



Name of service area:	Dublin South Central
Name of provider:	Child and Family Agency Tusla
Type of inspection:	Risk based
Fieldwork I.D:	MON-0031469
Date of inspection:	08 – 15 February 2021
Lead inspector:	Una Coloe
Support inspector(s):	Grace Lynam, Caroline Browne, Tom Flanagan, Pauline Clarke Orohoe

About monitoring of child protection and welfare services

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

HIQA is authorised by the Minister for Children, Equality, Disability, Integration and Youth under Section 8(1)(c) of the Health Act 2007 to monitor the quality of services provided by Tusla to protect children and promote their welfare. HIQA monitors Tusla's performance against the *National Standards for the Protection and Welfare of Children* and advises the Minister and Tusla.

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

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

The Authority inspects services to see if the National Standards are met. Inspections can be announced or unannounced. This inspection report sets out the findings of a monitoring inspection against the following themes:

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

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 principal social workers
- focus groups with social work team leaders, social workers and social care staff
- speaking with parents and children
- the review of local policies and procedures, minutes of various meetings, staff supervision files, audits and service plans
- observation of a family welfare conference and referrals meeting for community services
- the review of 60 children's case files.

The inspection team issued a standard request for documentation and data to the service area in relation to each theme of the inspection. The inspection team endeavored to evaluate progress within the area in the management of identified risks and engaged with the social work teams and management with respect to the systems and governance issues which were acknowledged by the area following the previous inspections of the services.

Where an inspector identified a specific issue/systems risk that may present an immediate and or potential serious risk to the health or welfare of children, then, in line with HIQA policy, these risks were escalated to the relevant local Tusla manager during the inspection fieldwork and or following completion of the inspection fieldwork to the Tusla area manager, regional service director and or Tusla's director of services and integration.

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.

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, Equality, Disability, Integration and Youth. 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 director of services and integration, who is a member of the national management team.

Service area:

Dublin South Central is one of the 17 areas within Tusla's Child and Family Agency. Situated in the East of Ireland. Census figures (2016) showed that Dublin South Central has a total population of 305,278 and child population of 65,562 representing 21.5% of the area's total population (CSO 2016). Between 2011 and 2016 the population of the area grew by 4.8% or by 14,088.

The 2016 Pobal HP Deprivation Index outlined that in total there is a total population of 8,119 living in areas classified as the most disadvantaged area, accounting for 2.6% of the total population in Dublin south Central. Of the total residing in these areas, 30.2% (or 2,457) were aged under 18

The area is under the direction of the Service Director for the Tusla Dublin Mid Leinster region and is managed by the Area Manager.

Child Protection and Welfare

The Dublin South Central service area has social work offices in Dublin city centre, Ballyfermot and Inchicore. The area’s direct point of contact for child protection and welfare referrals was based in Ballyfermot and was overseen by the Principal Social Worker (PSW) for Intake. The Intake service comprised two teams led by two social work team leaders. They were responsible for receiving, acknowledging and screening new referrals. They also completed the intake records as required. There was a separate PSW for child protection and welfare who managed teams that completed initial assessments and provided further interventions to children and families. A further PSW chaired child protection conferences and managed the Child Protection Notification system (CPNS).

Compliance classifications

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

Compliant	Substantially compliant	Non-compliant Moderate	Non-compliant Major
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.	The service is not compliant with the standard. Where the non-compliance (moderate) does not pose a significant risk to the safety, health and welfare to children using the service, the provider must take action <i>within a reasonable time frame</i> to come into compliance.	The service is not compliant with the standard. Where the non-compliance poses a significant risk (major non-compliance) to the safety, health and welfare of children using the service the provider responds to these risks in a timely and comprehensive manner.

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:

Leadership, Governance and Management

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:

Safe and Effective Services

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
08.02.2021	10am – 4pm	Una Coloe Grace Lynam Caroline Browne Tom Flanagan Pauline Clarke Orohoe	Lead inspector Co-Lead inspector Inspector Inspector Inspector (remote)
09.02.2021	10am – 4pm	Una Coloe Grace Lynam Caroline Browne Pauline Clarke Orohoe	Lead inspector Co-Lead inspector Inspector Inspector (remote)
10.02.2021	10am – 4pm	Una Coloe Grace Lynam Caroline Browne Pauline Clarke Orohoe	Lead inspector Co-Lead inspector Inspector Inspector (remote)
11.02.2021	10am – 4pm	Una Coloe Grace Lynam Caroline Browne Tom Flanagan Pauline Clarke Orohoe	Lead inspector Co-Lead inspector Inspector Inspector Inspector (remote)
15.02.2021	10am – 5pm	Una Coloe Grace Lynam	Lead inspector Co-Lead inspector

Views of people who use the service

Inspectors spoke with nine parents and six children who were receiving, or had received a child protection and welfare service. Overall, the reports from children and parents were very positive.

Children spoke positively about their experience of the social work service they had received and they said there had been positive changes in their lives because social workers had been involved. Children said that social workers met them on their own and meetings either took place within the child's home, the social work offices, in school and/or in the child's community. They had frequent contact with their social worker, though two of the children told inspectors that COVID-19 had impacted how often they got to see their social worker. Most of the children who spoke to inspectors said that they understood why social workers were involved with their families. The majority of children said that social workers asked for their opinion on what should happen next. One child said that they were partially involved in decisions about their lives, while another child said they "would have liked to have a say in more decisions". Another child said that "sometimes I thought people wanted to make decisions for me in my life and I didn't like it".

Comments by children in relation to the impact of the social work service included:

- "Me & Ma are getting on better since social workers came along. I look at things differently".
- "I'm back and everything is good".
- "Helped us by getting me a therapist so I have somebody to talk to. It helped me".
- "Voiced my opinions, and people listened to her. I feel like I have someone on my side".

Two children told inspectors that they felt areas for improvement related to how they were listened to. The comments made by these children included that social workers could "understand and deal with where person is coming from, think about what they went through as a person" and "could listen more".

Parents spoke positively in relation to their experience of the service. Eight of the nine parents said they felt supported by their social worker and the communication process was good, whereby social workers explained their role and kept them informed of what was happening. Eight of the parents said they had met with their social workers and seven told inspectors that the social worker met with their children. Parents said contact was maintained during the COVID-19 pandemic through phone calls, video calls, and meetings, where required. They said there was

no delay or drift in scheduling meetings. Parents gave positive feedback about the service they received and said their social worker:

- "Took all perspectives on board and asked what they thought needed to change".
- "Did very well, and helped identify people we could call if we needed help and made sure the network contributed something".
- "Gave enough support, without being too intrusive".
- "Was really caring and kind. It has been a really positive experience, and great to have the social worker as part of our team. Social worker made our family more aware of our needs. It's been really beneficial"
- "Was very helpful and gave good advice and support"
- "Was supportive and listened"
- "Very supportive and really believed in me".

Another parent said that they felt there were not on their own, while another said the service they received was "very transparent".

Areas of dissatisfaction described by parents included:

- One parent said that it was difficult to reach the social worker, or to know who to call.
- Five of the nine parents told inspectors that there were not informed of Tusla's complaints process.
- One parent felt that social workers should have contacted both parents in relation to an issue that arose.
- One parent said their safety plan did not arrive in the post.

Inspectors found evidence of good engagement with children during the assessment process. Social workers engaged children using child-friendly approaches and it was evident that children were listened to and their views reflected in assessments. The assessments included an analysis of strengths, risk and safety factors with input, from multidisciplinary services to ensure the child's needs were fully assessed. However, there was a small number of cases where the assessments related to a sibling or a group of siblings. In such cases, an individualised assessment of the child had not taken place. Inspectors also found that when there were delays allocating a case to a social worker, there was a corresponding delay in the receipt of a quality social work service for the children and families.

Capacity and capability

The focus of this inspection was to assess the progress of measures that were put in place to address the non-compliances, as well as concerns escalated by HIQA, during inspections in 2018 and 2019.

HIQA carried a risk-based inspection of the child protection and welfare service in September 2018. The inspection found major non-compliances in five of the six National Standards which were inspected. Risks identified included:

- the absence of appropriate and timely screening and preliminary enquiries completed in relation to child protection referrals,
- waiting lists at all stages of the referral process,
- poor quality completed assessments and inadequate or absent safety planning arrangements,
- management structures were ineffective and systems for monitoring and oversight of practice and waiting lists did not ensure a safe service to children and families in the area.

Following this inspection, HIQA met with senior management from Tusla to present identified risks. Tusla subsequently submitted a project plan outlining measures to be implemented and actions to be taken to address these risks.

A risk-based follow-up inspection of the service area was undertaken in March 2019. This focussed on the progress in the implementation of actions to address areas of risks identified during the 2018 inspection. The 2019 inspection found improvements in the governance and management of the service. Additional resources had been made available and some practice improvement initiatives were in place. However, significant risks remained in relation to the operation of waiting lists, the quality of screening and a backlog of cases which required a preliminary enquiry. Actions to address risks were not sufficiently implemented and the quality of safety planning remained a significant risk across the service. While there was evidence that some actions were taken to address deficits in relation to the notification of suspected incidents of abuse to An Garda Síochána, this was not sufficient.

On completion of the 2019 risk-based inspection, HIQA met with the Chief Operations Officer of Tusla and the Regional Service Director for Dublin Mid-Leinster to highlight concerns. Following this, HIQA received regular updates from the service area including a service improvement plan and provider assurance reports which identified progress made in the implementation of actions to address the identified risks.

This inspection found that significant improvements had been made since previous inspections in 2018 and 2019. A restructuring of the service with changes to staff and management had progressed, leading to more effective lines of accountability. Inspectors found this improved service delivery, culture of the team, as well as staff morale.

Staff reported feeling supported in their roles and there was a commitment from both management and staff to continually improve practice to reach compliance with the standards. However, further improvements were required, in relation to adherence to standard business process with regard to assessments and timely notifications of suspected abuse to An Garda Síochána. The governance and management of cases that were waitlisted required improvement to ensure they were all reviewed, as required, and had adequate safety planning.

The number of referrals of child protection and welfare concerns reported to the area increased significantly since 2019. The area manager said the area worked to improve their profile and relationships with community services, including local community groups and An Garda Síochána. As a result of improved relationships and confidence in the child protection service in the community, he believed this led to an increase in referrals to the service. Despite the increase in referrals, governance and management systems in the area ensured sustained improvements to service delivery since the last inspection.

Inspectors found that the area manager had put in place effective plans which had made additional improvements to the service delivered to children and families. Nevertheless, further improvements were required. The senior management team had implemented a service improvement plan for the intake and the child protection and welfare pillars which outlined areas of improvement required. This had been effective in improving practice within the team, particularly in relation to the quality of the screening and prioritisation process and assessments. As a result of the restructuring within the service, there were clear and defined pathways and improved transfer of cases between the intake and child protection and welfare pillar. Recruitment was a priority for the area with business cases for additional staffing approved by the Tusla national office. In addition, the national practice approach to child protection and welfare and the use of the national integrated information system was embedded in the area. The area manager advised that further improvements were required within the service and a planning day was scheduled to review structures and systems for the child protection and welfare pillar in February 2021. The service plan for 2021 was due to be finalised in April. The main focus for improvement, from the area manager's perspective included;

- adherence to standard business processes,

- reduction of waiting lists,
- increase resources and
- progressing the interface between Tusla and funded services.

Governance meetings which were attended by the service director, area manager and senior management team ensured the progress of service planning was monitored and reviewed. Although the meetings were not frequent, records of these meetings provided updates on progress. The most recent meeting, in December 2020, focused on waitlists and resources and the associated risks. In addition, regular senior management meetings showed that managers were held to account through provision of updates on the pillars, including adherence to standard business processes, waitlists, and discussions regarding key risks within the service. The area manager said he received regular reports in relation to key performance indicators, including timeframes for completion of assessments and targets relating to the reduction of waiting lists.

The service were actively involved in emergency planning in relation to the COVID-19 pandemic. Risks relating to service delivery during the COVID-19 pandemic were entered on the area's risk register and regularly reviewed. There were a number of priorities in place regarding service delivery. These included, ensuring that, immediate action was taken on cases, when required, and children on the child protection notification system (CPNS) had home visits, as required. The teams were provided with the relevant practice guidance and support to continue carrying out their work and this guidance was regularly reviewed.

Management systems had developed since the previous inspections and there were improvements in the service provided to child and families as a result. Managers monitored the service through the provision and oversight of supervision and attendance at team meetings. A review of case records and updates was provided to the area manager through the supervision process. In addition, there was regular management meetings to ensure service provision was reviewed and monitored. The area had a complex case forum where identified cases were reviewed and supports implemented to assist in the management of the cases, such as cases on the CPNS. The area manager was provided with caseload management reports which indicated where caseloads were manageable and provided an opportunity to monitor performance, although this was not available nationally for social workers working on the intake pillar or for social care workers holding child protection and welfare cases. These reports indicated that caseloads were currently manageable within the child protection pillar, the number of unmanageable caseloads had reduced from three in July to one in October. Management systems were effectively developed to assist the delivery of the service improvement plan and improve the service delivered to children and families.

As part of the improved governance and oversight of service delivery, the service had completed a number of audits throughout 2020, which provided assurances to the area manager on progress and deficits in the service. These included audits of completed initial assessments, reviews of cases in the intake and child protection teams and a review of high priority cases at preliminary enquiry stage. In addition, a recent audit was completed in February 2021 to provide assurance that An Garda Síochána notifications were completed, as required.

All of these audits highlighted key learnings, what was working well and areas that required improvement. Learnings from audits were discussed at team meetings and a further learning workshop was planned in relation to the preliminary enquiries. Although audits had been completed across various teams, there had been no audit of cases on the child welfare pillar. Although, there were some systems to ensure oversight of these cases, including case supervision, a formal audit had not been completed. The area manager advised that an audit programme was due to commence in May 2021.

The governance and management of cases awaiting allocation had improved, with a significant reduction in the number of unallocated cases since the last inspection. A number of interventions were implemented to reduce cases awaiting allocation and standard operating procedures were developed to outline the process for the review of cases awaiting preliminary enquiry and initial assessment. In addition, the area had developed a short-term project team to manage unallocated cases of child sexual abuse. These initiatives were a positive development and were an effective measure in mitigating the risks relating to some unallocated cases. There was a clear process to manage cases awaiting allocation and high priority cases were reviewed and actions were taken to manage the risk, when required.

However, medium priority cases were not reviewed as required, and this needed to improve. The area manager told inspectors that he was aware of this. The area manager said that there were not enough social workers to manage all the referrals to the service. This was identified as a risk and was entered on the risk register. Inspectors sought assurances from the area manager following the inspection, regarding the management and oversight of cases awaiting allocation. A detailed plan was provided which outlined a timeline for review of all cases and the resources assigned to assist in the management of these cases.

There were good communication systems in the area to ensure the teams were supported and kept up to date about service delivery. Staff told inspectors there was a culture of support and openness. They said they were encouraged to discuss issues with management and that there were clear lines of communication. There was a

range of communication systems in place, including team meetings, supervision, and email communications. Team meetings continued to take place across each pillar and at management level during the COVID-19 restrictions and were well attended. However, the restrictions impacted on the service area meetings, where learnings from serious incidents and reviews were shared. These meetings were due to recommence in 2021, at the time of the inspection these had not recommenced. Despite this, it was evident from minutes of the pillar team meetings that staff were provided with support and guidance in relation to the quality of initial assessments and preliminary enquiries, as well as An Garda Síochána notifications and safety planning. Additionally, standard operating procedures had been reviewed and circulated to the teams.

Good quality supervision was provided to the team and this supported the provision of a good service to children and families, while also providing assurance to the area manager regarding practice. The team had individual supervision with their line managers and group supervision meetings were taking place to support ongoing development of practice and consistency in the implementation of the national approach to social work and standard business processes. Inspectors reviewed records of group supervision which indicated that these sessions were held regularly until October 2020 and were due to recommence once level five restrictions were lifted. The records showed how staff were supported to review cases, to determine the level of risk and to consider interventions to support families. In addition, inspectors were provided with records of case mapping that was completed when cases were reviewed, problem solved and next steps were identified. Records of supervision with staff was of good quality, held regularly and provided guidance and support. New recruited staff were supported through a mentoring programme, as well as receiving additional supervision and induction.

There was frequent communication with community and statutory agencies across the service area. There was a clear referral pathway for children and families who required support from community services. There was management oversight of this process through attendance at the referral meetings. The area manager told inspectors that they were focused on developing the level of support available for children and families in the community through Tusla-funded community supports. Of note, the area manager advised that funding was allocated for a specialist worker in the area of trauma and advised of another initiative with a funded service to support domestic violence cases. These initiatives ensured that workers with expertise provided high-quality interventions and better outcomes for children and families.

The National Child Care Information System (NCCIS) was used to maintain children's records. All children's records were held electronically and this was embedded in the day-to-day practice. Inspectors found that majority of children's case files were well

maintained. However, inspectors found poor data management practices on five cases reviewed whereby up-to-date information was not recorded on the child's file. One of these cases was escalated to the area manager as evidence of ongoing work with this family was not located on the file. Following the inspection, the area manager outlined that an assessment was carried out with the family.

The area had systems in place to identify, manage and escalate risks. A proactive approach to the management of risk was used and this was evident through the number of need to know notifications escalated within the area. Numerous individual cases were escalated through this process, as well as operational risks, including the shortages of staff. The highest risks within the service related to staffing capacity issues which were present on the risk register since 2017. The area manager presented a business case to Tusla's national office and funding was approved for a team of seven additional social workers and one team leader. While the recruitment for these positions had not taken place, the area manager said that this team would initially address the waitlist with a view to eliminating it. A new child protection team will be in place thereafter. A further three risks on the risk register related to cases awaiting allocation for preliminary enquiry, initial assessment and the risk of harm to children and families. This was due to potential delays receiving a service due to the backlog of assessments, which have been present on the risk register since 2019. The area was not in a position to manage all aspects of service provision due to a lack of resources. Nonetheless, measures had been put in place to address and reduce the ongoing risks. This inspection found that while work was progressing, continued improvements were required to bring the service into compliance with the national standards.

<p>Child Protection and Welfare</p> <p>Standard 3.1</p> <p>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</p> <p>Non-compliant</p> <p>Moderate</p>
<p>The area manager and the management team had implemented effective service plans which had made incremental improvements to the service. However, at the time of inspection, the service required additional staff and this impacted on its ability to provide services to children and families in line with its own policies and procedures. A full team of staff had been approved by Tusla's national office and while they had yet been recruited, plans were underway to address areas of non-compliances.</p> <p>Substantial progress has been made within the area with regard to the management of cases awaiting allocation. Although all high priority cases had been reviewed, the governance and management of medium and low priority cases was not adequate. The area manager provided a comprehensive plan to address these deficits.</p> <p>Service planning was effective, as actions were implemented which resulted in better service provision. However, there were areas of non-compliance which required improvement. These included non-adherence to the timeframes set out in the standard business processes with regard to preliminary enquiries and initial assessments. Notifications of suspected abuse to An Garda Síochána were completed on the majority of cases reviewed, with the exception of two cases. In addition, some notifications were not completed in a timely manner.</p>	

<p>Child Protection and Welfare 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 Substantially compliant</p>
<p>There was a commitment to drive improvements in the area. Quality assurance systems had developed and there was a system of auditing in place where learnings and actions were identified from the review of cases. However, one pillar did not have a programme of audits in place. Risk management systems were good and there was a clear process for the management and escalation of risk in the service. Learning from serious incidents and reviews had not taken place due to COVID-19 restrictions.</p>	

The area had made significant improvements since the previous risk-based inspections in 2018 and 2019. This inspection found that the screening process was improved and cases of high risk were prioritised and well managed. When cases were allocated, there was evidence of good quality assessment and interventions. The quality of preliminary enquiries and initial assessments was good. However, improvements were required in; the timeliness of preliminary enquiries and initial assessments, the management of low and medium priority cases awaiting allocation, safety planning for children and families awaiting assessment and the timeliness of notifications to An Garda Síochána.

During the last inspection of the child protection and welfare service in March 2019, inspectors found that screening was not consistently recorded and completed in a timely manner. Responses to significant risks were inadequate and did not ensure a timely, safe service for children. There were significant delays in the commencement, completion and quality of some preliminary enquiries. During this inspection, the area had improved their screening process. Screening records were of good quality and completed in a timely manner. The quality of preliminary enquiries had also improved, although they were not completed within the required timeframes.

Data provided prior to the inspection showed that the area had received 2666 child protection and welfare referrals since 1 July 2020. These referrals were received through a dedicated online portal, in writing, by telephone or in person. Screening is the first step to manage a referral and involves analysing the referral to determine if the child or family require a child protection and welfare response. If a referral meets the threshold, a prioritisation category is applied and a category of abuse is assigned. If a referral does not meet the threshold, it can be closed to Tusla or directed to another service if appropriate. There were two pathways for cases that required diversion.

The process in place for screening referrals in the area was effective. Social work team leaders were responsible to screen all new referrals which allowed for consistency in the application of thresholds and prioritisation of referrals. Inspectors found practice had significantly improved from the previous inspection with 100% of referrals examined from July 2020 to February 2021 that had evidence of screening. The screening process was recorded on a screening tool which documented the category of abuse, the priority rating and actions required.

Inspectors sampled 24 cases and found that screening was completed in a timely manner. Of the 24 screening records examined, 21 (88%) were screened within 24

hours and minor delays of one day on a further three (12%) referrals. The quality of screening was good, with thresholds applied in line with Tusla policies in 23 (96%) out of the 24 cases examined. This meant that referrals were prioritised to ensure that children at the greatest risk of harm were given the highest priority and immediate action was taken, when required, to assess the concerns. This assisted the decision-making process on what referrals were prioritised for a preliminary enquiry and what cases were placed on a waitlist.

Inspectors reviewed eight cases where immediate action was taken to address concerns and assess risks to children who were deemed at risk through the screening process. In seven out of the eight cases, appropriate action was taken, such as a home visit or a phone call to assess the risks. There was one case where an immediate home visit had not taken place in a timely manner. Inspectors escalated this case to the principal social worker during the inspection who subsequently provided satisfactory assurances that a home visit was to take place in order to assess the risk to the child.

The quality of preliminary enquiries had improved since the last inspection. Further improvements were required, particularly in relation to meeting the timeframes set out in the standard business process. Tusla's standard business processes state that preliminary enquiries should be completed within 5 days. Inspectors reviewed 21 referrals received by the service since July 2020 and found that one had a preliminary enquiry completed within the 5 day timeframe, while 20 (95%) were not completed. Four of these 21 preliminary enquires had not been fully completed with three of these ongoing for over three months. Of the 17 completed preliminary enquires examined, minor delays of up to three days were evident in two cases and six cases had delays of between one to four weeks. Significant delays were evident in the remaining eight cases of between one and five months. This meant that there were delays at a very early stage in the assessment process, where a timely analysis of information was required by the service, in order to determine if an initial assessment was needed. The area manager and principal social worker acknowledged the delays completing preliminary enquiries. The area manager said that the assessment at this stage of the process were overly detailed. As a result, there was some duplication between preliminary enquiries and initial assessments.

The assessment and analysis of information in preliminary enquiries was comprehensive and well recorded. Inspectors sampled 13 preliminary enquiries and found that all concerns reported were clarified with the referrer. Network checks were completed in 11 out of 13 (85%) cases. When network checks were completed, inspectors found that consent was obtained from parents or the rationale for not obtaining consent was recorded in 8 (73%) cases. Family members were involved in

the assessment process in 12 out of the 13 cases reviewed and there was evidence of meetings with children in two cases examined. Inspector found that all of the preliminary enquiries were appropriately prioritised. In three out of 13 (23%) cases, inspectors found that the category of abuse was incorrect. This was subsequently changed in two of these cases following review, by a member of the management team.

The purpose of a preliminary enquiry was to bring together all information gathered on a completed assessment record, in order to inform analysis and decision-making on the case. Inspectors found examples of very good work at preliminary enquiry stage, where the assessment was completed in a timely manner and ensured the children's safety. Inspectors found that regular meetings were held to discuss various pathways for families to receive various community supports, separate to the social work department. The social workers had engaged with the relevant services involved with the family and convened strategy meetings to ensure the risks were assessed and decisions made in the best interests of the child. This had a positive outcome for the children in terms of their protection.

The approach of speaking with children on the phone was permitted during the early stages of the COVID-19 pandemic. However, records showed that staff were subsequently advised at a team meeting that this approach was not appropriate where there were allegations of abuse. Inspectors found evidence of a phone call to a child to assess concerns on one case. This case was escalated after the inspection to the area manager and they provided assurances that a home visit to assess concerns would be scheduled.

At the time of the last inspection, improvements had been made in the management and quality of initial assessments. This inspection found that the quality had remained consistent. Initial assessments were very detailed and of good quality. Further improvements were required, as timeframes for the completion of initial assessments were not in line with Tusla's standard business process. There were a number of reasons for this including; delays in commencing the assessment and delays in the sign off on the assessments by a manager.

Inspectors examined nine initial assessments relating to referrals received by the service in 2020 and found that most of the assessments were of good quality with appropriate analysis of the needs, risks, strengths and safety factors. Risks and children's needs were analysed and the next steps clearly recorded. Consultation with networks and interagency cooperation was good. There was evidence of parental involvement in the assessment, through phone calls and direct meetings. Inspectors found that these interactions were recorded in a supportive and sensitive manner.

The majority of children were met with during the assessment and there was evidence of good quality interactions using child-friendly tools to ensure the child could engage fully in the process, feel heard and understand what was happening in their family.

Inspectors found examples of good practice in many cases, such as where a child was provided with direct support regarding their mental health during the assessment process and where research relating to domestic violence and the potential impact on an unborn baby, informed the assessment. The national approach to practice was evident on the assessments and the strengths and risks within the family were clearly recorded. This meant that families understood their situation and clear plans were put in place to support the families. In addition, strategy meetings and professionals meetings took place to ensure that concerns were addressed and managed in a sensitive manner. It was evident that legal options were considered when appropriate.

COVID-19 restrictions impacted engagement with children on two cases, but there were records of detailed observations in the absence of direct one-to-one work with the children. However, there were areas for improvements on two cases examined. Inspectors found that two of the assessments did not specifically address the individual needs of the child, but related to a sibling or group of siblings.

While initial assessments completed recently were mostly of good quality, they were not completed in a timely manner and in line with Tusla's standard business processes. Tusla's standard business process recommends 40 days from when a referral is received for an initial assessment to be completed. Of the nine completed initial assessments reviewed, relating to referrals received by the service since January 2020, only two (22%) were completed within the timeframes. Inspectors reviewed a further eight initial assessments that were ongoing at the time of the inspection and found that there were delays in the commencement of the assessments. Of 17 initial assessments reviewed, inspectors found that there were delays in the commencement of the assessment in 11 (65%) cases. The delays ranged from two months to seven months in eight cases and over one year in three cases. These long delays in assessments meant that families did not receive a timely service. Delays in the completion of the assessment on a further two cases were as a result of delays by the team leader signing the assessment.

Of the eight initial assessments that were ongoing at the time of the inspection, inspectors were assured that the assessments had commenced in five of the cases. However, inspectors escalated three of these cases following the inspection due to a variety of reasons. Satisfactory assurances were received from the area manager on each of these cases.

The safety planning process was identified as a significant risk during the last inspection. At the time of this inspection, the quality of safety planning had significantly improved for children who had an allocated social worker. However, for children who were awaiting allocation the quality of safety planning was poor.

Inspectors reviewed 27 cases to examine the quality of the safety planning process at various stages of the process. Sixteen cases reviewed were allocated to a social worker and 11 cases were not. In the majority of cases that were allocated to a social worker, inspectors found that safety planning was of good quality. Safety plans were comprehensive, regularly reviewed and managed the risks. There was good interagency cooperation and safety networks were involved in the process. Inspectors found that the safety plans were monitored, as required. Examples of good practice were evident, such as, a family were supported to maintain a safety journal to log their progress and another case where a visual safety plan was devised to ensure it was user friendly. On another case, although the child choose not to engage, the safety plan was monitored through the community services involved, with whom the child had a good relationship.

There were deficits identified on four allocated cases which impacted on the quality of the safety planning for the children and families. These deficits were outstanding work not completed from the initial assessment which included direct work with a child and two cases where there had been no follow up since completion of the initial assessment. One case had no up-to-date case notes to reflect the current interventions completed with the family. Therefore, there was no current safety planning evident on file.

Inspectors reviewed 11 cases that were on a waiting list and did not have an allocated social worker. Five of these cases, did not have a safety plan, as required. The safety plans for the remaining six cases were not adequate. Four of these safety plans were completed verbally with the parent and there was no evidence that any of the safety plans had been monitored while awaiting allocation. The principal social worker had reviewed one case and despite highlighting issues with the quality of the safety plan, no action had been carried out to address the concern.

There were variations in the recording of safety plans. Some safety plans were recorded on standardised templates and others were recorded on assessment documents. Some safety plans were devised through a safety network meeting while other safety plans were developed verbally on a phone call with a parent and recorded in case notes. The area manager told inspectors that the safety planning process was dynamic and the principal social workers and team leaders monitored

and reviewed safety planning through a review of documents and case notes recorded on children's files.

There were three cases where there were delays holding the initial child protection case conference, where this was identified as required at the initial assessment. Inspectors found delays of between six weeks and three months and the rationale for the delay was only recorded on one file. While there were interim safety planning measures in place, these children were assessed as at on-going risk of significant harm and therefore HIQA was of the view that the delay in scheduling these conferences was too long.

There were adequate interventions for children and families who required additional supports after an assessment was completed. Inspectors found evidence of cases where mediators, family support services, family welfare conferencing and multidisciplinary services were in place to support children and families. Inspectors remotely observed a referral meeting for a family welfare conference which focused on the safety plan for the family and explored the role of the child's extended family to help manage the safety plan. Inspectors also observed a referrals meeting for cases that did not meet the threshold for children's protection services and required supports in the community. Ample supports were available including a family resource centre, teen counselling and family support.

Children and families who required a social work service did not always have an allocated social worker. The area had a team of social care workers overseeing cases where children were deemed to be at ongoing risk of harm. These cases were also known as child welfare cases and did not meet the threshold for a child protection intervention. The principal social worker said this team had expertise in direct work with families and when a social work assessment was required, a joint approach was taken with a social worker or team leader. The area manager acknowledged that these cases should be managed by a social worker and a restructuring of the service planned for February 2021 would address this. He also said that although there was management oversight and review of these cases, they had not been formally audited to provide assurance that cases did not meet the threshold for a child protection conference. Audits of these cases were due to commence in May 2021.

During the last inspection of the service, inspectors found that although there had been some improvements in procedures, further work was required to ensure a consistent understanding of requirements to notify An Garda Síochána of suspected crimes of wilful neglect, physical or sexual abuse against children. At the time of this inspection, the service area had improved their systems to ensure An Garda Síochána notifications were made, as required. Despite improvements, some notifications had

not been completed and other notifications were not always completed in a timely manner.

Staff who spoke with inspectors during the inspection demonstrated an appropriate understanding of when a notification to An Garda Síochána should be made.

Inspectors reviewed 17 cases where a notification to An Garda Síochána was required and in 15 (82%) cases, the notification was made, as required. Two cases were escalated to the area manager as no notification to An Garda Síochána was submitted. The area manager confirmed in writing that the notifications were completed following the inspection.

An Garda Síochána notifications were not always completed in a timely manner. Inspectors found that the notification was completed in a timely manner in five (33%) cases. There were delays evident in nine (60%) of the cases examined of between three weeks and three months. A subsequent notification from the Gardaí was received on the remaining case regarding the same issue and therefore a notification from Tusla was no longer required.

There was a good system in place to log and track notifications made to An Garda Síochána. There was a comprehensive tracking system that provided oversight, metrics and updates from garda liaison management meetings. This was managed by a principal social worker and the dedicated business support person. This system ensured that the management team had oversight of the notification process and progress of investigations on these cases.

During the last inspection of the service, a significant risk was identified in relation to the waiting list for preliminary enquiries. At the time of that inspection there was a total of 1001 cases awaiting allocation. Data provided by the area prior to this inspection indicated that a total of 477 cases were on a waiting list for a child protection and welfare service, 290 of these were awaiting a preliminary enquiry and 187 awaiting an initial assessment. In addition, there were 120 cases awaiting support services. The numbers of cases awaiting allocation had significantly reduced since the previous inspection, providing evidence that the area was making progress at reducing the numbers of cases awaiting a service. While there was a reduction in the number of cases awaiting allocation, the existence of a waitlist meant that the majority of children placed on a waitlist did not receive the service they required in a timely manner.

Inspectors found that cases were appropriately prioritised and high priority cases were reviewed by a member of the management team. There were 12 high priority cases awaiting allocation which had reduced from 206 cases during the last

inspection. This indicated that the area were prioritising high priority cases for allocation.

The area had a plan for the review of cases awaiting a service. Standard operating procedures were in place for the review of cases awaiting a service. These outlined specific timeframes for review of high, medium and low priority cases awaiting a service by a team leader or principal social worker. Fortnightly allocation meetings took place where cases for allocation were identified. Team leaders and the senior management team told inspectors they intended to prioritise cases within an abuse category and higher priority cases. In addition, cases outstanding for assessment prior to 2020 were being prioritised for review.

Inspectors reviewed 22 cases awaiting allocation for assessment at preliminary enquiry and initial assessment process stage and found that high priority cases awaiting allocation were well managed. Six high priority cases awaiting allocation were examined and they were appropriately reviewed and prioritised for action when required. However, the management of medium priority cases, in particular, required improvement to ensure they were reviewed in line with standard operating procedures.

Inspectors found that only two out of 11 medium priority cases had been reviewed in line with the standard operating procedure and three had not been reviewed at all. Delays in the review of medium priority cases ranged from three weeks to 11 months. Four low priority cases were examined and there was a delay of between two and three weeks completing the reviews on two cases. The final case was transferred to another service area and the case needed to be closed. Inspectors found that actions identified by a team leader or principal social work during their reviews of these cases, were not completed, as required.

Owing to the gaps in the review of cases on the waitlist, inspectors sought assurances from the area manager with respect to the management and oversight of all cases on a waiting list. Satisfactory assurances were subsequently received which outlined a comprehensive plan for the review of all cases by a team leader and principal social worker. A team leader was assigned to complete reviews on all low and medium priority referrals awaiting preliminary enquiry and social care staff had been redeployed to the service to assist in the completion of these outstanding assessments. Similarly, there was a clear plan for the management and review of cases awaiting initial assessment and a rota put in place to address actions arising from reviews of high priority cases awaiting initial assessment.

The area had implemented a number of projects to assist in the management of cases awaiting allocation including specific interventions in 2020. A short-term project

plan commenced in January 2021 to ensure cases regarding child sexual abuse were allocated and assessed. The team consisted of two team leaders and a senior social work practitioner who reported to a regional manager. The regional manager then provided updates to the principal social worker. Inspectors sampled five cases from this project and found that they were allocated and work had commenced on the cases.

The previous inspection of the service found that there had been improvements in the oversight and guidance by management in relation to the closure of cases. This inspection found that the majority of cases were closed appropriately. However, a small proportion of cases reviewed by inspectors were not closed in a timely manner.

Inspectors reviewed nine cases that were subject to closure. Eight of the cases were appropriately closed. Inspectors found one case that was diverted and closed when in fact an initial assessment should have been carried out. Inspectors found that there were delays in closing three cases, including a case where there was no active work for over seven months. The delays closing cases impacted on the capacity of the team to take on new referrals. The rationale for closing cases was recorded in eight out of nine cases reviewed. This was documented on a closing summary on one case and contained within the assessment document on the other files reviewed. Although parents were informed of the closure in five out of seven cases reviewed. There was no evidence that children were informed that the case was closing, if appropriate.

**Child protection and welfare
Standard 2.2**

**Judgment
Non-compliant
Moderate**

All referrals to the service were appropriately screened in a timely manner. The quality of preliminary enquires was of a high standard. Improvements were required to ensure preliminary enquiries were completed in a timely manner as delays of between one to five months were evident on eight out of 17 completed preliminary enquiries and three preliminary enquiries had been ongoing for over three months.

**Child protection and welfare
Standard 2.3**

**Judgment
Non-compliant
Moderate**

Immediate action was taken to manage risks and concerns relating to children and families. Where the case was allocated the majority of safety plans were of good quality, with improvements required on a small number of cases. Where children did not have an allocated social worker, safety planning was poor quality.

<p>Child protection and welfare Standard 2.4</p>	<p>Judgment Non-compliant Moderate</p>
<p>There were good quality interventions for children and families who required further support following the initial assessment. However, children and families who required a social work service did not always have an allocated social worker. The volume of cases awaiting a service had reduced since the last inspection and there was increased governance and management of these cases. Nonetheless, the existence of a waitlist meant that some children did not receive the service they required in a timely manner. Although high priority cases awaiting allocation were well managed, the management of medium priority cases required improvement to ensure they were reviewed in line with standard operating procedures. The majority of cases were closed appropriately. However, a small proportion of cases reviewed by inspectors were not closed in a timely manner and families were not always advised when their case was closed.</p>	
<p>Child protection and welfare Standard 2.5 All reports of child protection concerns are assessed in line with Children First and best available evidence.</p>	<p>Judgment Non-compliant Moderate</p>
<p>The majority of initial assessments service were of good quality. Children were met with and observed as part of the assessment process. There was good quality analysis of children's needs, and the strengths and risks that existed within their network. However, initial assessments were not completed in a timely manner in line with Tusla's standard business processes. There were delays in scheduling initial child protection case conferences following the initial assessment. The area had made improvements in the completion of notifications to An Garda Síochána but delays were still evident and a small number of cases did not have notifications as required.</p>	

Compliance Plan

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

Provider's response to Inspection Report No:	MON-0031469
Name of Service Area:	Child and Family Agency, Dublin South Central
Date of inspection:	08 – 15 February 2021
Date of response:	4 th May 2021 (accepted response)

These requirements set out the actions that should be taken to meet the *National Standards for the Protection and Welfare of Children* (2012).

Theme 2: Safe and Effective Services

Standard 2.2

Non-compliant moderate

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

1. While the quality of preliminary enquiries had improved since the last inspection, further improvements were required, particularly in relation to meeting the timeframes set out in the standard business process.

Action required:

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

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

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

1. A project team has been established on the intake pillar to support the management and time frames of referrals awaiting preliminary enquiries particularly low and medium priority referrals awaiting PE. This includes a dedicated TL and 2 social care workers for lows and mediums. Progress has been made on reducing the number of low priority case awaiting PE during March 2021. This project will continue into April and May 2021 to support a reduction in the number of children awaiting PE.
2. A workshop was held for Intake and CP pillars during March 2021 with 31 workers attending which focused on the quality and timeliness for completion preliminary assessments. These workshops will continue into Q2/Q3 2021.
3. Review of all cases awaiting PE has taken place to end of January 2021 and all cases Awaiting Preliminary enquiry will be reviewed by May 2021.
4. The area has a SOP in place to manage cases waiting PE and this will be fully and robustly implemented.
5. Timeframes for allocated cases on intake are constantly being reviewed during the supervision process. This is a standing item on supervision agenda and pillar management meeting.
6. The PSW for Intake will complete a sample audit of cases quarterly of allocated PE/ awaiting allocation for PE and closed Intake records. Report will be completed and feedback given to Area manager/ pillar management meetings and team meetings to continue to create culture of learning in the area and support timeliness of IR's.
7. Team Leaders at intake will continue to screen referrals when received into the service as per SBP time frames. It is important to note also that once referrals are screened and if determined to be of high priority these cases are allocated immediately. RED meetings will continue to ensure children who do not require a SW intervention are diverted to appropriate services and case closed.

Proposed timescale:	Person responsible:
1. During April/May 2021	PSW Intake
2. During Q2/Q3 2021	PSWs Intake ad CPW
3. End of May 2021	PSW Intake and Tls
4. During Q2 2021	PSW Intake and Tls
5. From March 2021 onwards	PSW Intake and Tls
6. End of Q1/2/3 2021	PSW Intake
7. Ongoing	Intake Team Leaders/PSW

Standard 2.3**Non-compliant moderate**

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

1. Children who were awaiting allocation of a social worker had poor quality safety planning.
2. A small number of children and families who had allocated social workers, did not have evidence of up-to-date safety planning, where required.

Action required:

Under **Standard 2.3** you are required to ensure that:

Timely and effective action taken to protect children.

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

1. The area has a review process and SOP in place for children awaiting allocation for an IA to ensure that safety planning is robust on all cases awaiting IA. Further to this the awaiting IA TL and PSW will ensure that Signs of Safety mapping will be utilised to evidence clear safety plans while awaiting IA.
2. A quarterly audit will take place of safety plans for children who have an allocated worker, the next scheduled audit is 4th May 2021. Feedback will be provided to create culture of learning in the area.
3. Workshop on safety planning is scheduled June 2021, this will occur twice yearly. The area also has a planned a threshold forum which is scheduled for 15th April 2021 this will review all medium welfare cases awaiting IA and the review will include the examination of safety planning. Further days will be scheduled for each quarter for the remainder of 2021.
4. The National approach to practice allows the safety planning process to be recorded in a number of ways using SBP and NCCIS, given that safety planning is a dynamic process evidence of robust safety planning can be seen across three main areas – case notes/ attachments/ mapping /safety network meeting and in safety planning forms. PSW's and Team Leaders as practice leaders are fully au fait with the domains that need to be reviewed when completing and reviewing the quality of safety planning. An audit of safety plans across the Intake/CP pillars will take place in May 2021 and thereafter on a Quarterly basis.

Proposed timescale:

1. In place as of 19th April 2021 by the area and ongoing
2. Quarterly Audits ongoing commencing May 4th 2021.
3. Schedule of workshops in in place from June 2021 until end of Q4

Person**responsible:**

PSWs Intake and CPW.

PSWs CPW and PSW CPC chair

<p>4. Monitoring and review of quality of safety planning ongoing and Quarterly reviews ongoing</p>	<p>PSW Intake and CPW</p> <p>PSW CPW/ PSW chair CPC</p> <p>TL & PSW's Intake/CPW</p>
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Standard 2.4

Non-compliant moderate

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

1. Medium priority cases awaiting allocation had not been reviewed in line with the standard operating procedure and a small number of these cases were not reviewed.
2. There was a delay in closing some cases and not all children and families were informed when a case closed.
3. Children assessed as requiring a child welfare intervention were not allocated a social worker.

Action required:

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

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

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

1. The area prioritised the review of abuse categories awaiting Preliminary Enquiry and awaiting IA. DSC has SOP's in place for the management of cases awaiting PE and IA. A dedicated TL alongside PSW continue to review cases awaiting IA as per SOP to ensure oversight and monitoring of safety planning.
All medium and low priority cases awaiting PE have been reviewed by TL/ PSW since inspection up until end of January 2021, further dates set for review as per SOP. Further to this a project team has been established on the intake pillar to support the management and time frames of referrals awaiting preliminary enquiries particularly low and medium priority referrals awaiting PE.
The area has planned a threshold forum which is scheduled for 14th April 2021 this will review all medium welfare cases awaiting IA.
2. An audit of closed cases will take place every quarter of a random sample of 20% of all closed cases. A closure guidance is in place in the area. A new suite of standard letters to issue nationally and will include template letter to families informing them that their case has been closed. These are to be implemented in quarter 2 2021
3. Restructuring of Intake and CPW pillars will facilitate the allocation of Child welfare cases to both Social Workers and Social Care staff end of Q3 2021.

<p>Proposed timescale:</p> <ol style="list-style-type: none"> 1. Ongoing from April 2021 as per timeframes in SOP. 2. Quarterly Audit from May 2021 3. Restructuring of area end of Quarter 3 3021 	<p>Person responsible: PSW Intake and TL cases awaiting IA</p> <p>PSW CPW/Intake and Intake and TLS</p> <p>Service Director/ Area manager/ PSWs Intake and CPW</p>
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Standard 2.5

Non-compliant moderate

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

1. Initial assessments were not completed in a timely manner in line with Tusla's standard business processes.
2. Initial assessment did not specifically address the individual needs of children in sibling groups.
3. There were delays in the scheduling of some child protection case conferences
4. Notifications of suspected abuse to An Garda Síochána had not been completed in some cases and there were delays submitting other such notifications.

Action required:

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

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

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

1. The regional service director, area manager and PSWs are currently reviewing a proposed organogram to reconfigure the operation of the intake and CPW teams. The area has had 7 new social work posts and a new team leader approved by National/Regional office in early 2021. As these posts on-board they will allow a reconfiguration of CPW/Intake teams into combined IR/IA teams and also post IA teams. This plan will reduce duplication within the teams of IRs going to IA where substantial work has already been completed and reduce cases awaiting allocation for IA and in line with the agency's reviewed standard business process.
2. Regular workshops on IR & IA quality and time frames to continue throughout 2021. Quarterly audits will continue on completed IA's in 2021, Feedback will be provided to create culture of learning in the area.
3. Quarterly audits of completed IA's will examine the time frame of cases progressing to CPC. Decision to progress to CPC will be a standing item in supervision between PSW and TL to ensure timely progression to CPC.
4. DSC has a process in place for notifications to AGS at each stage from point from screening, PE, Awaiting IA. This is a question asked on each screening and review form prompting review at each stage of SBP. Further to this the area has a process map in place for completion of AGS electronically.
5. Team Leaders at intake will review all cases screened in abuse category awaiting Preliminary Enquiry the last week of each month. An audit template is to be used which includes review of the screening completed/case prioritisation and whether any abuse category has been completed in respect of notification of same to AGS. Where this has not been completed this needs escalation to the PSW for Intake. To commence April 2021.
6. PSW at intake will complete a monthly audit of cases awaiting Preliminary Enquiry and awaiting IA in an abuse category to ensure notifications completed to Gardaí beginning of each month. Commenced March 2021.

7. A report will be compiled and provided to Area Manager at the end of each month.
8. Themes/learnings/findings will be discussed at Intake pillar meetings to ensure continuous service improvements.
9. DSC has updated case supervision record for child's file to include a prompt for Team Leader and Social Worker during supervision to ensure AGS notifications are completed on abuse categories as per national guidance.
10. Notifications to AGS is a set item on agenda for Intake and CPW Pillar management meetings.
11. AGS Workshops are scheduled for twice yearly, workshop completed across Intake/CPW pillar in March 2021.

<p>Proposed timescale:</p> <ol style="list-style-type: none"> 1. Implementation of a re configured Intake/CPW structure by Q3 2021 2. Workshops are in place re safety planning on both IA/IRs during 2021. 3. Standing item on supervision agenda ongoing. Quarterly audits of completed IA's ongoing 4. Monthly PSW audit report will also look at sample of completed IRs to ensure that Gardaí notifications have been completed. In addition, supervision meetings and ensuring timely completion of notifications are on the agenda for ongoing pillar meetings. Workshops twice yearly. 	<p>Person responsible:</p> <p>Regional service director/ Area Manager/ PSWs Intake and CPW</p> <p>PSWs CPW/Intake.</p> <p>TL/PSW CPW PSW CPW/ PSW chair CPC's</p> <p>PSWs intake/CPW and TLs.</p>
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Theme 3: Leadership, Governance and Management

Standard 3.1

Non-compliant moderate

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

1. Further implementation of the area service improvement plan was required to ensure that all stated objectives including: the increase and allocation of resources, the reduction of waiting lists, adherence to standard business processes and the prompt notification to An Garda Síochána of suspected abuse, were delivered.

Action required:

Under **Standard 3.1** you are required to ensure that:

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

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

1. The area is committed to further reductions in the cases awaiting PE and IA. During 2019/2020/early 2021 the area achieved a reduction of 50% in its unallocated cases. The area has a dedicated TL and 2 social work staff to monitor cases awaiting IA and a SOP is in place around same. National office approved 7 x new social work posts and 1 team leader post for the area in early 2021. These new resources as they on-board during Q2/Q3 2021 will be used to reduced waiting list for cases awaiting IA and PE. This reconfiguration of the service will ensure Intake and Initial assessments are combined into single assessment teams to reduce unallocated cases and also to reduce current duplications within this process and to ensure greater compliance with timeframes within the standard business process.
2. Notifications of suspected abuse to An Garda Síochána by the area must be completed as soon as possible by the teams. The Area manager has issued a number of memos to the area over the past 15 months to ensure compliance to the CEO memo issued in 2020 in respect of required immediate and timely completion of suspected abuse to An Garda Síochána. The PSW for intake with along with Team leaders will complete a monthly audit report to review a sample of cases to ensure notifications are completed in a timely manner. In addition to these audits, regular discussions with teams members through pillar meetings and supervision meetings will ensure timely notifications to An Garda Síochána are constantly on the agenda.
3. The area has an existing oversight committee chaired by the regional service director and attended by the area manager, PSWs and National PASM which will review the findings of this inspection report and ensure oversight of agreed actions.
4. The Regional service director and Area Manager have also agreed with national PASM a verification report audit which is commencing in the area in late April 2021 as an additional assurance to the oversight committee in respect of timely notifications to n Garda Síochána of suspected abuse.

<p>Proposed timescale:</p> <ol style="list-style-type: none"> 1. Restructure of Intake/ CPW pillar Q3 2021. 2. Ongoing commencing April 2021. 3. Meeting of oversight committee May 2021. 4. Verification audit commencing April 26th 2021 	<p>Person responsible: Service Director/ Area manager/ PSW's Intake/CPW.</p> <p>PSW's Intake CPW/Intake.</p> <p>Regional Service Director/Area Manager. National PASM.</p>
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Standard 3.3

Substantially compliant

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

1. While quality assurance systems were developed, one pillar did not have a programme of audits in place.
2. Learning from serious incidents and reviews had not taken place due to COVID-19 restrictions.

Action required:

Under **Standard 3.3** you are required to ensure that:

The service has a system to review and assess the effectiveness and safety of child protection and welfare service provision and delivery.

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

1. A programme of audits is in place for CPW and Intake Pillar.
2. Learning and review of incidents presentation has been prepared by the PSW for Intake and CPW and this will be delivered to their joint pillar meetings during Q2 2021. Further internal reviews completed by the area will also be presented to the large team meeting in the area during Q2 2021.

Proposed timescale:	Person responsible:
1. Ongoing and case recording workshop is scheduled May 20th 2021.	PSW Intake/ CPW/ TL and TL NCCIS user liaison.
2. Ongoing	PSWs Intake and CPW and TL's CPW/Intake
3. Q2 and Q3 2021	PSW's Intake and CPW