



Report of an inspection of a Child Protection and Welfare Service

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| Name of service area: | Dublin South East/Wicklow |
| Name of provider: | Tusla |
| Type of inspection: | Thematic |
| Date of inspection: | 10 – 13 February 2020 |
| Lead inspector: | Sharron Austin |
| Support inspector(s): | Erin Byrne Niamh Greevy Sabine Buschmann Sue Talbot |

About this inspection

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

This inspection report, which is part of a thematic inspection programme, is primarily focused on defined points along a pathway in child protection and welfare services provided by Tusla: from the point of initial contact or reporting of a concern to Tusla, through to the completion of an initial assessment.

This programme arose out of a commitment made by HIQA in its 2018 *Report of the investigation into the management of allegations of child sexual abuse against adults of concern by the Child and Family Agency (Tusla) upon the direction of the Minister for Children and Youth Affairs*. This investigation was carried out at the request of the Minister for Children and Youth Affairs under Section 9(2) of the Health Act 2007 (as amended) and looked at the management by Tusla of child sexual abuse allegations, including allegations made by adults who allege they were abused when they were children (these are termed retrospective allegations).

Thematic inspection programmes aim to promote quality improvement in a specific area of a service and to improve the quality of life of people receiving services. They assess compliance against the relevant national standards, in this case the *National Standards for the Protection and Welfare of Children* (2012). This thematic programme focuses on those national standards related to key aspects of quality and safety in the management of referrals to Tusla's child protection and welfare service, with the aim of supporting quality improvement in these and other areas of the service.

How we inspect

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

The key activities of this inspection involved:

- the analysis of data
- interview with the area manager and two social work team leaders
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- speaking with children and families
- a focus group with social workers and social care workers
- the review of local policies and procedures, minutes of various meetings, staff supervision files, staff files, audits and service plans
- the review of 91 children's case files
- observing duty staff in their day-to-day work
- observing a Review Evaluate Direct (RED) meeting.

The aim of the inspection was to assess compliance with national standards related to managing referrals to the point of completing an initial assessment, excluding children on the child protection notification system (CPNS).

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 child protection and welfare service

The Child and Family Agency

Child and family services in Ireland are delivered by a single dedicated State agency called the Child and Family Agency (Tusla), which is overseen by the Department of Children and Youth Affairs. 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 chief operations officer, who is a member of the national management team.

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

Service area

Dublin South East/Wicklow is the fourth largest of the 17 service areas of Tusla, The Child and Family Agency. Situated within the Dublin Mid-Leinster region and covers the main geographical areas of Dublin 14 and 16 including South County Dublin and Wicklow county, excluding West Wicklow. The service area comprises of both urban and rural areas with some parts of the area having high deprivation rates among its population. Based on the 2016 census of population, the area had a population of 286,000 of which 86,810 are children.

The area is under the direction of the service director for the Child and Family Agency Dublin Mid Leinster Region and is managed by an area manager. There are five principal social workers and a senior Prevention Partnership & Family Support (PPFS) Manager overseeing the operation of services across Duty, Child Protection, CPNS, Welfare, Children in Care and PPFS.

The Intake and Initial Assessment work is completed by two Duty Teams. One team covers the Dublin area and the other team covers Wicklow. They report into a principal social worker for Duty and Child Protection. At the time of inspection, this post was vacant.

Compliance classifications

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

| Compliant | Substantially compliant | Partially compliant | Non-compliant |
|---|---|---|---|
| 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. | Some of the requirements of the standard have been met while others have not. There is a low risk to children but this has the potential to increase if not addressed in a timely manner. | The service is not meeting the standard and this is placing children at significant risk of actual or potential harm. |

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

This inspection was carried out during the following times:

| Date | Times of inspection | Inspector | Role |
|------------------|---------------------|--|--|
| 10 February 2020 | 09:30 to 17:00 | Sharron Austin Niamh Greevy | Inspector Inspector |
| | 10:00 to 17:00 | Erin Byrne Sabine Buschmann | Inspector Inspector |
| 11 February 2020 | 09:00 to 16:30 | Sharron Austin Niamh Greevy | Inspector Inspector |
| | 09:00 to 17:00 | Erin Byrne Sabine Buschmann | Inspector Inspector |
| 12 February 2020 | 09:00 to 17:00 | Sharron Austin Sue Talbot Erin Byrne Sabine Buschmann | Inspector Inspector Inspector Inspector |
| 13 February 2020 | 09:00 to 16:00 | Sharron Austin Sue Talbot | Inspector Inspector |
| | 09:00 to 14:00 | Erin Byrne Sabine Buschmann | Inspector Inspector |

Views of people who use the service

HIQA inspectors met with four children individually across the two social work offices. Inspectors also had telephone discussions with three parents whose children were in receipt of a child protection and welfare service.

When asked what it was like to have a social worker, the responses from the majority of children were positive. Children described their social worker as "very nice" and also said:

- "I like my social worker...she takes me out, otherwise I'd be stuck without anyone."
- "She cares and listens to me... wants to know what I think...she listens to what I want."
- "If I don't want to go to meetings, I'll tell my social worker and she will say it for me".
- "She's a good one but they all weren't and they all didn't listen."
- "The social worker's boss is nice, they went out looking for me when I ran away and they kept looking until I was safe, they care about me."
- "Only had good social workers."
- "Really happy with the social care worker... was very happy that I had someone to talk to that wasn't another stranger."

The children also told inspectors about what the social worker or social care worker does for them which included:

- "They make sure kids are okay and happy."
- "She asked me stuff like what I would like to happen, what I need and about my interests and feelings."
- "School hasn't been good with my situation but the social worker has said they'll help with that..."
- "Social care worker made me feel happy...she made me stronger, brought confidence... and helped me change."
- "I learned from my social care worker how to stand up for myself".
- "Right now I am very happy... my life has completely changed because of my social care worker."

When asked what social workers or social care workers could do better, two children spoke about the number of staff changes and this was something that could improve. Some of the examples given by the children included:

- "I told that social worker everything about my situation then she was just gone."
- "Had about six (social workers) before I got this one... just kept changing... met loads of different ones and now getting another new one."

Overall, parents were positive about the service they received. They felt that social workers offered advice, support and were non-judgmental. They felt that communication was clear and respectful and that social work staff were approachable and understanding. While two parents welcomed their help and support, another parent did not feel the same way. One parent told inspectors that "the kids were always coming first with the social worker" but felt that they helped the parent when they were at their lowest.

Capacity and capability

At the time of inspection, inspectors found the service area to be proactive and responsive from the point of initial reporting of a concern to Tusla, through to the completion of an initial assessment. The strategic objectives of the service area operated within the overarching context of the Tusla annual business plan and significant progress had been made to ensure children and families received a better service. Service planning had been undertaken at a local level in January 2020 and clear actions identified. Tusla's new website 'Changing Futures' was a significant piece of work developed from a participation project in the service area which grew into a national project. This was a new child-friendly website to help young people to better understand the work that Tusla does.

Prior to the announcement of the inspection, a self-assessment was submitted to HIQA by the service area's management team. The self-assessment is part of the methodology for this inspection and it required the management team to assess their own performance against the five standards relating to leadership, governance and management, and workforce which in turn helps to identify where improvements were required. Arising out of the area's self-assessment, a draft quality improvement plan was developed prior to the inspection fieldwork but was not finalised at the time of inspection.

Inspectors largely agreed with the management team's judgments which demonstrated initiatives undertaken or in progress in relation to service improvement and moving into compliance with the standards. Inspectors found that the evidence identified by the self-assessment to support these judgments were in place. At the time of inspection, the area's quality improvement plan was not finalised and the area manager outlined to the inspector four identified areas for improvement against the five standards relating to leadership, governance and management, and workforce. These related to shared learning from serious case reviews, complaints and incidents, the ongoing implementation of the national approach to practice, caseload management training for newer team leaders and staff retention initiatives. While these were identified by the area, only one was clearly actioned within the quality improvement plan. While the quality improvement plan was not finalised, evidence of some progress in each of the identified areas were found at the time of inspection.

The governance structures in place supported the delivery of a good service to children and families by the Dublin South East/Wicklow service area. The service was managed by a highly motivated management team with clearly defined governance arrangements in place. The area manager had significant experience of managing and planning services and held the role for four years. Prior to that had held other managerial and practitioner roles over a 20 year period.

The intake/duty and child protection service was overseen by a principal social worker who reported to the area manager. At the time of inspection the principal social worker for this team had just retired and the person identified to take up the post was not in place yet.

The intake and initial assessment work was completed by two duty teams who were line managed by a social work team leader. One team covered the Dublin area and other covered the Wicklow area. Each social work team leader managed a team of social workers which also included a senior social work practitioner and a social care worker. Staff who met with inspectors were competent and knowledgeable in carrying out their statutory responsibilities so as to ensure children received a timely service.

There was good management oversight of the service provided to children and families. The management team provided strong leadership to staff and service planning was of good quality. Staff and managers told inspectors that a service planning day had been held with the duty teams in January 2020. This was a mapping out exercise which looked at what was working well, what was of concern or worry to the team and what needed to happen to ensure the service could do better. A review of the minutes of this meeting provided inspectors with a good insight into the review and evaluation of the service at a local level. The agreed actions required reflected a number of the areas identified in the draft service improvement plan.

Management systems were effective to ensure accountability for the delivery of services at individual, team and service levels. The area manager was assured of the quality and safety of the service through regular management meetings, review and monitoring of monthly and quarterly metrics as well as oversight of audits. These gave an oversight of the number of referrals received by duty, open cases, waiting lists, closed cases, cases diverted to other services or agencies and cases in need of an initial assessment.

Senior management meetings were held regularly and the records of these meetings demonstrated the discussions held in relation to key areas of service provision. The area manager was satisfied that assurances were provided through these regular forums in relation to all aspects of the service being provided to children and families. This was reflected in a review of a sample of meeting minutes reviewed by inspectors. These included specific assurances in relation to caseload management, resources, data management, unallocated cases, interagency working and risk registers.

The National Child Care Information System (NCCIS) was used to monitor service provision, but some improvements were required in the recording of information on the system. Reports from the regional NCCIS support office provided information to the management team on the volume of work in the area and their adherence to timeframes for preliminary enquiries and initial assessments. Inspectors found that accessing information relating to referrals on NCCIS was good and in the majority of cases reviewed was up to date. While the key records in relation to screening, preliminary enquiry and initial assessment processes were on the system where required, not all information was recorded or uploaded to the system in a timely manner. In addition, records of completed case supervision demonstrating discussion and direction on individual cases were not consistently uploaded or recorded on NCCIS. The area manager was aware of this, as the under utilisation of NCCIS to update records had been a finding in an audit carried out by the national practice assurance and management team in July 2019. The review looked at the management of child protection and welfare cases awaiting allocation in the service area. While actions had been taken to address this finding, not all records were contemporaneous to ensure that a true reflection of the work undertaken by social workers was clearly demonstrated. The service area's risk register noted in November 2019 that monthly file audits carried out by the principal social worker were not happening as required due to the capacity of managers and work demands. A new principal social worker was due to take up their post shortly after the inspection and the area manager was satisfied that this would address the risk going forward alongside the quality assurance audit processes.

The area had a number of quality assurance systems in place. The national quality assurance framework which focused on the provision of a well led, safe and child centred service had been completed and were due to be reviewed. Tusla's practice assurance and service monitoring team undertook a follow up audit of the implementation of the national approach to practice in November 2019. This report demonstrated that the service area continued to make progress in all areas of intake/duty and child protection and welfare practice and scored high in their level of compliance. This external oversight by Tusla's quality assurance directorate has increased the governance of the implementation of the national approach to practice and standards at the front door and had identified areas of work to improve on which had been followed through on by the principal social worker with area manager oversight. An audit of the supervision process was carried out in March 2019 and an action plan was implemented. Inspectors found that while the majority of the recommendations were in place, the frequency, quality of recording as well as clear decision-making within supervision records required further improvement.

Communication systems were reported to be good by staff. Staff felt supported and were kept up to date by managers. Senior managers communicated well with each other and with their teams. Staff were aware of how to make protected disclosures but also said that they could approach their line managers if they wanted to discuss any issues. Team meetings were held regularly and were well attended. A review of these demonstrated that there was good discussion on agenda items related to the duty team, as well as service development, standard business processes and shared learning from serious case reviews, complaints or incidents. The area manager reported that integrated service area meetings were held monthly but had not been as consistent due to four intensive workshops provided in the previous 12 months. These meetings provided an opportunity for feedback on national or regional issues arising, as well as feedback from audits or data breaches. Other services and speakers also presented at these meetings on topics that were relevant to the duty team. An integrated service area day was held annually to showcase good practice and learning across the area. Monthly team meetings and six weekly management meetings took place and records demonstrated good discussion and sharing of key information across the teams.

Operational risks were set out in the service area risk register viewed by the inspector and were appropriately risk assessed and risk rated. This fed into a regional risk register. Risks were being proactively addressed so as to minimise the impact on service provision. Twenty risks were recorded on the risk register (10 in 2018 and nine in 2019). The most recent entry in February 2020 related to vacant social work posts in the Wicklow duty team which potentially impacted the timelines for initial assessment and cases awaiting allocation. This was still an open risk at the time of inspection. The area manager told the inspector that there was one point five whole time equivalent social work post vacancies and agency staff were used where required. However, at the time of inspection, the service area was adequately resourced to ensure the efficient management of referrals throughout the process from receipt of referral through to completion of the initial assessment. Internal risk escalations were recorded as 'Need to Knows', These were used to escalate information both to the area manager and to the national office as appropriate. The process reviewed by the inspectors found that appropriate measures were put in place to address the issues raised in respect of individual children.

Improvements were required to ensure safe recruitment practices as inspectors found information gaps on some of the 14 staff files sampled. Thirteen staff files contained evidence of qualifications, of vetting by An Garda Síochána and had up-to-date professional registration certificates where required. One staff file only contained a copy of the staff member's professional qualification and curriculum vitae. Six or 43% of the 14 staff files did not contain contemporaneous or accurate records as required. Gaps in these files included no photo identification, no employment history and gaps in respect to obtaining and verifying references. Staff probationary periods were not appropriately recorded.

The vacant posts were filled on a temporary or agency basis. All staff received local induction into their roles by the social work team leader and any newly appointed staff attended national induction training. Inspectors were told that since August 2019, one staff member had completed the corporate induction programme. The two duty and intake teams comprised one senior social work practitioner, six social workers and a social care worker respectfully. Approval has been obtained for a further two senior social work practitioners within the duty teams which would ensure the mentoring of less experienced staff and improve quality outcomes.

Staff had the required skills and knowledge to efficiently perform their duties in the management of referrals. Inspectors met and observed experienced and competent staff members across the two duty teams who were committed to the implementation of the national approach to practice and had a wealth of experience to ensure progress on same.

The service area had experienced and committed managers to ensure implementation of the national child protection strategy across the service. The area manager told the inspector that they endeavoured to align resources with the national approach to practice and revised standard operating procedures. This was done by prioritising the "the front door" of the service so as to ensure good quality screening and preliminary enquiries to be undertaken. This in turn had resulted in a reduction in wait lists for cases awaiting allocation and a decline in the number of cases open to social work.

There were some initiatives in place to support staff. Staff wellbeing was addressed at team days and within individual supervision. Formal wellbeing initiatives included the employee assistance programme and access to occupational health. A mentalisation programme was delivered to social work staff in 2019 by an external psychotherapist with another group planned for 2020. A joint learning forum had been established between the service area and the school of social work in University College Dublin. The first training event took place in November 2019. Other supports included the complex case forum whereby staff could present a case with the aim of exploring and identifying possible future steps to take in the interests of the child. Staff told inspectors that they felt supported by their managers and that there was a genuine appreciation and acknowledgement by managers of their workload.

Staff supervision was in place. However, while staff were held to account, the frequency of supervision was not consistently in line with Tusla's supervision policy. An internal audit of the supervision process was carried out in March 2019 and an action plan was implemented. A review of a sample of staff supervision records by inspectors found that while the majority of the recommendations were in place, the frequency, quality of recording, as well as clear decision making required further improvement. Some, but not all staff had personal development plans on file. Group supervision was well embedded in practice in the area. These sessions were used for mapping cases, developing danger statements and safety goals, drawing up safety plans and assisting families to develop networks. Duty and child protection and welfare teams completed joint group supervision so as to strengthen each other's knowledge of the national approach to practice and to share learning.

Staff told inspectors that the caseload management tool was now being used in the duty teams. They said that they found it effective as it opened up good discussion with their line manager who moved caseloads where required. An example of this was outlined by staff when duty was very busy, the social work team leader would divide out low priority cases to social care workers who could support the team in the completion of tasks required. While case management was discussed during supervision, inspectors only found evidence of the case management tool on six of 13 staff supervision records. There were no staff that had unmanageable caseloads at the time of inspection.

A training needs analysis had been complete by the area. The area manager told the inspector that the availability of training was very good and managers have liaised with workforce development to promote their team's learning needs and identify the most appropriate training for staff. Training needs identified included child interviewing, online abuse, assessing risk and how to work with persons suspected of alleged abuse, training on the child abuse substantiation policy (CASP), responding to section 12 requirements among others. Management training and caseload management training had been undertaken by the social work team leaders. Staff attend regular call back days in relation to the local workshops on the national approach to practice to assist in its implementation.

Intensive workshops for intake and initial assessments had also been provided which staff and managers reported as being an opportunity to put forward individual work for review by their peers and receive feedback in relation to these processes. The feedback from these workshops was reported as positive by staff in that referrals assigned for initial assessment were deemed appropriate and social workers were screening referrals in a timely manner. Staff told inspectors that quality screening can ensure families are not put through an initial assessment process unnecessarily. Managers outlined that these workshops were important so as to ensure consistency across the team and that referrals were responded to appropriately. The area manager sits on the national staff retention strategy working group and findings from consultation with the staff in the area were part of the improvements identified within the area's quality improvement plan for 2020.

While some improvements were required, collectively these aspects of leadership, governance and workforce informed the quality of service which is set out in the next section of this report.

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| <p>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 Compliant</p> |
| <p>The governance structures in place supported the delivery of a good service to children and families by the Dublin South East/Wicklow service area. Inspectors found the service area to be proactive and responsive from the point of initial reporting of a concern to Tusla, through to the completion of an initial assessment.</p> | |
| <p>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> |

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| <p>Quality assurance systems were in place. The service area continued to make progress in all areas of intake/duty and child protection and welfare practice and scored high in their level of compliance via external oversight by Tusla's quality assurance directorate. This had increased the governance of the implementation of the national approach to practice and standards at the front door and had identified areas of work to improve on which had been followed through on or were in progress by the principal social worker with area manager oversight.</p> | |
| <p>Standard 5.1 Safe recruitment practices are in place to recruit staff with the required competencies to protect children and promote their welfare.</p> | <p>Judgment Partially compliant</p> |
| <p>Improvements were required to ensure safe recruitment practices. While the majority of staff files contained the required recruitment documentation. Gaps in documentation on six files included no photo identification, no employment history and gaps in respect to obtaining and verifying references. Staff probationary periods were not appropriately recorded. One staff file only contained a copy of the staff member's professional qualification and curriculum vitae.</p> | |
| <p>Standard 5.2 Staff have the required skills and experience to manage and deliver effective services to children.</p> | <p>Judgment Compliant</p> |
| <p>Staff had the required skills and knowledge to efficiently perform their duties in the management of referrals. Inspectors met and observed experienced and competent staff across the two duty teams who were committed to the implementation of the national approach to practice. Managers in the service were suitably qualified and competent in their roles.</p> | |
| <p>Standard 5.3 All staff are supported and receive supervision in their work to protect children and promote their welfare.</p> | <p>Judgment Substantially compliant</p> |
| <p>Staff were well supported and supervision was in place and group supervision was well embedded in the area. However, while staff were held to account, the frequency of supervision, quality of recording, as well as clear decision making required further improvement. Some, but not all staff had personal development plans on file.</p> | |

Quality and safety

Overall, the service area appropriately managed child protection and welfare referrals in line with Children First 2017: National Guidance for the Protection and Welfare of Children.

The areas of improvement identified in the service area's quality improvement plan was reflected in practice. For example cases awaiting allocation had reduced which meant that children and families were receiving a more timely service. There was evidence of good practice across screening, preliminary enquiry and initial assessment processes. Where timelines were not met in line with standard business processes, this was mainly related to a delay in completing the associated records and not in the work being undertaken by practitioners. Improvements were required in the monitoring and review of safety planning as required. Case closures were managed effectively.

Inspectors agreed with the self-assessment completed by the area management team in relation to the theme child centred services (standard 1.3) and found that social workers and social care workers engaged well with children and families. Age appropriate tools and approaches were used by staff to engage with children and this was evident on case files reviewed by inspectors and a social care worker was also available for direct work with children. Direct work with children was well recorded in case records. Child friendly family rooms and spaces were developed from participation projects in the area in 2019. The area manager outlined that Tusla's website 'Changing Futures' was developed from a participation project in the service area which grew into a national project. This was a new child-friendly website to help young people to better understand the work that Tusla does. Staff were aware of the National Children's Charters. The aim of which was to give children and their families' greater clarity about the quality of services they can expect from all Tusla staff members and to provide all staff with clear guidance and a reminder of what is important to children and young people with whom they work. Staff also attended participation training.

Communication with children and families was generally good. A child-centred, open and transparent approach was taken to encourage the family's engagement with the service. Records reflected consultation with families during the respective processes and where appropriate, the voice of the child was captured. Managers and staff told inspectors that where required, access to interpretive services and other communication aids such as signing was available. Social workers also sought permission from children to share the communication tools they completed with their parents. Any worries or concerns that a child might have was given due consideration before sharing the information with families. Inspectors saw examples of child friendly closure letters sent to children following an initial assessment where appropriate. These letters demonstrated that the social worker acknowledged what the child was worried about and how important it was to keep talking to the adults in their lives that supported them. Parents were sent similar letters which reflected an acknowledgement of the parents involvement and thanking them for their participation in the relevant processes. As indicated in the service area's quality improvement plan, capturing feedback from children was an identified challenge when a child may only meet the social worker for short time as part of the initial assessment process.

In relation to the theme of safe and effective services (standard 2.1) inspectors agreed with the self-assessment completed by the area management team and found that the area was substantially compliant with the standard.

Child protection and welfare referrals were made to Tusla, in writing, over the phone or through the Tusla portal. Duty social workers also responded to informal enquiries by telephone and occasionally by a member of the public in person. Inspectors observed social workers responsible for screening and preliminary enquiries respond to new referrals and found them to be professional, well informed and competent in their interactions with the public. All informal enquiries received that did not name the child were recorded but were not maintained.

An effective quality screening and preliminary enquiry gives social workers the appropriate information to decide what action is required to progress the referral and to protect children at immediate risk. Inspectors found that there were appropriate systems in place to ensure that screening was prioritised by social workers and whereby social workers consulted and offered advice on child welfare matters where such enquiries did not constitute a specific child protection referral. Referrals that required immediate attention were prioritised over other referrals. Examples included, but were not limited to, Section 12 invoked by An Garda Síochána, young children at home alone and children at immediate and serious risk of harm. In these situations there was good co-operation between the social work teams and An Garda Síochána in taking protective action to ensure that children were safe.

A standard screening tool was put in place in December 2019. This was an interim tool used until a national screening tool was developed and implemented. Prior to this screening would have been recorded in a number of ways. For example, through case notes, or as part of the intake record (IRs). Tusla's intake record did not lend itself to evidencing that screening took place within 24 hours. As such, unless an intake record was signed off by the social work team leader within 24 hours, it was difficult to evidence if screening was completed within that timeframe for some cases.

Referrals that did not meet Tusla's child protection and welfare eligibility criteria did not require an intake record to be completed. In such instances, the referral was launched but no intake record was required and the social worker recorded the reason for the purposes of closure.

For the referrals that met the threshold for a social work intervention, they were appropriately prioritised and categorised. Of the 50 referrals sampled by inspectors for screening, 45 or 90% of cases had recorded evidence of screening, of which 33 or 73% were completed within 24 hours as these were signed off by the social work team leader within that timeframe.

Following receipt of a referral, parents were advised that a record had been set up in relation to their child, unless doing so posed a safety concern. Inspectors found that generally, parents and professional referrers were informed of the outcome of the screening and preliminary enquiry in writing.

There were 10 children on the waitlist for preliminary enquiry at the time of inspection, all of which were awaiting categorisation, prioritisation and allocation. With the exception of two referrals received in late December 2019, the remaining referrals were received in January 2020. Cases awaiting allocation were mainly of lower priority and were also reviewed through the RED (Review, Evaluate and Direct Action) meeting process. These meetings were a collaborative approach with community stakeholders to decision-making which endeavoured to ensure that interventions to children and families were proportionate and timely. The social work team leader reviewed this list every three to four weeks and completed a post intake prioritisation form. These were evident on the children's records.

Tusla's standard business process sets out a five day timeframe for preliminary enquiries to be completed and recorded on an intake (IR) record. Forty two percent of preliminary enquiries sampled by inspectors were completed within 5 days. The remaining 58% had delays of between a few days to three weeks prior to the intake record being completed and signed off by the social work team leader. Despite delays in completing some intake records, records contained good quality analysis of available information, internal checks were routinely undertaken by the social workers and in the majority of cases, details were clarified with the referrer prior to completion. The records also demonstrated consultation with parents or guardian where appropriate. The reasons for the delays in completing preliminary enquiries within timeframes was not consistently recorded on children's files. Clarification on a number of cases was sought from individual social workers during the inspection fieldwork. Some of the reasons for delays included the non-engagement of families and on-going criminal investigations.

Network checks are conducted to find out if other agencies involved with the child and their family have concerns about the care of the child. Of the 50 referrals sampled by inspectors for network checks, 23 or 46% had conducted network checks. The consent of the child's parents is normally required prior to these checks being completed unless there is a clear child protection concern that requires checks to be completed in the absence of consent. However, it was not always clear from the records whether parents consented to these checks where appropriate. Where required, children and families were visited in their homes and safeguarding measures were identified and agreed at this stage.

Case closures were managed effectively. Twenty six of 27 cases reviewed by inspectors were appropriately closed. Closure summaries and rationales for closure were recorded on the children's files. Inspectors found that families were informed of the decision making process.

Joint Working between Tusla and An Garda Síochána is crucial to ensure effective, timely and consistent responses to allegations of abuse and forms an integral part of the child protection and welfare service. The introduction of the Tusla and An Garda Síochána Children First joint protocol in December 2017 clearly sets out the requirements in relation to formal communication, notification and recording of joint-working and decision-making. Following a notification of suspected child abuse by either agency, regular contact and information sharing was carried out in line with the protocol. There was good liaison between An Garda Síochána and the duty teams, through individual contact, garda liaison meetings and senior local management liaison forum meeting. Social work team leaders and designated garda inspectors and or sergeants from the corresponding Garda districts as part of a liaison management team met every four to six weeks to review individual and ongoing cases. Similarly, principal social workers and garda superintendents met as a senior local management liaison forum every three months. Minutes of these forums reviewed by inspectors reflected the discussions and information sharing between both agencies.

Inspectors found that An Garda Síochána were appropriately notified of cases where a crime was suspected. Of the nine referrals reviewed by inspectors where a garda notification was required, eight notifications were made in a timely manner and one was outstanding at the time of inspection. An assurance was provided to the inspectors that this would be completed. Social workers told inspectors that even if an assessment was ongoing and there was suspected abuse, an initial notification would be made to the Gardaí highlighting that an initial assessment was ongoing.

Cases on the waitlist for initial assessment were reviewed regularly by the social work team leader and review outcomes were recorded on a post intake prioritisation record in line with Tusla's practice matters guidance for the management of cases awaiting allocation. This was reflected in a review of a sample of 10 cases awaiting initial assessment.

Inspectors reviewed 33 files where a determination had been made that an initial assessment was required and found that 20 or 61% were completed and the remaining assessments were ongoing or waiting to be commenced. Of the 20 completed initial assessments sampled, three or 15% were not completed within 40 days. Three assessments were completed over a three to five month period. The reasons for the delays were not clearly documented. For the majority of referrals that required an assessment, these commenced in a timely manner. However, in two cases, inspectors a delay of three to four months in the commencement of an initial assessment. Notwithstanding the delay, in one case, inspectors noted that the social worker and an allocated social care worker were involved and completed direct work with the child in the intervening period.

Overall, inspectors found that the quality of assessments were of a high standard. Where required, assessments were informed by good quality sharing of information from relevant professionals. The assessments showed that children's needs and circumstances were comprehensively assessed with good quality analysis of risks and recommendations for action. Where appropriate, social workers met and spoke with children on their own about the assessment and observed children in their own home.

Records clearly reflected the outcomes at the end of the assessment and inspectors found that appropriate referral pathways were clearly identified where required.

Where a referral was deemed to have not met the threshold necessary for an initial assessment but there were unmet needs that required a support service for the child and their family, inspectors found that these cases were appropriately referred on to other services.

Inspectors found that safety planning was central to the work undertaken by social workers with children and families and this was evident throughout the screening and preliminary enquiry processes. While safety planning was not generally recorded in a formal record, safeguarding measures and safety plan arrangements were found to be recorded in various parts of the child's file including case notes, assessments or discussed in case supervision. Where appropriate, children participated in the development of safety plans and due consideration was given to parental capacity to safeguard the child.

Of the 15 referrals sampled by inspectors for safety planning, nine or 60% were adequate and addressed specific risks which were of concern to the safety and welfare of the child. Furthermore, where appropriate, children were involved in developing the plan and the capacity of the protective persons identified were clearly assessed and monitored. Where plans were inadequate or of poor quality, inspectors could not determine how the plans were reviewed or monitored to ensure their effectiveness. Assurances were provided by the area manager following the inspection and immediate action taken where appropriate. The recording of interim safety plans at the screening and preliminary processes had been identified by social work team leaders as an area for improvement in 2020 as demonstrated in the area's quality improvement plan.

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| <p>Standard 1.3 Children are communicated with effectively and are provided with information in an accessible format.</p> | <p>Judgment Compliant</p> |
| <p>A child-centred, open and transparent approach was taken to encourage the child and family's engagement with the service. Records reflected consultation with families during the respective processes and where appropriate, the voice of the child was captured.</p> | |
| <p>Standard 2.1 Children are protected and their welfare is promoted through the consistent implementation of <i>Children First</i>.</p> | <p>Judgment Substantially compliant</p> |
| <p>There was evidence of good practice across screening, preliminary enquiry and initial assessment processes. Where some timelines were not met in line with standard business processes, this was mainly related to a delay in completing the associated records and not in the work being undertaken by practitioners. Referrals that required immediate attention were prioritised over other referrals. In these situations there was good cooperation between the social work teams and An Garda Síochána in taking protective action to ensure that children were safe. Case closures were managed effectively. Improvements were required in the monitoring and review of safety planning as required.</p> | |