



Report of an inspection of a Child Protection and Welfare Service

Name of service area:	Dublin North City
Name of provider:	Child and Family Agency, Tusla
Type of inspection:	Thematic
Date of inspection:	16, 17, 21 st and 22 nd September 2020
Lead inspector:	Sabine Buschmann
Support inspector(s):	Eva Boyle Una Coloe Olivia O'Connell Tom Flanagan Ruadhan Hogan

About this inspection

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

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

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

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

How we inspect

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

The key activities of this inspection involved:

- the analysis of data
- interview with the area manager and two principal social workers
- speaking with families

- focus groups with team leaders and with social workers
- the review of local policies and procedures, minutes of various meetings, staff supervision files, audits and service plans
- the review of 61 children's case files
- observing duty staff in their day-to-day work
- observing intra agency team meetings

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

Acknowledgements

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

Profile of the child protection and welfare service

The Child and Family Agency

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

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

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

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

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

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

Dublin North City is one of Tusla's Child and Family Agencies 17 areas. The 2016

census recorded a total population of 252,358 in the Dublin North City area with a child population (0-17 years) of 44,927, representing 17.8% of the area's total population. Dublin North City is a geographically small urban, densely populated area. It has the highest rate of children in care in the country, which is 2.2 times the national average of children in care and reported the second highest referral rate per child population in quarter four of 2019 with a referral rate of approximately 300 referrals per month.

The area is under the direction of the service director for Tusla Dublin North East, and is managed by an area manager. There are two principal social workers in the area who manage a team of seven social work team leaders. The social work team leaders manage two screening and five assessment teams. The duty child protection team and assessment and intervention teams which cover Dublin 7 and Dublin 11 comprises of three social work teams. The duty child protection and assessment and intervention teams which cover Dublin 1, 3 and 9 comprises of four social work teams. Currently, there are 16 key frontline social work/care vacancies in the assessment and intervention teams, with only 7 of these covered by agency staff. Tusla has the statutory responsibility to assess all reports of child welfare and protection concerns. The duty and intake service receives all new referral to the Child and Family Agency in Dublin North City and is responsible for screening those referrals and assessing as necessary in accordance with National Standards and Standard Business Process. In the preceding 6 months the Dublin North City service area received 1982 referrals.

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	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	The service is not meeting the standard and this is placing children at significant risk of actual or potential harm.

	service is one that protects children.	addressed in a timely manner.	
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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
16/09/2020	09:00 – 15:30	Sabine Buschmann	Lead inspector
	10:00 – 16:30	Tom Flanagan	Support Inspector
	10:00 – 16:30	Eva Boyle	Support Inspector
	10:00 – 16:30	Olivia O' Connell	Support Inspector
	10:30 – 17:00	Ruadhan Hogan	Support Inspector
	09:00 – 17:00	Una Coloe	Remote Inspector
17/09/2020	09:00 – 15:30	Sabine Buschmann	Lead inspector
	09:00 – 15:30	Tom Flanagan	Support Inspector
	11:00 – 13:30	Eva Boyle	Support Inspector
	09:00 – 15:30	Olivia O' Connell	Support Inspector
	09:00 – 15:30	Ruadhan Hogan	Support Inspector
	09:00 – 17:00	Una Coloe	Remote Inspector
21/09/2020	09:00 – 15:30	Sabine Buschmann	Lead inspector
	10:00 – 16:30	Tom Flanagan	Support Inspector
	10:00 – 16:00	Eva Boyle	Support Inspector
	10:30 – 17:00	Ruadhan Hogan	Support Inspector

	10:30 – 17:00	Una Coloe	Remote Inspector
22/09/2020	09:00 – 15:30 09:00 – 15:30 09:00 – 15:30 09:00 – 17:00	Sabine Buschmann Tom Flanagan Ruadhan Hogan Una Coloe	Lead inspector Support Inspector Support Inspector Remote Inspector

Views of people who use the service

Inspectors spoke with ten parents and family members who were receiving a child protection and welfare service.

Parents and family members told inspectors that their experience of social work involvement was good. All parents spoke very positively about their current social workers, however, three parents said that they had a less positive experience with a previous social worker but were happy with their current social worker. All parents said that their social worker is available to them anytime by phone and text and that they ring back if they were unable to reach them. One parent told the inspector that "The social worker is very good and has helped me a lot." The majority of parents told inspectors that they felt involved in the decision making process and that the social workers provided all the information they needed to understand the process of initial assessments, safety planning and professionals meetings. Some parents said that they had not been asked to give feedback on the social work services they had received.

Inspectors did not speak to children during this inspection as some children chose not to engage in telephone interviews. Staff from the area endeavoured to identify additional children, however, children and young people were not agreeable to speak to inspectors.

Capacity and capability

The Dublin North City service area was committed to providing a safe, responsive and child centred service to children and their families. The inspection found there was a high number of vacant posts in the area which impacted on service delivery to children and families. While some good initiatives had taken place to improve practice and the area manager was committed to implementing national policies and standard business processes, there was room for further improvement.

As part of the thematic inspection programme, a self-assessment was submitted to HIQA in September 2019 by the service area's management team. The self-assessment was part of the methodology for this inspection and it required the management team to assess and score their own performance against the five standards relating to leadership, governance and management and workforce which in turn helps to identify where improvements were required.

Inspectors did not agree with all the judgments made by the area management team and found lower rates of compliance than the area management team's self-assessment on some standards. This inspection found the service to be partially compliant in standards 3.1. (The service performs its functions in accordance with relevant legislation, regulations, national policies and standards to protect children and promote their welfare. and 5.3. (All staff are supported and receive supervision in their work to protect children and promote their welfare). Inspectors agreed with the compliance rating in relation to standard 3.3 (The service has a system to review and assess the effectiveness and safety of child) and 5.2 (Staff have the required skills and experience to manage and deliver effective services to children) and rated the service higher in relation to standard 5.1. (Safe recruitment practices are in place).

The area had a service improvement plan in place for 2019 which was reviewed quarterly. These plans had a range of actions of which some were completed, however many of them were impacted by the virus of Covid 19. The area manager reported that the following actions were completed;

- improvements in screening whereby 100% of all referrals were screened by a team leader in the required timeframes as set out in Tusla's standard business process
- improvements in the area of garda notifications
- initial assessment and safety planning practice intensive days took place
- a focus through supervision to improving the completion and signing off on initial assessments in a timely manner

While the timely completion of preliminary inquiries and initial assessments had been identified as an issue by the area in their 2019 service improvement plan, inspectors found that sufficient progress had not been made.

Inspectors reviewed the quality improvement plan dated 29 September 2020 and found that some of the area of improvements were not identified such as actions to address the waitlist or to improve safety planning. Furthermore, improvements were required in uploading information routinely and in a timely manner onto NCCIS had not been adequately addressed. This meant that decisions pertaining to children receiving a service could not be adequately monitored as all information was not available on the system. The area manager told inspectors that her objectives were to have a stable staff team and in turn for children to receive a more timely service. Staff shortages were identified by the area manager as having impact on the service's ability to complete quality improvements and to fully implement their 2019 improvement plan.

Within the context of Covid-19, the area manager and her team were proactive at ensuring the impact of restrictions on service provision was minimal. Risks impacting on service provision were regularly reviewed during weekly Covid 19 management

team teleconference meetings and plans to mitigate risks were identified and implemented. The social work teams were provided with practice guidance on management of their cases during the pandemic. Staff were supported to ensure that essential services were maintained for children at risk as required, including home visits.

The Dublin North City service area management team was evolving at the time of the inspection. The area had a defined management structure. The area manager was accountable for service delivery in the area and had significant management experience. She was supported in her role by a business support manager for quality and risk and two principal social workers who had oversight of the day to day service delivery of the intake and assessment teams. One of the principal social workers and a number of team leaders were recently appointed. Some of the team leaders were in temporary acting up positions. Therefore, there were varying levels of management experience within the overall management team.

Overall, inspectors found that the management team were endeavouring to improve the quality of service provided to children and families however, some improvements were required in management oversight in order to achieve this. The area management team had implemented a positive initiative in commissioning two partner agencies to conduct some low and medium priority initial assessments on behalf of Tusla. The aim of this initiative was to provide a more timely service to low and medium priority cases. The management team were responsible for monitoring these cases and provided reports on progress to the area manager. In addition, managers in the area also provided oversight and monitored the service in a number of ways; through attendance at team meetings, provision and oversight of supervision, oversight of caseload management, file audits and through review of case records. However further improvements were required and these will be discussed in further detail throughout this report.

The area manager informed inspectors that she received assurances through a number of reporting systems. However, improvements were required in the quality of some of the information provided to the area manager. The area manager told inspectors that she was assured by her principal social workers informally and formally through their supervision. In addition, inspectors reviewed minutes of governance meetings and senior management meetings. It was evident that reports on waitlists, the timely completion of initial assessments and the numbers of Garda notifications were discussed. Inspectors found that the area manager appropriately questioned and sought clarity on some of the reports that were presented to her including on the area's waitlists and work that was not completed within Tusla's own timeframes. She received regular data analysis reports, quarterly performance metrics and audit reports. However, further analysis and focus was required by the

management team in order for this area to improve in meeting the requirements of Tusla in providing services within set timeframes to children and families.

The monitoring and oversight of the use of recording systems required improvement and plans were in place to address this. The National Child Care Information System (NCCIS) was used to record children's records. It also had the capacity for managers to monitor service provision but this was impacted by delays in information being recorded on the system which in turn potentially impacted on the accuracy of reports provided to the area manager and the national office. The service area, like all other service areas nationally had implemented the national recording system and was one of the last service areas to implement this in July 2018. It was acknowledged by the area management team that improvements were required in the integrity of data on the area's information system and plans were in place to address this. The area manager and her team were in the process of implementing and standardising the recording of information on NCCIS. There was on-going meetings and plans in relation to the data cleansing. Inspectors found that there were delays in the inputting of information on the NCCIS, therefore the data on NCCIS could not always be relied on to provide an accurate and up to date assurances to the area manager. It is imperative that improvements in data integrity is progressed urgently in order for the area to have complete up-to-date and accurate records.

Communication systems in the Dublin North City service area were effective. Staff felt supported and were kept up to date by their managers. Various management meetings were held regularly and the duty and intake teams met regularly to discuss practice issues and identify issues to highlight to management such as the recording issues, caseloads and training needs. Inspectors reviewed these minutes and found the agenda items related to current issues which impacted on the service such as Covid- 19 pandemic, service developments, recruitment of staff and matters relating to the functioning of the intake and assessment teams.

Learnings on the implementation of various aspects of practice were also shared at team meetings. During the period between March and June 2020, team meetings were facilitated remotely by managers and good communication during this period was essential as many staff were working remotely. All grades of staff indicated that managers regularly communicated by phone and email with them. The area manager highlighted that she operates an open door policy whereby she is available for advice and support if required. In addition, the area used a 'need to know' process to escalate individual cases to the regional director. Inspectors reviewed two examples of 'need to knows' relating to children identified as being at significant risk. It was noted by inspectors that an appropriate response was provided by the regional director and the national office to one of these reports, and a response was outstanding in the second.

The area had some quality assurance systems in place, but their plan for local audits as well as implementing national audit findings had been paused due to the impact of the Covid-19 pandemic on the service. The area's management team had recently completed a self-assessment on their level of compliance with notifying An Garda Síochána of suspected abuse and found that the area had made notification of 133 (69%) of cases that required notification. The remaining 31% of referrals came from An Garda Síochána and therefore did not require a notification. The area manager was assured that referrals were generally completed in a timely manner and in accordance with joint protocol and with a number of local systems in place to maintain oversight of this process. The area however suggested, that more guidance regarding wilful neglect would be helpful in assisting with the local management of garda notifications.

In February 2020, Tusla's national practice assurance and service monitoring team completed an audit in February 2020 concerning the delivery of the child protection and welfare service from the point of initial reporting to Tusla through to the completion of initial assessment. There was evidence that the findings of these audits were discussed by senior managers and that their recommendations were accepted but had not yet been implemented by the time of the inspection.

The areas' of good practice identified by the audit included the following:

- There was evidence that timeliness and quality of assessments had improved
- There was evidence that initial assessments were more frequently signed off by both social workers and social work team improved from the last audit
- There was evidence in 25 files reviewed that the referrals had been acknowledged.
- There was good evidence of network checks being conducted.

The areas that required improvement included:

- Timeframes from the date of intake records to the completion of initial assessments varied from the day of completion of the intake record to almost two years.
- There were delays of up to eight months for sign off of initial assessments by social work team leaders
- The evidencing of safety planning required improvement.

Many of the findings of this audit were also found during this inspection. While the focus of the area's work during March – June 2020 was implementing the area's Covid 19 management plan, the majority of actions from this audit were outstanding at the time of the inspection. In addition, a number of planned local audits had been put on hold such as a supervision audit and an audit of the use of information leaflets for children. While audits had been completed on individual files prior to March 2020 in relation to the adherence to processes on NCCIS, and areas for improvement were identified and actions were under consideration by the area management team.

Risk management systems were in place to identify and manage risks in the service but had not been effectively used to identify and capture all the risks associated with the child protection and welfare service. The area maintained a service risk register which fed into a regional risk register and risks which could not be managed by the area were escalated to the regional service director and to the national office, if necessary. The main risks within the area related to staff shortages and vacant posts, unmanageable caseloads and some backlogs of visits and initial assessments due to Covid 19 restrictions. Three risks relating to staff shortages, retention of staff and staff inexperience had been escalated to the service director and the national office in January and August 2020. While some progress had been made through agency conversion which had provided some level of stability and reduced the risk rating in relation to staffing numbers, inexperience of staff remained an ongoing concern. However, the risk register did not include the risk associated with the area not meeting the timelines set out in the standard business process.

Managers and staff highlighted to inspectors that there were significant staff vacancies in the area which was impacting on the delivery of services to children. At the time of the inspection there were five vacant social worker posts, five vacant positions of senior practitioner posts and one vacant social care leader position in the area. The area manager told inspector that the area had experienced a staff turnover of 50% over the last twelve months. The area manager had taken steps to manage this risk, such as using agency staff, had used a social care worker to complete screening under social work supervision and social work students were recruited when qualified as project workers.

The area had a significant number of inexperienced staff and they were further developing on their competencies within a very busy work environment. Inspectors observed staff on the duty and intake team in the course of their work and heard confident and appropriate interactions with members of the public. The area were using senior social work practitioners to mentor less experienced staff. The area had a number of new appointments to the management team, including at principal social work level, team leaders as well as staff in acting team leader positions. Therefore, there was a range of experience levels on the management team. The area manager

had proactively sourced leadership training for the new management team and these sessions were continued on line during the Covid 19 pandemic.

The management team were very aware of the need to support staff. They had a range of measures in place such as staff team days, complex case forum, and external professional support for staff as well as access to employee assistance programmes. They had also recently established a staff retention/morale group. This group's purpose was to analyse why staff left the service and for promoting staff wellbeing and ensuring support to retain staff. The actions included the re-commencement of exit interview with staff leaving the service, the deployment of an external consultant to coach new managers in their roles and providing additional training and support to new and existing social workers.

Inspectors found the quality of social work supervision on individual cases was mixed and the area management team were aware that improvements were required in supervision. Inspectors found that professional supervision did not always happen as frequently as required by Tusla's supervision policy. Inspectors reviewed a sample of 10 staff supervision files and found that five did not reflect regular supervision. In two cases staff received two supervision sessions in a year, in one case the social worker attended three supervision sessions in a year and one member of staff attended four supervision sessions in a 12 months period. The gaps between supervision sessions was nine months for one member of staff, six months for a second staff member and four months for two members of staff. The area manager told inspectors that the reason for these gaps were caused by managers leaving the organisation and changing positions.

The record of supervision did not consistently outline clear discussion and decision making. The principal social workers acknowledged that the quality of recording of case supervision required improvement to provide a focus on what actions were undertaken, and what progress had been made since the previous supervision. The majority of staff were positive about the level of supervision and support they received from their line managers. Social workers told inspectors that in addition to their supervision the principal social workers and the area manager practiced an 'open door' policy for staff to seek support for individual cases. There was evidence that any performance issues with staff were addressed appropriately and that support was provided to the staff concerned to assist in improving performance.

Prior to Covid 19, staff were supported in developing their practice through group supervision. The duty and intake teams met every four to six weeks to discuss cases and share learning in order to promote consistent practice in the implementation of the national approach to service delivery. Inspectors reviewed the minutes of these meetings and found they were used to review practice and to identify and share learning on the implementation of the various aspects of practice. In addition, a meeting called a complex case forum supported staff in discussing more complex cases and reaching decisions about the best way forward. Group supervision of staff had been suspended in March 2020 and had not recommenced at the time of the inspection.

Inspectors reviewed caseload management records and found it was discussed in the majority of supervision sessions and but was not consistently recorded on the case management record. Inspectors reviewed eight supervision files for this purpose and found that there was no records of case management tools on three of the files reviewed. The majority of staff had caseloads that were recorded as 'busy but ok', where staff highlighted that their caseloads were unmanageable, it was evident that steps were taken to reduce their workload.

New staff had a protected caseload and they completed e-learning on a range of topics related to their posts as part of their induction process. However, there was no formalise induction process specifically for the intake and assessment team. New staff received training on a range of topics relevant to working in Tusla such as caseload management, Children First 2017 and standard business processes. In addition, new team members had a mentor often a senior social work practitioner. A more experienced colleague supported them in their new role. Inspectors found that newly appointed staff's caseload were increased incrementally, and this was an appropriate in order for staff to gain confidence and experience.

Not all staff had a personal development plan. Of the 10 files reviewed for this purpose, seven files did not have a record of a personal development plan. Inspectors found that the personal development plans in place were of good quality and they identified the staff member's training needs and further professional development requirements. This was an area that required further development in order to further progress individual staff's professional development.

Inspectors reviewed staff training records and there was evidence of regular discussion of training needs within supervision records. A training needs analysis had been conducted in 2018 and was under review as it required updating. Training had been provided, for example, in harm matrix, revised business processes, caseload management and children first. There were intensive practice workshops held with the aim of ensuring consistent implementation of national model of practice which were reported to have been well attended. Managers told inspectors that some training had to be cancelled while other training was now provided on line. The area manager had commissioned additional coaching and training for new managers in the area to try to support those who are taking on new roles at management and leadership level.

There were some wellbeing initiatives in place to support the social work teams. These included team days, coffee mornings and other social events to support the wellbeing of staff. An occupational health service and an employee assistance programme were also provided.

As part of the inspection methodology, staff files were not reviewed by inspectors. Assurances were sought from the regional service director that appropriate recruitment practices were in place. A sample of 16 staff files were selected and the service director was required to complete questionnaires detailing specific information on each staff. Details requested included date of garda vetting and professional registration. The service director provided appropriate assurances that staff members were appropriately qualified, registered and vetted by An Garda Síochána.

<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>Governance systems required improvement. Quality improvement plans did not reflect all of the areas that required improvement which had identified by internal quality assurance audits and in their self-assessment for inspection. Improvements were required in the assurances provided to the area manager on the quality of some of the service. Further analysis and focus was required by the management team in order for this area to improve in meeting the requirements of Tusla in providing services within set timeframes to children and families.</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>The monitoring and oversight of the use of recording systems required improvement and plans were in place to address this. Inspectors found that there were delays in the uploading of information to NCCIS, which potentially impacted on reports provided to the area manager and the national office.</p> <p>The area had some quality assurance systems in place, but their plan for local audits as well as implementing national audit findings had been paused due to the impact of the Covid-19 pandemic on the service. For these reasons, this standard is partially compliant.</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 Compliant</p>
<p>All staff recruited had the required qualifications and competencies to perform within their roles. Personnel records were reported by the Area Manager to contain all information as required by National standards for the protection and welfare of children.</p>	
<p>Standard 5.2 Staff have the required skills and experience to manage and deliver effective services to children.</p>	<p>Judgment Partially compliant</p>
<p>Inspectors observed staff completing their work in a skilful and appropriate manner. The area had a significant number of inexperienced staff, but measures were in place to support them. The area had significant staff vacancies, 9 staff members which impacted on service delivery to children. For this reason this standard is partially compliant.</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 were supported. However, supervision was not consistently provided in line with Tusla's supervision policy and group supervision had been suspended since March 2020 due to the Covid-19 pandemic. Not all staff had personal development plans to promote their individual development.</p>	

Quality and safety

In relation to the theme of child centred services and of safe and effective services with Standard 1.3. The area assessed themselves as partially compliant and inspectors agreed with the areas assessment.

Communication with children and families who had an allocated social worker was of good quality. However, children and families who were waiting for a service did not receive regular communication from the service with an update on when they would get a service. From a review of files inspectors found that children were listened to and their voices were reflected in initial assessments.

Inspectors found that children were kept well informed by their social workers. Social workers interacted with children in ways that were appropriate to their age and development by using a variety of methods to communicate with them, such as drawing pictures, telling stories and completing specific child friendly templates which were in part of the service's area approach to practice. Where possible, children were included in relevant meeting pertaining to their lives where appropriate. Social workers told inspectors interpreters were used with families where English was not their first language,

Social workers told inspectors that leaflets were provided to children and families about the social work services, however inspectors did not find that this was recorded on children's records. The principal social workers told inspectors that audits to ensure leaflets have been distributed was outstanding due to competing priorities to manage the impacts of Covid-19.

The receipt of child protection reports was well managed in the area. Child protection and welfare referrals were received in a number of ways; through the Tusla online portal; in writing; by telephone; or in person. Screening is the first step by a child protection social worker to manage a referral. It involves analysing the referral received to determine if the child or family requires a child protection and welfare response. When referrals were received they were routinely acknowledged. Referrals were screened by social work team leaders on the intake team who decided if they were appropriate to the service and required a social work response. Screening was recorded by the social work team leader on an 'action sheet'. This sheet was designed by the area to ensure that the service had a consistent way of recording and evidencing that screening of referrals occurred within 24 hours. If a referral did not meet the threshold, it was closed to Tusla and directed to another service where appropriate. When referrals met the threshold, internal network checks were conducted to ascertain whether the child or family were currently or previously known to the service. The team leader also prioritised referrals into high, medium and low priority and an intake record (IR) was launched onto the NCCIS system.

The majority of referrals were screened in a timely manner. The Tusla standard business process (SBP) dictated that the screening of new referrals should be completed within 24 hours. Of the 47 cases reviewed for screening 44 or 93.6% cases were completed within 24 hours as evidenced by a screening tool recorded on NCCIS. In four cases inspectors could not find evidence of screening on NCCIS. This was escalated to the area manager who provided written assurance to confirm that the referrals had been screened but that information had not been uploaded to NCCIS.

The systems in place to ensure accurate and up to date record management required improvement. The service area identified that improvements were required in the completion of preliminary enquiries. Information provided for the inspection indicated that 1392 out of 1982 (73.9%) referrals received since 1 March 2020 had their screening and preliminary enquiries completed in line with standard business processes within the required 5-day timeframe while 76 referrals were on a waiting list for a preliminary enquiry to be completed. Of the 28 referrals reviewed for this purpose, inspectors found that only 3 or 10% had been completed within 5 days as required by Tusla's standard business process. The delays ranged from seven days up to 7 months from receipt of referral. The reasons for the delay of the completion of preliminary enquiries were not always recorded. Social workers told inspectors that the work had often been completed but that the case records had not been uploaded on to the information management system (NCCIS) due to high case loads, staff shortages and delays in team leaders signing off the intake records.

When a social worker is conducting preliminary enquiries, network checks are conducted with other agencies and professionals who are involved with a family to seek further information in relation to the child's circumstances. Inspectors found that network checks had been completed and parental consent to conduct network checks had been sought in the majority of cases.

Referrals were consistently categorised and prioritised correctly. Referrals were consistently categorised and prioritised correctly. Inspectors found that referrals were appropriately classified into relevant categories of abuse such as physical, sexual, emotional abuse, neglect or child welfare concern.

Referrals were correctly assigned a priority level of high, medium or low at the completion of preliminary enquiries. Depending on the priority level the referral was allocated to a duty social worker or was placed on a wait list for preliminary enquiry.

Improvements were required in the monitoring and recording of wait list reviews. The service area operated a waiting list both for preliminary enquiries and for the completion of initial assessments. Data provide by the area indicted that 76 cases were awaiting a preliminary inquiry while eight cases were awaiting an initial assessment. The existence of wait lists meant that some children did not receive the service they required in a timely manner. Referrals that did not require immediate actions were allocated to a child protection team leader whose role it was to delegate specific tasks to social workers. From review of records inspectors found there were 200 cases allocated to two social work team leaders on NCCIS and it was the role of the social work team leaders to manage, review, re-prioritised the list of cases allocated to them.

Inspectors reviewed eight children's files which were on a waiting list for a service in the area and found deficits with the management of these cases. Five of eight (62%) cases awaiting allocation were not reviewed in line with the areas own standard operating procedure for review of unallocated cases. Formal records of management and oversight were not consistently available on children's files. Inspectors escalated five of those cases to the area manager as there was no records of review or case management activity recorded on NCCIS. The area manager provided assurances that the cases had been reviewed and managed but that the information had not been uploaded onto NCCIS. In addition, the area manger provided assurance that all cases awaiting a service were effectively monitored, routinely reviewed and managed.

Children and families were supported throughout their involvement with the child protection and welfare service. Where families were receiving a social work intervention and required further supports referrals were made to these services.

There was evidence of good cooperation between the social work department and family support agencies in the community to ensure that children and families received an appropriate response. The R.E.D (Review, Evaluate, and Direct) process ensured that members of the social work department and coordinators of family support services in the community, met fortnightly to consider referrals of children and families and to discuss the most appropriate service in each case. The cooperation between the agencies ensured that services provided by community agencies were paused rather than ceased when the social work department resumed involvement with particular children and families. The area maintained good oversight of the services provided by the agencies to whom they provided funding.

Where children were identified as being at immediate risk or required immediate action, timely and appropriate actions were taken to ensure they were safe and protected. Immediate responses included visits to the family home or the child's school to meet the child and make an assessment of their safety, immediate safety plans, or alternative arrangements for the child's care if this was required. Inspectors found from their review of cases that during the lockdown period from March – June that social workers maintained contact with children at high risk despite Covid 19 restrictions. Measures included socially distancing home visits, telephone and video calls. Social workers told inspectors that contact with children who were at medium and low risk was maintained through regular telephone and video calls, sending emails and texts to children and their families, to ensure that support was provided. A review of case notes on NCCIS confirmed that to be the case.

Safety plans for children varied in quality and monitoring of these plans was inconsistent. Developing a meaningful safety plan is a collaborative process undertaken by the social worker, the family, children and a support network family together and focuses on a fundamental question of what needs to happen to ensure the child will be safe in their own family. The area was in the process of implementing safety planning in line with the national approach to practice but this had not been embedded in practice.

Inspectors found that safety planning arrangements were recorded in a variety of places including case notes, letters, assessments, screening action sheet and more recently formal safety plans that were recorded on a template. Inspectors reviewed 25 cases where a safety plan was required and found that 11 or (44%) were of good quality while 14 or (56%) were not adequate. The good quality safety plans that were in place were child centred and evidenced good practice in line with the national approach to practice and nine of the eleven plans were recorded on a safety plan template that the area had recently introduced. There was evidence that children and their safety networks were being involved in the development of the plans. Inspectors found that the good quality safety plans were reviewed regularly and the plans were updated following a review. However, 14 of the safety plan reviewed, lacked in detail, did not include consultation with a safety networks and were not reviewed or monitored consistently to ensure that children were safe. This meant that there was a lack of meaningful and ongoing collaboration between the social work department, the children, their families and safety networks, which is crucial, in order to ensure that safety plans are robust and effective in keeping children protected from harm.

The majority of initial assessments were of good quality but there were delays in commencing and completing them. Initial assessments of cases that were classified as high priority were completed by the area's assessment team. The area had developed a 'partnership practice protocol' with two partnership agencies who completed some initial assessments on behalf of the area for initial assessments that were classified as low and medium risk. All initial assessments completed by Tusla staff and commissioned services were reviewed by Tusla social work team leaders. Overall, inspectors found that social workers routinely sought children's views during the assessment process and they were seen on their own and/or observed in the family home. Parents were consulted and the assessments included a detailed analyses of children's needs and family strengths and weaknesses. Consultation also took place with other professionals involved with the children and appropriate support networks were identified. Risks, safety issues and the potential harm to children were considered. The outcome of the initial assessments were clearly recorded and recommendations were made about next steps to be taken. The outcomes were also shared with families. Appropriate action, such as the scheduling of child protection conferences, was taken where children were assessed as being at on-going risk of significant harm.

There were delays in commencing and completing initial assessments. Of the 18 completed initial assessments reviewed by inspectors four commenced within a two week period from when a referral was received, nine commenced after two to three months and six assessments did not commence at four, five, six, seven, eight and 11 months from receipt of a referral. Some delays were caused by a difficulty in engaging and/or locating families but principal social workers told inspectors that high case loads and staff shortages were the predominant reason for these delays.

While initial assessments were of good quality they were not always completed in line with the 40-day timeframe required by the Tusla standard business process.

Inspectors reviewed a sample of 18 initial assessments. Of the 18 completed initial assessments 13(72%) were not completed within the 40 day timeframe.

The area's management team were aware that the majority of initial assessment were not completed within 40 days as required by a Tusla's standard business process requirement. Information provided for the inspection indicated that of 34 initial assessments completed since 1 March 2020, 16(4.7%) had been completed within the 40 day timeframe while 80 assessments were still ongoing. The areas principal social workers told inspectors that due to the high number of vacant social work posts and pressure on current resources in the area, these timeframe were not achieved and that this was one of the area's priority for improvement.

Some improvements were required in ensuring that An Garda Síochána were informed in a timely manner of suspected abuse. Under Children First (2017), if Tusla suspects that a crime has been committed and a child has been wilfully neglected or physically or sexually abused, it will formally notify An Garda Síochána without delay.

The inspection found that while garda notifications were made when required by the area, of the three referrals reviewed by inspectors, where a Garda notification was required, one was made promptly and one was delayed by one week and a third was delayed by one month. Inspectors found there was good interagency cooperation between An Garda Síochána and the social work department. Regular liaison meetings took place between social work and Garda managers at various levels in relation to shared cases and joint strategy meetings were held as appropriate. Good joint decision making was also evident in relation to children and families involved with both agencies. The staff and managers reported an excellent relationship with An Garda Síochána as well as community support services.

Cases were closed when families no longer required social work intervention.

Inspectors reviewed a sample of 7 closed cases and found that the closure of cases was appropriate. Parents were routinely advised of case closures. There were closure summaries and rationales on six of the seven children's files.

<p>Standard 1.3 Children are communicated with effectively and are provided with information in an accessible format.</p>	<p>Judgment Substantially compliant</p>
<p>Communication with children and families who had an allocated social worker was of good quality but those who were waiting for a service were not communicated with on a regular basis.</p>	
<p>Standard 2.1 Children are protected and their welfare is promoted through the consistent implementation of Children First.</p>	<p>Judgment Partially Compliant</p>
<p>There were significant delays in the completion of preliminary enquiries and in the commencement and completion of initial assessments. Notifications to An Garda Síochána were not timely in all cases. Safety planning required improvement to ensure that all safety plans were monitored and reviewed. For these reasons, this standard is judged to be partially compliant.</p>	