oversight of child-in-care cases. Following this response, HIQA met with the relevant managers in the area and requested another provider assurance report. HIQA subsequently held a provider meeting with the service area. It was decided that the area would submit further provider assurance reports about progress being made to address the significant service wide risk issues that had been identified.

August 2020

In a provider assurance report to HIQA dated 14 August 2020, key priorities were identified in the area's rapid improvement plan. This plan was in response to audit findings both at local and regional level. These included:

- restructuring of social work services from two teams to five teams
- reducing the cases awaiting allocation by the end of 2020
- providing regular reports to the service development team for oversight of timelines on intake records
- holding workshops with staff in relation to the national approach to practice
- undertaking quarterly audits on allocated cases to examine drift or delays
- reviewing the files of children awaiting allocation on a regular basis and the reviews were to be recorded on the child's file.

November 2020

The area submitted another provider assurance report. It stated from July 2020, the area had focussed on practice (voice of the child, assessment, safety planning and child protection safety plans), procedures (supervision, Garda notifications, national approach to practice) and culture (change management & communication). Work completed by the area included the reconfiguration of all teams, submission of all notifications to An Garda Síochána and joint action sheets, and all cases which required actions emerging from audits had been allocated with 300 tasks completed. It noted that overarching findings from audits included poor evidence of a number of social work functions. These included poor evidence in regard to the views and voice of the child, children not being met with by social workers, statutory visits to children not being undertaken, assessment of harm, safety planning and procedures such as the recording of supervision, record keeping and notifications to Gardaí.

December 2020

HIQA was not assured by the provider assurance report submitted in November 2020 and therefore announced that the service area risk based inspection would commence 18 January 2021.

January 2021

A service area risk based inspection which included the child protection and welfare service and the foster care service was carried out. The focus of the inspection was to assess progress in relation to the implementation of measures to enhance the capability and capacity of the service. Progress had been required to ensure the delivery of safe and effective child protection and welfare and foster care services in Kerry. The inspection also focussed on the extent to which these measures had addressed the non-compliances found during monitoring inspections in 2019, as well as the concerns throughout 2020. The inspection was undertaken on 18 January and was conducted over four days. The standards covered during the inspection were:

| Foster Care | Child Protection and Welfare |
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| <p>Standard 5</p> <p>The child and family social worker</p> <p>Standard 10</p> <p>Safeguarding and Child Protection</p> <p>Standard 19</p> <p>Management and monitoring of foster care services</p> | <p>Standard 2.2</p> <p>All concerns in relation to children are screened and directed to the appropriate service.</p> <p>Standard 2.3</p> <p>Timely and effective action is taken to protect children.</p> <p>Standard 2.4</p> <p>Children and families have timely access to child protection and welfare services that support the family and protect the child.</p> <p>Standard 2.5</p> <p>All reports of child protection concerns are assessed in line with Children First and best available evidence.</p> <p>Standard 2.12</p> <p>The specific circumstances and needs of children subjected to organisational and/or institutional abuse and children who are deemed to be especially vulnerable are identified and responded to.</p> <p>Standard 3.1</p> |

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| | <p>The service performs its functions in accordance with relevant legislation, regulations, national policies and standards to protect children and promote their welfare.</p> <p>Standard 3.3</p> <p>The service has a system to review and assess the effectiveness and safety of child protection and welfare service provision and delivery.</p> |
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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 |
|----------|---------------------|--|---|
| 18/01/21 | 10:00 – 16:30 | Lorraine O Reilly Sharron Austin Susan Geary Olivia O Connell Susan Talbot Sabine Buschmann | Lead inspector Inspector Regional Manager Inspector Inspector Remote Inspector |
| 19/01/21 | 09:30 – 16:30 | Lorraine O Reilly Sharron Austin Susan Geary Olivia O Connell Susan Talbot Sabine Buschmann | Lead inspector Inspector Regional Manager Inspector Inspector Remote Inspector |
| 20/01/21 | 09:30 – 16:30 | Lorraine O Reilly Sharron Austin Susan Geary Olivia O Connell Susan Talbot Sabine Buschmann | Lead inspector Inspector Regional Manager Inspector Inspector Remote Inspector |
| 21/01/21 | 09:00 – 16:30 | Lorraine O Reilly Sharron Austin | Lead inspector Inspector |

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| | | Susan Geary Olivia O Connell Susan Talbot Sabine Buschmann | Regional Manager Inspector Inspector Remote Inspector |
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Views of people who use the service

Child Protection and Welfare service

Inspectors spoke with four families who were receiving a child protection and welfare service. Parents told inspectors that their social worker was easy to contact. One parent stated that their social worker was kind, gentle and understanding. Another parent said that the social worker was very good and they felt supported.

All parents said that social workers visited their families at home and met with their children face to face. Two parents told the inspector that social workers explained their role and that they understood the reason for their involvement in their family while one parent was not sure why the department was involved. Two parents were happy with the level of contact they had with the service during the COVID-19 pandemic, and they said that phone contact and meetings continued to take place.

Families also told inspectors about some of the challenges in working with the service. One parent stated that they had a change of three social workers within three months and that they 'had to tell a difficult story all over again'. Children also spoke about changes in social workers, 'I had five or six social workers and that is not easy'.

One parent said that the social worker did not keep them informed about decisions and that social work services were not available after hours. Children spoke about requesting counselling but was told it was unavailable due to Covid-19.

Foster Care Service

An inspector spoke with two children and two foster carers who were engaged with the social work department's children in care team. Children said that their social workers visited them regularly and talked on the phone. Children had regular contact with their parents.

Both foster carers said that the social workers kept them informed about decisions and actions and that they had regular child in care reviews. In addition, both foster carers said that the children were visited or phoned during Covid-19 lockdown when home visits were not possible; although one foster carer stated that visits with the social worker could be more frequent.

Foster carers and children spoke about changes in social workers. One of the children said they found the changes in social workers really difficult. Foster carers also spoke about changes in social workers, link workers and social work team leaders at the same time. One foster carer said this was not good as they did not know the family and relied only on information about the family from files. The foster carer felt that the history of the family was lost when an entire new team of social workers took

over a new case. One foster carer told inspectors they advocated for the children in their care not to have a change in social workers and this was agreed to. The children had already had two social workers.

Capacity and capability Leadership, Governance and Management

Introduction

This inspection of Kerry service area was undertaken to examine the area's progress in implementing actions to address risks to children in both the child protection and welfare and foster care services. A number of practice issues and governance concerns were found during the child protection and welfare inspection and foster care inspection in 2019. In addition in 2020, the area manager carried out an audit which found a large number of allegations of abuse had not been reported as required to An Garda Síochána and other practice issues had been identified throughout the service.

During this inspection, inspectors found that the senior management team were committed to working towards providing a good quality, timely and responsive child protection and welfare service and foster care service to children and their families. Significant changes had commenced during the six months prior to the inspection. These changes included new team structures with clear lines of accountability to management and it involved a change in caseloads for frontline social workers. The changes were overseen by Tusla's national office who had monitored the area's progress throughout 2020.

Governance systems had strengthened for the management of referrals to the child protection and welfare service since the last child protection inspection in 2019. This meant that children and families had their needs assessed in a more timely way and there was responsive action from the service. While similar governance structures were put in place for the foster care service, they were not as effective in ensuring that all children were receiving a good quality service. Further improvements were required in order for the service area to reach full compliance with standards.

Inspectors found areas of non-compliance in services for children which needed action by the management team including;

- children's records not being kept up to date as required
- categorisation of allegations, serious concerns and complaints
- poor monitoring of visits to children across the service which were not in line with local policies and statutory requirements.

Inspectors escalated these issues to the area manager while on-site and after inspection. Assurances were provided by the area manager that these issues would be addressed. Children's records would be tracked by social work managers, they would be audited to ensure they were kept up to date, they would also be monitored at supervision and visits would be recorded on a statutory visit template. An independent review of a case by a principal social worker recommended actions about the categorisation of allegations, serious concerns and complaints which included teams receiving a briefing about the management of these safeguarding issues. The area manager was assured going forward there would be greater oversight and monitoring of children having contact with their social worker. The area manager was assured given that the area had created an escalation system whereby if children were not visited in a timely manner, the principal social worker would be alerted and an action plan would be put in place to address the issue.

Service area management systems

Overall, governance arrangements had strengthened since the last inspections. The area had developed a 'service development team' who undertook significant pieces of work on the risk issues identified throughout 2020. The service development team was divided into an operational and support team with oversight and management from a principal social worker. The operational team completed adult assessments on retrospective referrals and section three assessments. The support team offered guidance to the area through effective oversight by auditing referrals from receipt of the referral to closure of the referral. The quality assurance officer and the National Child Care Information System (NCCIS) liaison officer were members of this team. The NCCIS was the system used to record children's information. Oversight was achieved through a planned programme of audits and reviews which identified themes within practice and governance. The service development team worked with the principal social workers and social work team leaders to develop systems which supported required changes to practice and governance. This included training needs, developing local standard operating procedures and NCCIS user liaison support.

The senior management team had implemented an area service development plan which focused on particular areas of the service as highlighted by a number of audits undertaken by the management team. The plan was created to support and to track all identified practice challenges. In addition, all cases where actions were required following several audits were tracked and monitored by the dedicated principal social worker with oversight of the service development team. This showed improved oversight by the senior management team who held staff accountable for their work.

Enhanced governance arrangements had been implemented by the area manager. A planned schedule of monthly meetings was in place, where the senior management team ensured that oversight of key areas was a collective and supported responsibility. There were improvements in areas of practice that were deemed initial priorities for the area manager in 2019. These were improving and reforming the child protection and welfare service, embedding regular staff supervision and reviewing notifications of suspected abuse to An Garda Síochána.

The monitoring and oversight to ensure timely notifications to An Garda Síochána required further improvement. Delays were still evident and therefore more robust management measures to track timeliness of notifications was required to ensure children received the most appropriate services at the most appropriate time when there was alleged child abuse or neglect. Delays in notifications are discussed later in the report.

There were other oversight mechanisms that had been put in place in the months prior to the inspection. The principal social workers met on a monthly basis to discuss, agree and propose various actions for the attention of the area manager at the senior management meetings. The area had a monthly complex case forum where identified cases were reviewed and supports were implemented before a case reached the point of escalation. The area manager developed a tracker for complex case meetings to monitor when each child was discussed at the meeting.

Overall, management structures had improved since the last inspections. There was clarity of roles, accountabilities and responsibilities across the service. The restructuring of the various teams streamlined service provision and staff at all levels were aware of their responsibilities. There were clear lines of accountability with each team having the same model of management structure. Each team was overseen by a dedicated principal social worker who supervised the social work team leader who in turn supervised the senior social work practitioner and social workers. As already stated, one principal social worker was on extended leave at the time of the inspection which meant that one principal social worker had management oversight for the children in care team, fostering team and the aftercare team.

Managers monitored the service through a number of measures and some were more effective than others. Measures included the programme of audits, team meetings, supervision and reviews of waitlists and of children's records. The quality of this oversight was more robust for the child protection and welfare service than it was for the children in care service. For example, the reviewing and recording of information on children's files had improved more so for the child protection and welfare service than for the children in care teams. The management and oversight of visits for children who were listed on the CPNS required further improvement.

As part of the improved governance and oversight of service delivery, the service development team undertook several audits in 2020 and developed a schedule for audits to continue in 2021. This measure arose from the negative findings of local and regional audits throughout 2020.

The area manager initiated a series of internal audits and reviews of both practice and processes in early 2020 in response to concerns identified at local level. These found that the service needed to improve their recording of work, documenting key decisions about what actions were taken or were not taken. They also noted that although supervision occurred, this was not being captured on the electronic system. Inspectors also noted this from reviewing children's records. Case discussions were not always recorded which could impact on the management oversight of cases, particularly given the recent restructuring of teams and changes in social workers. An area support improvement plan was developed to address any risk issues identified.

An example of one audit that was put in place was to review a sample of open cases on a quarterly basis. The findings were presented to the area management team and also returned to the principal social worker and team leader responsible for case. This led to actions on cases being completed which were tracked by the service development team. Inspectors saw evidence of audits that were uploaded to children's files in line with the local process.

Tusla's Practice Assurance and Service Monitoring Team (PASM), compiled an assurance review in August 2020, having completed four audits which examined the management and oversight of child protection and welfare referrals and cases, closed child protection and welfare cases and child-in-care cases. The PASM team found the following risk issues regarding service delivery:

- local area governance arrangements and the management and oversight of service delivery required improvement
- managers were not clear about their respective roles and responsibilities for ensuring the delivery of a safe and effective quality service
- management and oversight of service delivery was not sufficiently robust
- local managers were not quality assuring service delivery
- social workers were unclear about what was expected of them and what constituted success in service delivery
- performance issues were adversely impacting upon service delivery at both line management and social worker

The PASM team noted that the area manager would need to foster a climate of cooperation towards service improvement and introduce a range of local standard operating procedures. The area manager had already taken actions to improve service delivery which included developing local standard operating procedures and undertaking audits.

The area manager told inspectors that they worked closely with the service development team. The area manager regularly reviewed audit findings and was committed to improving the services for children and their families. They had a good understanding of the difficulties experienced within the service such as communication issues about the rapid changes and the need to support all staff to see the positive impact that the changes would have for children in the longer term. They had identified priorities for 2021 to address the presenting issues such as increased monitoring and oversight of visits to children, introducing professional development plans for staff, supporting staff to address any performance management issues and implementing a training programme based on recent training needs analyses completed by each team.

Staff training needs had been assessed to improve the service provided to children and their families. An initial training needs analysis was completed by each team in 2020 and a collective training plan for the area had been put in place. The programme took into account audit findings and the national approach to practice training development plan which would provide additional support to the area into throughout 2021.

Change management

Changes occurred very quickly as the governance structures required significant improvement to provide adequate oversight of social work practice across the service area. Social workers told inspectors that although the changes were required to improve the services to children and their families, that there was no consultation with social workers prior to the changes. They spoke about the timing being in the middle of a pandemic and during school holidays so some staff were on leave when changes happened. They spoke about the changes having a negative impact on families initially because some children had new social workers, link workers and team leaders and this was a lot of change for families at the same time. They spoke about the change in having increased supervision being positive as there was a willingness to ensure that changes worked well and staff were supported after the changes had occurred. While the changes were overall welcomed by staff, it was the lack of prior consultation that was raised with inspectors as the biggest issue.

The area engaged a change management consultant to undertake focused work with all staff at all levels and grades, both on an individual and group basis. The consultant specialised in strengthening leadership and had a multi-level approach to transforming culture within an agency. Areas such as communication and effectiveness were explored with staff. Evaluation and feedback was provided to the area manager to plan the next steps. In response to feedback from social workers, the senior management team recognised that improved communication was required and they devised a communication strategy which commenced with a monthly

publication of a newsletter to all staff. Inspectors saw that the newsletter was a colourful publication and covered topics such as wellbeing initiatives, updates about new staff, local news, suggestion box and a reflective piece from the area manager. Other initiatives to improve communication and the sharing of information included monthly team meetings and group supervision which had been implemented across the service area in the months prior to the inspection. These measures were introduced to improve communication, discussion and the sharing of information. It was planned the communication strategy would be further developed in 2021.

Governance of information

The NCCIS was used to record children's information. Inspectors reviewed an information sheet with details of how to record work on the electronic system. This was circulated to staff during the month of the inspection. This included how to name case notes, reports and request initial child protection case conferences. For the child protection and welfare service, using the system had recently been embedded more in day-to-day practice and procedures. Inspectors found that the majority of records were accessible but there was a lack of recording of key information such as visits to children on the CPNS and visits to children in foster care.

The management and oversight of recording of visits for children who were listed on the CPNS required further improvement. The area's local policy stated that children on the CPNS should be visited fortnightly for the first two months and then on a monthly basis. Inspectors reviewed eight files for visits to children and families with a total of 15 children on the CPNS for the recording of visits. All eight files did not evidence visits in line with local policy. Inspectors were told that more visits had occurred but had not been recorded on children's files.

For the foster care service, there was lack of recording to show children in foster care were being visited in line with regulations. The area had committed to every child in care being visited once every four months. Records reviewed by inspectors showed little evidence of this level of visits to children. However, in some instances visits had occurred but had not been recorded on the system.

Given that the information on children's files was not up to date managers could not be assured or provide satisfactory oversight that the service was meeting its own requirements, that visits to children were completed or be assured about the quality of the visits. Inadequate action had been taken to address information governance risks.

Inspectors sought and received assurances from the area manager following this inspection that appropriate plans would be put in place to fully address the impact of case files not being up to date for all children receiving a service.

Risk management

The area manager had put a number of systems, structures and initiatives in place to manage risks. There were monthly senior management meetings and area team management meetings which were well attended by staff. Other risk management systems included the risk register and local standard operating procedures.

The area had regular reviews of the risk register which was an improvement since the inspection in 2019 when regular reviews had not been occurring. Risk assessments for the register were created with principal social workers for the relevant pillar and the service development team. Risks were reviewed by the service development team and were also brought to the principal social workers forum for review. The senior management team authorised the risks for inclusion on the risk register. The highest risks on the risk register included the absence of a second social worker team leader in the child protection and welfare service and audits during 2020 showing non-compliance under a number of key standards for child protection and welfare. A recent risk was the number of staff on extended leave within the children in care team. This had an impact on children being allocated a social worker. This risk was identified and scheduled to be discussed at the next senior management meeting.

Some risks were on the register for a number of years, but remained rated as a high level risk. They were amended when required, for example, the risk about lack of placements was recently amended to reflect that this issue referred to the lack of appropriate placements for children who required a specialist medical or disability placement. Risks were appropriately escalated by the area manager to the service director as required. For example, one identified risk was the lack of foster care placements in the area. This risk meant that children's needs may not be met should they need a placement.

A series of standard operating procedures were developed throughout 2020 which clearly set out the standard of practice required of staff. These standard operating procedures were in line with national standard business processes. The development of local standard operating procedures was also a recommendation arising from an assurance review by the PASM team in August 2020.

Sufficient contact with children and families during Covid-19 was not evidenced on files. Inspectors found evidence on files, in minutes of meetings, and from speaking to staff directly that visits had not occurred in some instances during Covid-19 and that this was instructed by social work team leaders. In light of the unique circumstances in relation to children and potentially their lack of contact with other professionals during the Covid-19 restrictions, such as schools, crèches and other community services, ensuring the safeguarding of children in foster care and children in the community who are known to child protection services, especially those listed on the CPNS, was essential. This was raised with the area manager during the inspection and satisfactory written assurances were provided following the inspection. The area manager had been very clear with all staff in email communications and teleconferences during the pandemic that engagement with children was to continue in line with public health guidelines. The area manager told inspectors that at no time had they instructed social work team leaders and social workers to cease access or visits to children as social work was deemed to be an essential service.

Mandatory training

A training tracker showed that a low number of staff had completed the required mandatory training to ensure safe practice. For example, 22 of 65 staff completed training about revised standard business processes on NCCIS. This training would relate to the recording system for children's information which presented as an issue already outlined in this report. Eight staff members were recorded to have completed training about implementing Children First (2017) within their service. Five staff members completed training about how to manage complaints. Training programmes were compulsory as they were areas of practice which staff needed to be aware of to complete their work most effectively. The area manager provided information to inspectors about management training. Two of the three principal social workers had completed the training and the third who was new to the role had not yet completed training. Only two of four social worker team leaders had completed management training. It was noted that training was on hold was due to Covid-19.

The area had prioritised training in the national approach to practice in 2020 and three intensive workshops occurred between July and October last year. The area had a plan in place for 2021 to have case prioritisation workshops, Children First 2017 workshops and more intensive workshops about the national approach to practice.

Initiatives

The area management team had commenced initiatives for both child protection and welfare and children in care services. For example, the area identified a gap in service provision for teenagers in the area. The senior management team held meetings with a community service in November and December 2020. From these, a teenage service had been created for the area to provide appropriate and early response to young people aged 13-18 years old who were at risk in the community. Key areas of work included family support to young people and families and a programme for when young people were violent within their home.

Promoting a child centered service was a key message evident throughout the interviews and focus groups held as part of this inspection. Another initiative was an art competition at the beginning of fostering week to raise awareness about fostering in the area. The competition was based on the idea 'family to me' and was based on the idea that young people can show what is important to them when they think about family. This had been linked to a service area initiative to create an event for care day to celebrate young people. The area was collaborating with a college to create a drama workshop to explore young people's experiences in care.

Another initiative was a series of planned workshops for foster carers in 2021. The workshops would focus on trauma and how best to support children who had experienced trauma. Other workshops proposed included life story work and self-care and compassion.

Child Protection and Welfare Service

The child protection and welfare service had undergone significant reform since the last inspection in 2019. A service improvement plan was developed in 2020 and most actions had been completed. These actions had been effective in driving service improvement from the point of referral to the completion of initial assessments. Completed actions from the service improvement plan included a new duty/ intake team, conducting case audits, regular reviews of unallocated cases, training of staff in the national approach to practice and re-establishing interagency meetings. These aspects of the service improvement plan were evident in practice within the duty and intake team and the child protection and welfare team.

The service had policies, procedures and guidelines which guided and supported staff and managers in their respective roles. The screening, duty and intake team, and the child protection and welfare team were working towards consistent implementation of the service's policies and procedures and standard business process. Social workers were supported to engage with children and families and there were systems in place to increase continuity and consistency in service provision for children and families involved with the services. For example, social work team leaders met with social workers for informal supervision fortnightly to review caseloads and case direction. Social workers spoke positively about this arrangement and felt supported by their managers.

Inspectors found the quality of recording within supervision records about case management required improvement. Some records did not document the risks, discussions and actions to be taken to ensure children's safety. Six of the 13 supervision records reviewed by inspectors contained analysis of actions in how best to meet children's needs. Eight of 13 records had evidence of clear decision making and of staff being held to account for their practice. It was noted in team meeting minutes that new supervision templates both for individual and group supervision were to be introduced during the month of the inspection to standardise supervision across the service. These templates had been circulated to staff.

This inspection found that work was progressing in most of the areas identified in the provider assurance reports submitted by the area in August 2020 and November 2020. The service's main focus was on improving the management of child protection and welfare referrals through the service. The service had realigned resources and structures which had reduced waiting lists and improved screening of referrals. Delays in completing preliminary enquiries remained an issue at the time of the inspection. The service was not meeting standard business process timeframes but was confident that this would be accomplished early in 2021 with the reassignment of two full time social workers to the duty system; as they had been assigned to complete work on legacy cases by December 2020. Improvements in adherence to standard business processes compared to last year's inspection findings included;

- 100% of the cases sampled were screened within 24 hours compared to 31% being screened within 24 hours in 2019
- Two out of 10 cases sampled had preliminary enquiries completed within five working days compared to one out of 38 referrals in 2019
- Three of the four (75%) initial assessments completed on referrals received since July 2020 were timely compared to 11 of 19 (57%) in 2019
- 100% of the cases sampled for waitlist management had reviews compared to 22% of the sample in 2019.

The restructuring of teams was having a clear impact on the service operating a more efficient and effective child protection and welfare service. This inspection also found that the national approach to practice was embedded in the daily work of social workers on the duty/ intake and child protection and welfare teams. To support practice, there was a suite of guidance and standard operating procedures in place to support social workers in completing tasks. Standard business processes had been updated in June 2020 and the new local standard operating procedures reflected these.

Prior to this inspection, the management of retrospective cases of abuse had been identified as a significant issue. Inspectors found that actions taken to improve governance of these cases had been effective. In 2020, the area developed a tracker to ensure that all outstanding notifications were made to An Garda Síochána. The service development team maintained oversight of this and ensured that all of the outstanding notifications were subsequently made to Gardaí. The area improved the working relationships with Gardaí, through quarterly senior management liaison forums and additional meetings in relation to the significant number of notifications made to Gardaí over a short period of time. Inspectors reviewed records of the meetings which were comprehensive in discussing the progress made regarding the notifications and joint pieces of work and the meetings were well attended.

An outstanding action which was also noted to be a priority was adherence to the national caseload management policy to ensure social workers had appropriate caseload levels. Training had been scheduled but was postponed because of Covid-19. Training was moved to online and staff had been requested to complete this. However, the mandatory training tracker provided to inspectors during the inspection indicated that only four staff had completed that training.

Waiting lists in the child protection and welfare service

The management and oversight systems for children on a wait list for a social work service had improved. Inspectors found that all cases reviewed for management while awaiting allocation were formally reviewed by principal social workers and team leaders every four to six weeks in line with the area's local standard operating procedure. The principal social worker reported monthly to the service development team and senior management team. Letters were sent to families advising that they were not allocated a social worker and they could contact the social work team leader until they had a social worker.

Case closures

There was management oversight of case closures. Some cases sampled by inspectors could have been closed in a more timely manner. The area's plan to focus on timeframes in 2021 should improve the timeliness of closures.

Foster care

The management and oversight of child-in-care services in the Kerry area required improvement. Inspectors found that monitoring systems were not robust enough to ensure that children were visited as required. In a performance assurance report submitted by the area in August 2020, the area manager could not be assured that all children had been met with or seen by their social worker between April and June 2020 in line with local policy. This was based on an audit undertaken by the PASM team that children in care had not been visited in line with regulations.

Prior to this inspection, the area had developed a system whereby the electronic system alerted the team leaders when a statutory visit was due for a child. The area manager advised that this would be audited by the area support team and its principal social worker by means of a random selection of cases to ensure that statutory visits were completed and were recorded on the child's file. The children in care principal social worker set up a system to record information that included the date that the most recent statutory visit occurred. The principal social worker also requested that each team leader provide a quarterly report on any outstanding visits. However, the systems of oversight were inadequate as inspectors found during the inspection that while dates may have been reported and recorded for statutory visits, they were not recorded on children's files, or did not constitute statutory visits, and therefore managers could not be assured regarding the frequency and quality of visits to children. For example, three visits were recorded on one child's files but the child was only seen during two of those three visits. Another child was in foster care for one month prior to inspection but had not been visited in their placement in line with regulations given that the first visit was to occur within the first month of placement.

Children's records were not up to date and inspectors were required to contact social workers to clarify information because it had not been recorded in a timely manner. This was also the finding of an audit by the PASM team in their assurance report from August 2020. The action plan from the assurance report noted that the area recognised record keeping was a core function of the social worker which should be prioritised. The audit clearly showed that records were not uploaded and that the issue had been discussed during briefings with staff. This remained an issue during the inspection five months after the audit findings were presented to the area.

There were significant gaps in visits to children as well as poor or no recording of visits on children's files, therefore managers could not be assured that visits were completed. This was across both allocated and unallocated cases. The area manager provided satisfactory assurances of additional measures that would be put in place to improve the monitoring and oversight of visits to children in foster care. A template

for recording statutory visits was to be fully implemented in the area as well as audits to enhance oversight of the timely recording of frontline social work practice.

In response to the previous inspection findings, an action plan was devised by the area management team in response to the previous inspection findings in 2019. The action plan identified actions to be implemented to address non-compliances within the service. Those actions which had been put in place were not fully effective in addressing deficits relating to the frequency and recording of statutory visits to children as this remained an issue during this inspection almost two years later.

Improvements were required in the management, monitoring and oversight of allegations, serious concerns and complaints. From file reviews, inspectors found that there was confusion around the categorisation of allegations, serious concerns and complaints and therefore about which process should be followed. During a review of a sample of allegations, serious concerns and complaints, inspectors noted there were delays in notifications and outcomes of serious concerns against foster carers being notified to the FCC and in some instances notifications and outcomes were presented on the same day. While this inspection did not cover Standard 21 about the functioning of the Foster Care Committee (FCC), inspectors found there was also a conflict of interest regarding the oversight of these. The FCC was chaired by the child protection and welfare principal social worker at the time of the inspection and therefore was not independent from the operational management team as required. Inspectors sought assurances that any conflicts of interest were appropriately managed. The area manager provided these assurances and put in place a chairperson who was independent from the operational management team.

Senior managers told inspectors that staff supervision was used to monitor staff's progress on individual cases. Supervision timelines had improved since the last inspection and the vast majority occurred within the timeframe in line with policy. Staff spoke positively about supervision arrangements with their line managers and told inspectors that it occurred on a regular basis in line with policy. However, records reviewed by inspectors showed lack of oversight of statutory visits and poor oversight of case management.

Staffing was a challenge for the child-in-care team. One principal social worker was managing the children in care team, fostering team and aftercare team at the time of the inspection. The principal social worker and children in care team leaders told inspectors that the team was not operating at full capacity. There were four new social workers on the team and there were three experienced staff members on leave at the time of the inspection which had an impact on social workers caseloads which caused additional stress within the team. This had an impact on social workers caseloads. The social work team leaders held some cases to mitigate against this risk. Also, social workers and social work team leaders told inspectors that social workers

without experience or training about social work cases in court had a caseload which included cases with court activity.

There was no system to manage and oversee the unallocated children in care. There were ten children in care at the time of the inspection who did not have an allocated social worker. While team leaders held these cases, they did not complete statutory requirements such as visits to children in care or actively work unallocated cases. Social work team leaders told inspectors that decisions in relation to children who were unallocated were considered and decisions to allocate children were based on level of need and risks to the child, with those at greatest risk prioritised for allocation.

The principal social worker for the children in care team told inspectors that management and oversight of the service had improved and progress had been made in many important areas. These included the restructuring of the teams, complex case meetings, the service development team, the independent children in care reviewing officer and senior management meetings. In addition, the principal social worker identified the need to improve and promote relationships within the service, the importance of team building given the changes and the recruitment of staff.

Social workers told inspectors that supports had improved; there were better structures to support their work and their development. Social workers talked about additional practical supports in place to aid them in their day-to-day work such as new standard operating procedures, training in the national approach to practice and more regular supervision. Social workers had a good understanding of processes to follow and were aware of their duties. They had supervision both formally and informally and they felt that their managers were available to them. Senior managers told inspectors that there were plans to introduce staff appraisals to provide staff with clear professional development goals.

The senior management team had a clear vision and plans for ensuring continued progress in implementing measures that would positively impact service delivery. The area manager had clearly considered goals which were prioritised in line with the needs of the service. There were clear plans for achieving these, with improved communication with staff, the service fulfilling statutory requirements and staff performance and appraisals being key priorities moving forward. While, as stated, gaps remained in service delivery, frontline social workers who spoke with inspectors were engaged, motivated and positive about the service in particular the overall changes within the service. There was a clear message that the direction was set by the senior management team to achieve a quality service for children and families of children in care.

Assurances received by the area manager provided details of governance and oversight arrangements in place which included further planned audits of children in

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| <p>care records, regular supervision of all staff, increased focus by managers on improving record keeping in the area and increased learning supports for staff. Inspectors found that some of these initiatives were in place at the time of inspection and further work was required to comply with national standards and regulations.</p> | |
| <p>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.</p> | <p>Judgment Substantially compliant</p> |
| <p>The service had made good progress in their performance of key functions of the service in accordance with the required standards, legislation and policy. There were gaps which posed risk to the service, and these required attention. These included adherence to timeframes as stated in their standard business processes, timely notifications of suspected abuse to An Garda Síochána and adherence to their local standard operating procedures such as visits every two weeks to children on the CPNS for the first two months and monthly thereafter.</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 Substantially Compliant</p> |
| <p>Inspectors found that managerial oversight had improved in the area for the duty/ intake and child protection teams. They had established robust monitoring systems to drive further improvement and learn from previous evaluation of the service. However, further monitoring and oversight of visits to children on CPNS was required to ensure the safety of service delivery to this cohort of children.</p> | |

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| Foster Care Standard 19 Management and monitoring of foster care services | Judgment Non-compliant Major |
| <p>Actions agreed to address non-compliances identified during the previous inspection of the service in March 2019 had not all been effective in ensuring that children in care received a good quality service and that statutory requirements were met. Recent governance improvements and the impact of the restructuring of the team had yet to be seen as having a positive impact on the service. Improvements in managerial oversight to ensure that challenges presenting to the service did not impact on statutory requirements were required. These included ensuring children being visited in line with requirements and having oversight of children’s records. Given there were significant gaps in children’s records, managers could not have oversight of the work being undertaken with children during reported visits. Supervision was reported as one of the measures for ensuring governance and oversight of social work practice. While supervision was more regular, the quality and recording of supervision was poor. It is for these reasons that the service has been judged major non-compliant.</p> | |

Child Protection and Welfare Service

Screening and Preliminary Enquiry

During the last inspection of the child protection and welfare service in November 2019, inspectors judged the service to be partially compliant in relation to the management of referrals to the service. At that time, the area management team had appropriately identified that the functioning and operations of the duty and intake team required improvement and had begun to implement some measures to improve the service. Screening and preliminary enquiries were significantly delayed taking up to three months to complete. This delay impacted on the overall quality of the management of referrals from screening to the completion of preliminary enquiry.

During this inspection, inspectors found that the area had improved their screening process. A comprehensive screening tool had been implemented which was completed by the duty social worker and signed off by the social work team leader. The timeliness for completion of preliminary enquiries still required improvement. Inspectors saw that more recent referrals to the service were managed in a more timely manner. This meant that a greater proportion of children and families were receiving an initial response from the service at the right time. In line with the area manager's priorities, there had been a strong drive to increase service capacity and capability at the front door to ensure a prompt responses to referrals, in order to protect and promote the safety and welfare of children in the area.

Data provided to inspectors prior to this inspection showed that the area had received 1008 child protection and welfare referrals since 1 July 2020. These referrals were received through a dedicated online portal, in writing, by telephone or in person. The area reported that 753 (75%) of these referrals were screened within 24 hours, in line with Tusla's own standard business processes. Screening is when a social worker reviews the referral to determine if the child or family requires a child protection and welfare response. If a referral does not meet the threshold, it is closed to Tusla and directed to other services, where appropriate. If the referral meets the threshold a prioritisation category is applied to the referral as well as a category of the abuse which is described in the referral.

The process in place for screening referrals in the area was robust. The duty and intake team introduced a new screening process which included a dedicated contact person at senior practitioner grade. Duty social workers were responsible for the screening of referrals received on a particular day. The area manager told inspectors that this had been created to address the screening of referrals in a timely manner and to ensure consistency with regards to thresholds.

Inspectors sampled 16 referrals received since 01 July 2020 specifically for screening and preliminary enquiry. Evidence of screening was accessible and recorded on all files. All 16 were screened within 24 hours of receipt of the referrals. Initial checks of Tusla records were carried out to determine if the child was known to the service and appropriate thresholds to indicate risk were applied to each case.

Practice in relation to meeting timeframes for completion of preliminary enquiries following screening was significantly better than in 2019 but required some further improvement. Improvements meant that most children and families were contacted by social workers at a time when the presenting risk and needs in their lives were current and relevant, but some/a small number still experienced delays.

Inspectors reviewed 11 files for preliminary enquiries completed on referrals received since 01 July 2020. Inspectors found that three (27%) of the 11 preliminary enquiries were completed within the five day timeframe as set out in Tusla's own business process. Four preliminary enquiries were completed between two to four weeks and four preliminary enquiries were completed between five weeks to five months. The majority of these delays however were due to team leaders not signing off intake records in a timely manner. Some also were due to the work not starting in a timely manner.

Senior management acknowledged that the timeliness of preliminary enquiries required further improvement and this was a priority for the area. Social workers who had been allocated to other pieces of work had recently been reassigned to work on active duty cases. The area manager told inspectors that this would ensure that the entire duty and intake team would be fully assigned to completing intake records within the required five day timeframe. Inspectors reviewed five referrals which the area had received the week prior to or during the inspection. Duty social workers were actively completing preliminary enquiries on these referrals within the required timeframe.

Inspectors reviewed 14 files for the quality of preliminary enquiries. Eleven were completed and three were new referrals open with the duty and intake team. The three new referrals were actively worked with appropriate checks with supports and professionals being undertaken. Nine of the 11 completed preliminary enquiries were comprehensive. They involved contact with families and professionals, assessed the risks to children and clearly documented what actions were required. In two of the 11 completed preliminary enquiries, although the enquiries were adequate, a review of the case and previous referrals indicated gaps in overall analysis of risks to children. While the majority of preliminary enquiries were of good quality, the timeliness in completing the work remained a challenge for the service.

Inspectors found appropriate priority levels and accurate classifications of abuse were assigned to cases. Prioritisation of referrals had improved since the last inspection. In

November 2019, all children who were deemed to require an initial assessment were noted to be high priority cases regardless of the level of risk to children. This meant cases did not get prioritised based on the potential risk or children's needs. During this inspection, 21 of 22 (95%) of completed intake records reviewed by inspectors were prioritised based on the presenting information and potential risk to children. This showed an improvement in practice as children had a priority level based on their individual needs.

Initial Assessments

Tusla's standard business process recommends 40 days from when a referral is received for an initial assessment to be completed. The previous inspection in November 2019 identified significant delays in both starting and also completing initial assessments. Delays in commencing initial assessments ranged between periods from two weeks to six months. At that time inspectors found that eight of 11 completed initial assessments were completed over periods ranging from two months to seven months beyond the 40 day timeframe.

During this inspection, inspectors found that social workers and their managers had made progress in improving timeliness of initial assessments since July 2020. Inspectors reviewed ten initial assessments for referrals received between January 2020 and June 2020. One of the ten (10%) initial assessments was completed in a timely manner. Delays in commencing nine of the initial assessments ranged between two months to nine months. Inspectors reviewed four completed initial assessments for referrals received since 01 July 2020. Three of the four (75%) were completed in a timely manner. While one had active work occurring to ensure the child's safety, the delay was due to the document not being completed on the file. Inspectors found that delays had lessened for the most part since the restructuring of the service in July 2020 and this was an indicator of progress towards full compliance with Tusla's standard business processes.

The national approach to practice was more evident and there was improvement in the oversight and quality in the most recent initial assessments completed on referrals received since July 2020. The sample reviewed by inspectors identified the risks and concerns for children which were analysed by the social workers. Children's needs were clearly identified and support networks were involved. Children were involved in the assessments, met with social workers and parents were also consulted. The outcomes of the assessments were clearly recorded and there was managerial oversight of the assessment. The outcomes were shared with children and their families, where appropriate. Social workers referred to other services when this was required.

Notifications of suspected abuse to An Garda Síochána

Children First (2017) sets out the statutory function of both Tusla and An Garda Síochána in relation to child welfare and child protection concerns. The 'Joint Working Protocol for An Garda Síochána / Tusla Child and Family Agency Liaison' makes explicit, that the child protection and welfare service must refer matters of abuse and neglect to Gardaí for their assessment of suitability for criminal prosecution. At the time of the last inspection, the system in place to ensure that all relevant information was notified to Gardaí was not adequate. Of three referrals reviewed at that time by inspectors where a Garda notification was required, one was made promptly and another was delayed by four months. The third had not been made and had been outstanding for 11 months.

During this inspection, timeliness in notifying An Garda Síochána about suspected child abuse remained an issue. Inspectors reviewed four referrals received since July 2020. Two notifications had been made and two were outstanding. One notification was made within nine working days and the other was made two months after the referral had been received. One outstanding notification was for a referral received five months previous and was completed by the principal social worker to send to the Gardaí during the week of the inspection. The other outstanding notification was awaiting the completion of preliminary enquiries as the referral had been made the week of the inspection.

Both of the notifications made to An Garda Síochána related to referrals that were screened within 24 hours and therefore should have been notified in a timely manner. As already highlighted, there were delays in preliminary enquiries and intake records being completed. These delays could potentially impact on the timeliness of notifications to the Gardaí if they were not sent at the screening stage. The area's newly developed screening form required social workers to assess if a notification to the Gardaí was required from the first point of reviewing referrals may mitigate against this risk.

Inspectors reviewed a further nine historical notifications, all of which had subsequently been made to the Gardaí in line with what the service had reported in the months prior to the inspection in their provider assurance reports.

The area had established good communication systems and interagency working between the service and the Gardaí. For example, liaison meetings with An Garda Síochána occurred in line with the Joint Protocol for An Garda Síochána / Tusla- Child and Family Agency Liaison (2017), and this enabled good interagency working. As already mentioned in the report, there were quarterly senior management meetings with Gardaí and additional meetings with Gardaí held as required. The meeting records noted good attendance, detailed discussions and an improved working relationship.

Further Intervention

Further intervention is social work support provided to children and their families after a completed initial assessment. This work continues to promote the protection, safety and welfare of children, and to provide a level of intervention which the family would not receive from other services.

According to Tusla's standard business process, at the end of the initial assessment, the social worker makes a decision on the actions required, from one of following pathways or outcomes;

1. No further action
2. Child protection conference (CPC)
3. Safety Planning
4. Family Welfare Conference
5. Admission to Care
6. Divert to another agency and close
7. Divert to PPFS and close.

According to data received from the area, of the 1008 referrals received since 01 July 2020, 21 referrals progressed to further intervention which required safety planning or a child protection case conference.

Inspectors reviewed the records of seven children who required further intervention in order to determine the quality of service which children and families received and to ensure that services remained involved with families for as long as they needed support to keep children safe. Of the seven cases reviewed, four were ongoing for child protection safety planning and three cases for child welfare safety planning. Inspectors found that good quality interventions occurred with these children and their families. These included social care leaders working directly with children, social workers regularly visiting families, linking families with appropriate support services, maintaining contact with professionals, having safety networks in place and having regular safety planning meetings. Inspectors noted that the records of the child protection case conferences clearly reflected what actions were required and safety planning meetings were held.

There was evidence of child protection conferencing taking place by teleconference during the COVID-19 lockdown to ensure that children's safety was paramount. An inspector remotely observed a child protection conference. It involved parents, professionals, social worker, social work team leader and the child protection conference chairperson. A plan was put in place following a robust discussion which including everyone's input about the child's needs. An inspector spoke with the child protection case conference chairperson. They told inspectors that conferences were timely and inspectors saw this on children's files. They told inspectors that the national approach to practice was implemented and undertaken with all attendees at

the conferences. Safety plans were discussed with social workers prior to conferences and then safety plans were agreed and if required strengthened during the conference.

Safety Planning

Inspectors reviewed the measures in place to safeguard children against harm where there were reported child protection and welfare concerns. Safety planning refers to the arrangements put in place by Tusla to ensure that children stay safe and protected.

For the purpose of this inspection, inspectors reviewed safety planning for 16 children receiving a child protection and welfare service. Three of the 16 children were on the child protection notification system (CPNS). The CPNS is a confidential list of all children in the area who have been identified at a child protection conference as being at significant risk of harm. Inspectors found that these three children had safety planning meetings and regular reviews of meetings to ensure their safety.

Inspectors found that the vast majority of safety plans for children were of good quality. All of 16 cases reviewed for the quality of safety plans were of good quality. They outlined what the risks were to children and involved safety networks to support families in keeping children safe. Safety networks included professionals, family, friends, and other key people who could promote and monitor safeguarding arrangements for the child. Inspectors found that in two of 16 safety plans reviewed by inspectors, there had been significant case drift for these children with periods of three and nine months from the point of referral to having a safety plan in place. Both safety plans were promptly put in place following a review of cases by the principal social workers following the restructuring of the teams. This showed that the oversight of safety planning processes had improved over the six months prior to inspection and a review of cases ensured that these children and their families received appropriate support.

Visits to children on the CPNS

All visits to children on the CPNS were not in line with local policy. Not all visits to children were recorded and when they were, they were recorded as case notes rather than on the area's CPNS visit template. Eight children's files were reviewed for the frequency of visits to children on the CPNS. According to the information on children's files, seven families were not visited every two weeks for the first two months and there were gaps in monthly visits. One child had been on the CPNS for one month and no visits were recorded. Another child was on the CPNS for three months and there was only one visit recorded which occurred during the week of the inspection. Inspectors sought assurances in relation to the visits. Inspectors were told that some had not happened as the family were not at home or because the social worker was on leave.

Waitlist

The management of waitlists had improved significantly since the last inspection. During the last inspection, there were no records of regular management reviews of unallocated cases, despite inspectors being told that these reviews took place. At that time, inspectors reviewed nine cases that had been awaiting allocation for periods ranging from two months to 14 months. Multiple re-referrals had occurred for four of the nine cases. Seven of the nine (77%) cases had no record of being formally reviewed by management while awaiting allocation. According to data provided by the area, there were 115 referrals on the waiting list for a child protection service at that time.

During this inspection, there were 86 referrals on the waiting list for a child protection and welfare service. Inspectors reviewed 12 referrals at various stages of the process, awaiting allocation for preliminary enquiries, initial assessment or further intervention. All 12 referrals had been reviewed while on the waiting list for a service. The outcomes of the reviews were recorded and support from other services was in place, where appropriate. While four of the twelve cases had been open for several months without being reviewed, they were reviewed by principal social workers following the restructuring of teams in July 2020.

Reviews by principal social workers led to actions being implemented to reduce waitlists. For example, some cases had been opened for a significant length of time without work being undertaken. Principal social workers reviewed these and actioned that families be met with and networks checks occurred to determine if the family still required a social work service.

The recording system for waitlists did not accurately reflect the work undertaken following the reviews by principal social workers. For example, a case may have been awaiting an initial assessment but upon review by the principal social worker and appropriate follow up, this was assessed as a case that could be closed. Therefore, the high numbers reported by the area in terms of cases still awaiting initial assessments may have been an over representation and had not accounted for the principal social workers reviews on cases.

Appropriate action was taken when a child was at immediate risk or required an urgent response. Inspectors reviewed five referrals where an urgent response was required and appropriate action was taken by the service to safeguard those children. Decisions and rationales for actions were clearly documented. These cases were immediately allocated and initial assessments were completed within the required timeframes.

Closed Cases

Cases were closed appropriately but this was delayed for some families. Inspectors reviewed nine cases which were closed since July 2020 and found that all nine cases were closed appropriately. Inspectors reviewed team meeting minutes whereby it was noted that closing summary forms should be used when closing cases; however this was not consistently done. Two of the nine cases had closure summaries while others had the reasons for closure documented in various records such as intake records or initial assessments. The rationale for all nine case closures was clearly recorded. All nine cases had evidence of parents being informed of the closure and children were advised where appropriate. There was also evidence of contact with other services when required. Inspectors found delays in four of the nine closures. Two cases were closed following preliminary enquiries however; these occurred at six weeks and at nine months after the referrals had been received. Two others were closed following initial assessments nine months after the referrals were received.

Retrospective Allegation of Abuse

The service area had made good progress in addressing previously unmanaged risks in relation to allegations made by adults who alleged they were abused as children (referred to as retrospective allegations). Since the last inspection, senior management had significantly strengthened partnership working with An Garda Síochána. A process for joint working and information exchange had been put in place to enable ongoing tracking of concerns and of progress made.

An urgent review of all cases that had not been appropriately notified to An Garda Síochána, or jointly investigated or closed, was completed in February 2020. A small team was established, on an interim basis; to screen, risk assess and prioritise over 400 such cases. In the interim, service management had maintained good oversight and review of cases awaiting allocation. All high priority cases were allocated by June 2020, with joint actions to ensure safety planning, if necessary, for all relevant children. At the time of this inspection, the waiting list had been eliminated, and all cases had either been closed or allocated.

All adults had been written to, inviting them to make contact in line with policy. However, to date, there had been a relatively low take up in response to contact made. The service area acknowledged this may be due to people's previous experiences of lengthy delays following initial disclosures, combined with likely changes in people's circumstances given the time that had elapsed since they first brought their concerns to Tusla. The service area acknowledged the frustrations of the adults who made contact with their service. The service area had learned from

this, and ensured such retrospective allegations would be dealt with in a timely manner going forward.

Inspectors reviewed five open and four closed retrospective allegations cases, screened at different priority levels, and found overall they had been appropriately managed since the retrospective team had been established. Relationships with Gardaí had been strengthened through regular liaison and joint review of cases. The approach taken demonstrated regular ongoing checks and updates on the stage of investigation and any ongoing risks with Gardaí. This had helped both agencies maintain accurate and up-to-date records, including monitoring of the outcomes of both child and adult investigations. Contact had also been made with relevant faith organisations and child care institutions to address some of previous gaps in information held and strengthen ongoing analysis of risk.

Over the past year, there had been regular information exchange between the Retrospective team and the Duty and Intake team in co-ordinating approaches to the management of risk. Children linked to adults, including those who may be at risk of abuse were identified, with additional support offered to them or their family as appropriate. The quality of the work undertaken was satisfactory. The retrospective team acknowledged further work was needed to fully embed joint referral, screening and preliminary enquiry processes including the identification and management of child safety risks. The team was also awaiting the implementation of Tusla's new Child Abuse Substantiation Policy to inform its future practice. Joint work was additionally hindered given the case records of retrospective allegations remained in paper format.

The retrospective team received a total of three complaints in the past year. Inspectors found that although there was exploration of concerns, the complaints management process was disjointed. Local arrangements needed to be streamlined to provide a clear pathway for managing complaints, promoting consistency of response and sharing of learning from feedback received.

Foster care service

The child and family social worker

At the time of the last foster care inspection in March 2019, there were 155 children in foster care and 151 (97%) had an allocated social worker. Four children did not have an allocated social worker. There were times when some children experienced gaps and inconsistencies in the allocation of a social worker over the previous two years. However, data reported by the area at that time to the Tusla national office stated that the children in foster care in the area had 100% allocation of social workers throughout 2018. Not all children were visited in line with statutory requirements and improvements were required regarding the recording system.

Inspectors found similar issues during this inspection and it was concerning that improvements were not evident for children living in foster care. Data provided to inspectors prior to this inspection stated that there were 139 children in foster care and 13 (9%) children did not have an allocated social worker, an increase since the last inspection. Inspectors reviewed 17 children's files for the role of the social worker. Inspectors looked at how often children were visited, the quality of the recording and of the visit, oversight by managers and case management.

There were gaps in statutory visits to children. Of 16 children whose files were reviewed for this purpose, there was evidence that four children (25%) had been visited by a social worker in line with statutory requirements and 12 (75%) children had not been visited as required. For two children, despite recent visits by social workers, there were gaps of more than a year since they were last visited. Statutory visits to six children in foster care were delayed by at least three months. Delays in visits were evident throughout 2019 and 2020. Despite the restructuring of the teams, seven children only had two visits on their files for 2020.

Four of 17 children did not have an allocated social worker. All four children became unallocated two months prior to the inspection. Three of the four children had not been visited in line with requirements and the area had not put an adequate system in place to ensure that unallocated children in care received statutory visits. There was evidence of the child's care plan being implemented in one of the four files and therefore, the impact of not having a social worker was limited for that child. However, for another child, this had a significant impact. One child who did not have an allocated social worker for the majority of 2020 had not been visited for twelve months and this was escalated to the area manager during the inspection who ensured the child was visited the following day.

The quality of statutory visits on children's file was mixed. Inspectors found good quality visits in nine of 17 children's files reviewed. More recent visits were of better quality and recorded on a standard template. In these cases, children had the opportunity to meet with their social worker in private, they were visited in their foster homes and there were clear records of visits including decisions and any actions agreed. The quality of statutory visits was poor on eight files. There was little information recorded on children's files, there was a lack of visits to children and there was no evidence of other contact with children (virtually/remotely) during Covid-19. Inspectors were told by staff and saw evidence in file reviews that social workers were told by team leaders not to visit children due to Covid-19. The area manager told inspectors that this was not the directive by senior management and that all visits should proceed once risk assessed as safe to occur.

The recording and oversight of statutory visits required improvement. The National Child Care Information system (NCCIS) for recording children's information was implemented in the area in March 2018. However, it was evident through file reviews

that this was not being used to keep all children's records up to date. The quality of the records depended on individual social worker's ability to update the children's records adequately. Inspectors found that not all case notes had been uploaded, there were no records of some visits and it was difficult to locate some records.

Senior managers told inspectors that statutory visits were reported by social workers during supervision with their line managers. However, improvement was required to ensure oversight of the quality and recording of visits as significant gaps in recording and evidencing visits remained. The area manager told inspectors that the capacity of the area to fully implement a robust monitoring system for the tracking of statutory visits had been impacted by the long term absences of two managers on the children in care team.

The quality of case management required improvement. Inspectors reviewed 16 children's files for the purpose of examining the quality of case management supervision. While there was evidence of good quality discussions regarding the issues presented on three of the files reviewed, 16 files reviewed did not have adequate case supervision recorded on file. Other issues identified with case management included poor recording, hand-written supervision notes that were partially illegible, long periods of time between case supervision, poor or no follow through on previous decisions, lack of oversight of statutory visits and child in care reviews.

Inspectors reviewed the files of 19 children to see if they had a consistent professional in contact with them during the last two years. Sixteen of the 19 (84%) children had changes to their social workers. Eleven children had at least two social workers in the past two years and six children had three or more social workers. One of those children had three changes to their social worker within seven months. When children did not have a consistent professional involved in their care, this impacted on them in a number of ways including, slow progress in implementing actions agreed for their care, not being visited in line with regulations to ensure their safety and a lack of appropriate opportunities for these children to develop trusting relationships with one professional in order to provide safe oversight of their care.

There was a lack of child-centred planning when the restructuring of the service occurred. The vast majority of children living in foster care had a change in social worker when the service was restructured in 2020. Data provided by the area following inspection showed 122 children in foster care had a change in social worker at that time. Of those 122 children, 39 also had a change in fostering link worker. This meant that 39 children had two new professionals entering in their lives at the same time. The area manager told inspectors that senior managers and team leaders worked together to match social workers to children where possible. They also told inspectors that letters about the reconfiguration were sent to parents and foster carers to ensure that they were aware of the changes within the area.

Data provided by the area outlined that there were 13 children in the area with a disability. There was a joint protocol in place with the Health Service Executive (HSE) and regular meetings occurred at management level to address any issues and ensure children with a disability had their needs met. The area manager said children were linked with disability services in a timely manner and if lengthy waiting lists were impacting on a child, Tusla committed to funding the services privately.

Inspectors reviewed six files relating to children in foster care with a disability and found that in four of six cases, children were supported and children's rights and needs were promoted. One child was on waitlists for various services. Another child's referral to a service had yet to be completed twelve months after their previous care plan recommended it, and their care plan review was overdue by six months at the time of inspection. This case drift led to a child not getting a timely service to support their additional needs.

Safeguarding and Child Protection

During the last inspection, not all serious concerns and complaints against foster carers were classified correctly and not all child protection and welfare concerns and allegations were managed in line with Children First and standard business processes.

Improvements were required in relation to the management of child protection concerns relating to children in care. Social workers told inspectors they were familiar with Tusla's Interim Protocol for managing allegations of abuse and neglect against foster carers. They highlighted examples of joint work with fostering link social workers under the direction of a team leader. They recognised their accountabilities as the child's social worker to assess for child protection risks through use of intake records and initial assessments in line with Children First (2017) and standard business processes.

However, it was evident from a review of files that there was a lack of clarity, competence and knowledge in relation to the correct process to be followed, and there was evidence of confusion noted in some files regarding whether an issue was to be classified as an allegation, serious concern or complaint, and subsequently which process should be followed. In some cases reviewed, managers during strategy meetings were unclear about the correct process to be followed, and in one instance a direction was given to refer the matter appropriately through the duty/intake team, but this was not done. In addition the area also had introduced another 'category' called an expression of dis-satisfaction and was unclear as to whether this was to be managed in the same way as a complaint or a serious concern. Inspectors spoke with the area manager about this category during the inspection. In assurances provided by the area manager after the inspection, they advised that the category of dis-

satisfaction would no longer be used by the area as a classification for complaints against a foster carer.

Data provided by the area prior to this inspection stated there were nine allegations and eight serious concerns made against foster carers in the twelve months prior to the inspection. None of the allegations or serious concerns were noted to have been upheld. However, during the inspection, the area clarified that this data was incorrect and there was only one serious concern. Upon review of that file, it was clear that the initial referral met the threshold for an allegation, and was classified as such. Therefore the validity of the areas data in relation to allegations and serious concerns was unreliable.

Inspectors reviewed eight children's files for the management of allegations and serious concerns. Five of the eight were classified correctly. Three were classified incorrectly. One was an inappropriate referral that did not meet the threshold for a child protection response. One was initially classified correctly and reported to duty through the correct process; however following investigation, it was deemed to be unsubstantiated, and a request was made to 'redact' the initial referral, as it was deemed to have been sent in error in advance of the strategy meeting being held to classify the concern. Another was classified as a complaint although the initial referral was an allegation. There was a delay of ten weeks in investigating this allegation due to changes in social worker, annual leave and the reconfiguration of the service, and, while a safety plan was agreed over the telephone on the day the allegation was made, this was not good practice. The other five allegations made by children in care were well managed, appropriately investigated, and inspectors saw evidence of good practice in these cases. One further record relating to an allegation required a safety plan and this was in place. The adult's ability to safeguard the child was appropriately assessed and the child was aware of the safety plan. It was appropriately detailed, identified the risks to the child and noted the support systems in place. While the completion of initial assessments were not always timely, action was taken to address the concerns.

Inspectors found that strategy meetings were held when required, but were not always timely. The majority of referrals to the duty social work team to assess the allegations were timely. Completion of intake records by the duty team were significantly delayed for three allegations. This had an impact on the timeliness of outcomes of allegations and also on referrals being presented to the foster care committee when required.

Overall, social work practice in managing allegations did not consistently follow process and timeliness requirements for preliminary enquiries and initial assessments as set out in Tusla's standard business processes at all stages of the investigation process. This meant that outcomes of allegations were not timely for children and for foster carers. In addition, notifications were not routinely sent in a timely manner to

the Foster Care Committee as required, and subsequent outcome reports, in order to ensure independent oversight of allegations and serious concerns.

The area reported there had been a total of four notifications of children missing from foster care over the past 12 months. Senior managers reported that they were routinely advised about such incidents. Records of senior management liaison forums with An Garda Síochána noted that the terms of reference included a review of the circumstances of any children missing from care. However, children missing from care was only an agenda item and discussed at one of three senior management liaison forums in 2020.

Senior managers confirmed that social workers had been trained in Tusla’s national approach for safeguarding children. Learning and development groups had been established to promote sharing of knowledge and reflections on practice. Social workers had adopted the nationally approved child safeguarding approach in exploring the potential for reunification of children back to their families. Regular family welfare or network meetings were held to map progress. This approach was also seen by inspectors to have been effectively used in fortnightly group supervision.

Child protection and welfare

Standard 2.2

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

Judgment

Substantially compliant

Referrals were screened promptly. Staff members were knowledgeable about categories of abuse, thresholds of need and prioritisation levels. Social workers made good evidence based decisions regarding the appropriate next steps for children and families. Further improvement was required in the timelines for completion of preliminary enquiries in order to ensure full compliance with the national standards.

Child protection and welfare

Standard 2.3

Timely and effective action taken to protect children.

Judgment

Compliant

Children who required immediate care and protection due to risk of serious harm were afforded timely access to child protection and welfare services. Their cases were actively worked and safety planning was good. Procedures were in place to ensure that social workers could manage and respond to risks of harm to children. Inspectors found that staff were alert to the indicators or signs of children requiring immediate help or protection.

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| <p>Child protection and welfare</p> <p>Standard 2.4</p> <p>Children and families have timely access to child protection and welfare services that support the family and protect the child.</p> | <p>Judgment</p> <p>Non-compliant moderate</p> |
| <p>There was good practice found in cases requiring further intervention. There was evidence of good support and intervention to promote children’s safety and welfare. The area had reduced both their waiting lists and the length of time that children were on waiting lists. However, waitlists remained for initial assessments and for further intervention which meant that assessments of children’s needs were not completed within the required timeframes.</p> | |
| <p>Child protection and welfare</p> <p>Standard 2.5</p> <p>All reports of child protection concerns are assessed in line with Children First and best available evidence.</p> | <p>Judgment</p> <p>Compliant</p> |
| <p>Inspectors found that social workers and their managers had made definite progress since the last inspection, in improving the quality and timelines of initial assessments. This was particularly relevant since the restructuring of the teams. There was good quality assessment and analysis of risks and needs of children. Managerial oversight was found on assessment records. Timelines had also improved on more recent referrals.</p> | |
| <p>Child protection and welfare</p> <p>Standard 2.12</p> <p>The specific circumstances and needs of children subjected to organisational and/or institutional abuse and children who are deemed to be especially vulnerable are identified and responded to.</p> | <p>Judgment</p> <p>Substantially compliant</p> |
| <p>The service area had made good progress in addressing previously unmanaged risks in relation to allegations made by adults who alleged they were abused as children. Senior management had significantly strengthened partnership working with An Garda Síochána. A process for joint working and information exchange had been put in place to enable ongoing tracking of concerns and of progress made. Management arrangements required strengthening to provide a clear pathway for managing complaints and promoting consistency in response.</p> | |

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| <p>Foster Care</p> <p>Standard 5</p> <p>The Child and family social worker</p> | <p>Judgment</p> <p>Non-compliant</p> <p>Major</p> |
| <p>The area was not fulfilling its statutory responsibility in relation to statutory visits to children in care however the majority of children had been visited in recent months. While the area had put a plan in place for increased monitoring and oversight of visits, the previous action plan following the last inspection did not adequately address this issue. Not all children had an allocated social worker and staff leave and vacancies impacted on the service's capacity to address this. The recording and quality of case supervision required improvement. Where children were visited the quality of these visits was good. The joint protocol for interagency collaboration between Tusla and the HSE had been implemented in the area, and social workers coordinated specialist services as required to ensure that children who required them received specialist services in a timely way. Children had experience change with the recent restructuring of the service in the months prior to inspection. Children, foster carers and staff spoke about the impact that this had on families.</p> | |
| <p>Foster Care</p> <p>Standard 10</p> <p>Safeguarding and Child Protection</p> | <p>Judgment</p> <p>Non-compliant</p> <p>Moderate</p> |
| <p>Not all allegations, serious concerns and complaints were classified correctly, and therefore were not always managed in line with the correct process. There were delays in the management of allegations which impacted on the timeliness of outcomes for children and foster carers. Improvements for overall management of all safeguarding issues is required and this is addressed under Standard 19.</p> | |

Compliance Plan

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

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| Provider's response to Inspection Report No: | MON-0031379 |
| Name of Service Area: | Child and Family Agency, Kerry |
| Date of inspection: | 18 January – 21 January 2021 |
| Date of response: | 26 March 2021 (accepted response) |

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

Theme 2: Safe and Effective Services

Standard 2.2

Substantially compliant

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

1. The timelines for completing preliminary enquiries required improvement.

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:

1. A Practice Note on adherence to Standard Business Processes (SBP) has been distributed to staff in the Duty Intake Team. SBP are discussed at the monthly team meetings to ensure that staff are familiar with and adhere to the practice guidance.
2. All Referrals including new referrals to open cases will be screened by the Duty Intake Team. This will ensure a prompt response to any identified risk.

Action by: Duty Intake Team

Timeline: 15 Mar- 31 Dec 2021

3. A series of Workshops will be undertaken to address training needs across the Duty Intake Team. These will include Adherence to SBP Timelines, Signs of Safety, Recording of Information, Safety Planning, Domestic Abuse.

Action by: PSW & SWTL

Timeline: 15 Mar- Dec 31 2021

4. The Duty Social Work Team Leader will meet with staff on a two weekly basis to review referrals including timelines and to prioritise referrals that are overdue for a preliminary enquiry.

Action by: Social Work Team Leader

Timeline: 15 Mar- 31 Dec 2021

5. An induction period for all new staff is being implemented to ensure that new staff will be supported by a Senior Practitioner in respect of practice and knowledge of Standard Business Processes thus ensuring staff are familiar with their roles and responsibilities.

Action by: PSW, SWTL & Snr Prac

Timeline: 15 Mar- 31 Dec 2021

6. The PSW for Duty Intake has implemented monthly audits to provide oversight on SBP timeframes.

Action by: PSW

Timeline: 15 Mar- 31 Dec 2021

7. The Area Support Team will conduct quarterly governance audits on actions arising from the monthly PSW Audits to make sure that SBP timelines are met. Analysis of audits and any issues arising with recommendations will be presented in a composite report to the Senior Management Team on a quarterly basis.

Action by: Area Support Team

Timeline: 15 Mar-31 Dec 2021

Proposed timescale:
Immediate action for Q1 & Q2
Review process at the end of Q2

Person responsible:
Area Manager, PSW's, SWTL's and PQSW's

Standard 2.4

Non-compliant moderate

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

1. Assessments of children's needs were not completed within the required timeframes.

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:

1. The PSW for the Duty Intake Team has completed a full review of the waitlist for Initial Assessments resulting in the allocation of cases, thus reducing the waitlist by 50%.

Action by: PSW

Timeline: 15/03/2021

2. The PSW has identified dedicated workers within the Duty Intake Team to complete Initial Assessments therefore ensuring assessments of children's needs are completed within the required timeframes.
3. Children under 5 and unborn babies will be immediately allocated to a Social Worker for assessment and ongoing Safety Planning.
4. The PSW has implemented monthly audits where a sample of cases will be reviewed, looking at the progress of the assessment including focus of intervention, access to an appropriate service and all within agreed timelines.

Action by: PSW

Timeline: 15 Mar- 31 Dec 2021

Proposed timescale:
Immediate action for Q1 & Q2
Review the process at the end of Q1

Person responsible:
Area Manager, PSW's, SWTL's PQSW's

5. The Duty wait list is reviewed by the PSW and SWTL every four to six weeks to review any new information and review safety plans. Cases may be prioritised following the reviews.
6. The Signs of safety Assessment model is being embedded into practice through the use of Workshops. This model is supported by a group supervision process which allows for further peer learning and appropriate case trajectory. The decisions made during group supervision are recorded and attached to the child's file.

Action by: PSW & SWTL

Timeline: 15 Mar- 31 Dec 2021

7. The Social Work Team Leader will review the progress of assessments in supervision with the assigned Social Worker to ensure that the assessment is completed to a high standard including focus of intervention, access to an appropriate service and all within agreed timelines.

Action by: SWTL

Timeframe: 15 Mar- 31 Dec 2021

8. There is currently one unfilled post within the Duty Intake Team. The existing social work panel has been exhausted. A bespoke panel for Kerry will be convened at the end of April 2021.

Action by: Business Support Manager & TUSLA Recruit

Timeline: 30 June 2021

9. The Area Support Team will conduct governance audits on actions arising from monthly audits to ensure sufficient progress is made. Analysis of audits and any issues arising with recommendations will be presented in a composite report to the SMT on a quarterly basis.

Action by: Area Support Team

Timelines: 15 Mar – 31 Dec 2021

Standard 2.12 Substantially compliant

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

1. Management arrangements required strengthening to provide a clear pathway for managing complaints and promoting consistency in response.

Action required:

Under **Standard 2.12** you are required to ensure that:
The specific circumstances and needs of children subjected to organisational and/or institutional abuse and children who are deemed to be especially vulnerable are identified and responded to.

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

1. A Standard Operating Procedure has been created and distributed to staff regarding the management of complaints. In addition, staff have undertaken the mandatory E-learning programme on complaints and all PSW's have completed Complaint Officer training.

Action by: Area Team

Timeline 15 Mar 2021

2. The dedicated Retrospective Worker will assess the information on the complaint and discuss with their Social Work Team Leader with agreed actions and timeframe for completion of actions.

Action by: Retrospective SWTL & PQSW

Timeline: 15 Mar – 31 Dec 2021

3. The Complaint will be logged on the NIMS complaints system by a Senior Administrator, thus ensuring that a master log of all complaints is maintained by the area. In addition, the PSW will keep a log of the complaints received in respect of retrospective cases. This allows the PSW to track the progress of complaints and the outcomes for same.

Action by: Senior Administrator

Timeline: 15 Mar – 31 Dec 2021

4. On completion of the complaint process, the Report and all supporting documentation will be recorded on NIMS, by a senior administrator. At all times, the Retrospective worker will monitor the progress of the complaint with oversight by the Social Work Team Leader.

Action by: Retrospective Team & Senior Administrator

Timeline: 15 Mar- 31 Dec 2021

5. The Senior Management Team will review the complaints log on a quarterly basis to review and monitor the progress of complaints received, identify key trends and issues emerging, ensure such complaints are being processed as per TUSLA Tell Us Policy and local procedures in place.

Action by: Senior Management Team

Timeline: 15 Mar – 31 Dec 2021

Proposed timescale:
Immediate

Person responsible:
PSW's, SWTL's and PQSW's

Theme 3: Leadership, Governance and Management

Standard 3.1

Substantially compliant

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

1. Further management and oversight was required to improve the monitoring of information governance.

2. Further management and oversight was required to drive further improvement in relation to the timeframes of preliminary enquiries and initial assessments in line with standard business processes.

3. Further management and oversight was required to ensure timely notifications to An Garda Síochána.

Action required:

Under **Standard 3.1** you are required to ensure that:

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

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

Action Required:

1. Further management and oversight was required to improve the monitoring of information governance.

Provider response:

1.1 The Area Manager together with the PSW's undertook an analysis of current staffing levels and as a result there has been the redeployment of a SWTL and 1.4 social workers to the Child Protection & Welfare Team. This will support the ongoing work of the CP&W Team.

Action by: Area Manager & PSW's

Timeline: 15 Mar 2021

1.2 The SMT for the Area has issued a direction to staff that all case notes must be created on NCCIS within ten working days of the visit/meeting taking place. To support staff in this task, staff are allocated a half day per week to complete administration duties.

Action by: Senior Management Team

Timeline: 15 Mar – 31 Dec 2021

1.3 A series of Workshops will be devised by the PSW group in collaboration with the Workforce Learning Development Team to support the training of staff in the management of case information. This training will include the following;

- quality of case notes
- the use of standardised templates in recording case information.
- timelines to complete case notes on NCCIS and recording of children listed on the CPNS etc.

Action by: PSW Group

Timeline: 30 Jun- 31 Dec 2021

1.4 A sample audit of 10 cases will be conducted monthly by the PSW for CP&W Team. The purpose of the audits is to review the quality of case recordings on the children's files. The PSW will view the recordings, the quality of the information and the timelines of when the information was recorded.

Action by: PSW

Timeline: 15 Mar – 31 Dec 2021

1.5 Further oversight will be provided quarterly by the Area Support Team. These audits are a supportive tool for each PSW and an assurance for the Area Manager of appropriate governance regarding information recording.

Action by: Area Support Team

Timeline: 15 Mar – 31 Dec 2021

Action Required:

2. Further management and oversight was required to drive further improvement in relation to the timeframes of preliminary enquiries and initial assessments in line with standard business processes.

Provider Response:

2.1 The Social Work Team Leader will review a sample of cases during Supervision focussing on the assessment process, inclusion of parents and children, safety planning and timely progression of outcomes.

Action by: SWTL

Timeline: 15 Mar – 31 Dec 2021

2.2 The PSW will begin a monthly reviews of open CPW cases, monitoring the focus of intervention, timely access to an appropriate service, monitoring of Safety Planning and agreed timelines. Any potential drift in casework identified by the PSW is immediately highlighted to the Social Work Team Leader for action by the Social Worker.

Action by: PSW

Timeline: 30 Jun- 31 Dec 2021

2.3 A monthly report regarding incomplete SBP forms will be provided to the PSW by the Area Support Team. These reports will highlight the progress of SBP's including timelines and sign off by the Manager.

Action by: Area Support Team

Timeline: 15 Mar – 31 Dec 2021

Action Required

3. Further management and oversight was required to ensure timely notifications to An Garda Síochána.

Providers Response:

3.1 A Standard Operating Procedure derived from National Practice Guidance has been created and distributed to staff.

Action by: Senior Management Team

Timeline: 15 Mar 2021

3.2 The PSW group will present the updated Standard Operating Procedure at the next Departmental Meeting (with all Social Work and Social Care Staff) which will inform the staff of the new procedures regarding Garda Notifications. As an interim measure each PSW has circulated the guidance to their respective teams.

Action by: PSW Group

Timeline: 30 Jun – 31 Dec 2021

3.3 To ensure compliance with National and Local Procedure and to ensure uniformity of practice all Garda Notifications will be sent by the Duty Intake Team. This will ensure that all referrals that meet the threshold for a Garda Notification shall be forwarded to the An Garda Síochána without delay.

Action by: Duty Intake Team

Timeline: 30 Jun – 31 Dec 2021

3.4 The Area has implemented a comprehensive tracking system to ensure oversight of the management of Notifications to An Garda Síochána. This facilitates PSW's reviewing any discrepancies or queries in relation to Garda Notifications and will be cross referenced monthly by the Area Support Team to ensure that each agency has received the appropriate notifications and Joint Action Sheets.

Actions by: Area Support Team

Timeline: 15 Mar – 31 Dec 2021

3.5 The SWTL from the Duty/Intake Team and AGS meet on a four to six-week basis to oversee respective investigations/assessments and monitor the progress.

Action by: SWTL

Timeline: 30 Jun – 31 Dec 2021

3.6 At the quarterly Senior Local Management Liaison Forum, the volume and quality of Garda Notifications being sent and received in a timely manner is a standing item on the agenda. This ensures further oversight and governance of the process.

Action by: Senior Local Management Liaison Forum

Timeline: 15 Mar – 31 Dec 2021

3.7 There is ongoing engagement with National Practice Assurance and Performance Systems to support and monitor the Areas timely response to the sending of Garda Notification's through the use of audits.

Action by: PASM

Timeline: 15 Mar - 31 Dec 2021

Proposed timescale:
Immediate action for Q1 & Q2
Review process in Q2

Person responsible:
Area Manager, PSW's,
SWTL's and PQSW's

Standard 3.3
Substantially compliant

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

1. Further monitoring and oversight of visits to children on the CPNS was required to ensure the safety of service delivery to this cohort of children.

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.

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

1. The Area Manager undertook an analysis of current staffing levels and as a result the redeployment of a SWTL and 1.4 social workers to the CPW team will support the delivery and oversight of visits to children on the CPNS.
2. The Social Work Team Leader will accompany the Social Worker on the first home visit to a child listed on the CPNS and will continue to track the quality of the visits through random sampling of case notes and through supervision. This will ensure any actions agreed are followed through in a timely manner.

Action by: SWTL

Timeline: 15 Mar 2021 – 31 Dec 2021

3. The PSW has issued guidance to all staff regarding the use of the standardised template to record the home visits to listed children, thus ensuring standardising recording and uniformity of practice as far as is practicable.

Action by: PSW
2021

Timeline: 15 Mar

4. To provide great oversight the PSW uses a tracker to Review the quality of case recordings on children's files. The PSW reviews the following;
 - Ensure that safety plans are being progressed appropriately.
 - The child was visited within local policy timeframes
 - That the case note was created within ten working days.

Action by: PSW
2021

Timeline: 15 Mar – 31 Dec

5. The CPNS Cases that are subject to further episodes of listing on the CPNS or children subject to a second Review Child Protection Conference will meet the threshold to be referred to the Complex Case forum. This facilitates peer review of the case at a senior management level with the oversight of the Area Manager.

Action by: Complex Case Forum
2021

Timeline: 30 Jun – 31 Dec

6. The findings of any reviews undertaken by the PSW will be sent to the Area Support Team on a quarterly basis for review and analysis and presented as a composite report at the SMT to the Area Manager.

Action by: PSW & Area Support Team

Timeline: 30 Jun – 31 Dec 2021

Proposed timescale:
Immediate and review at the end of Q2

Person responsible: Area Manager,
PSW's, SWTL's and PQSW's.

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 Report Fieldwork ID: | MON 0031380 |
| Name of Service Area: | Child and Family Agency, Kerry |
| Date of inspection: | 18 January – 21 January 2021 |
| Date of response: | 26 March 2021 (accepted response) |

These requirements set out the actions that should be taken to meet the identified child care regulations and *National Standards for Foster Care*.

Theme 2: Safe and Effective Services

Standard 5 – The child and family social worker

Non-compliant Major

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

1. Not all children had an allocated social worker.
2. Statutory visits to children in care were not carried out at the frequency required and the quality of visits mixed.
3. Some children experienced multiple changes in social workers and not all children had a consistent professional involved in their care.
4. The recording on children's files required improvement and key records, such as statutory visits, were missing or of poor quality.
5. The recording and quality of case supervision required improvement.

Action required:

Under **Standard 5** you are required to ensure that:
There is a designated social worker for each child and young person in foster care.

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

Action Required:

5.1 Not all Children in Care had an allocated Social Worker

Provider Response:

1. The Area Manager together with the PSW's undertook an analysis of current staffing levels and as a result the redeployment of a 1 Social Worker to the Children in Care Team.

Action by: Area Manager & PSW Group

Timeline: 15 March 2021

2. The process of allocating children in care is currently under review. The Area have implemented the following safe guards to ensure all children in care have an allocated social worker.
 - A child will not be transferred to another team until the child can be allocated to their new social worker.
 - The area has a number of staff vacancies in the children in care team and have actively sought to fill the posts. The existing social work panel has now been exhausted and a bespoke panel for the Kerry area will be formed following interviews in April 2021.
 - The Children in Care Team have introduced an internal duty system. The objective for this is to ensure that children in care are not reallocated should their allocated Social Worker go on extended sick leave and cases are managed by Social Workers

who are familiar with the children in care processes and also familiar with the children themselves. The Internal Duty System will respond to the following:

- Statutory Visits
- Statutory Child in Care Reviews
- New referrals received on an existing child.
- Court.

Action by: Senior Management Team

Timeline: 31 Mar- 31 Dec 2021

3. On cases where there is a high level of complexity or where there is a high demand of work output required, cases will be jointly worked by two Social Workers. The effect of this will be continuity of care for the child and a familiarity with a Social Worker.

Action by: PQSW

Timeline: 31 Mar- 31 Dec 2021

Action Required:

5.2 Statutory Visits to Children in Care were not carried out at the frequency required and quality of visits mixed

Provider Response:

1. Social Work Team Leaders will accompany all Social Workers on their next Statutory Visit to a child in care. This will be both a practice support initiative as well as a mentoring and supportive task, whilst also providing quality assurance that the visit constitutes a Statutory Visit.

Action by: SWTL

Timeline: 31 Mar – 31 Dec 2021

2. A staff Briefing on Statutory Visits will be provided by the Social Work Team Leaders to ensure that staff are aware of the purpose of the visit, including
- The environment the child is living,
 - An opportunity to observe the relationship between the child and their carer in the home environment
 - Talking to the child about any worries they may have.

Action by: SWTL

Timeline: 30 June 2021

3. The internal duty system will ensure that Statutory Visits are not unduly delayed. The Area Manager has also introduced a directive where if a Statutory Visit cannot take place, it must be rescheduled within two weeks.
4. PSW has implemented monthly audits to provide oversight on all Statutory Visits to children in care focussing on recording of case information, agreed actions and oversight of the implementation of actions. Further governance will be provided by the Area Support Team on a quarterly basis who will analysis the information arising from the PSW audits.
5. The PSW has implemented a system for tracking the timelines and quality of Statutory Visits to Children in Care and the recording of the visits on the child's record.

Action by: PSW

Timeline: 31 Mar- 31 Dec 2021

6. A further safeguard measure is the independent Child in Care Reviewing Officer will review Statutory Visits at the Child in Care Review and escalate any gaps in visits to the PSW.

Action by: Independent Chair, Statutory Child in care Reviews **Timeline:** 31 Mar- 31 Dec 2021

7. The SWTL will review a sample of cases on a monthly basis through Supervision to monitor the progress of agreed actions and oversee the implementation of the actions. The SWTL will also review the quality of case notes undertaken by the Social Worker of the visits carried out.

Action by: SWTL

Timeline: 15 Mar- 31 Dec 2021

Action Required:

5.3 Some children experienced multiple changes in social workers and not all children had a consistent professional involved in their care.

Provider Response:

1. The Area Manager together with the PSW's undertook an analysis of current staffing levels and as a result the redeployment of a 1 Social Worker to the Children in Care Team.

Action by: Area manager & PSW Group

Timeline: 15 March 2021

2. The Children in Care Team have introduced an internal duty system. The objective for this is to ensure that children in care are not reallocated should their allocated Social Worker go on extended sick leave and cases are managed by Social Workers who are familiar with the children in care processes and also familiar with the children themselves. The Internal Duty System will respond to the following:
 - Statutory Visits
 - Statutory Child in Care Reviews
 - New referrals received on an existing child.
 - Court.
3. On cases where there is a high level of complexity or where there is a high demand of work output required, cases will be jointly worked by two Social Workers. The goal will be the continuity of care for the child and a familiarity with a Social Worker.

Action by: CIC Team

Timeline: 31 Mar – 31 Dec 2021

4. The Area has made a decision that no internal transfers will take place for a 12-month period from the most recent reconfiguration, thus ensuring that a child retains the same Social Worker for a consistent period of time.

Action by: Senior Management Team

Timeline: 15 Mar 2021

Action Required:

5.4 The recording on Children's files required improvement and key records, such as Statutory Visits were missing or of poor quality.

Provider Response:

1. The Area have liaised with Workforce Learning and Development to deliver a workshop on the recording of information on children's files.

Action by: Senior Management Team

Timeline: 30 June– 31 Dec 2021

2. All staff on the Children in Care Team will be mandated to perform administration duties a half day per week thus ensuring that staff can focus on recording of information in a timely manner.

Action by: CIC Team

Timeline: 31 Mar – 31 Dec 2021

3. The Area has implemented a mentoring program that all new Social Workers or Social Workers who have returned following a prolonged period of absence will be individually mentored by a Principal Social Worker from within the Area with key practice processes identified, developed and monitored with the staff member. This will ensure a standardised approach to the timely recording of information ensuring all key information is captured.

Action by: Senior Management Team

Timeline: 15 Mar – 31 Dec 2021

4. The Area have implemented standardised templates for the recording of case information which will be reviewed by the SWTL during supervision. The Area have developed reports and implemented systems to support the tracking of individual case timelines in respect of case recording which will be monitored by the PSW through monthly sample case reviews.

Action by: Area Support Team

Timeline: 15 Mar- 31 Dec 2021

5. The Area Manager has commissioned the Area Support Team to undertake quarterly audits of all children in care, start date Q1-2021 to Q4-2021. These audits identify all key outstanding actions both from a Standard Business Process and from a Practice perspective. This will be shared with Social Workers and Social Work Team Leaders.

Action by: Area Support Team

Timeline 31 Mar – 31 Dec 2021

Action Required:

5.5 The recording and quality of case supervision requires improvement.

Provider Response:

1. The Area has introduced Standardised templates for the recording of case information which include prompts for the SWTL to review and progress case decisions.

Action by: Area Support Team

Timeline: 15 Mar 2021

2. The PSW will formally review a sample of cases to monitor the recording and quality of case supervision on a monthly basis with the SWTL to ensure a standardised approach to both the quality and recording of information. SWTL will have to evidence the following;

- Clear case management and case direction.
- Clear actions given
- Follow through and completion of actions in a timely manner.

Action by: PSW

Timeline: 15 Mar- 31 Dec 2021

3. All staff will participate in a E briefing on the National Supervision Policy, ensuring they understand the purpose of supervision and the importance of supervision in supporting decision making with children and families.

Action by: All Staff

Timeline: 15 Mar – 31 Dec 2021

Proposed timescale:
Q2 – Q4 2021

Person responsible:
Area Manager, PSW's, PQSW's

Standard 10 – Safeguarding and Child Protection

Non-compliant Moderate

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

1. Not all child protection allegations of abuse or neglect were categorised correctly and dealt with in a timely manner under child protection procedures that comply with Children First (2017).
2. Intake and initial assessment records required by standard business processes were not consistently completed in a timely manner.
3. Improvements were required in relation to the management of serious concerns and complaints to ensure that all concerns or complaints were categorised correctly, managed in line with the relevant policies, and dealt with in a timely manner.
4. Notifications to the foster care committee in relation to allegations and serious concerns were not routinely made in a timely manner.

Action required:

Under **Standard 10** you are required to ensure that:

Children and young people in foster care are protected from abuse and neglect.

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

Action Required:

10.1 Not all child protection allegations of abuse or neglect were categorised correctly and dealt with in a timely manner under child protection procedures that comply with Children First (2017).

Provider response:

1. The Interim Policy will be re-issued by the 30th of March to all Social Workers and Team Leaders on the CIC Team.

Action by: Senior Management Team

Timeline: 31 March 21

2. The Area will liaise with Workforce Learning and Development Team to deliver a workshop on Standard Business processes and interim protocols which will be provided to all staff on the CIC and Fostering Team.

Action by: Senior Management Team

Timeline: 30 June 21

3. The PSW for Duty Intake will attend classification meetings to ensure accurate/correct determination of Threshold.
4. The Area has implemented a process of notification of allegations/serious concerns/complaints to the Foster Care Committee and Monitoring Officer within 5 working days of receipt of the information.

Action by: PSW

Timeline: 15 Mar – 31 Dec 2021

5. A Strategy Meeting will be held in a timely manner to identify roles for Social Work and Gardaí, agree safety plans and determine timelines for any actions, thus ensuring allegations are managed in a timely manner.

Action by: CIC Team

Timeline: 15 Mar – 31 Dec 2021

6. All new Child Protection referrals received on children in care are screened by the Duty Intake team with oversight by a SWTL. These referrals are immediately reviewed by the CIC SWTL and when necessary a safety plan is implemented.

Action by: Duty SWTL

Timeline: 15 Mar – 31 Dec 2021

7. The PSW for CIC and PSW for Fostering will meet on a monthly basis to review all allegations, serious concerns and complaints, reviewing;
 - Timelines
 - Progress of allegation
 - Safety Plans
 - SBP's

Action by: PSW CIC & Fostering

Timeline: 15 Mar – 31 Dec 2021

8. The Area Support Team will conduct a quarterly governance audit to ensure oversight of SBP's on new referrals for CIC and that the Interim Protocols for the management of serious concerns and complaints against foster carers was followed. Analysis of the audit will be presented to the SMT.

Action by: Area Support Team

Timeline: 15 Mar – 31 Dec 2021

Action Required:

10.2 Intake and Initial Assessment records required by Standard Business Processes were not consistently completed in a timely manner.

Provider Response:

1. All referrals are now screened by the Duty Intake Team.

Action by: Duty Intake Team

Timeline: 15 Mar – 31 Dec 2021

2. The PSW for CIC and PSW for Fostering will meet on a monthly basis to review all allegations, serious concerns and complaints, reviewing;
 - Timelines
 - Progress of allegation

- Safety Plans
- SBP's

Action by: PSW CIC & Fostering

Timeline: 15 Mar – 31 Dec 2021

3. The Area will liaise with Workforce Learning and Development Team to deliver a workshop on Standard Business Processes which will be provided to all staff on the CIC and Fostering Team.

Action by: CIC & Fostering Team

Timeline: 30 June 21

4. All new referrals received in respect of a child in care will be discussed at each supervision and progress of the case, safety planning and timelines will be reviewed thus avoiding any drift in the case and non-compliance to Standard Business Processes.

Action by: SWTL

Timeline: 15 Mar – 31 Dec 2021

Action Required:

10.3 Improvements were required in relation to the management of serious concerns and complaints to ensure that all concerns or complaints were categorised correctly, managed in line with the relevant policies, and dealt with in a timely manner.

Provider Response:

1. The Interim Policy will be re-issued by the 30th of March to all Social Workers and Team Leaders on the CIC Team. The category of dissatisfaction will no longer be used by the Area as a classification for complaints against a Foster Carer.

Action by: Senior Management Team

Timeline: 15 March 2021

2. A Workshop will be provided to all staff on the Interim Protocol. This will ensure that all staff are familiar with the process.

Action by: Senior Management Team

Timeline: 30 Jun 2021

3. The PSW for CIC and PSW for Fostering will meet on a monthly basis to review all serious concerns and complaints, reviewing;

- Categorisation
- Timelines
- Progress of complaint

Action by: PSW CIC & Fostering

Timeline: 31 Mar- 31 Dec 2021

4. The PSW for Fostering will maintain a log of all serious concerns and complaints against foster carers. This will be reviewed on a quarterly basis to ensure serious concerns and complaints are being managed in line with the relevant policies and being dealt with in a timely manner.

Action by: PSW Fostering

Timeline: 31 Mar – 31 Dec 2021

5. The Area Manager is committed to an internal audit of all allegations, complaints and serious concerns received, to determine if correct classification was made and ensure that all necessary safeguarding measures were undertaken in respect of the child and any (if required) Business Processes were followed.

Action by: Area Manager

Timeline: 30 Sept 2021

Action Required:

10.4 Notifications to the foster care committee in relation to allegations and serious concerns were not routinely made in a timely manner.

Provider Response:

1. The Interim Protocol and The Foster Care Committee – Policy, Procedures and Best Practice Guidance, Tusla 2017 will be re-issued to all Social Workers and Team Leaders on the CIC Team.

Action by: Senior Management Team

Timeline: 31 Mar 2021

2. The Area has implemented a process of notification of allegations/serious concerns/complaints to the Foster Care Committee and Monitoring Officer within 5 working days of receipt of the information.

Action by: PSW Fostering

Timeline: 31 Mar 2021

3. The PSW CIC and PSW for Fostering as part of the monthly review of serious concerns/ complaints against Foster carers will ensure that the foster care committee and Monitoring Officer have been notified of each new child protection allegation and serious concern.

Action by: PSW CIC & Fostering

Timeline: 31 Mar – 31 Dec 2021

4. The Area Manager has appointed an Independent Chair to the Foster Care Committee. This Principal Social Worker has no line Management function for matters of a Child Protection and Welfare nature in Kerry.

Action by: Area Manager

Timeline: 15 March 21

Proposed timescale:
Q2-Q4 2021

Person responsible:
Area Manager, PSW's, SWTL's and PQSW's.

Standard 19 – Management and monitoring of foster care services

Non-compliant Major

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

1. Actions agreed to address non-compliances identified during the previous inspection of the service in March 2019 had not all been effective in ensuring statutory requirements were met.
2. The area's capacity to respond to staff remaining on extended leave was a significant factor influencing the service's ability to progress improvements and the quality of service provision.
3. There was poor oversight of social workers to ensure that statutory requirements were met and were of good quality, such as visiting children and keeping children's records up to date.
4. Governance in relation to case management required further improvement to ensure that gaps in this area identified under Standard 5, and Standard 10, in relation to recording, quality, follow up to actions and supervision records, were fully addressed.

5. Systems put in place, such as trackers for statutory visits, allegations, serious concerns, were not fully effective in providing assurances as they were inaccurate and did not include a process to validate the information.
6. Not all managers were clear in relation to the process and procedures to be followed when an allegation, serious concern or complaint was made in relation to a child in care.
7. There was a lack of oversight in relation to allegations and serious concerns to ensure that all concerns were reported, categorized appropriately and managed in a timely manner.

Under **Standard 19** you are required to ensure that:

Health boards have effective structures in place for the management and monitoring of foster care services

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

Action Required:

19.1 Actions agreed to address non-compliances identified during the previous inspection of the service in March 2019 had not all been effective in ensuring statutory requirements were met.

Provider Response:

1. Throughout 2020 the Area Manager commissioned a review of service provision by TUSLA in Kerry. As a direct result of the reviews the Area Manager implemented a significant number of positive changes to both staffing, processes and professional knowledge.

Action by: Area Manager

Timeline: 2020

2. New team structures with a dedicated team for CIC and Fostering services were established.
3. A SWTL for Fostering and a two dedicated PSW's for Children in Care and Fostering Teams were appointed.

Action by: Senior Management Team

Timeline: 2020

4. Implementation of Standard Operating Procedures throughout practice.

Action by: Senior Management Team & Area Support Team **Timeline** 31 Mar– 31 Dec 2021

5. Implementation of practice workshops.

Action by: Senior Management Team

Timeline 31 Mar – 31 Dec 2021

6. Ongoing engagement with TUSLA Recruit by the Area to ensure vacant posts are filled without undue delay.

Action by: Business Support Manager

Timeline: 31 Mar – 31 Dec 2021

7. The PSW & Area Support Team will ensure oversight of actions through the tracking of agreed actions at monthly oversight meetings.

Action by: PSW's & Area Support Team.

Timeline: 31 Mar – 31 Dec 2021

Action Required:

19.2 The Area's capacity to respond to staff remaining on extended leave was a significant factor influencing the service's ability to progress improvements and the quality of service provision.

Provider Response:

1. The Area have reviewed processes within the Children in Care Team and implemented safeguards to ensure all children in care have continuity of service in the event that staff are on extended leave including redeployment of staff from other teams within the Area.

Action by: Senior Management Team

Timeline: 15 Mar – 31 Dec 2021

2. The Children in Care Team have introduced an internal duty system. The objective is to ensure that children in care are not reallocated should their allocated Social Worker go on extended sick leave and cases are managed by Social Workers who are familiar with the children in care processes and also familiar with the children themselves.
3. On cases where there is a high level of complexity or where there is a high demand of work output required, cases will be jointly worked by two Social Workers. The effect of this will be as there will be continuity of care for the child and a familiarity with a Social Worker.

Action by: CIC Team

Timeline: 15 Mar – 31 Dec 2021

Action Required:

19.3 There was poor oversight of social workers to ensure that statutory requirements were met and were of good quality, such as visiting children and keeping children's records up to date.

Provider Response

1. Social Work Team Leaders will accompany all Social Workers on their next Statutory Visit to a child in care. This will be both a practice support initiative as well as a mentoring and supportive task, whilst also providing quality assurance that the visit constitutes a Statutory Visit.

Action by: SWTL

Timeline: 31 Mar – 31 Dec 2021

2. A staff Briefing on Statutory Visits will be provided by the Social Work Team Leaders to ensure that staff are aware of the purpose of the visit, including
 - The environment the child is living,

- An opportunity to observe the relationship between the child and their carer in the home environment
- Talking to the child about any worries they may have.

Action by: SWTL

Timeline: 30 June 2021

3. The internal duty system will ensure that Statutory Visits are not unduly delayed. The Area Manager has also introduced a directive where if a Statutory Visit cannot take place, it must be rescheduled within two weeks.

Action by: PSW

Timeline: 31 Mar- 31 Dec 2021

4. A further safeguard measure is the Independent Child in Care Reviewing Officer will review Statutory Visits at the Child in Care Review and escalate any gaps in visits to the PSW.

Action by: Independent Chair, Statutory Child in care Reviews **Timeline:** 31 Mar- 31 Dec 2021

Action Required:

19.4 Governance in relation to case management required further improvement to ensure that gaps in this area identified under Standard 5, and Standard 10, in relation to recording, quality, follow up to actions and supervision records, were fully addressed.

Provider Response:

1. In supervision, the SWTL will review a sample of cases with the Social Worker focussing on quality of information recorded, follow up actions, safety planning and monitoring case trajectory.

Action by: SWTL

Timeline: 15 Mar- 31 Dec 2021

2. The PSW will formally review a sample of cases to monitor the recording and quality of case supervision on a monthly basis with the SWTL to ensure a standardised approach to both the quality and recording of information. SWTL will have to evidence the following;
 - Clear case management and case direction.
 - Clear actions given
 - Follow through and completion of actions in a timely manner.

Action by: PSW

Timeline: 15 Mar – 31 Dec 2021

3. The Area have liaised with Workforce Learning and Development to deliver a workshop on the recording of information on children's files.

Action by: Senior Management Team & Workforce Learning Development **Timeline** 30 June – 31 Dec 2021

4. The PSW for CIC and PSW for Fostering will meet on a monthly basis to review all serious concerns and complaints and review recording of information, quality of work undertaken and monitoring the progress of the complaint.

Action by: PSW CIC & Fostering

Timeline: 31 Mar – 31 Dec 2021

Action Required:

19.5 Systems put in place, such as trackers for statutory visits, allegations, serious concerns, were not fully effective in providing assurances as they were inaccurate and did not include a process to validate the information.

Provider Response:

1. To ensure that the Principal Social Worker has oversight and governance of internal trackers. These are submitted each month by the Social Work Team Leaders to the Principal Social Worker for review and verification of the visits. This will be done by cross referencing the social workers case notes on the child.

Action by: PSW

Timeline: 31 Mar – 31 Dec 2021

2. The Principal Social Worker will undertake monthly audits. The outcomes of the audits will be sent to the Area Support Team for analysis and a composite report is forwarded to the Area Manager for discussion at SMT meetings with the emphasis on Governance and Oversight at Area level. This will include
 - Auditing the current tracker systems in place
 - Ensuring Statutory Visits are undertaken as per statutory requirements.

Action by: PSW

Timelines 31 Mar – 31 Dec 2021

3. Parallel to the PSW reviewing information recorded on the Tracker, the Area Manager has commissioned the Area Support Team to carry out a random review (10% review) of all cases across all Teams on a monthly basis, so that she can be assured that children who are open cases to Tusla Kerry or are Children in Care in Kerry are being visited by a Social Worker in line with National and Local policies.

Action by: Area Support Team

Timeline 31 Mar – 31 Dec 2021

Action Required:

19.6 Not all managers were clear in relation to the process and procedures to be followed when an allegation, serious concern or complaint was made in relation to a child in care.

Provider Response:

1. The Interim Policy has been re-circulated by the Area Support Team to all PSW, TL, SW and Social Care Leaders.

Action by: Area Support Team

Timeline: 15 Mar 21

2. Workshops will be provided to all staff on the Interim Protocol and Standard Business Process, ensuring that all staff are familiar with their roles and responsibilities.

Action by: Senior Management Team

Timeline: 30 Jun 2021

Action Required:

19.7 There was a lack of oversight in relation to allegations and serious concerns to ensure that all concerns were reported, categorized appropriately and managed in a timely manner.

Provider Response:

1. All new referrals in respect of a child will be reviewed at each supervision session to safeguard the child and progress the assessment of the new allegation or new information, thus avoiding any drift in the case and non-compliance to Standard Business Processes.

Action by: SWTL**Timeline:** 15 Mar – 31 Dec 2021

2. All Child Protection allegations, serious concerns or complaints in respect of Foster Carers are tracked by the Principal Social Worker for Fostering and discussed at a monthly meeting with the Principal Social Worker for CIC. This collates all complaints and allegations made by children in care and tracks the timelines from receipt of information. This will be further audited by the Area Support Team.

Action by: PSW**Timeline:** 15 Mar – 31 Dec 2021

3. The PSW for Duty Intake will attend classification meetings to ensure accurate/correct determination of Threshold.

Action by: PSW Duty Intake**Timeline:** 31 Mar – 31 Dec 2021

4. The PSW for Fostering will maintain a log of all serious concerns and complaints against foster carers. This will be reviewed on a quarterly basis to ensure serious concerns and complaints are being managed in line with the relevant policies and being dealt with in a timely manner.

Action by: PSW**Timeline:** 15 Mar – 31 Dec 2021

5. The Area Manager has implemented quarterly audits on the oversight of;
 - all reports received
 - appropriate categorisation of the report
 - associated timelines.

The outcomes of the audits will be analysed and presented at the SMT meetings.

Action by: Area Support Team**Timeline:** 31 Mar – 31 Dec 2021

Proposed timescale:
Q2-Q4 2021

Person responsible:
Area Manager, PSW's, SWTL's and PQSW's.