

Child protection and welfare inspection report

Health Information and Quality Authority
Regulation Directorate monitoring inspection report on
child protection and welfare services under the *National
Standards for the Protection and Welfare of Children*, and
Section 8(1) (c) of the Health Act 2007



Name of Service Area:	Carlow Kilkenny South Tipperary
Dates of inspection:	21, 22, 23, and 24 January 2019
Number of fieldwork days:	4
Lead inspector:	Jane Mc Carroll
Support inspector(s):	Erin Byrne Ruadhan Hogan Caroline Browne Eva Boyle
Type of inspection:	<input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced <input type="checkbox"/> Full <input checked="" type="checkbox"/> Themed
Monitoring Event No.:	MON-0025899

About the Health Information and Quality Authority (HIQA)

The Health Information and Quality Authority (HIQA) is an independent statutory authority established to promote safety and quality in the provision of health and social care services for the benefit of the health and welfare of the public. HIQA's mandate to date extends across a wide range of public, private and voluntary sector services. Reporting to the Minister for Health and engaging with the Minister for Children and Youth Affairs, HIQA has responsibility for the following:

- Setting standards for health and social care services — Developing person-centred standards and guidance, based on evidence and international best practice, for health and social care services in Ireland.
- Regulating social care services — The Office of the Chief Inspector within HIQA is responsible for registering and inspecting residential services for older people and people with a disability, and children's special care units.
- Regulating health services — Regulating medical exposure to ionising radiation.
- Monitoring services — Monitoring the safety and quality of health services and children's social services, and investigating as necessary serious concerns about the health and welfare of people who use these services.
- Health technology assessment — Evaluating the clinical and cost-effectiveness of health programmes, policies, medicines, medical equipment, diagnostic and surgical techniques, health promotion and protection activities, and providing advice to enable the best use of resources and the best outcomes for people who use our health service.
- Health information — Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information on the delivery and performance of Ireland's health and social care services.
- National Care Experience Programme — Carrying out national service-user experience surveys across a range of health services, in conjunction with the Department of Health and the HSE.

About monitoring of child protection and welfare services

The Health Information and Quality Authority (the Authority) monitors services used by some of the most vulnerable children in the state. Monitoring provides assurance to the public that children are receiving a service that meets the requirements of quality standards. This process also seeks to ensure that the wellbeing, welfare and safety of children is promoted and protected. Monitoring also has an important role in driving continuous improvement so that children have better, safer services.

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.

The Authority monitors the performance of the Child and Family Agency against the *National Standards for the Protection and Welfare of Children* and advises the Minister for Children and Youth Affairs and the Child and Family Agency.

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

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

The Authority inspects services to see if the National Standards are met. Inspections can be announced or unannounced.

This inspection report sets out the findings of a monitoring inspection against the following themes:

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

1. Inspection methodology

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
- interviews with six social work team leaders
- meetings with social workers and social care workers
- interview with a Prevention, Partnership and Family Support senior manager
- the review of local policies and procedures, minutes of various meetings, staff supervision files, audits and service plans
- the review of 136 children's case files
- observing duty staff in their day-to-day work
- observing team meetings and peer supervision.

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). During this inspection inspectors identified if Tusla child protection and welfare services took timely, proportionate and effective actions when responding to referrals about children in need and at risk by evaluating the following:

- timeliness and management of referrals
- effectiveness of assessment and risk management processes
- provision of safety planning where required
- effectiveness of inter-agency and multidisciplinary work
- the managing and monitoring of child protection cases in order to improve outcomes for children

Acknowledgements

The Authority wishes to thank the staff and managers of the service for their cooperation with this inspection.

2. Profile of the child protection and welfare service

2.1 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 areas.

2.2 Service Area

The Carlow Kilkenny South Tipperary service area is one of 17 service areas in the Child and Family Agency. It is situated in the South East of the country and provides services to the counties of Carlow and Kilkenny along with South Tipperary which consists of Clonmel, Cahir, Carrick-on-Suir, Cashel and Tipperary. The area covers from Hackettstown, Carlow to Oola, Co. Limerick, Ballyporeen, Co Tipperary and Carrick-on-Suir, Rosbercon, Co Kilkenny to Clogh, Co Kilkenny, covering 5300 square kilometres making it the 10th largest Tusla Area in the state based on population.

Census figures (2016) show that the overall population for the area was 244,435, which included 68,908 (28.2%) children and young people from 0-19 years of age. 11.6% of the child population live in Kilkenny, followed by 9.9% in South Tipperary and 6.7% in Carlow.

The area was under the direction of the service director for the Child and Family Agency South Region and was managed by the area manager. The Carlow/ Kilkenny/ South Tipperary intake and assessment team had been established across the entire area and overseen by a principal social worker. The service was divided geographically into three locations in Carlow town, Kilkenny town and Clonmel.

There was a dedicated point of contact in South Tipperary, through which all referrals from the area are received, acknowledged and initially screened. Each area had a team of intake workers who completed intake records for that area. Each area also had a team of social workers who completed assessments for their respective catchment areas. These teams were managed by three social work team leaders.

The organisation chart in the appendix describes the management and team structure of the child protection and welfare service, as provided by the Service Area (See appendix 1).

3. Summary of inspection findings

The Child and Family Agency has the legal responsibility to promote the welfare of children and protect those who are assessed as being at risk of harm. These children require a proactive service which acts decisively to assess and meet their needs in order to promote their safety and welfare. As much as possible, children and families require a targeted service aimed at supporting families. However, there will always be some children who will need to be protected from the immediate risk of serious harm.

This report reflects the findings of the inspection which are set out in Section 6. The provider is required to address a number of recommendations in an action plan which is published separately to this report.

In this inspection, HIQA found that of the six standards assessed:

- One standard was compliant
- Five standards were non-compliant moderate

The area child protection and welfare service was last inspected by HIQA in 2017. The decision was made to undertake this inspection in response to risks identified by HIQA through:

- the findings of the last thematic inspection of the Carlow Kilkenny South Tipperary Child Protection and Welfare Service in 2017, which judged the service as majorly non-compliant in 5 out of 6 standards assessed
- receipt of unsolicited information to HIQA in relation to low staffing levels in the area
- notifications to HIQA
- concerns relating to governance and management within the service area in particular with regard to an absence of effective measures to address known risks
- a provider meeting in September 2018 with the service director and chief operations officer Tusla and HIQA's regulation directorate's head of programme and regional managers and the subsequent receipt by HIQA of service improvement plans for the area.

Improvements were found in the screening stage of the child protection and welfare referral process. Since the previous HIQA inspection in 2017, an area screening team had been put in place to provide a central point of contact for both the receipt of and screening of all child protection and welfare concerns referred to the service. The team had developed standardised practices, such as screening tools. This ensured consistency of approach and practice across the team. Inspectors found that screening was mostly timely and there was an improvement in the consistent application of priority levels and

categorisation of referrals.

The content of preliminary enquiries, which were conducted by social workers following initial screening, was mostly comprehensive. There had been changes and developments made to the intake record tool used for preliminary enquiry since the last inspection in 2017. These changes resulted in a broadening of scope of the preliminary enquiry which meant that social workers were accessing greater levels of information to determine and assess children's risks and needs at this stage.

However, inspectors found drift and delay in the completion of preliminary enquiries and this compromised the overall quality of this process. Drift and delay in the progression and completion of preliminary enquiries ranged from two to 11 months from receipt of referral. This had a negative impact on the intended purpose and function of preliminary enquiry within the referral process. It also meant that for some children, who were awaiting a social work response, the necessary supports and safeguarding controls to protect and promote their safety and welfare were absent. This posed a risk to the service.

When screening and preliminary enquiry was completed, there were several pathways in which a child's referral could progress. One such pathway was the completion of an initial assessment which is a further, more in-depth assessment and analysis of the child and family's risk and needs and a determination of the measures and actions required to mitigate and address risk. Inspectors found that the content of initial assessments was mostly of good quality.

However, similar to other pathways of the referral process, drift and delay had a negative impact on the overall quality of assessments. Timeframes from receipt of referral to completion of an initial assessment ranged from three months to 11 months. This meant that the presenting circumstances of the referral could be difficult to capture and assess and therefore the quality of the assessment process was compromised. For these children and families, they had not received the right service at the right time and this posed a risk to the service.

While it is acknowledged in this report, that the area had increased their capacity to undertake initial assessments since the last HIQA inspection in 2017, a waiting list for initial assessment was in operation in the area. Inspectors found that the volume of cases on the wait list remained relatively unchanged or unimproved since last inspection due to the increased number of referrals. Inspectors also found that the systems of monitoring and oversight of the waiting list could not reliably measure risk to children or effectively mitigate against potential risk to children. This meant that children's best interests and welfare, which are paramount in statutory child protection and welfare social work, were not promoted at the right time due to delays in the process. This required action.

Measures to safeguard children who remained at home with their families required improvement. The process of agreeing, developing and reviewing safety plans was evolving in the area. Inspectors could not determine any standardised system of review of safety plans or structured time frames for the monitoring of their effectiveness. The system in place for ensuring that all allegations of suspected abuse were notified by social workers to An Garda Síochána also required improvement and there were examples where notifications had not been sent as required.

Other inter-agency contact and co-operation was good in the area. Since the last inspection, inspectors found that improvements had also been made to ensure greater connectivity between the early intervention service referred to as PPFs, and the child protection and welfare service.

A new integrated child care information system (NCCIS) had been introduced to the area in March 2018. Inspectors found that this was being effectively used for the case management of referrals. Inspectors found that the system facilitated senior management to generate reports to inform them of key data and trends in relation to the capacity and output of the service. However, the system was not always used to monitor drift and delay in case work.

Inspectors escalated a total of ten cases during this inspection in order to seek immediate action where there was a potential risk to children. These ten cases were escalated for a variety of different reasons and they were cases which were being progressed at different stages of the referral pathway. Upon analysis of these cases, inspectors found that these cases highlighted potential risk in three domains. Firstly, improvements made by the service since the last HIQA inspection in 2017 were not consistently applied in all cases which were actively allocated to a social worker. Secondly, cases awaiting allocation following allegations of physical abuse against children did not have adequate safety plans and or children were not seen by social workers. Thirdly, children on the waitlist for assessment, who were the subject of repeat referrals to the service, were not always prioritised for allocation to a social worker.

The governance, monitoring and oversight of the management of child protection and welfare cases in Carlow Kilkenny and South Tipperary required improvement. The local and regional management teams were implementing service improvement plans. However, there was opportunity for further review and development of these plans. In relation to the management of referrals through the service, further improvements were required to ensure that there was greater oversight in the delivery of consistent, quality and timely practice. The reliance and use of a waiting list required action. At a regional level, service improvement plans required review to ensure that firstly, continual progress and growth was explicitly planned and actioned. Secondly, to ensure that progress and

growth was mapped out in a way in which would ensure compliance with Tusla's own standard business processes and the national standards. Thirdly, that the service had plans and contingency to ensure that there was adequate capacity and resources to ensure compliance and ultimately to improve the safety and effectiveness of the service.

In addition, as with all inspection reports, the Child and Family Agency are required to provide an action plan to address the specific non-compliances outlined within this report. The action plan is attached to this report.

4. Compliance Classifications

We will judge a provider or person in charge to be **compliant, substantially compliant** or **non-compliant** with the regulations and/or standards. These are defined as follows:

Compliant: A judgment of compliant means that no action is required as the provider or person in charge (as appropriate) has fully met the standard and is in full compliance with the relevant regulation.

Substantially compliant: A judgment of substantially compliant means that some action is required by the provider or person in charge (as appropriate) to fully meet a standard or to comply with a regulation.

Non-Compliant: A judgment of non-compliance means that substantive action is required by the provider or person in charge (as appropriate) to fully meet a standard or to comply with a regulation.

Actions required

Substantially compliant means that *action within a reasonable timeframe* is required to mitigate the non-compliance and ensure the safety, health and welfare of people using the service.

Non-Compliant means we will assess the impact on the individual(s) who use the service and make a judgment as follows:

- **Major non-compliance:** *Immediate action*¹ is required by the provider or person in charge (as appropriate) to mitigate the non-compliance and ensure the safety, health and welfare of people using the service
- **Moderate non-compliance:** *Priority action* is required by the provider or person in charge (as appropriate) to mitigate the non-compliance and ensure the safety, health and welfare of people using the service

5. Summary of judgments under each standard

<i>National Standards for the Protection and Welfare of Children</i>	
Theme 2: Safe and Effective Services	Judgment
Standard 2:2 All concerns in relation to children are screened and directed to the appropriate service.	Non-compliant - Moderate
Standard 2:3 Timely and effective actions are taken to protect children.	Non-compliant - Moderate
Standard 2:4 Children and families have timely access to child protection and welfare services that support the family and protect the child.	Non-compliant - Moderate
Standard 2:5 All reports of child protection concerns are assessed in line with Children First (2011) and best available evidence.	Non-compliant - Moderate
Standard 2:9 Interagency and inter-professional co-operation supports and promotes the protection and welfare of children.	Compliant
Standard 2:10 Child protection and welfare case planning is managed and monitored to improve practice and outcomes for children.	Non-compliant - Moderate

6. Findings

Theme 2: Safe and Effective Services

Services promote the safety of children through the assessment of risk, learning from adverse events and the implementation of policies and procedures designed to protect children. Safe services protect children from abuse and neglect and follow policy and procedure in reporting any concerns of abuse and/or neglect to the relevant authorities. Effective services ensure that the proper support mechanisms are in place to protect children and promote their welfare. Assessment and planning is central to the identification of children's needs, the risks to which they are exposed and the supports which need to be put in place for each individual child to keep them safe and maintain their wellbeing.

Standard 2.2:

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

Tusla Child Protection and Welfare Services receive referrals from various sources including the public, professionals, community organisations, voluntary services and An Garda Síochána. Since the Children First Act 2015 was enacted and commenced in full on 11th of December 2017, mandated persons who have on-going contact with children and families are legally obliged to report child protection concerns over a defined threshold to Tusla. This resulted in a dramatic increase in the number of referrals to this service.

Data provided by the area showed that there were 2079 referrals made to the service between 1st of July 2018 and the time of this inspection. A data analysis report, which was being finalised at the time of this inspection, found that the introduction of mandatory reporting had influenced both the increase of referrals and broadened the source of referrals to the area.

The child protection and welfare service had three dedicated social work teams which were responsible for screening, intake and assessment of referrals made in the service area. Since the last inspection in 2017, the area had developed an area screening team. The area screening team was managed by a social work team leader who supervised one senior social work practitioner, one social work practitioner and one social care worker. This team leader also supervised three social workers who completed preliminary enquiries for the south Tipperary area. This screening team was based in Clonmel and was the central point of contact for both the receipt of and screening of all child protection and welfare concerns referred to the service.

Once referrals are received by the service, Tusla's standard business process requires that referrals are screened within 24 hours. During screening, the social worker reviews the referral information in order to determine if a referral meets the threshold of the service and also whether immediate action is required to ensure the safety of the child.

The quality of screening of child protection and welfare referrals had improved since the last HIQA inspection in 2017. Inspectors found good quality and, in most instances, timely screening of referrals made to the child protection and welfare service. Inspectors found that screening was taking place mostly within 24 hours of the receipt of referrals, in line with Tusla's standard business process. Of 54 cases reviewed on inspection for screening, 49 or 91% were screened within 24 hours.

Internal checks were being completed as part of the screening process to determine if the child was previously known to the social work department. Inspectors found that, during the screening process, social workers also classified referrals into the relevant categories of abuse, such as physical, sexual, or emotional abuse, neglect or child welfare concern. Priority levels, which indicated the level of intervention required from the service, were also applied by social workers at the screening stage. This meant that it was very clear what response children required from the social work department.

Inspectors found that there were appropriate systems in place to ensure that referrals which met the threshold for a service were being screened. While screening records contained information in relation to the priority of referrals, inspectors did not find any evidence that the application of thresholds was recorded.

Social workers working on the screening team said that their role and remit was very specific and time bound. This enabled social work practitioners to develop greater consistency and quality in their practice. The team also created their own standard templates for screening which enabled them to consistently record and seek the relevant information to appropriately screen. Inspectors found that these developments and improvements had influenced positive staff morale within the service. Social workers were enthusiastic and proud of the improvements they had achieved in the screening of referrals since the last inspection.

Following screening and a determination of the appropriateness of referrals to the child protection and welfare service, the area screening team also had responsibility for completing preliminary enquiries for all referrals relating to children in South Tipperary. Preliminary enquiries for other areas were transferred to a second team based in the Carlow and Kilkenny offices.

Tusla's standard business process requires that screening and preliminary enquiries are completed within 5 days from receipt of referral. The purpose of preliminary enquiry is to determine what action is required to address the needs and risks of the child. The preliminary enquiry is recorded on an intake record. An intake record is a standardised tool in which the social worker collates relevant information about the child, their network and family system. The social worker is also prompted to provide an analysis of the previous harm and current risk factors associated with the child's safety and welfare. An analysis of the child and family's strengths and protective factors is also required. As per Tusla's standard business process, the findings and actions of preliminary enquiries requires the agreement and sign off of by the social work team leader. This also ensures a level of oversight that both the priority level and categorisation of the referral are accurate.

Inspectors used Tusla's standard business process to inform key quality indicators which were used to assess the quality of preliminary enquiries. These quality indicators were as follows;

- completed within five working days
- classification appropriate
- internal checks carried out
- details clarified with the referrer
- priority level appropriate

Inspectors determined the quality of preliminary enquiries by measuring this process against these quality indicators. Overall, inspectors found that the quality of preliminary enquiries was poor on the basis of significant deficits in the timeliness of this process.

Inspectors found that the content of preliminary enquiries had improved since the last inspection. Firstly, the prioritisation and or categorisation of referrals following preliminary enquiry may be subject to change on foot of the analysis of information received by the social worker. For the majority, inspectors found improvement in the prioritisation and categorisation of referrals in this part of the process since the last inspection in 2017. Inspectors found that of the 75 preliminary enquiries reviewed, 67 or 89% were correctly prioritised. Of the remaining 8 or 11%, prioritisation was either absent or not reflective of the cumulative risks posed to the child's welfare, safety and developmental needs. These 8 referrals were made to the service across a period of time from December 2017 to January 2019.

Similarly, the categorisation of referrals following preliminary enquiry was mostly accurate. Of the 75 referrals reviewed by inspectors, 71 or 95% were categorised correctly. Of the remaining 4 referrals or 5 %, categorisations were absent or not reflective of the concerns raised by the referrer. This meant that whilst, improvements

were evident within the service since the last inspection, further work was required to ensure that learning and development was consistently applied by the staff team.

The content of intake records which captured the preliminary enquiry process were mostly comprehensive and inspectors found good analysis of risk and harm and strengths and protective factors for children and families. A new national tool was implemented since the last inspection in 2017, to record and capture preliminary enquiries. This tool broadened the scope of the preliminary enquiry which meant that social workers were accessing greater levels of information in order to assess and analyse children's risks and needs at this stage.

The screening team, along with other social work teams in the area also completed an intake prioritisation workshop in May 2018 which assisted in the learning and development of a standardised approach to assessing and gauging priority levels.

While the content of preliminary enquiries was mostly comprehensive, inspectors found that drift and delay in the completion of these enquiries had a negative impact on the quality of this process. The intended purpose of a preliminary enquiry was compromised in situations of delay. The area manager acknowledged that the area was not always achieving the timelines of the standard business process and this was posing a risk to the service.

The duration of time between receipt of the referral information and the completion of a preliminary enquiry varied in the area. Inspectors found that the majority of preliminary enquiries were completed (by virtue of a sign off by a social work team leader) beyond the five day timeframe as required by Tusla's standard business process. Inspectors reviewed 75 referrals for the purpose of assessing the quality of preliminary enquiries. Inspectors found that 56 out of 75 or 75% of preliminary enquiries were not completed within five days and or in circumstances where this was appropriate. 59% of cases which were not managed in line with standard business processes related to referrals made to the service between July 2018 and January 2019. Social workers told inspectors there were challenges in completing preliminary enquiries within the timeframe of the standard business process due to the volume of these cases to which they were assigned.

In some cases, delay in the progression and completion of preliminary enquiries ranged from two to 11 months. Inspectors escalated cases where there was a potential risk to children during inspection fieldwork. In 6 of these cases, preliminary enquiries had not been completed and or initiated in time frames ranging from six months to 11 months from receipt of referral. Of note, 4 of these 6 escalated cases were referrals which were deemed to be high priority physical or sexual abuse allegations. This is a concern. Furthermore, inspectors found that the transfer of preliminary enquiries to the relevant child protection teams in Carlow and Kilkenny posed some risks to the service in relation

to the potential for drift and delay.

Non-compliance – Moderate

Standard 2.3:

Timely and effective action is taken to protect children.

Inspectors found good examples of immediate action taken for children who presented at risk of immediate harm and whom required urgent care and protection. According to the data provided to inspectors, 33 referrals were identified as requiring immediate action since the 1st of July 2018 and the time of this inspection. Immediate action was taken in a variety of circumstances for example, when court proceedings were initiated to place a child in the care of Tulsa or when a child required an immediate visit in their home to ensure they were safe. Inspectors sampled these cases and found that effective safety planning was in place, good interagency co-operation was evidenced and there was diligent managerial oversight.

However, as described previously, inspectors reviewed cases where social workers did not assess and respond to referrals in a timely manner. This meant that some children referred to the service, whose circumstances were un-assessed or awaiting a response from a social worker, were without adequate supports and appropriate safeguarding controls. This posed a risk to the service.

Safety Planning refers to the arrangements in place by Tulsa to ensure that children stay safe when there is risk of harm or abuse. Since the last inspection, Tulsa introduced a national practice approach to child protection and welfare social work. Social workers and social work managers told inspectors that the new national practice approach to child protection and welfare had standardised and improved consistency in safety planning in the service. The principal social worker told inspectors that social work practitioners have attended workshops which provided learning and development in the practice of safety planning and that this is an ongoing learning process for the social work team.

Inspectors reviewed 30 referrals where it was determined that safety planning was required and found that 25 out of 30 or 83% had safety plans in place. While 25 had safety plans in place, inspectors found that only 9 or 36% of these adequately ensured safety and protection of the children concerned. Inspectors measured the overall quality of safety plans by assessing their content against six key quality indicators. These quality indicators are as follows;

- parental and or adult capacity to safeguard the child is appropriately addressed
- where appropriate, the child is involved in the development of the safety plan

- the safety plan addresses the identified risks
- the safety plan is monitored with regard to its implementation
- the safety plan is reviewed
- the safety plan is updated accordingly following review.

Of the 9 safety plans which were adequate, inspectors found that safety plans did address specific risks which were of concern to the safety and welfare of the child. Furthermore, where appropriate, children participated in the development of safety plans and due consideration was given to parental capacity. Monitoring and oversight of these plans was good and also evidenced.

In the 16 safety plans which were inadequate, inspectors could not determine any standardised system of review of safety plans or structured time frames for the monitoring of their effectiveness. This deficit did not support or acknowledge the fluidity of risk and the potential for families to disengage or de-value the controls which were required to keep children safe.

Inspectors found potential risk to children in four cases where a safety plan was required. In three cases, safety planning was absent and in one case, the safety plan did not adequately address risk. Assurances were provided by the principal social worker during the inspection and immediate action was taken to safeguard children.

Tusla has a formal system in place for implementing a child protection plan where a child has been assessed as being at on-going significant harm as a result of abuse or neglect and is listed on a child protection notification system. For the purpose of reviewing this standard, the inspection team did not review children who were on the child protection notification system (CPNS) and had a child protection plan. Therefore, the review of this standard was children who were either awaiting assessment, or children newly allocated to a social worker and required a plan to be in place to ensure they were safe.

Non-compliant – Moderate

Standard 2.4:

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

Inspectors found that, as cited above, children who required immediate care and protection due to risk of serious harm were afforded timely access to child protection and welfare services. However, inspectors found that social work interventions to protect and promote the safety and welfare of children, who were not at immediate risk or deemed to be high priority, were not always timely.

Furthermore, by virtue of drift and delay, there was a risk that deterioration in the safety and welfare of children awaiting a service was not known. Inspectors found that this risk was evident within two referral pathways. Firstly and more predominantly, the cases of children and families on a waitlist for assessment and secondly the cases of children and families who were allocated to social workers but there was drift and delay in ensuring that adequate safeguarding measures were in place.

Inspectors reviewed data provided by the area prior to this inspection and set it against Tusla's validated metrics for the first 6 months of 2018. This comparison indicated that the service area had made improvement in the proportion of initial assessments which were completed in line with Tusla's standard business process since July 2018.

While it is acknowledged in the succeeding standard in this report, that the area had increased their capacity to undertake assessments, the volume of cases on the wait list remained relatively unchanged or unimproved since the last inspection in October 2017. The service area had experienced a greater number of referrals since the introduction of mandatory reporting in 2018. This meant that although the service were completing more assessments and responding to the increase in the number of referrals, the service did not have the capacity to further reduce the waiting list. This was of concern.

Data provided by the area manager indicated that at the time of inspection there were 201 cases on a waitlist for an initial assessment. Children and families who were placed on a waitlist did not receive a timely service. The area manager acknowledged that this posed a risk to the service. While some controls such as monitoring and oversight of the waitlist had been implemented to mitigate against this risk, inspectors found that these measures could not reliably assess or measure risk to children who were awaiting assessment.

The local policy for waitlisted cases on duty and intake teams specified that the wait listing of high priority cases should be avoided. There was a programme of regular review of the waitlist to ensure that an appropriate response or action was taken on foot of new information pertaining to the potential increase of risk to children awaiting a service.

Social work team leaders described this process as primarily a desktop review. Cases could be re-prioritised and allocated to social workers if new information or a new referral indicated an increase in risk to children. Inspectors found that this system could not reliably measure risk to children or effectively mitigate against potential risk to children as children and families are not seen by a social worker while awaiting a service. In comparison, when a referral is allocated and actively worked in line with Tusla's business processes, the risks posed to a child's safety and welfare are enabled to be assessed and detected through good quality social work intervention.

Inspectors sampled 19 cases from the waitlist for initial assessment and found that the wait time experienced by children and families for a social work response ranged from three months to 17 months. The average waiting time for these 19 cases of children and families awaiting assessment was seven months. For these children and families, they have not received the right service at the right time. The window for engagement, to make meaningful intervention had passed. Potentially, the reason for referral may no longer be current or the situation may have deteriorated and children's welfare and development may be increasingly impaired. Children's best interests and welfare, which are paramount in statutory child protection and welfare social work, were not always being promoted at the right time.

The responsibility for managing the waitlisted cases lay with the management team. Inspectors found that in all 19 cases sampled from the waitlist there was evidence of a review was on file. In 17 of the 19 cases, multiple reviews had taken place. Inspectors found a mixed level of quality in relation to the review process for waitlisted cases. Actions arising from review did not always have a positive impact on safeguarding and protecting children. Furthermore, the review of the waitlist did not ensure that all children would be met with and seen.

Inspectors found that six of the cases which had evidence of review were of good quality. While actions were identified in most cases through this review process, inspectors found that these actions were not always implemented and this had a negative impact on the overall quality of the waitlist review and monitoring process. In five of the 19 cases waitlisted, actions arising from review had not been completed. In two of the 19 cases waitlisted, inspectors found that new information in relation to the case was not appropriately considered. For example, in two cases, new information which was available and relevant to the management of these referrals was not considered. This meant that actions arising were not informed by all relevant and available information.

Inspectors also found that two of the 19 cases sampled did not have regular review as required and in one case still remained on a waiting list for a period of 17 months. This case was reviewed by the area manager prior this inspection and a recommendation was made that the case be allocated to a social worker. However, this case remained on the

waiting list at the time of this inspection.

Inspectors escalated four cases from the waitlist to the principal social worker where there was potential risk to children. All four of these referrals related to allegations of physical abuse. Inspectors found that as a direct result of being unallocated, these children were not identified as being at risk of serious harm. This meant that safeguarding measures in all four cases were inadequate and these children's risk and needs were unassessed and unidentified for a protracted length of time. Furthermore, the monitoring and review of these cases whilst on the waitlist was poor. In three cases, children had not been seen between the time of receipt of the allegation and the time of this inspection. The waiting time for these children at the time of inspection ranged from 10 to 12 months. This was not adequate given the nature of the concerns which were referred into the service and the potential risk for harm to these children. In the interim measures to mitigate risk in these situations were poor and safety planning was absent. The fourth case, where physical abuse was alleged, was not notified to an Garda Síochána.

Cases awaiting allocation were also reviewed by the Red (Review, Evaluate and Direct Action) Team. Team membership included a wide representative from within the child protection service area. The principal social worker for the screening, intake and assessment team chaired these meetings. They took place weekly in two different locations in the service area. This meeting or forum provided structure in the process of review of referrals made to the service. The meetings also facilitated actions and recommendations for the progression of cases. Inspectors observed a Red Team meeting during inspection fieldwork. Inspectors found that there was a good quality group discussion and a decision approach to this meeting. This meant that decisions to determine the appropriate pathway for a referral were well informed. The eligibility criteria for cases to be discussed at this meeting included low to medium priority cases which had been re-referred to the service. This forum provided good oversight and decision making of cases awaiting a service, and where appropriate children and families were referred to other services in the local area. However, there were limitations to this process. Referrals which were recommended for follow up social work action or allocation, were competing for a resource with others on a waiting list. Furthermore, whilst cases may be referred out to for intervention to other services, they were still awaiting a child protection and welfare response from the social work service.

Children and families who did not require a service following screening and or preliminary enquiry, and were closed to the service, had timely access to an early intervention service in the area. A community based approach to prevention, partnership and family support (PPFS), known as Meitheal had been implemented in the area in 2017. Data provided by the area indicated that there had been 198 cases referred to this service since 1st of July 2018 and the time of this inspection. Meitheal is a case coordination process for families

who require some primary level intervention to support their needs. This support is tailored to meet families' specific needs through community based services in the local area. Since the last inspection in 2017, improvements had been made in the level of connectivity between the screening and intake teams and the PPFS service. A shared information system was in place, which enabled social workers to determine if a child and family were engaged in these support services. This was of benefit to social workers, as they were enabled to track and review children and families engagement with services. Such information was useful in considering the threshold and priority of new referrals or re-referrals to the service.

Inspectors reviewed a sample of 11 closed cases and found that the majority had been closed appropriately. There were clear rationales recorded on file to support the decisions to close cases. However, one case was escalated during inspection due to the case being closed when it should have remained open. The principal social worker told inspectors that this case was closed unintentionally, due to a technical administrative error. Following review by the principal social worker, this case was re-opened for the purpose of completing an initial assessment and a review of safety arrangements.

Non-compliant – Moderate

Standard 2.5:

All reports of child protection concerns are assessed in line with Children First (2011) and best available evidence.

When screening and preliminary enquiry were completed, there were several pathways in which a child's referral could progress. This included the completion of a social worker assessment, called an initial assessment. The purpose of the initial assessment is to determine the risk of on-going significant harm to a child, and to determine the impact of that harm on the child's safety and welfare and developmental needs. The outcome of initial assessment is to recommend what interventions are required for a child and family, in order to improve outcomes for children.

According to data provided by the area, of the 2079 referrals received since the 1st July 2018, 343 or 16% required an initial assessment. Since 1st of July 2018, 288 or 84% of these initial assessments have been completed. Furthermore, 55 or 16% were initial assessments that were on-going. This figure indicated a marked improvement in the number of assessments which the area had the capacity to complete since the last HIQA inspection in October 2017. Further improvements were required in order to ensure that all assessments were undertaken promptly and in line with Tulsa's standard business process

Inspectors used Tulsa's standard business process to inform key quality indicators which were used to assess the quality of initial assessments. These quality indicators were as follows;

- the child has been met with and seen as part of the assessment
- parents and carers have been consulted
- multi-disciplinary consultation has taken place
- strengths and safety factors have been considered
- risks are appropriately identified
- ongoing risk of significant harm is identified
- the next steps are identified
- the completion of the initial assessment occurs within 40 days from receipt of referral.

Inspectors reviewed 35 files where a determination had been made that an initial assessment was required. Of the 35, 26 were completed and the remaining assessments were ongoing or waiting to be commenced. Inspectors determined the quality of initial assessments by measuring the assessment process against quality indicators. Overall, inspectors found that the quality of initial assessments was poor on the basis of significant deficits in the timeliness of assessments.

Inspectors found that overall the content of initial assessments was comprehensive. The service area had a standard operating procedure for the completion of initial assessments. This procedure supported social workers to incorporate and include all relevant components of a good quality assessment of children's needs and risks. Inspectors found that of the 26 completed initial assessments sampled, 22 or 85% had good quality content. In these assessments, inspectors found good practice in the inclusion, participation and analysis of information provided by the child and family. There was good multi-disciplinary consultation which enhanced the quality and findings of assessments. The next steps which were required were clearly identified and evidenced based.

Inspectors found that the remaining four completed assessments had poor quality content, due to a combination of factors. These included a lack of multi-disciplinary consultation, a lack of consideration of actions required for all children in a particular household and a lack of interagency consultation.

There were a range of outcomes for children and families following the completion of initial assessments. Inspectors found that the outcome and referral pathway for children and families was clearly identified in the initial assessments sampled by inspectors. The most common outcomes for children and families included the development of family support plans, further assessments by the child protection and welfare service, child protection case conferences, or case closures due to no further actions required.

Similar to other pathways of the referral process, drift and delay in the completion of initial assessments from the time of referral had a negative impact on the overall quality of these assessments. The intended purpose of an initial assessment, following the receipt of a referral, could not be fulfilled in cases which were subject to delay. Situations and incidents which pose risk to children within families are on a continuum. Timely assessment and intervention is required in order to mitigate against these risks, implement appropriate safeguard controls and to ensure that children's development and welfare are not impaired.

Inspectors found that six out of 26 or 23% of assessments completed were done so within 40 days from receipt of referral. For the remaining 20, timeframes from receipt of referral to completion of an initial assessment ranged from three months to 11 months. This meant that the presenting circumstances of the referral could be difficult to capture and assess.

Furthermore, interventions to promote children's safety and welfare were not always afforded to children and families at the right time due to the delays in the assessment process.

It is important to note that all six assessments which were timely and of good quality had been referred to the service in the last six months. This indicated a positive trend towards improvement and timeliness in relation to the completion of initial assessments.

The Children First National Guidance for the Protection and Welfare of Children 2017, sets out the statutory function of both Tusla and An Garda Siochana in relation to child welfare and child protection concerns. The 'Joint Working Protocol for an Garda Siochana/ Tusla-Child and Family Agency Liaison' makes explicit, that the child protection and welfare service must refer matters of abuse and neglect to an Garda Siochana for their assessment of suitability for criminal prosecution. Inspectors reviewed 29 cases where a notification was required in incidents relating to physical abuse, sexual abuse and neglect. Inspectors found that the system in place to ensure that all relevant information was notified was not strong enough. In eight of the 29 cases reviewed, or 27 %, there was no evidence of this notification on file and three of these cases were escalated during inspection due to potential risk to children.

Non-compliant – Moderate

Standard 2.9:

Interagency and inter-professional co-operation supports and promotes the protection and welfare of children.

Inter-agency contact and co-operation was good in the area. Some communication and information exchange between the service and other agencies was formalised through statutory requirements, policies and protocols. Other methods of communication were less formal. During this inspection, evidence of interagency co-operation was gathered through interviews with Tusla staff, review of case records and minutes of inter-agency meetings supplied by the area manager.

The Children First Act 2015 and the Children First: National Guidance for the Protection and Welfare of Children 2017, refers to relevant services, which under the act, have statutory responsibility and legal obligation to keep children safe and to make mandatory reports to Tusla if there are reasonable grounds for concern that a child may have been, is being or is at risk of being abused or neglected.

Since the introduction of mandatory reporting, the area had seen an increase in the number of referrals and mandated reports to the service. Inspectors observed the screening team in their interaction with referrers during this inspection. Inspectors found good inquisitive

consultation between social worker and referrers. The screening team had a good understanding in relation to clarification of their agency and remit, and this meant that there was a consistent approach in their understanding of appropriate referrals. Furthermore, the area manager chaired multi-agency meetings in the service area which also provided a forum for raising awareness, knowledge and understanding of child protection and welfare service.

In 2017, the 'Joint Working Protocol for an Garda Siochana/ Tusla- Child and Family Agency Liaison', was introduced to formalise both agencies shared objectives to child protection and identify key working procedures to be undertaken in line with Children First Act 2015. The area manager told inspectors that there was ongoing engagement with an Garda Siochana and the child protection and welfare service.

Garda Liaison meetings referred to as Joint Action Meetings, took place monthly where there was an exchange of information in relation to the cases which were ongoing and open to both agencies. The minutes of these meetings were reviewed and inspectors found that this forum was utilised to discuss and collaborate on a high volume of cases in the area. However, there were limitations to this forum in so far as there was an under reporting of allegations of abuse from the child protection and welfare service to An Garda Siochana.

There were quarterly liaison forum meetings with Senior Gardai and the Area Manager to progress and address any issues in relation to good quality cooperation between Tusla and Gardai. Social workers and social work team leaders told inspectors that this was of benefit in ensuring that ongoing communication between the two agencies was effective.

Other processes of interagency and inter-professionals collaboration were evident. The new practice approach to child protection and welfare which was introduced to Tusla in 2018, placed value and emphasis on a systems approach to child protection which incorporated children, families and their wider support networks including support services and other professionals and agencies. Inspectors found that social workers shared appropriate information on an ongoing basis to support the assessment and planning of interventions to protect children. Strategy meetings and professionals meetings were utilised to ensure the safety of a child or to share risk relevant information to inform the assessment and or interventions required in a case. In cases reviewed by inspectors, where strategy meetings and or professional meetings had occurred, inspectors found that decisions were clearly recorded. Furthermore, records sampled by inspectors showed that where there were actions arising from these meetings, plans were in place for follow up and review of cases by key stakeholders. Social workers told inspectors that the consistent use of strategy meetings could be improved in the area. Social workers said that, for example, strategy meetings were utilised more frequently in some locations in the area than in others.

Carlow, Kilkenny, South Tipperary Service Area had access to a range of commissioned external resources which support their own prevention, partnership and family support

services (PPFS). The data provided by the area indicated that since the 1st of July 2018, 198 referrals had been closed and referred to PPFS for a meithael response. Meithael is a case co-ordination process for families with additional needs who require multi-agency intervention but who do not meet the threshold for referral to the social work department. Inspectors interviewed the senior manager for Partnership, Prevention and Family Support, who had commenced in their role in January 2018. Since the last inspection, inspectors found that improvements had been made to ensure greater connectivity between early intervention and the child protection and welfare service. For example, a shared database was in operation which enabled social workers to establish the extent of a child or families involvement with this service. This meant that social workers could easily determine if supports and protective factors were in place for children and families referred to the service. This was helpful for social workers in determining the priority and threshold of new referrals or repeat referrals to the service. Secondly, the senior manager and the co-ordinator of PPFS had a presence at various management meetings and the RED team meeting.

Social workers and social work team leaders told inspectors that the availability of these services, coupled with the shared access to information and tracking of levels of engagement, increased confidence in decision making with respect to closing cases as children and families had opportunity to receive on-going professional support and intervention.

Compliant

Standard 2.10:

Child protection and welfare case planning is managed and monitored to improve practice and outcomes for children.

The local and regional management team responsible for the child protection and welfare service had implemented various measures to address deficits found in the last HIQA inspection. A senior manager for PPFS was now in place. An additional principal social worker to the service meant that there was now a principal social worker with direct oversight of screening, intake and assessment of referrals only. An area screening was developed as a central point of contact for both the receipt of and screening of all child protection and welfare concerns referred to the service. A programme of auditing was supported by standard operating procedures and there were rolling programmes of workshops to facilitate learning and development for staff.

It is acknowledged that improvements were achieved during a time of challenge to the area due a number of factors. These included the introduction of a new national information system, the introduction of a new national approach to child protection social work practice and the significant increase in the demands of the service since the introduction of mandatory reporting. Staffing deficits posed a risk to the service in 2018. Since the last HIQA inspection, waitlists for initial assessment and preliminary enquiries had increased in the first quarter of 2018 due to staff vacancies and ultimately, a lack of contingency arrangements. In June 2018, staff shortages peaked and there were 13 core permanent vacancies in the area. The level of movement of staff in and out of the area during this time was significant.

Prior to this inspection, the regional service director and chief operations officer for Tusla met with HIQA's regulation directorate's head of programme and regional managers in September 2018 in relation to a number of service risks in the area. A detailed series of measures to mitigate these risks and to provide quality assurance had been established and implemented. Those relating to the child protection and welfare services included:

- An area governance group with responsibility for service review and improvement.
- A verification reporting process to review and monitor progress of the actions arising from the child protection and welfare service HIQA inspection in 2017.
- An external facilitator to support team development for the senior management team.
- A rapid improvement plan to support service improvement, review service resources and address identified risks.

At the time of this inspection, staffing levels had improved in the area and inspectors found that staff morale on the intake, screening and assessment teams was good. According to the area manager, there were currently no vacancies in the screening, intake and assessment teams in the area. The area manager was satisfied that the output and capacity of the duty intake and assessment team had increased in the last 6 months of 2018, as well as a steady increase in the proportion of referrals which were managed in line with the standard business process. Inspectors found that while there were no vacancies in the child protection and welfare service, there was no strategic plan in place to reduce the waitlist and ensure that all referrals were managed in line with the standard business process.

There was a defined management structure with clear lines of accountability and responsibility. Since the last inspection in 2017, the area had appointed an additional principal social worker to the child protection and welfare service. One principal social worker had responsibility for screening, intake and assessment of referrals made in the service area. Any further action or interventions required after this point in the process was managed and overseen by a second principal social worker. This division of remit and responsibility meant that oversight and management of the screening, intake and assessment process had improved since the last inspection.

An external facilitator to support the senior management team was in place. The principal social worker and area manager told inspectors that this support was contributing to improving effective communication of the management team. Inspectors found evidence of this in management team meetings minutes. There were changes to the management team meeting process which enabled a greater level of sharing of information with an emphasis on accountability and leadership.

Communication systems were good and staff told inspectors that there was a culture of support and openness in the service area. Team meetings were taking place. Inspectors reviewed meeting minutes which showed that the meetings were utilised effectively. Minutes also recorded the staff team's view on what was working well in the service and what required improvement. Inspectors found that plans were identified to address concerns and these were reviewed. The timelines for team meetings required improvement. Inspectors found team meetings were not occurring every month, as there were seven team meetings in 2018. This had been identified by the management team.

Inspectors found that some improvements were required in relation to formal one to one supervision of social workers by social work team leaders to ensure both the consistency of practice and the timeliness of interventions with children and families. The recording of supervision had improved since the last inspection, and decisions and actions pertaining to individual cases were included on individual files. This facilitated tracking and oversight of the actions required in particular cases. However, inspectors found that whilst these systems and measures were in place and had improved, there were gaps in the detection of

drift and undue delay in casework through the formal supervision process. Furthermore, inspectors found that the frequency of formal supervision required improvement. Of the 18 staff supervision files reviewed, 12 or 78% had regular supervision. For the remaining 6 or 22%, the frequency of supervision was not in line with supervision contracts. Inspectors also found that group supervision was taking place within the service. Inspectors observed one group supervision session and found that it was good quality.

A new integrated national child care information system (NCCIS) had been introduced to the area in March 2018 and inspectors found that electronic records were mostly up to date and accessible. The standard business process for the management of child protection and welfare referrals was supported somewhat by the information system. For example, specific tasks that required action by social workers such as, intake record (preliminary enquiry) were clearly listed in individual activity logs assigned to social worker to assist them in case management. Social work team leaders were enabled to have oversight and sign off on work completed. However, inspectors found that when tasks were not completed in line with the standard business process, the social work team leader or principal social worker was not prompted by an alert mechanism within this information system. This meant that social work team leaders and the principal social worker could not have timely and effective oversight of drift and delay of casework. While formal supervision provided a mechanism of oversight to ensure that social workers were held to account, this process did not ensure that all referrals were progressed safely and effectively through Tusla's standard business processes.

Caseload management systems were being developed in the area at the time of this inspection. The initial assessment team was using a standard caseload management tool during supervision with their line manager to assess their capacity to effectively manage their workload. The tool enabled social workers to record their work and assess their own capacity and capability to complete allocated tasks. While social workers told inspectors there were challenges in managing referrals within the timeframe of the standard business, the case load management tools did not reflect this. The screening and intake teams had been requested to be part of a pilot of the new caseload management tool. The tool required social workers to account for their work on a weekly basis and to explicitly record what work was done and what work was projected for the week ahead. Social work team leaders told inspectors that a review of information and trends recorded through this system will be completed in the coming months. Inspectors found that this review will be most important in facilitating a good analysis of the capacity of the screening and intake social work team and how this is aligned to current business processes and the demands in relation to referrals to the service.

A number of practice based workshops were in place since the last inspection in 2017. Tusla's introduction of a new national practice approach to child protection and welfare in 2018 was accompanied by an interactive and rolling programme of training and development for social work practitioners. Inspectors found that there were various fora

which facilitated practice development, shared learning and monitoring of casework. For example, workshops to review and reflect on the implementation of the new practice approach and peer to peer supervision were occurring regularly. During 2018, workshops had been completed on case prioritisation, initial assessments and social work practice approach to child protection and welfare. These workshops held a dual function to both share knowledge and practice but to also monitor the quality of casework. Social workers told inspectors that they felt supported in the development of their practice. Inspectors observed a peer to peer group supervision session and found good interaction between the team. Inspectors also found that this session enabled for good formation of risks and strengths in relation to this case being reviewed.

Quality assurance systems were in place and the volume of audit and review in the area had increased since the last HIQA inspection in 2017. Inspectors found that the impact of quality assurance systems varied. The service area was supported by quality assurance systems provided locally by a designated principal social worker and by Tusla's national quality assurance office. An auditing programme was carried out in the area in 2018 by a combination of social workers, social work team leaders, and principal social workers, the area manager and external staff, across various aspects of the duty intake and assessment service. Inspectors found that audits clearly identified where improvements were required and this information was disseminated appropriately. However, inspectors found that where improvements or actions were required, these were not always acted upon. For example, in four cases which were escalated during this inspection, identified actions from case reviews did not happen.

The national quality assurance office was completing a verification process in the service area. The purpose of this process was to assess the level at which the service had implemented actions arising from the last HIQA child protection and welfare inspection of these same standards in October 2017. Inspectors reviewed the most recent verification report which was completed in September 2018 and found the report evidenced progress and focus in the service area to address the deficits found in HIQA's last inspection of the child protection and welfare service. Whilst this report provided the senior management team with a level of assurance in relation to the completion of actions, it was not clear that the impact of these actions had been analysed and assessed to determine their influence in the overall level of compliance of the service with the national standards.

An area governance group with responsibility for service review and improvement was established in the service area in 2018. Inspectors found that this group had been effective in driving improvement in the area. Membership of this group included the regional service director, the regional lead for quality, risk and service improvement, the area manager and the senior management team. Inspectors found that the area governance group were meeting consistently and meeting minutes indicated that the forum was effectively used for its intended purpose. Service improvement was clearly actioned and delegated where appropriate and there was regular review of the progress of these actions. The area

manager told inspectors that service improvement plans such as the rapid improvement plan, were also updated and amended to reflect continuous actions identified at governance group meetings.

A rapid improvement plan had been developed in the service area in 2018 to support service improvement, review service resources and address identified risks. Inspectors found that the rapid response plan set out various measures to be taken to mitigate against risk to the service in relation to the screening, intake and assessment of referrals. The area manager told inspectors that this plan was reviewed at monthly governance group meetings to determine the impact, development and challenges with regard to its implementation. The rapid response plan had made a positive impact in some aspects of the screening, intake and assessment of referrals, such as the development of good screening, the improvement in the categorisation of priority levels of referrals, decreasing staff vacancies. Other actions were slow moving. For example, the plan to transfer initial assessments to external agencies had not taken place.

Risk management processes were utilised in the area however, inspectors found that these processes did not ensure the identification and prioritisation of all known risks. The area's risk register identified several risks within the child protection and welfare service. There were three risks which were relevant to the screening, intake and assessment teams. Firstly, the risk register recorded the risks associated with staffing deficits in the area. For example, the filling of permanent posts. Secondly, the risk register recorded the risks associated with the unallocated cases on child protection and welfare teams. Thirdly, the register identified risks associated with the governance arrangements in place for the protection and welfare teams.

The risk register did not fully identify and address current risks within the service. While unallocated cases were identified as a risk, the service had become accustomed to the use of a waiting list and this was not explicitly addressed. The measures identified to address unallocated cases included a review of the prioritisation of these cases on the waitlist and quarterly review of the waitlist by a principal social worker. These measures were not adequate. They did not ensure that children and families on the waiting list received the service they required and they did not ensure that resources were in place to eliminate the use of a waitlist. Furthermore, the risks associated with drift and delay of casework and the service's non compliance with Tusla's own standard business process for the management of referrals was not afforded adequate priority and action on the risk register.

Other systems such as 'need to know' reporting to the area manager were in place. Need to know reports are intended to highlight risks requiring action to senior management within the area. There was a good process of risk escalation in place and the principal social worker and area manager had also escalated a total of 11 service risks to the regional director in the 12 months prior to this inspection. Inspectors found that service risks were reviewed during management meetings, area governance meetings and risk register

meetings. However, improvement was required in order to ensure that all known risks which currently impacted on the quality and safety of the service were identified and effectively managed.

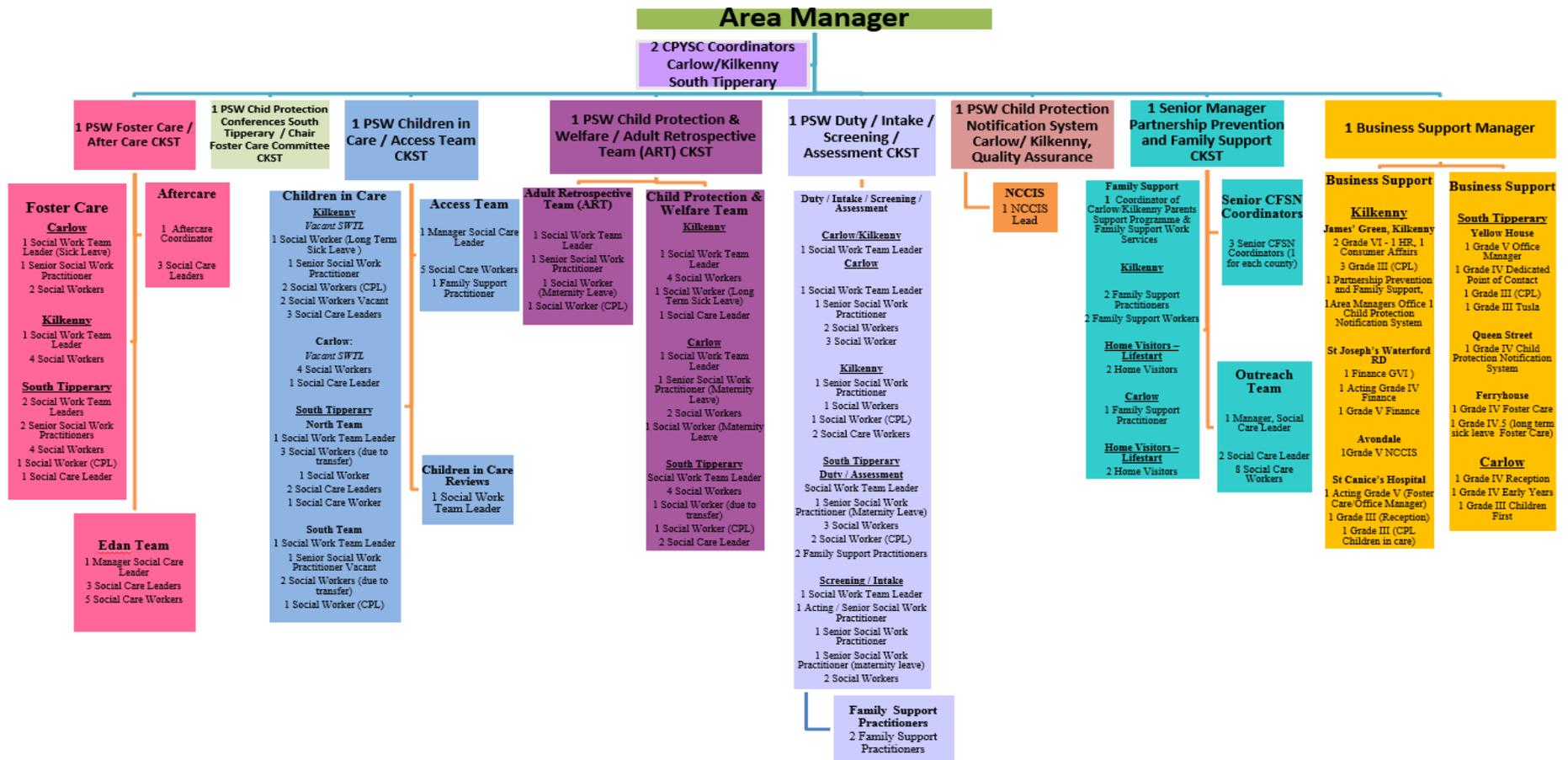
There were strategies in place to enable service wide learning from case reviews. The service had a local review learning tracker which recorded learning arising from case reviews and described how this was disseminated to the team. Inspectors reviewed minutes of meetings which were convened to facilitate lessons learned.

At the time of this inspection, the Carlow, Kilkenny, South Tipperary Tusla Business Plan for 2019 had not been finalised. From a review of the area's business plan for 2018, inspectors found that many of the business plan actions, which were set out to fulfill national strategic objectives, had been achieved. For example, the implementation of the new national practice approach to child protection and welfare and the establishment of a dedicated point of contact for referrals. There were outstanding actions from 2018 which included the plan to establish a maximum wait time for children and families for allocation to a social worker.

Inspectors found that there was further opportunity to update and progress plans to ensure that continual growth and development was explicitly planned and actioned. There was no strategic plan to future proof a screening intake and assessment service which had capacity to progress referrals in line with Tulsa's own standard business process and to ensure compliance with the national standards.

Non-compliant – Moderate

Appendix 1 – Organisation Chart



*Tusla Source

Action Plan

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

Provider's response to Inspection Report No:	MON-025899
Name of Service Area:	Carlow, Kilkenny, South Tipperary Child Protection and Welfare Service
Date of inspection:	21, 22, 23 and 24 January 2019
Date of response:	5 th April 2019

These requirements set out the actions that should be taken to meet the *National Standards*

Theme 2: Safe and Effective Services

Standard 2.2

Non-Compliant Moderate

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

The majority of preliminary enquiries reviewed by inspectors were not completed in line with the Child and Family Agency's standard business processes.

Action required:

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

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

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

2.2.1 In order to improve on current timelines and promote greater adherence to business processes, fortnightly reports on IRs and monthly reports on IAs will be issued by Business Support to be reviewed by PSW Duty for oversight of timelines on allocated IRs.

Action by: SWTLs and PSWs

Time frame: Q1 2019

2.2.2 To promote adherence to business processes, any existing delays of IRs will be reviewed by SWTLs on individual caseloads, in supervision every 4 weeks. SWTLs will highlight any concerns about individual staff performance with the PSW, and appropriate support/actions agreed.

Action by: SWTLs

Time frame: Q1 2019

2.2.3 PSWs and SWTLs will audit allocated IR caseloads quarterly, to monitor for quality and any drift. Action plans to address issues highlighted in audits will be completed as per local protocol. These audits will address any practice and service deficits. The plans will be drawn up and adhered to, to promote service improvement. Actions arising from this audit activity will be reported to the Area Manager and Area Management team on a quarterly basis.

Action by: PSWs and SWTLs

Time frame: Q2 2019

2.2.4 Learning from internal, external reviews and audits will also be highlighted via Team meetings and training workshops as appropriate.

Action by: PSWs and SWTLs

Time frame: Q2 2019

2.2.5 Ongoing training and development of staff in the Signs of Safety practice model will continue through monthly localised group supervision, PSW led workshops involving SOS TDO, and regional call back days, will continue to improve practice and timelines.

Action by: PSWs and SWTLs

Time frame: Q2 2019

2.2.6 Case prioritisation workshops are scheduled for the year on a regular basis. The first workshop has taken place. Focus will include an overview of a large number of cases; identify any practice issues and challenges with timelines; ensuring children are referred to the most appropriate service. Action plans will be drawn up following these sessions which will focus on individual needs of children referred and training needs for staff. Action plans will be monitored by the PSW for duty with support from the area's QA lead.

Action by: PSWs, SWTL's and Intake/Assessment Social Workers

Time frame: Q2 2019

2.2.7 RED meetings will continue to take place weekly in the area to review medium and low level referrals with actions recorded and attached to NCCIS. This activity will assist in reducing drift for these children and to ensure that children are directed to the appropriate service.

Action by: PSWs, PPFS Manager and SWTLs

Time frame: Q1 2019

2.2.8 To address the number of referrals and cases awaiting allocation, business cases are being made for two additional Social Work staff to improve timelines with Standard Business Processes and to achieve a reduction in cases awaiting allocation by 70% by end of 2019. Please refer to action 2.4.3.

Action by: Area Manager

Time frame: Q3 2019

Proposed timescale:	Person responsible:
2.2.1 End of Q1 2019	SWTLs and PSWs
2.2.2 End of Q1 2019	SWTLs
2.2.3 End of Q2 2019	PSWs and SWTLs
2.2.4 End of Q2 2019	PSWs and SWTLs
2.2.5 End of Q2 2019	PSW's. and SWTLs
2.2.6 End of Q2 2019	PSWs, SWTL's and Intake Assessment SWs
2.2.7 End of Q1 2019	PSWs, PPFS Manager and SWTLs
2.2.8 End of Q3 2019	Area Manager

Standard 2.3

Non-Compliant Moderate

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

Some children did not receive timely interventions.

Inspectors found risk associated with untimely interventions within two referral pathways, i.e. case waitlisted and cases allocated to social workers where there was undue drift and delay.

The governance of safety planning was inadequate as not all safety plans were adequate nor were they consistently reviewed in order to monitor their effectiveness.

Action required:

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

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

2.3.1 PSW and SWTLs will undertake sample audits of allocated cases quarterly (first audit completed 14/03/2019 – 41 open IR cases reviewed), collate findings and disseminate learning to the team via meetings. These audits will focus on potential drift or delay in children accessing necessary supports. Findings will also be shared with Area Manager and QA Lead in the area for discussion and review.

Action by: PSW and SWTLs
Time frame: Q2 2019

2.3.2 Business support will be issuing fortnightly and monthly reports on IRs and IA's. Any existing potential drift in casework will be reviewed by SWTLs on individual caseloads, in supervision every 4-6 weeks. SWTLs will highlight any concerns about individual staff performance with the PSW, and appropriate support/actions agreed.

Action by: PSW and SWTLs
Time frame: End Q2 2019

2.3.3 SWTLs and Senior Practitioners for Assessment will continue to review waitlisted cases on an 8 weekly basis, recording this on the NCCIS file. To avoid drift, SWTL will oversee any new information on receipt to review risk that requires a response and ensure this is made by the available social care or social work staff. This will be reviewed at supervision.

Action by: SWTLs and Snr Practitioners
Time frame: End Q1 2019

2.3.4 Safety planning recorded within the IR and IA documents will be reviewed as part of audit and in supervision to ensure adequacy of plan to address the risks highlighted. These methods will also allow safety plans to be monitored for effectiveness, and will highlight the need for review of a plan. Safety will be agreed with families, as part of the IR/IA process, and will be reviewed in supervision and as appropriate within family network meetings. Where children are on a case awaiting allocation list, safety planning will be monitored and reviewed as outlined in 2.3.2.

Action by: SWTLs

Time frame: End Q1 2019

2.3.5 Welfare initial assessments will be assigned to social care staff. They will be supervised by the SWTLs. IA workshop will be provided to social care staff which will focus on requirements of a welfare IA including Standard Business Processes timelines.

Action by: PSWs

Time frame: Q3 2019

2.3.6 Social care staff under supervision of SWTL will be assigned to monitor safety plans of children awaiting allocation for Initial Assessment. These workers will be supervised by a Social Work Team Leader. Cases awaiting allocation to a SW will be secondary allocated to the social care staff, who will review and update plans on 8 weekly cycles, or when new information requires it.

Action by: PSWs and SWTLs

Time frame: Q3 2019

Proposed timescale	Person responsible:
2.3.1 End of Q2 2019	PSW and SWTLs
2.3.2 End of Q2 2019	PSW and SWTLs
2.3.3 End of Q1 2019	SWTLs and Snr Practitioners
2.3.4 End of Q1 2019	SWTLs
2.3.5 End of Q3 2019	PSW
2.3.6 End of Q3 2019	PSWs and SWTLs

Standard 2.4

Non-Compliant Moderate

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

Children and families who were awaiting allocation for initial assessment did not receive a service in a timely manner.

The volume of cases awaiting allocation remained unimproved since the last inspection in October 2017.

The local protocol for managing cases awaiting a service was not always effective in ensuring that actions determined to progress a referral were initiated.

Action required:

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

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

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

2.4.1 The area protocol for managing cases awaiting allocation referrals and monthly reports from Business Support on timelines will be reviewed by the area management team to ensure children and families receive a service in a timely manner. This will have a focus to identify the supports available where a referral requires action prior to allocation for IA. Social care staff will be identified to follow up on necessary actions under the supervision of a SWTL.

Action by: PSWs and QA Lead

Time frame: Q2 2019

2.4.2 National Project Management Office has commenced a review of processes at screening and intake under Lean Management. The recommendations arising from this review will inform the development of an action plan to improve systems/procedures at screening and assessment.

Action by: Area Manager PSW and Business Support Manager

Time frame: End of Q2 2019

2.4.3 A full review of resources assigned to intake and assessment will be undertaken including caseloads. Identified staffing needs will form the basis of a business case for additional resources for the Area. See also action 2.10.5

Action by: Area Manager, PSWs and Business Support Manager

Time frame: End of May 2019

2.4.4 The potential to refocus resources via partner funded agencies in the community to undertake welfare initial assessments is being explored. A business case for additional resources to expand this option will be developed arising from this assessment and engagement.

Action by: Area Manager, PSW and PPFS Manager

Time frame: End of May 2019

Proposed timescale:	Person responsible:
2.4.1 End of Q2 2019	PSWs and QA Lead
2.4.2 End of Q2 2019	PSWs, Area Manager and Business Support Manager
2.4.3 End of May 2019	PSWs Business Support Manager and Area Manager
2.4.4 End of May 2019	Area Manager, PPFS Manager and PSWs

Standard 2.5

Non-Compliant Moderate

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

The majority of assessments reviewed by inspectors were not timely.

Inspectors found that the system in place to ensure that all relevant information was notified to An Garda Síochána was not strong enough.

Action required:

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

All reports of child protection concerns are assessed in line with Children First (2011) and best available evidence.

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

2.5.1 Please refer to actions 2.2.1, 2.2.2

2.5.2 A formal communication has issued to all staff to highlight the importance of notification of cases to An Garda Síochána in accordance with Children First requirements. A review of those cases where notification was unclear or absent has been undertaken and completed.

2.5.3 Audits and review of IAs and IRs for 2019 will include a review of Garda notification requirement, highlighting if there is a deficit. A sample of IRs will be audited quarterly by PSW and SWTLs. This is in addition to SWTL and PSW oversight in supervision and team meetings.

Action by: PSWs and QA

Time frame: Q2 2019

2.5.4 Joint Action Meetings are held every 6-8 weeks between Gardaí and TUSLA, where both agencies bring cases for discussion. Management Liaison meetings are held quarterly between Superintendents and PSWs to monitor this process.

Action by: PSWs

Time frame: End Q1 2019

2.5.5 A joint workshop will take place at area level between the Gardaí and Tusla to review Operation of Joint Protocol and strengthen adherence to Children First.

Action by: Area Manager and PSWs

Time frame: End of Q2 2019

Proposed timescale:	Person responsible:
2.5.1 Please refer to actions 2.2.1, 2.2.2	
2.5.2 End of Q1 2019	SWTL
2.5.3 End of Q2 2019	PSWs and QA
2.5.4 End Q1 2019	PSWs
2.5.5 End of Q2 2019	Area Manager and PSWs

Standard 2.10

Non-Compliant Moderate

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

Improvements were required in relation to formal supervision to ensure consistency of practice and timeliness of interventions with children and families.

The impact of quality assurance systems varied.

There was no plan in place to systematically reduce waitlists in the service.

There was no strategic plan to future proof a screening intake and assessment service which had capacity to progress referrals in line with Tusla's own standard business process and to ensure compliance with the national standards.

Service improvement plans required development and updating.

The risk register did not fully identify and address current risks within the service.

Action required:

Under **Standard 2.10** you are required to ensure that:

Child protection and welfare case planning is managed and monitored to improve practice and outcomes for children.

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

2.10.1 Supervision is scheduled for the year in accordance with Tusla policy for all staff.

Action by: PSW and SWTLs

Time frame: Completed

2.10.2 To ensure consistency and adherence to policy refresher workshops on supervision will take place with SWTLs and focus on best practice.

Action by: PSWs

Time frame: Q2 2019

2.10.3 Supervision files will continue to be audited on a six monthly basis by PSWs, to look for evidence of timely interventions and consistency of practice.

Action by: PSWs

Time frame: Q4 2019

2.10.4 Quality assurance activity will continue throughout the year, with a schedule of audit activity and data analysis. Action plans are required from the PSWs, as per area protocol for internal audits. The impact of QA activity will be monitored through ongoing data analysis. Additional scheduled audits and feedback from a variety of sources will remain a focus of area management, Governance Committee and team meetings. Actions arising from workshops will be monitored to ensure they are completed. PSWs are

responsible for drafting action plans which will then be approved or amended by the area management team. These will be reviewed by Area Governance Committee.

Action by: PSWs, Area Manager

Time frame: Q2 2019

2.10.5 Team meetings will focus on drift and delay to cases. Business support is issuing fortnightly and monthly reports detailing cases at process stage for IRs and IAs. This will assist the SWTL and PSW in monitoring drift and timelines, prioritising cases as required, and ensuring agenda item at each supervision session.

Action by: PSWs and QA Lead

Time frame: End Q3 2019

2.10.6 Under the implementation of the Tulsa Child Protection and Welfare Strategy the Tulsa Workforce Plan will be piloted in 2019 within this Area with a focus on multidisciplinary teams and strengthening existing administrative and business supports. An assessment of the staffing requirements to meet current service demands will be undertaken to the aim of sustainable staffing to substantially reduce the waiting list and improve adherence to business processes, reduce cases awaiting allocation. See action 2.4.2.

Action by: PSWs and SWTLs with Business Support Manager

Time frame: End Q3 2019

2.10.7 An assessment of interim staffing requirements will be undertaken in Q2 to address current waiting list and a business case for additional staffing will be made arising from this assessment.

Action by: Area Manager and PSWs

Time frame: Q4 2019

2.10.8 The effectiveness of this plan will be monitored via the service audit schedule, where appropriate business cases for additional supports can be made with evidenced need.

Action by: PSWs

Time frame: Q3 2019

2.10.9 The risk register will include an escalation on drift and timelines, submitted by the PSW, allowing for managerial oversight of this risk area. The progress of this will be reviewed at the Area Governance Committee on a regular basis.

Action by: Area Manager, Business Support Manager and PSWs

Time frame: Q2 2019

2.10.10 Team Management meetings are scheduled monthly and dates agreed. Quality assurance and service improvement will be a feature of agendas for these

meetings.

Action by: PSWs

Time frame: End Q1 2019

2.10.11 The Area Governance Committee will continue to review all action and service improvement plans on a regular basis.

Action by: Area Manager and Regional Service Director

Time frame: Q2 2019

Proposed timescale:	Person responsible:
2.10.1 Completed	PSW and SWTLs
2.10.2 End of Q2 2019	PSWs
2.10.3 End of Q4 2019	PSWs
2.10.4 End of Q2 2019	PSWs & Area Manager
2.10.5 End of Q3 2019	PSWs and QA Lead
2.10.6 End of Q3 2019, See Action 2.4.2	PSWs and SWTLs with Business Support Manager
2.10.7 End of Q4 2019	Area Manager and PSWs
2.10.8 End of Q3 2019	PSWs
2.10.9 End of Q2 2019	Area Manager, Business Support Manager and PSWs
2.10.10 End of Q1 2019	PSWs
2.10.11 End of Q2 2019	Area Manager and Regional Service Director

