



# Report of an inspection of a Child Protection and Welfare Service

Name of service area:	Waterford / Wexford
Name of provider:	Child and Family Agency, Tusla
Type of inspection:	Thematic
Date of inspection:	31 <sup>st</sup> August, 1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> and 7 <sup>th</sup> September 2020
Lead inspector:	Erin Byrne
Support inspector(s):	Lorraine O' Reilly Olivia O'Connell Susan Geary Sabine Buschmann Tom Flanagan

## 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 principal social workers
- speaking with children and families

- the review of local policies and procedures, minutes of various meetings, staff supervision files, audits and service plans
- the review of children's case files
- observing duty staff in their day-to-day work
- observing intra agency team meetings

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** (*Profile provided by the service area*)

According to data published by Tusla in 2018, the Waterford Wexford service area had a population of children from the ages of 0-17 years of 68,513.

The area is under the direction of the service director for Tusla, South, and is managed by an area manager. There are seven principal social workers in the area.

The child protection and welfare teams, children in care teams and the foster care teams are based in offices throughout the service area, in both Waterford and Wexford.

The Child Protection and Welfare teams are divided into Intake and Assessment teams and Child Protection Teams. There are 4 teams in each county and each is managed by a SWTL.

**Compliance classifications**

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

<b>Compliant</b>	<b>Substantially compliant</b>	<b>Partially compliant</b>	<b>Non-compliant</b>
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
31/08/2020	10:00 – 17:00	Erin Byrne Lorraine O' Reilly Susan Geary Sabine Buschmann Olivia O' Connell	Lead inspector Support Inspector Support Inspector Remote Inspector Remote Inspector
01/09/2020	10:00 – 16:00  09:00 – 17:00	Erin Byrne Lorraine O' Reilly Susan Geary Sabine Buschmann Olivia O' Connell	Lead inspector Support Inspector Support Inspector Remote Inspector Remote Inspector
02/09/2020	10:00 – 16:00  09:00 – 17:00	Erin Byrne Lorraine O' Reilly Tom Flanagan Sabine Buschmann Olivia O' Connell	Lead inspector Support Inspector Support Inspector Remote Inspector Remote Inspector
03/09/2020	09:30 – 16:30  09:00 – 17:00	Erin Byrne Lorraine O' Reilly Tom Flanagan Olivia O'Connell Sabine Buschmann	Lead inspector Support Inspector Support Inspector Support Inspector Remote Inspector
07/09/2020	09:30 – 12:30	Erin Byrne	Lead Inspector

## Views of people who use the service

Inspectors spoke with five children and twelve parents who are receiving a child protection and welfare service. All children who spoke with inspectors spoke positively about their experience of engagement with the service. The majority spoke positively about their allocated social workers and the impact of social work involvement with their families.

When asked about their experience with social workers Children were very complimentary and positive, children said;

"She made a difference in a very good way"

"She would listen to me and take my opinion"

"Easy to talk to. She ran all decisions by me"

"I had a very good experienced. I liked it the way it was"

"She was so nice"

"She set up a safety plan with me"

"My social worker was definitely someone I could talk to; she was a very good listener"

"She's nice. She Listens"

Children told inspectors that their social workers took time to listen to them and their views and opinions. Children understood the role of social workers in their lives and said that the reasons for their involvement was clearly explained to them. Children were happy with the service they received and had no suggestions for improvement.

All parents spoke highly of the individual social workers involved with their families. Two parents told inspectors about previous negative experiences however, both were happy with the service they now received. All parents said that communication with their social workers was good. Parents felt that the process of assessment was clearly explained to them and they were kept informed about decisions throughout.

Parents told inspectors that their positive experience of social work involvement was unexpected they said; "they provide a good service, I didn't expect that" "you hear terrible stories about social workers, it's not true".

When asked about communication parents were positive about their experience parents said "they explain things well" "I'm very clear why he's involved" "very professional and explains things properly" and "easy to talk to, very nice, did not talk down to me".

All parents reported to inspectors that their involvement with social workers helped their families and none had any specific feedback for improving the service when asked. Parents said; “they helped me and my kids. That was the best thing they could do for me” “I cannot fault them” “.Very understanding of the situation and very supportive” “Everything is great now thanks to social work”.

None of the children or parent who spoke with inspectors could recall ever having been asked for their views on the service prior to this inspection.

## Capacity and capability

This inspection found that the staff and management within the service area demonstrated a commitment to delivering a good quality child protection and welfare service that was responsive to the needs of children. The culture of the service promoted child-centred interventions and representing the voice of the child throughout the service was a priority. Improving the quality of services provided was a key focus of the management team. There was a high number of vacant posts resulting in a shortage of permanent staff in the area. As a consequence of the shortages in staff there were delays in response times for some children and timeframes for preliminary enquiries and initial assessment were not being consistently met. There were plans in place to reduce waiting lists within the service. There was strong focus on improving quality of services in the area and staff reported that they were very well supported. Further improvements were required to achieve compliance with national standards.

As part of the thematic inspection programme, a self-assessment was submitted to HIQA in September 2019 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.

In assessing their own level of compliance with these standards the service area rated themselves as substantially compliant in all areas. Inspectors found evidence to support this judgement in the majority of standards examined and indeed actions to address deficits identified in 2019 had brought a number of standards into compliance. However, this inspection found the service to be only partially compliant in standards 2.1, 3.1 and 5.2 in relation to effective governance, the consistent implementation of children first and availability of sufficient staff to deliver an effective service, this inspection found that significant improvements were required to achieve full compliance.

Delays in response times for some children and families were significant and measures implemented to address issues impacting on compliance with standards were not timely at effecting change.

Following completion of the self-assessment the area's management team developed a quality improvement plan which outlined all relevant areas requiring improvement and clear plans for achieving these were set out. The high priority areas requiring improvement were identified as follows;

Standard 3.1 – Increased focus on screening and repeat referrals. Increased management and governance of risk associated with unallocated cases. Development and monitoring of formal safety plans.

Standard 3.3 – Further development of annual targets in terms of quality assurance ensuring high level of case file auditing and governance review.

Standard 5.1 – Improving recruitment and retention practices.

A number of actions identified as part of the quality improvement plan including: the introduction of new social work team leader posts to the Intake and Assessment team, the introduction of a principal social worker with responsibility for service improvement and quality assurance and provision of leadership training for managers, had all been completed. In addition, key actions relating to staff retention, quality improvement and child participation were all in place and progressing at the time of inspection.

Within the context of Covid-19, the area manager and his team were proactive at ensuring the impact of restrictions on service provision was minimal. Risks impacting on service provision were regularly reviewed and plans to mitigate risks were identified and implemented promptly. There were robust governance arrangements in place including remote meetings of the management team up to three times per week identifying, assessing and agreeing plans for managing risks. The social work teams were provided with practice guidance on management of their cases during the pandemic. Staff were supported to ensure that full services were maintained for children at risk as required, including home visits. In addition, maintaining staff supports such as team meetings and supervision was prioritised and mechanisms to facilitate these supports promptly put in place.

An impact analysis of Covid 19 on service provision was completed in April 2020 and this was reviewed by inspectors. This analysis highlighted the effectiveness of the areas response in the face of the pandemic, in that service provision for the most part was maintained. Where restrictions did impact, contingency plans were agreed and put in place.

The area were proactive in identifying potential risks associated with the lifting of restrictions also, for example arrangements were discussed for the redeployment of staff to the most impacted service, in the event of a spike in referrals upon reopening of schools.

The area had a service plan in place for 2020. Promoting a quality improvement agenda was a key theme throughout planning in all services and teams in the area. One of the primary objectives of the area service plan for 2020 was to fill staff vacancies and to retain existing staff. In addition, the elimination of waiting lists was identified as a key priority and restructuring of teams had taken place in an effort to address this. Other key priorities included, improving screening, improving initial assessments and improving adherence to standard business process timeframes. This inspection found, some progress had been made. Plans for improving screening processes had begun to be implemented and initial assessments which were completed were found to be of good quality with clear analysis of risks and needs evident. Plans with respect to the management and monitoring of waiting lists and recruitment of staff required improvement and plans to address the issue of non-compliance with standard business processes had not progressed. While the staff were fully aware of the policies and procedures which guided their practice, no significant progress had been made in relation to the adherence to key performance indicators as timeframes were not met in the vast majority of cases examined.

Quality improvements was a key priority identified for 2020 and a plan to achieve this had begun. The management team had identified a system and schedule for auditing. The areas of focus were decided upon through self-audits, HIQA self-assessment questionnaire and generally through review and discussion on practice issues amongst the team and management within the area. A number of audits relating to this inspection had been undertaken in 2020 including a review of quality of Initial assessment and provision of supervision in the area. Both found a high level of compliance with national standards and good quality work within the small sample audited. Inspectors found that where areas for improvement were identified, these findings were fed back to relevant teams and managers to address deficits. Inspectors reviewed the audit of quality of initial assessments the findings of which identified the need to increase oversight of initial assessments through more regular auditing by social work team leaders. In response to this social work team leader quality assurance audits were in the process of being rolled out in the area.

This inspection found that there were governance arrangements in place and overall accountability was clearly defined however, governance of the service required improvement in a number of areas. These areas of improvement are outlined throughout this section of the report. The area manager and the management team provided strong leadership.

Managers in the area provided oversight and monitored their service in a number of ways including; through attendance at team meetings, provision and oversight of supervision, oversight of caseload management, review of case records and completion of audits. Senior management meetings and Quality Risk and Service Improvement (QRSI) meetings were both held monthly.

Inspectors asked principal social workers how they ensured effective governance of their services. They told inspectors that they regularly review trackers of cases awaiting allocation, they discussed performance and progress of their staff during formal supervision and in general, they have an active presence amongst their teams. Principal social workers were found to be familiar with complex cases in their service and were up to date in relation to staffing issues, including performance management issues and staff supports. Regular management team meetings attended by all senior managers including the area manager were reviewed by inspectors. During these meetings whole service areas priorities were discussed. Targets such as areas of focus for audits and staff training were agreed and plans to address these areas were then decided upon. Inspectors saw through review of local team meeting minutes a clear line of communication of relevant issues and information cascaded down to each team as appropriate.

The area manager told inspectors that he was assured at the quality and safety of the service in a number of ways. He said he is kept fully informed of risks as well as progress through monthly management meetings and meetings in relation to quality risk and service improvement. He receives regular data analysis reports, monthly metrics and completed audit reports. The area manager highlighted that he works amongst the team on a daily basis and operates an open door policy whereby he is available for advice and support if required.

Inspectors reviewed an example of an analysis report completed in relation to referrals received 20 March – 31 July 2020. This report provided details of total numbers of referrals, a breakdown of categories of abuse, percentages requiring initial assessment, comparisons with data from previous years and source or details of referrers. This analysis report also provided details of cases awaiting allocation within the service indicating a reducing trend in the six months prior to inspection.

In addition, there was a process called 'Need to Know' which was used by staff to escalate information and issues of concern to the area manager and the national office. Inspectors reviewed two examples of 'need to knows' relating to children identified as being at significant risk and found they were used appropriately. The area manager also attended complex case forums therefore maintains an up to date knowledge of such cases within the service.

Despite these mechanisms being in place for the oversight and monitoring of the service by the area manager, issues with key data analysis and inconsistencies across the service area went unidentified.

Managers and staff told inspectors about 'practice intensives', workshops held in the area which focussed on the implementation of Tusla's national approach to practice. Managers said that these workshops provided great opportunity for shared learning across teams and promoted a consistent approach to practice and decision-making within the service. Individual team meetings were held approximately every two weeks and whole social work management team meetings monthly. Inspectors reviewed a sample of team meetings in the area and found that these were well attended. There was a relevant agenda and evidence of feedback provided to staff in relation to quality improvement initiatives and or decision making in the area.

There was evidence of good communication amongst teams in the service area. Social workers reported a collaborative working relationship with their team leaders and this was evident through case supervision and decision making records reviewed by inspectors. Inspectors observed a Review, Evaluate, Direct meeting also known as a RED meeting, during which cases referred for potential intervention from the prevention, partnership and family support services (PPFS) of the department were discussed. This was found to be an effective and efficient forum during which collaborative working between child protection and welfare and alternative care services was evident. Identification of the most appropriate supports for children and families was the key objective and decision making was clear. There was evidence of good communication between the social work services and various community agencies who made referrals to the service.

The staff and managers reported an excellent relationship with An Garda Síochána as well as community support services. Staff members told inspectors that despite school closures they were in regular communication with schools throughout the Covid 19 lockdown in relation to vulnerable children and families. Inspectors reviewed minutes of garda liaison meetings and found that these demonstrated efficient communication and decision making in relation to children and families involved with both agencies.

This inspection found that decision making within the service area was collaborative and the management structures in place lent itself to a good supportive working environment. The area was managed by qualified and experienced professionals. Identifying and meeting children's needs was at the centre of all systems and processes. When children did receive a service this was of good quality and effective at ensuring their safety.

Children reported this and inspectors found this through review of case files examined. Social work interventions were tailored to individual needs of children and efforts to engage children in processes to ensure their voice was heard and represented were evident within records examined.

Risk management systems required improvement. This inspection found that improvements were required with respect to local risk management systems and processes. In addition, this inspection identified that where risks required a regional or national response, the process for addressing these was not effective and contingency planning for the management of these risks long term, also required improvement. The area maintained a service risk register which fed into a regional risk register and risks which could not be managed by the area were escalated to the regional service director and to the national office, if necessary. Review or escalation of risks did not always lead to their appropriate management or resolution and responses to the highest risks were not timely or fully effective.

The risks within the area relating to staff shortages and vacant posts had been included on the areas risk register in April of 2018 and reviewed regularly however progress was slow. Plans relating to engagement with third level colleges specifically aimed as recruitment for this service area, have been highlighted by the area manager since early 2019 however remain in planning stage at the time of this inspection. Equally risks relating to waiting lists in the area cited as "...posing a risk to the safety, wellbeing and welfare of those children, due to insufficient capacity to meet the existing levels of demand for Child Protection and welfare services as a direct result of staff shortages" inputted on the risk register in April 2018 and escalated as required remains the highest risk and unchanged at the time of inspection. The area manager told inspectors that all measures possible have been taken by the local area in an effort to address these risks including;

- staff members directly engaging with third level colleges,
- recruitment of alternative staff in lieu of professionally qualified social workers to undertake direct work with some children and families awaiting a social work service,
- recruitment of additional administrative staff to support current social workers in an effort to free up more time for direct work with children,
- senior social work staff filling gaps and completing direct work with children and families where necessary to address identified risks and
- Commissioning of alternative / community services to support children and families awaiting a social work service.

The area manager told inspectors that the area had invested heavily in community support services and early intervention services to support families. He told inspectors that alternative interventions were promoted and services such as social care, family

support, domestic violence services and therapeutic supports were all engaged to ensure families received supportive interventions as required. However, it is important to note that these measures did not ensure a timely service for all children and despite efforts to lessen those, risks remained.

Improvements were required in data management in order to ensure accuracy in the reporting of key performance indicators. Information and data gathered within the service area served to keep the management team informed on the effectiveness of service delivery however this inspection found that analysis of such data required improvement. Standard procedures for prioritisation of cases awaiting allocation were not consistently applied in both counties in that, what was considered a high priority case differed. This inconsistency had not been identified prior to inspection despite obvious discrepancies in data between both counties in high priority figures returned, this had not been questioned, resulting in data integrity issues going undetected. The potential for miss representing high priority figures for cases awaiting allocation within national data returns, was highlighted to the area manager. It was acknowledged that the application of priority levels across the area required review to ensure these were consistently applied in line with Tusla guidance. In addition, in one of two counties served by this service area the structure of the duty social work service was flawed in such a way that adherence to best practice standard processes was not likely and rarely achieved. The risks associated with these inconsistency were highlighted and accepted by the management team and plans to resolve these issue were underway before the end of inspection fieldwork.

This inspection found that management of waiting lists required improvement. As cited previously when children and families received a service this was of good quality. Interventions were child centred, individualised to the needs of children and their families and they were safer as a result of engagement with the social work department. However, children and families did not receive prompt interventions as required in all cases and evidence of monitoring and oversight of cases that awaited a service required improvement to be fully effective. Children and families often waited a long time for a social worker and even after initial meetings notifying them of the need for assessments and agreeing plans to address risks they waited again for long period without any contact or checks. This issues was well known by the area and it was the cause of greatest concern to the management team and staff in the area. Assurances were sought and received from the area manager following this inspection in relation to the effective monitoring of cases awaiting allocation at all stages of the child protection and welfare process.

The service area reported 10 vacant social work posts and 2.2 vacant social care posts within the child protection and welfare service in data returned as part of this inspection.

This high number of staff vacancies impacted significantly on the quality of service provision and was indicated by all staff who met with inspectors as the biggest risk to safe and effective service provision within the area. Due to the number of vacant social worker posts the service area did not ensure all children received a safe, timely and effective service. While there were some alternative services put in place in an effort to address risks associated with staff vacancies, these were not fully effective.

A key priority for the service area was related to staff retention and ensuring adequate supports were in place for all staff working in the service. All staff members who spoke with inspectors reported an 'open door' policy amongst their managers and colleagues. Staff at all levels described a culture of collaborative working and team work with a shared goal of providing good quality care for children and families. Social workers told inspectors that there was a nurturing culture within the area whereby they felt that no question or issue was inappropriate and there was always a member of the management team available to offer support and advice. Social work team leaders reported similar levels of support and told inspectors that their principal social workers and area manager were available for advice and support if required.

The service has policies, procedures and processes in place to guide social workers on the application of thresholds, the completion of screening and preliminary enquiries and initial assessments, as well as safety planning. These policies reflect the requirements of Children First Act 2015 and Children First: National guidance for the protection and welfare of children (2017). The service had in July 2020 provided training for all staff on the new national standard business processes which provide guidance to staff on appropriate and timely management of referrals so that children are provided with prompt and effective interventions as required. However, as cited above these standard business processes were not being consistently adhered to and in the majority of cases examined long delays existed.

The service area had experienced and committed managers all of whom had undertaken or were in the process of completing management training relevant to their roles. Managers ensured that all staff had the required knowledge and skills to perform their roles and where issues with performance were identified these were being effectively addressed. Inspectors saw evidence of practice guidance by managers for inexperienced social workers as well as formal performance planning and review where issues of poor practice arose. A training programme was provided to ensure that the staff team were competent and skilful in delivering a child protection and welfare service. All staff were aware of training materials available through internal national training database and external training options were also made available.

Staff training records were provided to inspectors and there was evidence of regular discussion of training needs within supervision records. There were practice workshops held with the aim of ensuring consistent implementation of national model of practice which were reported to have been well attended. Attendance at these workshops were not consistently recorded on staff training records. All staff had completed training on new standard business processes and all staff had up to date training in Children First 2017. Records reviewed indicated that staff were required to attend training in data protection, complaints and health and safety. In addition, a number of records reviewed indicated that staff had been provided with training in relation to safe working practices in the context of COVID 19.

New staff members in the service as well as those who had recently been promoted reported good on the job training from colleagues and managers. New or inexperienced members of the team were assigned a 'buddy' from whom they could draw on experience, ask questions and observe invaluable on the job practice examples. Orientation and induction in the teams was done through shared learning and team work. The reduction in opportunity for shared learning due to Covid 19 restrictions was a key priority to be addressed for managers in the area and this was done promptly as restrictions were lifted. Measures such as rotational office time, use of video technology and increased check in or informal supervision were all cited as key in ensuring the impact of restrictions did not limit supports available to staff.

The provision of formal supervision within the area required improvement and this was known in the area, as their own audit of supervision in July 2020 had identified same. Staff were positive about the level of supervision and support they received, both from their line managers as well as peer supervision. A review of supervision files undertaken as part of this inspection found supervision was not occurring in line with national policy, and some quality improvements with respect to recording of supervision were required. Inspectors reviewed the areas own supervision audit and the findings of this inspection would concur with those identified internally. At the time of inspection deficits remained but plans to address these were developed and a timeframe set for implementation by the end of the year. Records examined showed that despite physical restrictions relating to Covid 19 pandemic, supervision continued within the area and remote options for supporting staff were utilised effectively.

Review of records found that caseload management was discussed in supervision and in the majority these records were up to date. Where caseloads were assessed as being unmanageable action was taken to promptly address this. Continuous professional development and training needs were identified in the majority of supervision records examined and there was evidence of use of professional development planning at varying stages of implementation on each staff members file.

The areas service plan for 2020 detailed a number of objectives relating to the retention and recruitment of social workers and supervision was identified as a key mechanisms which ensured support and accountability for all staff. In addition to supervision other mechanisms for promoting staff wellbeing and ensuring support were identified and implemented. A staff satisfaction survey and structured exit interview process was established to help with understanding the needs of staff in the area. Staff support groups were developed to identify mechanisms for ensuring better supports in a challenging work environment and finding creative staff retention solutions. Group supervision was also in place in the area although group supervision had been suspended in one county due to Covid 19. This has recommenced in the month prior to inspection.

As part of the inspection methodology, staff files were not reviewed by inspectors. Assurances were sought from the Regional Service Director that appropriate recruitment practices were in place. A sample of twenty staff files were selected and the Service Director was required to complete questionnaires detailing specific information on each staff. Details requested included date of garda vetting and professional registration. The staff files questionnaires were returned by the area manager indicating that he was assured in all cases that staff members were appropriately qualified and registered.

All staff members had been vetted by An Garda Síochána and where required were in the process of re-vetting. Returned questionnaires indicated that one senior staff member had not been re-vetted in line with best practice as it had been eight years since their previous vetting by An Garda Síochána. This re-vetting was in progress at the time of inspection.

**Standard 3.1**

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

**Judgment**

**Partially Compliant**

The service had clear governance structures in place however did not perform key functions in accordance with required standards. Improvements were required to ensure that children and family received a timely service in line with standard business processes.

Improvement were required in data management and analysis in order to ensure data provided to senior managers and Tusla’s National office regarding key performance indicators, was accurate. The management team had not identified all risks within the service and improvements were required with respect to contingency planning to address service deficits.

<p><b>Standard 3.3</b> The service has a system to review and assess the effectiveness and safety of child protection and welfare service provision and delivery.</p>	<p><b>Judgment</b> <b>Substantially compliant</b></p>
<p>A number of internal quality assurance systems were in place. The area's quality improvement plan was clearly defined, relevant to service risks and being implemented in line with service plans. Action plans for addressing deficits identified on foot of quality improvement mechanisms were in place, communicated throughout the service as required and reflected in practice.</p> <p>Records were not maintained up to date as required and there were inconsistencies in the application of standard business processes within the area.</p>	
<p><b>Standard 5.1</b> Safe recruitment practices are in place to recruit staff with the required competencies to protect children and promote their welfare.</p>	<p><b>Judgment</b> <b>Compliant</b></p>
<p>All staff recruited had the required qualifications and competencies to perform within their roles. Personnel records were reported by the Area Manager to contain all information as required by National standards for the protection and welfare of children.</p>	
<p><b>Standard 5.2</b> Staff have the required skills and experience to manage and deliver effective services to children.</p>	<p><b>Judgment</b> <b>Partially compliant</b></p>
<p>There was a shortage of staff on the Intake and Assessment team which resulted in delays to the service provided to children and their families. While there was a dedicated and committed staff groups as well as, contingency plans in place these did not adequately address deficits resulting from staff shortages.</p>	
<p><b>Standard 5.3</b> All staff are supported and receive supervision in their work to protect children and promote their welfare.</p>	<p><b>Judgment</b> <b>Substantially Compliant</b></p>
<p>All staff were supported and received regular supervision however supervision did not occur within the frequency required by Tusla's supervision policy in all cases. Managers were appropriately qualified and skilled to meet service objectives and management training was provided to all individuals in a management role. Newly qualified and recruited staff were supported through both formal and informal means. All staff reported a culture of nurturing and support, where their wellbeing and development was valued.</p>	

## Quality and safety

Children who had an allocated social worker or who met a social worker for the first time in an emergency, were communicated with in a clear and sensitive manner appropriate to their age and capacity to understand. Children were rarely seen at the initial stages of a referral unless an immediate risk was identified in which case this inspection found that the social work response was prompt, child-centred and comprehensive. Children who required immediate intervention were often met with by social workers out of the blue without prior knowledge or awareness of the job of a social worker. Inspectors found in these instances that social workers ensured children were comfortable, fully understood the reasons for their meeting and their safety was explored through child-centred, age appropriate, creative ways. Social workers engaged with children through conversation, play and pictures in assessing their need for a safety plan. Social workers sought children's own views of their safety and the adults in their lives best able to keep them safe. Social workers where necessary, worked in collaboration with An Garda Síochána and other professionals to ensure children who were identified as being at immediate risk were protected from further harm.

The HIQA self-assessment completed by the areas management team highlighted a culture within the service area that "the child always comes first". In assessing their compliance with standard 1.3 child centred services, the area found that they were substantially compliant with this standard. This inspection found that the area had since achieved compliance with this standard. The quality improvement plan produced following their self-assessment audit identified a need to review and update all documentation with input from children and families. This plan was ongoing at the time of inspection.

The quality of work with children and families once commenced was good and records reviewed evidenced child-centred, individualised care focused on achieving positive outcomes for families. In the majority of cases examined as part of this inspection, case records indicated that social workers first point of contact in assessing a child's safety were their parents and families. Social workers and team leaders told inspectors that there were information packs in use in the area which provided relevant information about their service to children and their families. Social workers said that these information packs were available in various languages including braille and were a valuable resource at ensuring families had access to necessary information about the child protection and welfare service, processes and supports. Children and parents who spoke with inspectors spoke highly of social workers and positively of their interactions with members of the social work department.

The HIQA self-assessment completed by the areas management team in relation to standard 2.1 highlighted a culture within the service area that improvement is always possible. In assessing their compliance with this standard on safe and effective services, the self-assessment found that the service was substantially compliant. In relation to the national business processes the self-assessment said, they were “fully operational ensuring a fast and efficient service for those children most at risk”. Their self-assessment found that the area was “fully compliant with children first legislation” and “unallocated cases are robustly managed and reviewed by social workers and the management team”. The findings of this inspection would not fully support these view or findings.

In addition to the above, the service area identified that improvements were required in “... forensic screening of new and repeat referrals at point of entry”. The improvement plan for addressing this risk stated that two new social work team leader positions were being employed “to take responsibility for this and management of unallocated case risk”. These two posts were filled at the time of inspection and improvements in screening practices had begun to be implemented.

This inspection found that the national approach to practice was embedded in the daily work of the child protection and welfare teams. To support this practice there were a suite of guidance and standard operating procedures in place. There was evidence of good practice across screening, preliminary enquiry and initial assessment processes. However, the existence of a waitlist at all stages of the child protection process meant that children did not receive the service they required in a timely manner. Data provided by the area indicated that a total of 279 cases were on a waiting list for child protection and welfare services with 118 (42%) of these awaiting between the point of referral and initial assessment. Thirty one cases (27%) awaiting allocation for initial assessment were considered high priority, 62 (53%) medium priority and the remaining low priority.

Data provided by the area on compliance with Tusla standard business processes indicated delays in completion of preliminary enquiries in just over half of all referrals (52%) and only 19% of all initial assessments were completed in line with standard business processes. Duty and intake social work teams operated within both counties in the service area each with unique procedures and processes for the day to day operations of the service.

Inspectors examined 40 referrals for evidence of screening and found in five cases that there was no record of screening evident and in four cases evidence of screening indicated delays in the process. In all cases there were intake records on file which provided assurances that preliminary enquiries had since commence despite delays of between eight days and more than three months between receipt of referral and launch of intake record. Where there was evidence of screening this was recorded in a number of different ways across the two counties. The intake form does not lend itself to evidencing that screening of a referral took place within 24 hours.

The principal social workers for the area told inspectors that they were satisfied all referrals were screened within 24 hours of receipt and both explained that they had personal oversight of this. One principal social worker told inspectors that there had been an issue identified in the recording of screening in that documents evidencing screening were not being uploaded onto the National child care information system (NCCIS) as required. In a push to ensure details of screening was evident on all files and to standardise practice across the service area, a new screening document had been introduced in the weeks prior to inspection and this was in the process of being implemented.

This inspection found that some improvements were required with respect to recording information in particular the timeliness of recording. Quality of assessments and reports were found to be good once completed however processes for completion and sign off by a manager were significantly delayed therefore not in line with standard business processes (SBPs) in the vast majority of cases examined (85% not in line with SBP's). The management team acknowledged that timeliness is known to be an issue within the area however were confident that children were safe and no child or family were at risk due to delays in completing records.

Inspectors observed the work of duty social work staff and found that their work was carried out in line with required policies, standards and business processes. However, it was identified that the setup of duty and intake team rotation in one county within the service area did not lend itself to timely completion of preliminary enquiries.

Duty social work staff told inspectors that a one week on, three weeks off duty rotation was in place. This meant that social workers worked one week on duty responding to referrals received into the social work department and then had three weeks to complete preliminary enquiries resulting from these referrals before their next rotation. Tusla standard business processes state that preliminary enquiries should be completed within five days to ensure that these initial checks are conducted promptly and risks identified quickly. The procedures in one county within the service area allotted three to four weeks for completing these tasks.

All staff in the area were fully aware of the standard business processes and defined timeframes for responding to child protection and welfare referrals. The areas social work team leaders told inspectors that, due to the high number of vacant social work posts and pressure on current resources in the area, these timeframe were not achievable in all cases. The area manager was confident that children's needs are being met and those at greatest risk are receiving the urgent service they require however, acknowledged that he was not in a position to provide the most efficient service due to the high number of vacant posts. The area manager told this inspector that robust management of waiting lists was key to ensuring children were safe if they were awaiting a service. The management team were confident that every action necessary was taken to ensure the safety of those who waited for a service.

Inspectors reviewed 27 cases which were on a waiting list for a service in the area and found deficits with the management of these cases. Eleven of 27 (40%) cases awaiting allocation were not reviewed in line with the areas own standard operating procedure for review of unallocated cases. Formal records of management and oversight were not consistently available on children's files.

Managers who spoke with inspectors explained that there was a local process in place for the management and review of cases awaiting allocation and this involved a tracking system for all such cases. Inspectors reviewed these trackers and identified clear risks with the manner in which cases were subject to monitoring and oversight by managers. Reviews of cases awaiting allocation did not ensure that basic checks with network supports or regular check in's with children and families were completed. Assurances were sought from the area manager with respect to the management and oversight of cases on a waiting list for services. In response the area manager detailed a plan being implemented to strengthen oversight of unallocated cases as well as detailing additional measures within the area to strengthen screening, risk categorisation and safety planning practices.

Inspectors reviewed 39 referrals for the purpose of examining if staff assessment of the information demonstrated appropriate knowledge of categories of abuse, thresholds of need and prioritisation levels. All had been appropriately identified as having met the threshold of need for a child protection and welfare service and categories of abuse were appropriately identified in the majority. In examining the priority levels applied inspectors identified an inconsistency in practice between both counties.

A review of case lists and case file examples found that prioritisation of cases in the Waterford intake and assessment service was not applied in line with Tusla guidance and a high priority level was found to be inappropriately applied in a number of cases. The principal social worker with responsibility for this county told inspectors that high priority was assigned to any case awaiting allocation for a child protection and welfare service and that this was the practice within her teams. The potential impact of this practice on identifying families with the highest level of need and greatest priority for a service was queried by inspectors. The principal social worker indicated that an alternative measure was used to ensure that these families were identified as required. This was reviewed by inspectors and found to be effective.

Inspectors reviewed 35 referrals for the purpose of examining timeliness of completion of preliminary enquiries and only five of 35 (14%) were completed within 5 day as required by Tusla standard business processes. Of the remaining; two were completed within two weeks, five in less than one month, seven took between one to two months to complete, a further eight between two to three months, six took more than three months and one preliminary enquiry examined took more than six months to complete. Aside from delays in completion of preliminary enquiries, records examined demonstrated good quality work by social workers once cases were allocated. Inspectors reviewed local trackers which detailed 73 cases awaiting allocation for social work intervention, representing approximately 105 children. Seventeen of these were prioritised as High. These trackers were used by social work team leaders to monitor cases awaiting allocation and each case from the tracker was reviewed and prioritised for allocation weekly.

The area manager told inspectors that he was satisfied that this process was safe and effective in ensuring children at greatest risk were identified and responded to quickest. The assertion by inspectors that these delays in completing basic preliminary checks represented a risk to children was not accepted by the area manager. The area manager further explained that while waiting lists exist he is fully assured that measures in place to address associated risks are adequate within the context of the current staffing situation and Covid 19 pandemic.

Improvements were required in the timeliness of notifications of suspected abuse to An Garda Síochána. Seven case files were looked at for the purpose of examining quality and timeliness of notification of allegations of abuse to An Garda Síochána as part of the preliminary enquiry process. Inspectors found that notifications were made or in progress in all cases as required. However, significant delays existed, in most cases as a consequence of delays in completion of preliminary enquiries. Of seven files examined one notification was promptly sent to An Garda Síochána, there were delays of more than six weeks in two, more than two months in a further two and three months on another. On one of the seven files examined the notification to An Garda Síochána was delayed by more than nine months, despite the completion of the preliminary enquiry eight months previous indicating the need for notification.

The majority of initial assessments were of good quality and clearly assessed children's needs and the risk they were at, but assessments were not completed in line with Tusla's own timelines. A review of 22 completed initial assessments found 17 (86%) to be of good quality, albeit only two of these were completed within the guideline of 40 days from receipt of referral to completion of initial assessment.

Good quality assessments were factual, objective and included analysis of strengths as well as risks within families. The voice of children and their families was evident within assessments and in all cases children's needs as well as risks to their safety were clearly identified and analysed. Collaboration between agencies and professionals was well documented where appropriate and assessments clearly outlined outcomes including next steps in line with Children First (2017). There were records on children's case files that outcomes of assessments were shared with them and their families appropriately.

Significant delays in commencement and completion of assessments resulted in poor quality findings in the remaining five assessments examined. Four of five assessments were written retrospectively between nine and 14 months after receipt of referral and the remaining initial assessment was relating to a sibling of the child concerned and did not reflect any engagement with the relevant child. As was the case with preliminary enquiries there was a waiting list within the area for children awaiting allocation for the purpose of initial assessment.

In relation to safety planning within the area’s self-assessment questionnaire the service area response states that “reviews of the impact and effectiveness of plans is a key ongoing consideration” however this inspection found that this was not the practice in relation to safety plans put in place for children and families awaiting allocation for a preliminary enquiry or initial assessment. Safety planning was embedded in practice within the area however the use of the term safety planning was broad and encompassed a number of safety measures used throughout the child protection and welfare process. Quality of safety plans were mixed in that not all included protective adults or network supports to ensure safety measures agreed with parents were adequate. Not all safety plans were monitored for their effectiveness, including those which served as safety measures in place while children waited full assessment of their needs and risks within their lives.

Where children were identified as requiring a formal safety plan to address assessed risks these were found to be comprehensive and good quality, incorporating all elements required to best ensure children’s safety. However, initial safety plans often agreed verbally with parents at the time of referral, required improvement to serve as an assurance of safety. These initial plans, many of which were in place for months, did not include network supports, did not directly involve children and were not monitored or reviewed for effectiveness by a member of the social work team in many cases.

Eighteen cases were reviewed for the purpose of examining the quality of the process for closing cases in the service area. All cases were appropriately closed and in all records examined there was a summary of reasons for closure on file contained within the details of an intake record or initial assessment. Quality of closed cases was good in the majority, but there was drift in five of 18 closed cases examined resulting in delays in closure.

<p><b>Standard 1.3</b> Children are communicated with effectively and are provided with information in an accessible format.</p>	<p><b>Judgment</b> <b>Compliant</b></p>
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The culture of the service was child-centred. Children and families were communicated with in a clear and sensitive manner taking into account their age, stage of development and any specific communication needs as appropriate. Children were involved in their own care and their views were sought and incorporated into plan for their care. Information was provided to children and families about the processes and they were kept informed as required at each stage.

<p><b>Standard 2.1</b> Children are protected and their welfare is promoted through the consistent implementation of Children First.</p>	<p><b>Judgment</b> <b>Partially Compliant</b></p>
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The quality of completed assessments was good, thresholds were consistently and accurately applied and cases were closed appropriately. Improvements regarding timelines across all aspects of the child protection and welfare service were required. Screening was not consistently recorded, although steps had recently been taken to address this. There were significant delays in the completion of preliminary enquiries and as well as commencement and completion of initial assessments. Formal records of management and oversight were not consistently available and the process for review of cases awaiting allocation required improvement. While there was a good standard of practice in relation to formal safety planning, safety plans for children awaiting assessment required improvement, particularly with respect to monitoring and oversight of these. Improvements were required in the timeliness of notifying suspected abuse to An Garda Síochána.