



Report of an inspection of a Child Protection and Welfare Service

Name of service area:	Louth Meath
Name of provider:	Tusla
Type of inspection:	Thematic
Date of inspection:	30 November – 03 December 2020
Lead inspector:	Olivia O'Connell
Support inspector(s):	Grace Lynam Erin Byrne Una Coloe Caroline Browne

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

Inspectors 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
- interview with the general manager for children and family services
- speaking with two principal social workers and nine social work team leaders

- speaking with staff
- speaking with children and families
- the review of local policies and procedures, minutes of various meetings, staff supervision files, audits and service plans
- the review of 61 children's case files
- remote observation of a Review, Evaluate, Direct (RED) process meeting
- observing duty staff in their day-to-day work whilst adhering to social distancing.

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

Acknowledgements

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

Profile of the child protection and welfare service

The Child and Family Agency

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

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

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

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

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

Service area

Louth Meath is one of Tusla Child and Family Agency's 17 service areas, and forms part of the Dublin North East region. The area has responsibility for the delivery of all child protection and welfare services across two counties, which merged into one service area in January 2014. The total population, according to the Census of 2016, of Louth Meath is 323,928. According to data published by Tusla in 2018, the Louth Meath service area had a population of children from the ages of 0-17 years of 93,093, which accounts for 30% of the area's overall population¹. The population of Louth and Meath has increased significantly in recent years and has become more ethnically and culturally diverse. There is one direct provision centre located in each county.

The service area is under the direction of the service director for the Tusla Child and Family Agency Dublin North East Region. There is an area manager and three principal social workers with the responsibility for the delivery of child protection and welfare services. There is also a senior manager in place for Prevention Partnership and Family Support (PPFS). One of the three principal social worker posts was put in place in 2020. This supported restructuring in the service which meant that at the time of inspection, there was a principal social worker post for the three dedicated point of contact teams (DPC), and 2 principal social worker posts for the seven Assessment and Intervention Teams. There were social care workers in place to support the diversion of referrals at the dedicated points of contact, which don't meet the threshold for a child protection service, but which require other supports and interventions.

There was a duty intake system in place for the service area. Within this system, screening and intake of incoming referrals were completed by the DPC teams located in Navan, Drogheda and Dundalk. When initial assessments were required, these were completed by seven Assessment and Intervention teams located across both counties (three in Meath and four in Louth). Each of these teams comprised social workers, senior social work practitioners and social care workers. They were each managed by a social work team leader who reported to their respective principal social worker.

¹ Annual Review on the Adequacy of Child Care and Family Support Services Available – 2016 (Tusla website, July 2018)

Compliance classifications

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

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

This inspection was carried out during the following times:

Date	Times of inspection	Inspector	Role
30 November 2020	10:00 to 16:00 (Onsite) *Began at 09:00	Olivia O'Connell* Erin Byrne Grace Lynam* Una Coloe	Inspector Inspector Inspector Inspector
	10:00 to 16:00 (Remote)	Caroline Browne	Inspector
1 December 2020	10:00 to 16:00	Olivia O'Connell Erin Byrne Grace Lynam Una Coloe	Inspector Inspector Inspector Inspector
	10:00 to 16:00 (Remote)	Caroline Browne	Inspector
2 December 2020	10:00 to 16:00	Olivia O'Connell Erin Byrne Grace Lynam Una Coloe	Inspector Inspector Inspector Inspector
	10:00 to 16:00 (Remote)	Caroline Browne	Inspector
3 December 2020	10:00 to 16:00	Olivia O'Connell Erin Byrne Grace Lynam Una Coloe	Inspector Inspector Inspector Inspector
	10:00 to 16:00 (Remote)	Caroline Browne	Inspector

Views of people who use the service

HIOA inspectors spoke with five children individually over the phone. These children spoke positively about their experience of the child protection service. They were satisfied with their level of contact with their social worker, and the support they received. Some of their comments about their social workers included:

'She explained everything to me, but she could have taken action quicker, it was left for a long time, she's alright at listening but needed to be stricter with the rules'.

'She helped me' and 'makes me happy' 'she is the best social worker'.

'She explained what she does and helped a lot.'

'She listens and asks your opinion'.

'...my happiness was important to her' and 'I have truly opened to her. I always talk to her about how I am feeling' .

Children were asked if they had any suggestions as to what social workers could do better, and they were generally happy that no improvements were needed. One child said that, *'I don't think there is any more they could do' [but]' they could be stricter with the rules'.*

Inspectors talked with 10 parents whose children were in receipt of child protection and welfare services by telephone. The majority were satisfied with the service they received, while a small number identified areas of practice which could have been better.

Eight parents said that there was good communication between them and the social work department, and they had a positive experience with the child protection service. They said that social workers listened to them and their children, and as one parent put it, *'Social workers were compassionate'* with them as parents. They said that social workers were quick to respond to referrals, and one parent commented that, *'They were always available on call constantly there'.* Another parent stated that, *'Once the social worker engaged, everything was sorted out, however ringing at the start they were getting nowhere. It was hard to get them to accept the referral'.*

When asked about what could be better, the majority of parents said that they were not sure if social workers needed to improve anything, as they did the job very well.

However, two parents were not satisfied with the level of support they received from the child protection service. One felt that the social worker did not explain things to their children, and that the children did not know what was happening. Another parent felt that as a parent *'[I] was not offered supports'*, and that the children's social worker had changed a number of times.

While none of the children or parents spoken to could recall being asked by the service area for their views on the service prior to this inspection, this inspection found that there was a system in place to consult with parents and children in receipt of a service.

Capacity and capability

As part of the thematic inspection programme, a self-assessment was submitted to HIQA in September 2019 by the service area's management team, prior to inspection. This self-assessment required the areas management team to assess and score the areas level of compliance with five national standards related to leadership, governance and management, and workforce. Arising out of the self-assessment, a quality improvement plan was developed by the area, prior to the inspection fieldwork.

Inspectors largely agreed with the management team's judgments on compliance. The self-assessment identified a number of areas for improvement which were similar to the findings of this inspection, and it prioritised those specific to the impact of staffing on the timely completion of preliminary enquiries and initial assessments, the development of a formal system of review for cases awaiting a preliminary enquiry, improved caseload management, and staff support and supervision. However, this inspection found that levels of compliance in relation to staff supervision were not as high as assessed by the service area.

Overall this inspection found that this was a well managed and well led service with good governance arrangements in place, but challenges remained which impacted on its ability to manage all referrals in a timely way. Immediate risk to children was responded to effectively, but there were delays in progressing all referrals through the system, which meant that the needs of some children referred to the service had yet to be identified. While initiatives were in place to meet these challenges, staffing shortages, an influx of 14 newly appointed permanent social workers within a short timeframe, and the limitations on the service as a result of the COVID-19 pandemic, meant that it would take some time before their effectiveness would be seen. However, inspectors were satisfied that the service area was being led in the right direction by its management team.

The service was managed by an experienced and well established area manager, who showed good leadership and gave good direction to the service and staff. At interview, she described initiatives in place for the area, and outlined her overall vision for the service, which was that the service provided to children and families was effective and delivered in a child-centred and timely manner. The area manager spoke confidently about the commitment, experience and professional knowledge of her management team, and this was also a finding of the inspection. The area manager supervised principal social workers, two of whom had recently joined the service, who in turn supervised social work team leaders. Social workers were supervised by their respective social work team leaders.

There was a mix of experienced and more newly appointed team leaders in the service area to manage 10 social work teams. Practitioners including social workers and social care workers who spoke with inspectors, were found to be knowledgeable about their statutory responsibilities, and that an open culture within the service was encouraged. This promoted reflection and discussion about practice across teams.

Social work team leaders told inspectors that they felt well supported by their principal social workers and they described ways in which this happened, how improvements to practice were brought about, and how adherence to policy and procedure was monitored. This included bi-monthly team meetings, individual staff supervision, peer support groups to embed the national approach to practice, and weekly case allocation meetings. It was acknowledged by managers and staff, that further improvements were required in the service, particularly in relation to delays in response times for some children and their families.

The area was in the process of implementing their quality improvement plan at the time of the inspection, but some key service improvements had been identified and achieved prior to this inspection. For example, a review of the management structures in the service was completed in 2019 by the area management team, and this led to an additional principal social worker post being established, which was filled in mid-2020. This inspection found that this had improved the level of oversight of the DPC teams and Assessment and Intervention teams, and consistency in practice across both counties.

Planning for the service area was good. As well as a comprehensive quality improvement plan, a Louth Meath service plan for 2020 was in place, and a workforce plan. There was a system in place to track progress being made against the area's service plan, and on review, it was found that progress was being made. A key achievement of 2019 was the establishment of a structure to respond to cases awaiting allocation and bring about a reduction. As a result, there was a significant reduction in cases awaiting allocation. Tusla's published metrics showed that in November 2019 there were 590 cases awaiting allocation. By November 2020 this had reduced to 216, showing a reduction of 64% in cases awaiting allocation during that period.

The area's service plan was aligned to Tusla's corporate plan using seven strategic objectives to set out the actions that the service area was committed to for 2020. In the context of this inspection, some of the main objectives included staff recruitment and retention, and implementing the national child protection and welfare strategy. Actions were clearly outlined to meet these objectives and persons responsible and timelines for completion were indicated.

This inspection found that there was good management oversight of the service, but some improvements were required. There were reporting systems in place to oversee key quality, risk and service improvement activity for the area. These systems included governance meetings held between the area manager and her management team on a monthly basis. Inspectors reviewed minutes of these meetings held in 2020, and found that standing agenda items and associated actions included activity data, quality and risk, the complaints and compliments register and risk registers. Quality assurance audits and HIQA inspections were also permanent agenda items. There was evidence that relevant performance data and reports were reviewed and analysed, to inform area priorities and drive improvement. It was also clear from the minutes that agenda items were informed by regional senior management meetings and, in turn, area governance meetings informed team management meetings across the service. This showed good connectivity across the area.

Due to COVID-19, governance meetings were temporarily suspended and replaced with COVID-19 Task Force meetings. This ensured appropriate and safe responses to the challenges to the service which emerged. Risks impacting on service provision were regularly reviewed and plans to mitigate risks were identified and implemented. Social work teams were provided with practice guidance on the management of their cases during this time. Principal social workers told inspectors that staff continued to be supported through team meetings and supervision to ensure that full services were maintained for children, including home visits. The normal governance meetings resumed in September 2020. The most recent impact analysis of COVID-19 on service provision dated October 2020, was reviewed by inspectors. It highlighted the effectiveness of the area's response and that service provision for the most part was maintained. Where restrictions did impact negatively, contingency plans were agreed upon and put in place.

Cases awaiting allocation were being managed and reduced, but records in relation to reviews of these cases required improvement. There was a system in place to review cases awaiting allocation. These reviews were completed by social work team leaders on a weekly basis and discussed in their supervision sessions. While it was evident that these cases were being reviewed, records did not always show what information informed this process, or the overall analysis of this information.

Improvements were required in relation to children's records. The area transitioned to electronic records, using Tusla's national child care information system (NCCIS) in Louth in October 2017 and in Meath in February 2018. Managers were aware of improvements needed to ensure electronic records were consistently kept up-to-date, and this was being addressed. Over the course of the inspection, 61 electronic files were reviewed and inspectors sought information on half of these, as records were not updated. There was a plan in place to provide more training for staff in relation to operating the electronic information system, and this was particularly important, given the number of new staff in the service area. The area manager also identified a resource gap regarding information management as their NCCIS lead post had recently become vacant.

This inspection found that there were risk management systems in place which ensured all risks in the service were reported on and managed, but some risks persisted. There was a risk register system in place which worked well and ensured risks were regularly reviewed and escalated where necessary. The risk register for the service area was reviewed by inspectors and it was found to adequately reflect risks in the service area related to child protection, such as the impact of COVID-19 on service provision, the impact of staff vacancies on the service, including vacant administrative posts and, in particular, how this impacted on cases awaiting allocation. Where required, risks were also placed on the regional risk register after escalation by the area manager.

Staffing resources in the service area had improved but it remained under-resourced and this impacted on the provision of timely services to all children. This was a risk which was identified in the service area prior to inspection. Data returned as part of this inspection showed that 30 permanent social worker posts had been filled. However, the area manager explained that this did not necessarily bring additional staff into the service, as 16 workers already employed on a temporary basis were made permanent during this process.

Ten vacant social work posts remained in the service, six of which were filled by agency workers. There were also eight vacant senior social work practitioner posts at the time of inspection. The impact of staffing resources was referenced by all staff who met with inspectors, and the area manager referred to these risks as significant. Inspectors reviewed the risk register and found there were control measures in place, which when fully implemented, would have a positive effect on service delivery. For example, waitlists were found to be routinely reviewed in line with the risk register controls, but systems such as caseload management, put in place to absorb some of the impact of staffing issues, was not fully implemented. As a result, it was not as effective as it could be. Challenges in the timely filling of vacant posts remained, despite a rolling programme of recruitment.

There was a process in place called "Need to Know" (NTK), which ensured information and issues of concern were escalated when required to the service director for the region. Inspectors reviewed a sample of Need to Know records and found that they were appropriate, and risks in these cases were responded to.

There were good quality assurance mechanisms in place in the service area, but improvements were required to enhance their effectiveness. The area manager had systems in place to assure herself of the quality and safety of the service which included audits, supervision, reporting systems such as management meetings, consultation with external professionals, and routine reporting by principal social workers on data related to performance on an ongoing basis.

The area manager was found to be committed to improving aspects of the service and it was evident that delays in completing initial assessments were one key priority area. In mid-2020, the area established an Initial Assessment (IA) Project to address waiting lists for initial assessments and to prepare for an expected increase in referrals post COVID-19 lockdown, and children returning to school. Quality assurance audits were completed to identify improvements made and to track the progress of the IA Project. A report on these audits was provided to the area management team, and its findings and recommendations were discussed. This led to the design of an Initial Assessment Practice Manual, which was provided to all social workers to assist with the completion of these assessments. Staff who spoke with inspectors identified these documents as useful and described how they were applying them in practice. This inspection found that more audits were planned to drive continuous improvement in this area.

The area had a dedicated Quality Risk and Service Improvement (QRSI) officer who had a system and schedule of auditing in place. According to the service plan, the QRSI Officer completed a local audit plan for the year which also included dates of audits to be completed by Tusla's national Quality Assurance team. In an interview with inspectors, the area manager explained that areas of focus for service improvement were decided through discussion on practice issues amongst teams and managers within the area, and were informed by local audits. A number of audits related to this inspection had been undertaken in 2020, including a review of preliminary enquiries and the provision of supervision in the area. The audit on preliminary enquiries found that national policy and procedure was adhered to. This inspection found that when preliminary enquiries were completed, this was the case. Following supervision audits, an action plan was drawn up with 11 actions identified. Through a review of a sample of supervision records, inspectors found that the required improvements identified through audits had yet to be achieved in full.

Inspectors saw evidence of good communication in the area. There were established working relationships between staff and managers. Clear lines of communication allowed information to be shared efficiently and effectively. This was confirmed by staff members, and they said that they felt supported and were kept up to date by managers. Team meetings were held regularly and were well attended. The area also introduced learning and service improvement opportunities for staff through local initiatives, to ensure policies and procedures were consistently implemented. These included an "induction pack" for new staff, an implementation strategy termed "spotlight on" to highlight particular policies and procedures, "7 minute reviews" to share learning from serious incident reviews, shared learning at meetings at different levels in relation to complaints and compliments received by the service, and a learning and development notice board was located in each office.

There was a strategic approach towards engaging with external stakeholders, and best use was made of the area's Children and Young Peoples Services Committee (CYPSC) for this reason. The area manager told inspectors that the service area service had invested significantly in community support services and early intervention services to support families. She said that community interventions were promoted and services such as social care, family support, domestic violence services and therapeutic supports were all engaged in to ensure families received supportive interventions as required.

Inspectors found that there was good joint working with An Garda Síochána (AGS) in line with Children First. Staff at all levels told inspectors about the working arrangements with AGS in Louth Meath to keep children safe. In line with the joint working protocol, the area had established joint governance structures, including a Senior Local Management Liaison Forum (SLMLF) and a Liaison Management Team (LMT), also referred to as Joint Protocol Meetings. The SLMLF consisted of principal social workers from each county and their corresponding superintendent. Inspectors reviewed minutes from SLMLF meetings which showed evidence of joint working arrangement to ensure good practice in respect of notification, information sharing, case management and policy and procedure implementation. Inspectors also saw evidence of monthly joint protocol meetings which addressed any areas of difficulty arising in local joint working arrangements as well as signing-off joint working documents and reviewing complex child protection cases as required.

A key priority for the service area was related to staff retention and ensuring adequate supports were in place for all staff working in the service. Staff who spoke with inspectors said that there was a good culture within the area which supported learning and they felt supported through good lines of communication and peer support. They described a culture of collaborative working and team work with a shared goal of providing good quality care for children and families. These were important to them in terms of job satisfaction.

Louth Meath adopted Tusla's Strategic Workforce Implementation Plan 2019/2020 to inform their staff recruitment strategy. The strategy allowed for example, for many temporary social work posts to be made permanent and for the establishment and filling of an additional principal social worker post. The strategy outlined priorities to ensure that the area attracted and retained a capable, efficient and effective workforce with capacity to deliver high quality services. This was evidenced through the area's links with colleges, including in nearby jurisdiction. The area manager told inspectors that key areas of focus for 2020 included recruitment, retention, capability, a workforce planning process, organisational design and governance.

As part of the Louth Meath Staff Wellbeing & Retention Strategy 2019/2020, and to support the implementation of the national strategic workforce strategy, the area had also developed a suite of local wellbeing initiatives such as workplace wellbeing days. A "practice partnership" with a university was in place.

The service had policies, procedures and processes in place to guide social workers on the application of thresholds, the completion of screening and preliminary enquiries and initial assessments, as well as safety planning. These policies reflected the requirements of Children First Act 2015 and Children First (2017). The service had provided guidance for all staff on the new national standard business processes and staff who met with inspectors were aware of these.

There was a caseload management system in place but this was not always effective. The national caseload management policy was not consistently implemented. The national caseload management policy is clear that both 'manageable' and 'busy but ok' caseloads are 'acceptable' and that the management team should utilise the caseload management tool to keep consistent oversight and review what was happening in their team.

Of the six social worker files reviewed by inspectors, four contained incomplete caseload management tools completed by social work team leaders, and two had none. In one instance, there was evidence to show that the caseload management system worked for that member of staff. However, in the majority of cases where the tool was being used, it was not always clear what actions were being taken following the identification of an unmanageable caseload. This was also a finding of an audit completed in the area in February 2020. Records showed that managers tracked and weighted team caseloads on a monthly basis, but the percentage of unmanageable caseloads remained high. Between June and October 2020 an average of 43% of caseloads were identified as being 'unmanageable' by managers. As a result, the area manager increased the risk rating associated with staffing on the areas risk register in October 2020, but a reduction had yet to be seen.

Staff had the required skills to manage and deliver effective services to children. Inspectors observed staff on the duty and intake team in the course of their work, and found them to be confident, appropriate and knowledgeable in their role. Social workers were observed recording information from calls on the areas electronic system and carrying out checks to establish if children being referred to the service were already known to the area.

Inspectors found that staff had access to appropriate training. Staff were trained in Children First, the national approach to practice and national standard business processes. All staff were aware of training materials available through the internal national training database and external training options were also made available. A training needs analysis (TNA) was undertaken on a biennial basis by the area to inform the regional workforce learning and development plan. The most recent TNA was completed in 2018 and therefore was due again in 2020. Further to this TNA, Louth Meath undertook an analysis of need corresponding to staff experience level and grade in 2019. This led to the introduction of a system for monitoring training levels at each grade and so that gaps could be identified.

New staff members in the service, as well as those who had recently been promoted, reported good on-the-job training from colleagues and managers and new or less experienced members of the team were assigned a "buddy" for support. The reduction in opportunities for shared learning due to COVID-19 restrictions was identified by managers, and measures were put in place such as rotational office time, use of video technology and increased check-in or informal supervision, which were all cited by staff as key to addressing the impact of these restrictions.

The provision of formal supervision within the area required improvement. Notwithstanding that social workers who attended focus groups said that their managers were supportive, formal supervision was found to vary. Inspectors reviewed 11 staff supervision files. There were some good examples of practice, including regular supervision sessions, performance planning as part of the supervision process, good discussion of cases and evidence of training needs being met. However, of the records reviewed, one was fully compliant with Tusla policy and the remaining were not. The areas of improvement identified by inspectors included the frequency of supervision sessions generally and in particular for newly appointed social workers. There was a need to ensure all aspects of supervision were completed, for example, performance and development planning and staff wellbeing. In one case it was evident that additional supports were needed by a staff member but were not provided.

Group supervision was also in place between social workers and their managers to support good decision-making in relation to cases, and to ensure adherence to the national approach to practice. Inspectors were able to observe one of these sessions during the inspection and found that they were supportive and provided guidance and learning for staff.

Performance planning for staff required improvement, and this was acknowledged by the area prior to inspection. Inspectors found gaps in the recording of completed Professional Development Plans (PDPs) in staff supervision files. A key part of the training and continuous professional development plan for the area was ensuring the completion of PDPs for each staff member. According to data submitted in advance of the inspection, the area was at approximately 20% compliance regarding PDPs in 2019. There was an effective plan in place to have all completed by the end of 2020, and according to the area manager, significant progress was being made. Full implementation had yet to happen at the time of inspection.

There were mechanisms other than supervision in place for promoting staff wellbeing and support. Staff told inspectors that they attended wellbeing days and learning lunches. Team leaders spoke of checking in with staff on a weekly basis, and holding team meetings every two weeks virtually or by phone. They also identified the Employee Assistance Programme (EAP) as being available to staff if needed.

As part of the inspection methodology, staff recruitment files were not reviewed by inspectors. Assurances were sought from the Regional Service Director that appropriate recruitment practices were in place. A sample of sixteen staff files were selected and the Service Director was required to complete questionnaires detailing specific information on each staff member. Details requested included date of garda vetting and professional registration. The staff files questionnaires were returned by the area manager indicating that all staff had been appropriately Garda vetted and some were in the process of re-vetting at the time of the inspection. All staff were appropriately qualified, but three staff members who had worked in another jurisdiction were awaiting transfer of their professional registration to this jurisdiction. This was in progress at the time of inspection. The area manager and service director had full oversight of this.

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

Standard 3.1

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

Judgment

Substantially compliant

The governance structures in place supported the delivery of a good service to children and families by the Louth Meath service area. Inspectors found the service area to be proactive and responsive from the point of initial reporting of a concern to Tusla, through to the completion of an initial assessment. Standard business processes were not adhered to. Management and oversight of NCCIS required improvement so that each child's record clearly reflected all decisions, reviews and work completed.

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.

Judgment

Substantially compliant

A number of internal quality assurance systems were in place. The area's quality improvement plan was clearly defined, relevant to service risks and being implemented in line with service plans. Risk management systems were effective. Action plans for addressing deficits identified on foot of quality improvement mechanisms were in place, communicated throughout the service as required and reflected in practice. However these recommendations were not always implemented in a timely manner. Recommendations from completed audits required further implementation in order to be effective. Records were not maintained up-to-date as required and there were inconsistencies in the application of standard business processes within the area.

<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>Safe recruitment practices are in place to recruit staff. 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. The area promoted initiatives to support staff wellbeing.</p>	
<p>Standard 5.2 Staff have the required skills and experience to manage and deliver effective services to children.</p>	<p>Judgment Substantially compliant</p>
<p>Staff on the DPC and assessment and intervention teams had the required skills and experience to deliver effective services to children. Inspectors found that staff had access to appropriate training. A training needs analysis had occurred and staff had attended training relevant to their professional role. There was a shortage of staff which resulted in delays to the service provided to children and their families.</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>Not all staff received regular supervision within the frequency required by Tusla's supervision policy. Inspectors found gaps in the recording of training needs, Professional Development Plans (PDPs) and caseload management analysis in staff supervision files. Managers were appropriately qualified and skilled to meet service objectives and new staff members in the service, as well as those who had recently been promoted, reported good on-the-job training from colleagues and managers. Completion of formal induction was not always evident in staff files.</p>	

Quality and safety

Overall, the service area did not adequately manage all child protection and welfare referrals in line with Children First 2017. While immediate risk to children was responded to, there were delays in completing preliminary enquiries and initial assessments. The management of cases awaiting allocation and the recording of this process needed to improve, as did safety planning.

This inspection found that the area was compliant in relation to communication with children. It was evident that the area promoted a child-centred approach through clear, open and honest communication with children and families, when a social worker was allocated to their case, or when they met a social worker for the first time in an emergency situation.

Communication with children allocated a social worker was found to be sensitive and appropriate to their age and ability to understand what was happening. Various methods of communication were used, such as conversation, play and pictures. In addition, the area manager said that interpreters were available to those who required one, and this was evident in case records. The area had issued a practice guidance to staff on the use of interpreters. Social workers actively sought children's own views of their safety and which adults in their lives they perceived as best able to keep them safe. Records of various assessments showed a good level of direct work with children and families, using visual aids when necessary, and the efforts social workers went through to ensure children and parents were both consulted and understood the assessment process. In line with its service improvement plan, the area had materials in multiple languages, including Irish, and an interactive translation function on their website.

Under the theme of safe and effective services, the area assessed itself as partially compliant with standard 2.1, and inspectors agreed with this. Child protection and welfare referrals were made to Tusla, in writing, over the phone or through the Tusla portal. Inspectors observed staff on duty carrying out their day-to-day work and found that they were confident and knowledgeable when talking with members of the public. Staff who spoke with the inspector presented as professional, well informed and competent in their work. Calls were observed to be recorded

Screening required improvement in the service. Data returned by the area showed that all referrals were screened within 24 hours, in line with Tusla standard business processes. There were systems in place to monitor the timeliness of screening but they were not always effective. A locally devised screening tool was in use across DPC teams, which recorded screening activity and the timeframes in which this was completed. Inspectors reviewed 50 referrals for evidence of screening and found that 43 (86%) cases were screened appropriately. A record of screening was not found in seven (14%) cases. One case was found to be awaiting allocation and although the case was screened, this was not recorded on an intake record, which is a standardised template used across Tusla. In this case, evidence of screening was found in case notes and importantly, immediate actions were taken to keep a child safe at this early stage of referral. Where immediate risk was identified at the point of screening, this inspection found that the social work response was prompt, child-centred and appropriate.

When a referral is received, social workers have to first determine whether it meets the threshold for a social work assessment and/or intervention in line with Tusla's threshold policy. Inspectors found that the majority of referrals screened had evidence of an appropriate and consistent application of Tusla thresholds and that they were correctly categorised.

This inspection found that there were factors related to practice which impacted on delays in the service at the point of screening. For example, it was evident from records and talking to social workers that decisions were made to hold on to cases longer at the screening stage to get more information, instead of progressing it through the system as it is designed.

Preliminary enquiries required considerable improvement. Tusla's standard business process sets out a five day timeframe for screening and preliminary enquiries to be completed and recorded on an intake record, but this timeframe was not consistently met by the service area. Inspectors reviewed 50 files for preliminary enquiries and found that the overwhelming majority, 48 (96%), had a completed preliminary enquiry. Of these 48, eight (17%) were completed within the required timeframes. Twenty two (46%) were delayed and completed within three months, four (8%) were completed within 6 – 12 months. The reasons for delays were not always recorded on children's files. A further 14 (30%) preliminary enquiries were not signed off by a team leader for approval, despite the referrals being received up to 10 months prior to inspection. Delays in the completion of preliminary enquiries and intake records was recognised by staff who spoke with inspectors, and in recent internal audits completed by managers. Findings from these audits led to practice initiatives and 'spotlights' to improve performance in this area. Notwithstanding this, it was as an area that required further improvement.

The quality of intake records were not always good, but staff were able to tell inspectors of the work which was completed during a preliminary enquiry process. In many instances, this work was reflected in case notes but not transferred to the intake record. Managers told inspectors that they were addressing the quality of intake records to ensure a consistent approach to recording.

In the vast majority of intake records reviewed, inspectors found good practice in referrals being acknowledged as well as checks to ascertain if a child was previously known to the service. Inspectors also found that the classification of the concern as well as the prioritisation of the referral were clearly evidenced and appropriate. However, network checks were not completed in all cases which required a network check. Of 48 files reviewed for network checks, inspectors found 15 (32%) did not have written evidence of these checks.

Inspectors found that notifications were made from Tusla to An Garda Siochana in line with Children First. In all cases reviewed by inspectors, where notifications were required, these were completed in a timely way and recorded on the intake record.

Initial assessments required improvement. Completed initial assessments were of good quality, but there were delays in commencing some, and the 40 day timeframe for their completion was not always achieved. Since the beginning of May 2020, the service received 2,567 referrals, 258 (11%) of which required an initial assessment. Inspectors reviewed a sample of 25 cases where an initial assessment was required for quality and safety. Nineteen (76%) were completed and the majority of these assessments were of good quality. They demonstrated child-centred and safe practice, children's needs were identified and risk assessments were strong. There was good consultation with children, parents and other agencies and professionals. Seventeen (89%) were not completed within the 40 day target. Delays in these cases ranged from two weeks to seven months. These delays meant that the assessment of these children's circumstances was not timely. The rationale for delays was not always consistently recorded. Inspectors found that reasons were sometimes recorded in case supervision records but inspectors had to make further enquiries with social work staff where records were not sufficient. Four of the completed initial assessments reviewed were awaiting sign off for approval by a social work team leader for up to seven months.

There was a system in place to re-direct referrals which did not require a child protection service to other kinds of supports. This system worked well at effectively redirecting cases away from child protection social work following intake or an initial assessment, and reducing their caseload. It also meant that children and families received appropriate needs-led supports. This was called the RED process (review, evaluate, direct of referrals). RED meetings were generally held on a monthly basis. Neglect and high end welfare cases were discussed in order to clarify the level of need and to decide the most appropriate response. Decisions were made on whether the response should be within child protection services or community support services through Tusla's Prevention, Partnership and Family Support (PPFS) programme. Inspectors reviewed minutes of RED meetings and found that they were effective and needs led. The types of cases discussed included adolescents with complex needs, families where there was history of welfare or neglect issues, and cases which had been re-referred to Tusla which required support.

Safety planning was integral to the everyday work of social workers in the area, but required improvement. Safety plans varied in quality and recording, and monitoring of these plans was inconsistent. The area was implementing safety planning in line with the national approach to practice. Inspectors reviewed 27 case files where a safety plan was required and found that although they contained safety plans for the children named on the case file, two additional children associated with these cases required a safety plan, and did not have one. Inspectors sought assurances from the area manager in relation to these cases and were satisfied that all necessary safety measures would be taken.

Safety arrangements were either formally recorded in records such as initial assessment reports and child protection conference records. A local recording tool was also put in place to record safety plans for children who required immediate safety measures prior to an initial assessment being completed. Other safety arrangements however, were recorded in various locations and documents such as case notes, strategy meeting minutes, letters and noted in supervision records. It was evident that formal plans were monitored, reviewed and updated, but this was less evident in others. Inspectors found for example one safety plan made verbally with a parent which was not monitored. Assurances were sought and received from the area manager in relation to the monitoring of this case.

Completed safety plans in the service area varied in quality. Of the 27 case files reviewed, nine (35%) were found to be of good quality, as children and parents, where appropriate, were part of their development, children's needs were clearly identified, external professionals contributed to the implementation of the plan and supports to parents were in place. These were regularly reviewed and external professionals were involved in this process. The remaining 18 (67%) were not of good quality, as safety plans were not timely, not reviewed or monitored, lacked essential information, were poorly recorded and consultation with children was low.

There were cases awaiting allocation in the service area, and the approach and recording of how these cases were managed and monitored required improvement. Data provided by the area showed that a total of 216 cases were on a waiting list for child protection and welfare services, 112 (52%) of which were awaiting an initial assessment. Of these 112, eight cases (7%) were considered high priority, 92 (82%) medium priority and twelve (11%) low priority. These figures showed that although initial assessments had been completed for the majority of high priority cases, the prioritisation system in place was not effective for all cases at this level of priority. Inspectors reviewed all high priority cases awaiting allocation and found that although risk was managed in the majority, one required assurances in relation to safety planning, as referred to previously in this report.

The area operated a system termed 'active on duty', which meant that waitlisted cases were worked by rotating social workers on the duty roster. There were 185 such cases, which were managed by the assessment and intervention team. Inspectors found evidence in supervision records and case notes, that actions were being taken, such as phone calls and home visits, recorded in case notes and supervision records. This meant that while a case was awaiting allocation, protective actions were being taken, and escalation or reductions in risk were being captured.

In October 2020, the area issued a local policy for the governance and management of unallocated cases, and as such it would take some more time to embed. A team leader was identified in three offices (Drogheda, Dundalk and Navan) to assume responsibility for updating the waiting list on NCCIS for improved oversight. Inspectors reviewed 17 of these cases and found that seven (41%), were not reviewed in line with the area's own procedure. Formal records of management and oversight were not consistently available on children's files. Furthermore, one team did not record any monitoring of cases awaiting allocation on children's files electronic files, but in a paper ring binder. The folder included reviews from January to November 2020, and it was evident that weekly reviews by the team leader happened. However, these records did not always clearly record how cases were progressing from week to week, or reflect decision-making and the rationale behind them, or if any new information had been considered during the review process.

Case closures were managed effectively and there was a good process in place to ensure this happened. Fifteen cases were reviewed by inspectors for the purpose of examining the quality of the process for closing cases in the service area. Fourteen (93%) cases were found to be appropriately closed. In one case however, the actions taken prior to closure were not recorded on NCCIS, or the rationale for closing the case. Inspectors requested more information on this case and found that it was closed appropriately. Recording of case closures required improvement, as this activity was found to be recorded in several places such as correspondence to families, or intake record or initial assessment reports.

Standard 1.3

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

Judgment

Compliant

The culture of the service was child-centred. The area promoted a child-centred approach through the use of clear, open and honest communication with children and families. Children and parents told inspectors they felt involved and consulted.

Standard 2.1

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

Judgment

Partially compliant

Some of the requirements of the standard have been met while others have not. Referrals that required immediate attention were prioritised over other referrals and there was good cooperation between the social work teams and An Garda Síochána in taking protective action to ensure that children were safe. Case closures were managed effectively. Screenings were completed in a timely manner. Improvements regarding timelines across the preliminary enquiry and initial assessment processes were required. There were significant delays in the completion of preliminary enquiries and as well as initial assessments commencing or being completed. There was an overreliance on verbal safety planning which enabled cases to drift while awaiting allocation. Formal records of management and oversight were not consistently available and the process for review of cases awaiting allocation required improvement. Inspectors found that improvements were also needed in relation to consistently communicating outcomes of social work assessments and safeguarding measures in safety plans to children; particularly when they were awaiting a service.