



Report of an inspection of a Child Protection and Welfare Service

Name of service area:	Cavan Monaghan
Name of provider:	Tusla
Type of inspection:	Thematic
Date of inspection:	11 – 14 November 2019
Lead inspector:	Niamh Greevy
Support inspector(s):	Sharron Austin Tom Flanagan Pauline Orohoe Clarke

About this inspection

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

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

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

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

How we inspect

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

The key activities of this inspection involved:

- the analysis of data
- interviews with the area manager, principal social worker and two team leaders
- speaking with children and families

- the review of local policies and procedures, minutes of various meetings, staff supervision files, staff files, audits and service plans
- the review of 62 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).

Acknowledgements

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

Profile of the child protection and welfare service

The Child and Family Agency

Child and family services in Ireland are delivered by a single dedicated State agency called the Child and Family Agency (Tusla), which is overseen by the Department of Children and Youth Affairs. The Child and Family Agency Act 2013 (Number 40 of 2013) established the Child and Family Agency with effect from 1 January 2014.

The Child and Family Agency has responsibility for a range of services, including:

- child welfare and protection services, including family support services
- existing Family Support Agency responsibilities
- existing National Educational Welfare Board responsibilities
- pre-school inspection services
- domestic, sexual and gender-based violence services.

Child and family services are organised into 17 service areas and are managed by area managers. The areas are grouped into four regions, each with a regional manager known as a service director. The service directors report to the chief operations officer, who is a member of the national management team.

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

Service area¹

Cavan Monaghan is one of the 17 service areas in Tusla Child & family Agency. The area is comprised of a large rural configuration of the counties Cavan and Monaghan bounded by the border with Northern Ireland. The geographic area covers 1,245 sq. miles (3,227 sq. kms). The overall population of the Cavan Monaghan area is 137,562. Cavan = 76,176: Monaghan = 61,386. {Census 2016} The population of Co Cavan has increased by 4.1% since 2011. The population of Co Monaghan has increased by 1.5% since 2011.

In 2018 there were 2038 referrals to the Cavan / Monaghan area. Figures from January – June 2019 stood at 1072, based on this figure it is expected that referrals will be in excess of 2000 by end December 2019.

Cavan Monaghan is ranked as a deprived area relative to the National average (Pobal H.P. Deprivation index) with an unemployment rate of 12.4% in Monaghan and 15% in Cavan compared to the National average of 12.2%. 13.2% of the population in the area classify themselves as non-Irish nationals while 0.54% of the population classify themselves as Irish travellers.

The area is characterised by a large rural spread with Tusla's offices based in three locations, Cavan, Monaghan and Castleblayney.

Compliance classifications

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

Compliant	Substantially compliant	Partially compliant	Non-compliant
The service is meeting or exceeding the standard and is delivering a high-quality service which is responsive to the needs of children.	The service is mostly compliant with the standard but some additional action is required to be fully compliant. However, the service is one that protects children.	Some of the requirements of the standard have been met while others have not. There is a low risk to children but this has the potential to increase if not addressed in a timely manner.	The service is not meeting the standard and this is placing children at significant risk of actual or potential harm.

¹ This information was provided by the service area.

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

This inspection was carried out during the following times:

Date	Times of inspection	Inspector	Role
11 November 2019	10:00 – 17:00	Niamh Greevy Sharron Austin Tom Flanagan Pauline Orohoe Clarke	Inspector Inspector Inspector Inspector
12 November 2019	9:00 – 17:00	Niamh Greevy Sharron Austin Tom Flanagan Pauline Orohoe Clarke	Inspector Inspector Inspector Inspector
13 November 2019	9:00 – 17:00	Niamh Greevy Sharron Austin Tom Flanagan Pauline Orohoe Clarke	Inspector Inspector Inspector Inspector
14 November 2019	9:00 – 16:00	Niamh Greevy Sharron Austin Tom Flanagan Pauline Orohoe Clarke	Inspector Inspector Inspector Inspector

Views of people who use the service

A HIQA inspector consulted with four children in a focus group, who knew each other prior to this inspection. Inspectors also had discussions with 11 parents whose children were in receipt of a child protection and welfare service.

Views of children

Children said that social workers spoke to them "on my own", "about every 2 weeks". Children said "my social worker talks to me and I can trust them with what I say" and "they are helping us with our family".

Children said social workers asked "about the family", "about school", "how I am", and "are you feeling ok?"

Children said their social worker "helps me a lot" and "she has helped me when I tell her stuff". Another child said "my mum and dad stop fighting cause of them" and that their social worker was able to "tell dad the things so now he can [fix] it".

When asked how social workers could listen better, children said that "they listen to me" and "there is no way – they are professionals". One child said that social workers could be better at "listening at meetings".

Views of parents

Inspectors spoke with 11 parents or guardians, 10 of whom described having a positive experience with the social work department. One person described having a mixed experience, depending on the staff member they were dealing with. Parents complemented the service on communication with some parents saying they "felt listened to" and they were able to contact staff when needed. One parent described being impressed with how soon they received a response, but another felt they had to be persistent to get the support they felt they needed. Some parents noted that there were good programmes for young people available in the area or that the support their child received was "great". Feedback for the service ranged from better inclusion of fathers, to the need to better plan endings when children who are engaging in direct work with staff they have developed a relationship with.

Capacity and capability

Prior to the announcement of the inspection a self-assessment was submitted to HIQA by the services area's management team. The self-assessment is part of the methodology for this inspection and it required the management team to assess and score their compliance with the five standards relating to leadership, governance and management, and workforce. Not all key areas for improvement had been identified by the management team when completing the self-assessment.

The staff and management of the area had experienced a lot of change over the last two years. The interim area manager had taken up her short term position a week before the inspection and there had been two other area managers in the last two years. A new principal social worker had been appointed in the last 12 months. These changes, along with the service area's involvement in the Charleton Inquiry, the on-going implementation of a new national approach to social work practice and the bedding down of the national information system resulted in significant demands on the staff and management team. Inspectors found that staff were largely positive and there was a sense that the service area was making continuous progress.

The service was managed by a highly motivated management team who, with the input of the overall team, had achieved a lot in the 10 months prior to inspection. However, to sustain and improve the service, stable leadership was required. The interim area manager was appointed on a short term basis with uncertainty in relation to the duration of her appointment. While highly motivated to continue and build on the work of her predecessor, the service required a period of stability to continue its progress.

The interim area manager, while new to the role, had significant experience of managing and planning services. She had met with the outgoing area manager and service director and had received an appropriate handover of the service improvement plan. Although, she told inspectors that no specific risks were identified to her.

There was a defined governance structure with each manager having specific responsibilities. The principal social worker (PSW) reported to the area manager. The PSW line managed two team leaders and a social care manager. The team leaders each managed a screening, assessment and intervention (SAI) team in Cavan and in Monaghan, respectively. In addition there was a team of social care workers who were responsible for the completion of preliminary enquiries on low priority cases.

Planning for the service area had been effective in bringing about some improvements in services for children, but further were required. The previous area manager and his management team had focused throughout 2019 on the reduction of the service's waiting list. They had been effective in making significant reductions. In January, February and March 2019, there were cases that were waiting for preliminary enquiries to take place, and cases waiting for assessment. The principal social worker's priority on appointment was to clear the waitlist and it was evident on this inspection that the area was close to achieving this. In January 2019 when the PSW started in the service, there were 121 unallocated cases, which reduced to five cases, 10 months later. The PSW told inspectors they expected the waitlist to be eradicated by December 2019, which seemed realistic based on the current trajectory. The approach to reducing the waitlist had required intensive work by the PSW at the screening and preliminary enquiry stage. The eradication of the waitlist should enable children to have timelier access to the service. As the focus was on the reduction of the waitlist, the service did not manage to meet its key performance indicators as required by Tusla. This is discussed in the next section of the report on quality and safety of the service. The management team needed to focus on improving their adherence to these indicators, in order for children's needs to be identified and assessed in a timely way.

Inspectors were provided with a 'Commissioning plan' which was in place in addition to the service improvement plan for the area. The PSW told inspectors that the previous service improvement plan was replaced with the current service improvement plan in September 2019. The service improvement plan was developed on the basis of managers completing HIQA's self-assessment along with other priority actions from self-audits. The interim area manager told inspectors that her focus was to improve the access of the SAI team to therapeutic services which was reflected in the commissioning plan. The second priority of the interim area manager was to further develop the leadership and governance skills of the management team. There were appropriate plans for the services, but given her short time in the role, these had yet to be implemented.

It was evident that the service area was making efforts to continually improve the quality of service provision, particularly through developing commissioned services. The development of the cultural champions service to support families from different cultures is notable among these efforts. In addition to this, there was a well-established Partnership, Prevention and Family Support Service in the area that worked closely with the social work department. This service offered a range of support services, most notably a drop-in service that community services could direct families to for support. It is understood by managers in the area that this has helped with reducing the numbers of referrals to the social work department.

The management team had been innovative in their use of resources by creating a team of social care workers who were responsible for the completion of preliminary enquiries and the intake record for low priority cases. This approach was overall a positive initiative and had played a significant role in increasing the capacity of the service to respond to incoming referrals, albeit outside of Tusla's own timeframes.

Inspectors found that there were governance arrangements in place that provided oversight to the area manager but improvements were required. The area manager received assurances through weekly meetings - at this meeting assurance reports were provided in relation to finance and updates on individual teams. A monthly governance meeting provided assurances to the area manager on the child protection and welfare service specifically in relation to case management, liaison with external agencies, GPDR implementation, data management, unallocated cases and the risk register. The interim area manager had identified that the frequency and structure of management meetings would be reviewed as she felt that they could be more efficient. Inspectors agreed with this. Managers appropriately used 'Need to knows' to inform the area manager of cases that may come to the attention of the media. There were six notifications and these appropriately completed in line with Tusla policy.

The NCCIS was relied on to provide up to date data to the management team, however, further work was required in the management of data to improve its integrity. Inspectors identified inaccurate records on the system in one office over the previous seven months, which illustrated an inconsistency in staff adherence to Tusla's standard business processes in relation to inputting data. The area manager provided evidence that they had made efforts to ensure the quality of information on the IT system, but despite resources being directed to this issue, the errors identified by this inspection were not detected by the area's internal processes. This meant that data provided to senior managers and Tusla's national office regarding key performance indicators such as timeframes for screening within 24 hours and completion of preliminary enquiries within five days was inaccurate.

Risk management systems were in place, but they were not fully utilised. Although the majority of risks of the service area were known to the management team, not all of these risks were assessed, reflected on the risk register or managed in line with the service's risk management policy. For example, the significant number of unallocated cases throughout the first half of 2019 had not been escalated or identified as a risk in line with Tusla's risk management policy. Although, staffing levels in one office was identified as a risk, and one impact of this was unallocated cases, this risk was closed in March 2019 as resources were put in place to support that team. Notwithstanding these positive initiatives in early 2019, the number of unallocated cases remained a significant risk within the service at that time but was

not identified as a risk on the register. However, the risk was discussed at management meetings and had significantly reduced. While data integrity was escalated as an issue in August 2018, and additional resources were put in place to address this risk, risk management systems did not detect the data integrity issues highlighted by this inspection. There were two risks relevant to this inspection on the register – which related to the non-adherence to Tusla’s timelines, and the non-compliance with the relevant child protection and welfare standard. These risks had only been escalated to the service director in July and October 2019 despite being in place for a significant period of time and the lack of timeliness remained a significant risk. The service director appropriately required an update on the risk for the next regional risk meeting.

Staff felt supported and felt that they were kept well informed by management. The PSW held management and staff meetings for the SAI teams and there were three meetings for the all teams in the entire service area. Communication was found to be better for one SAI team in the area which had held two team meetings in six months, while the other team held none. When meetings took place, they were well attended and informative. Staff told inspectors that managers in the area were approachable and if any issues arose, they felt comfortable discussing these with managers.

The management team had identified that they needed to improve at sharing learning with their team. However, inspectors did find that the management team had recently shared learning from a report from the National Review Panel² with staff. A meeting was held with staff to reflect on this report. As a result, staff and management identified the need to improve communication with other disciplines and to document the rationale for decision making. The area had held a number of workshops with public health nurses as part of this effort.

Quality assurances systems were in development and there were plans in place to broaden their focus. The PSW had developed an audit plan in October 2019 to be completed over the next 12 months. These included audits of unallocated cases, timeframes for completion of intake records and initial assessments, and the implementation of the national model of practice. At the time of inspection, there were some audits completed by team leaders and the PSW but these were largely confined to file audits, which focused on the content but not always the quality of the file. As a response, managers held workshops for staff in relation to the operation of the SAI teams in July and September 2019. While actions identified in file audits were followed up on individually, file audits had not been collated to identify trends. So opportunities were missed such as the inconsistent quality of initial assessment. The PSW had completed one audit of the team leaders’ supervision, but the audit had not

² The National Review Panel (NRP) was set up in 2010 to review deaths and serious incidents of children in care and children known to Tusla.

detected any issues of significance which is contrary to the findings of this inspection.

The area had also engaged in a national quality assurance initiative and inspectors reviewed two self-assessments completed by the area in 2019 on safe services and child-centred services. Eight actions from these audits were reflected in the area's service improvement plan, two of which were completed and the remainder were not due for completion at the time of inspection. Although inspectors were not provided with the well-led audit, actions from this audit were also evident on the service improvement plan.

Improvements were required in safe recruitment practices as inspectors found gaps in some staff files. Inspectors reviewed 10 staff files relating to staff that were recruited to the service or recruited to their current post in the last five years. Of these, three files were found to have had all requirements in place. The remaining seven had gaps in documentation. Of particular concern, was the absence of evidence of vetting from An Garda Síochána and or police vetting from other jurisdictions as needed, as four records did not have evidence of this. Other gaps included no copies of qualifications, no photo identifications, no employment history or verification of references. An assurance was sought and received from the service director in relation to the safe recruitment practices, specifically in relation to vetting and professional registration. The service director assured inspectors that appropriate vetting was in place for all staff and a regional review was underway. The service director also indicated that updated professional registration was held locally.

The service had a full complement of staff, and managers told inspectors that they had no issues covering long term leave, which had positively impacted on their ability to operate the service. Three staff members had recently joined the team and they were appropriately inducted. They had protected caseloads - and the number and complexity of cases they dealt with increased as they gained experience. Formal mentoring of new staff was identified by the management team as being an opportunity to strengthen support for new staff.

Staff had the required skills and knowledge to perform their duties. Inspectors found that when performance issues arose, these were identified and managed appropriately. There was a competent workforce in place and inspectors found that any performance issues were managed appropriately. Leadership training had been completed by three managers. The interim area manager had identified that the development of managers was one of her key priorities.

There were some initiatives in place to support staff. These initiatives included the complex case forum. This was chaired by managers and social workers had an opportunity to present a case with the aim of exploring and identifying possible

futures steps to take in the interests of the child. The majority of staff had personal development plans that identified the individual staff members professional development needs. In addition to this, two staff were involved in the Empowering Practitioners and Practice Initiative (EPPI) run by Tusla. This initiative provided staff with the opportunity to research specific practice areas and literature reviews were presented to senior management and listed on Tusla's national EPPI forum where all Tusla could access the research. Formal wellbeing initiatives included the employee assistance programme, access to occupational health, a course on self-care for staff, individual counselling for staff where required and resources to support staff following critical incidents. The team had also had a team development day in October 2019. Staff told inspectors that they found their managers supportive.

The frequency of supervision for the majority of staff was in line with the supervision policy and supervision covered both individual cases and staff development. Managers reviewed staff's caseloads at each supervision and all caseloads were manageable. The PSW regularly reported to the area manager of caseload management in line with the caseload management policy. However, some improvements to supervision were required. In 10 out of 13 supervision records reviewed by inspectors, supervision did not track the implementation of previous decisions and nine records showed a lack of clear decision making. In three of these 13 records, the recording of the supervision sessions was particularly poor, and there was insufficient discussion about the needs of children. Therefore, it was not possible to track progress on the majority of supervision records, and it was not clear how staff were held to account. Management and staff training in supervision was required in order to develop and enhance the quality of individual supervision. Group supervision was well-established in the area. This was a positive initiative that provided staff an opportunity to facilitate a group discussion using the national model for social work practice to inform the decisions made on cases.

Training records did not reflect the level of training described by staff members. The service had completed a training needs analysis that identified training in the national model of social work practice and training in internet safety as the two greatest needs for the SAI teams. Training in the national model for social work practice was recorded on only one staff member's training record. Despite this, the service had held a workshop on team leader oversight of referrals including thresholds, acknowledging referrals, Garda Notifications and safety planning and the national model of practice in June 2019, a workshop on case prioritisation using the national model of practice in September 2019 and a workshop on initial assessments was scheduled to take place in December 2019. Attendances at these workshops were not recorded on staff training records. Staff attended in Children First 2017 and some staff had also attended training in data protection, health and safety and complaints handling.

<p>Standard 3.1 The service performs its functions in accordance with relevant legislation, regulations, national policies and standards to protect children and promote their welfare.</p>	<p>Judgment Partially compliant</p>
<p>There had been significant changes to leadership in the previous two years, and the interim area manager's appointment while positive was for a short term period. The management team required stability in order to build on the progress that had previously made.</p> <p>Although the service had made significant progress in relation to the eradication of the waitlist, children continued to experience delays in receiving a service.</p> <p>The frequency and structure of management meetings required review in order to be more efficient.</p> <p>Improvements were required in data management in order to ensure accuracy in the reporting of key performance indicators. The management team had not identified all risks within the service and risk management systems were not fully utilised.</p>	
<p>Standard 3.3 The service has a system to review and assess the effectiveness and safety of child protection and welfare service provision and delivery.</p>	<p>Judgment Partially compliant</p>
<p>Quality assurance systems required improvement, such as the collation of audits to identify themes arising so that the service can learn and improve from this.</p> <p>Improvements were also required in relation to review undertaken by team leaders at the point of sign-off of assessments.</p> <p>Risk management processes were in place but not fully utilised.</p>	
<p>Standard 5.1 Safe recruitment practices are in place to recruit staff with the required competencies to protect children and promote their welfare.</p>	<p>Judgment Non-compliant</p>
<p>Improvements are required in relation to the safe recruitment of staff. There were gaps in staff files. Inspectors were particularly concerned in relation to the absence of appropriate vetting. Assurances were sought from the service director in relation to Garda vetting and/or police vetting from other jurisdictions not being in place or updated within the last five years, on four out of 10 files reviewed.</p>	

<p>Standard 5.2 Staff have the required skills and experience to manage and deliver effective services to children.</p>	<p>Judgment Compliant</p>
<p>The service was fully staffed at the time of inspection and these staff had the right mix of skills and experience to meet the needs of children.</p>	
<p>Standard 5.3 All staff are supported and receive supervision in their work to protect children and promote their welfare.</p>	<p>Judgment Partially compliant</p>
<p>Staff reported that managers were accessible and responsive. Supervision took place in line with timeframes for most staff and was an opportunity to discuss support and training needs of staff. However, the quality of supervision required improvement to hold staff to account, include clear decision-making and the implementation of these.</p>	

Quality and safety

Inspectors found there was significant improvement since January 2019 in the volume of unallocated cases, which had meant that children had improved access to the service compared to earlier in the year. However, as identified by the area prior to inspection, there were significant delays in the completion of screening and preliminary enquiries. While inspectors identified areas for improvement across screening, preliminary enquiries, initial assessments and safety planning, there was also evidence of good practice in many cases.

For the most part, inspectors agreed with the area's self-assessment in relation to the theme of child centred services (standard 1.3). Inspectors found that in the majority of cases social workers engaged well with children.

There was evidence of child centred work in most cases reviewed by inspectors that showed staff consulted with and listened to children. Staff used child-friendly tools and approaches to ascertain children's views and took the views of children into consideration. Inspectors identified three cases in particular that were examples of particularly good practice, where the service engaged well with network services, including services from other jurisdictions, to inform their assessment and responded in a holistic and child-centred way.

The area had been innovative in supporting families from different backgrounds. The service area used cultural champions to provide support such as translating language and culture at meetings for families. This process was of benefit to both children and families, and staff as it enabled more effective communication.

Despite this, overall communicating with children and families about decisions required improvement. Inspectors found that children and families were not consistently informed of the outcome of initial assessment and closure of cases. For example, this was an issue in 10 of 16 initial assessments reviewed by inspectors. The area had developed child friendly leaflets to inform children about the service and the management team had identified that by the end of October 2019 staff were to record when they had given these to children on children's records. However, records reviewed by inspectors did not show that these were being given to children. It is noteworthy that children who spoke to inspectors were positive about their relationship with their social worker/social care worker and described feeling listened to.

In relation to the theme of safe and effective services (standard 2.1) inspectors did not fully agree with the area's self-assessment as the management team assessed that they had a higher level of compliance with the standard than inspectors found.

Child protection and welfare referrals were made to Tusla, in writing, over the phone or through the Tusla Portal. Inspectors observed social workers responsible for screening and preliminary enquiries respond to new referrals and found them to be professional, skilled and competent in their interactions with the public. In addition to responding to referrals, social workers consulted and offered advice on child welfare matters. However, the service did not have arrangements in place to record this information in line with Tusla's 'Referral Closure- Guidelines to support Practitioners (Updated July 2019)'. Practice differed in relation to the recording of this information as in one office, they did not record informal enquiries, whereas these enquiries were recorded in a designated book in the second office. In this office, any identifying information had been redacted and the practice of the screening social worker was to avoid receiving any identifying information, where possible. Social workers told inspectors they were working on developing an electronic document to store this information.

While data provided by the area indicated that all referrals were screened within 24 hours, inspectors found that 33 of 38 (84%) referrals were screened within 24 hours. Four of the five not screened in 24 hours were screened between two and five days after the referral was received and another was screened one month after referral. Screening was mainly recorded on a specific form used for incoming referrals, but inspectors also found evidence of screening in case notes and on intake records.

Of the files reviewed, inspectors found immediate action was taken in response to referrals where this was needed. Inspectors found evidence of social workers meeting with children and/or their parents on the day of the referral to determine the level of risk and where needed, they put safety plans in place or applied to the court for an emergency order.

Only three of 39 screening and preliminary enquiries sampled by inspectors took place within Tusla's timeframes. Although there was no waitlist for preliminary enquiries, 11 took up to one month to complete, 14 took between one and three months to complete, four took between three and five months while two preliminary enquiries took over seven months to complete. The reasons for delay were not consistently recorded on intake records in one office.

Inspectors found that the classification and prioritisation of referrals was appropriate in the majority of cases. Appropriate safeguarding measures were also put in place in all but one case reviewed. With the exception of three cases, preliminary enquiries showed adequate consideration of historical referrals and in 37 of 39 cases the reasons for the outcomes were clearly recorded. Where network checks were completed without consent from parents, inspectors found that the rationale for this

was clear on six of seven files. However, in nine of 39 preliminary enquiries staff did not contact referrers to clarify information contained in referrals or did not include adequate network checks, and records did not show a rationale for these decisions.

Inspectors reviewed 21 closed cases and found that the majority of these had closed and families were referred to other agencies as needed. However, inspectors found that 10 of 21 cases parents were not informed that the case was closed.

Improvements were required by the area to ensure consistent and timely notification to An Garda Síochána. Inspectors reviewed eight records where it was necessary for Tusla to notify An Garda Síochána of suspected crimes of wilful neglect or physical or sexual abuse against children. There were unexplained delays in sending four notifications to An Garda Síochána by between 13 days and over 2 months. The fifth case had not been notified to Gardaí at the time of inspection and this was brought to the attention of the manager.

The area held a waitlist for initial assessments, which had reduced significantly since January 2019. Although managers described closely monitoring the waitlist, inspectors did not find evidence it had been reviewed consistently at regular intervals, in line with local agreements. According to data submitted by the area, 15 cases were unallocated prior to inspection, but this had reduced to five by the last day of inspection. Inspectors reviewed five of 15 of these cases and found they were referred from seven days to 7 months prior to inspection. This meant there continued to be delays for some children in receiving a service.

Overall, improvements were required in the completion of initial assessments in order to achieve a consistency in approach, timeliness and quality of assessment. Inspectors reviewed a total of 23 initial assessments; 17 were completed and 6 were on-going. Only 6 of 23 initial assessments commenced within one month of their referral date. This meant that these children received a reasonably timely response from the service. However, the remaining 17 children received a delayed response with eight assessments reviewed commencing between one and three months after referral, and four commencing between three and six months. Five assessments commenced over six months after they were referred. Once commenced, only six were completed within Tusla's own requirements of 40 days. The remaining eight were completed between 2 and 4 months, while two assessments took over 10 months to complete.

In 16 of the 17 completed initial assessments, children's views were sought where appropriate. The majority of initial assessments analysed the risk and safety factors present. Records also clearly reflected the outcomes at the end of initial assessment, clearly identified next steps to be taken and where appropriate, referrals were made

to other services. In 14 of 17 initial assessments appropriate consultation took place with professionals and other services. However, inspectors found inadequate assessments of the child's needs in three of 17 cases.

Where children were identified as being at significant risk, case conferences were requested as appropriate. In one case, an alternative process was followed due to the age and needs of the child, which was appropriate.

Inspectors found that safety plans were developed as needed in relation to identified safety concerns but improvements were required in relation to 11 of 15 plans reviewed. The area had recently introduced a standardised template which was evident on files. Where plans were found to be of good quality, inspectors found appropriate action was taken to safeguard children, children were involved in developing the plan where appropriate, the child's wider family or other support people were involved in monitoring the plan and there was evidence that the social worker also monitored the implementation of plan. Where plans required improvement or were of poor quality, inspectors identified the two key issues as inadequate consultation with children in developing the plan and poor use of the family's wider support network in the development and monitoring of the plan.

Standard 1.3

Children are communicated with effectively and are provided with information in an accessible format.

Judgment

Substantially compliant

There was evidence of child centred work in many of the cases reviewed by inspectors that showed staff consulted with and listened to children. However, improvements were needed in staff evidencing if they provided children and families with information leaflets and informing children and families about the outcome of assessments or case closure.

Standard 2.1

Children are protected and their welfare is promoted through the consistent implementation of *Children First*.

Judgment

Partially Compliant

Inspectors found that 32 of 38 (84%) referrals were screened within 24 hours, and all children who required an immediate response received this. There were significant delays in the completion of preliminary enquiries and in both the commencement and completion of initial assessments. The notification to An Garda Síochána was not consistently timely. Safety planning required improvement to include both consultation with children and the involvement of the network in the development and monitoring of the plan. For these reasons, this standard is judged to be partially compliant.

