

Child protection and welfare inspection report

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



Name of Service Area:	Carlow Kilkenny South Tipperary	
Dates of inspection:	24, 25, 26 October and 9, 10 November 2017	
Number of fieldwork days:	5	
Lead inspector:	Ruadhan Hogan	
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Type of inspection:	<input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced <input type="checkbox"/> Full <input checked="" type="checkbox"/> Themed	
Monitoring Event No.:	0020358	

About monitoring of child protection and welfare services

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

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

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

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

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

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

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

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

1. Inspection methodology

As part of this inspection, inspectors met with social work managers and staff, other agencies and external professionals. 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 one principal social worker
- interview with two social work team leaders, social workers and other Tusla professionals
- interview with a Prevention, Partnership and Family Support Programme coordinator
- the review of local policies and procedures, minutes of various meetings, five staff supervision files, audits and service plans
- reviewing relevant sections of 133 children's case files
- observing duty staff in their day-to-day work.

The aim of the inspection was to assess compliance with national standards related to managing referrals to the point of completing an initial assessment. During this inspection inspectors identified if Tusla child protection and welfare services took timely, proportionate and effective actions when responding to referrals about children in need and at risk by evaluating the following:

- timeliness and management of referrals
- effectiveness of assessment and risk management processes
- provision of immediate help where required
- effectiveness of inter-agency and multidisciplinary work
- outcomes for children.

Acknowledgements

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

2. Profile of the child protection and welfare service

2.1 The Child and Family Agency

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

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

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

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

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

2.2 Service Area

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

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

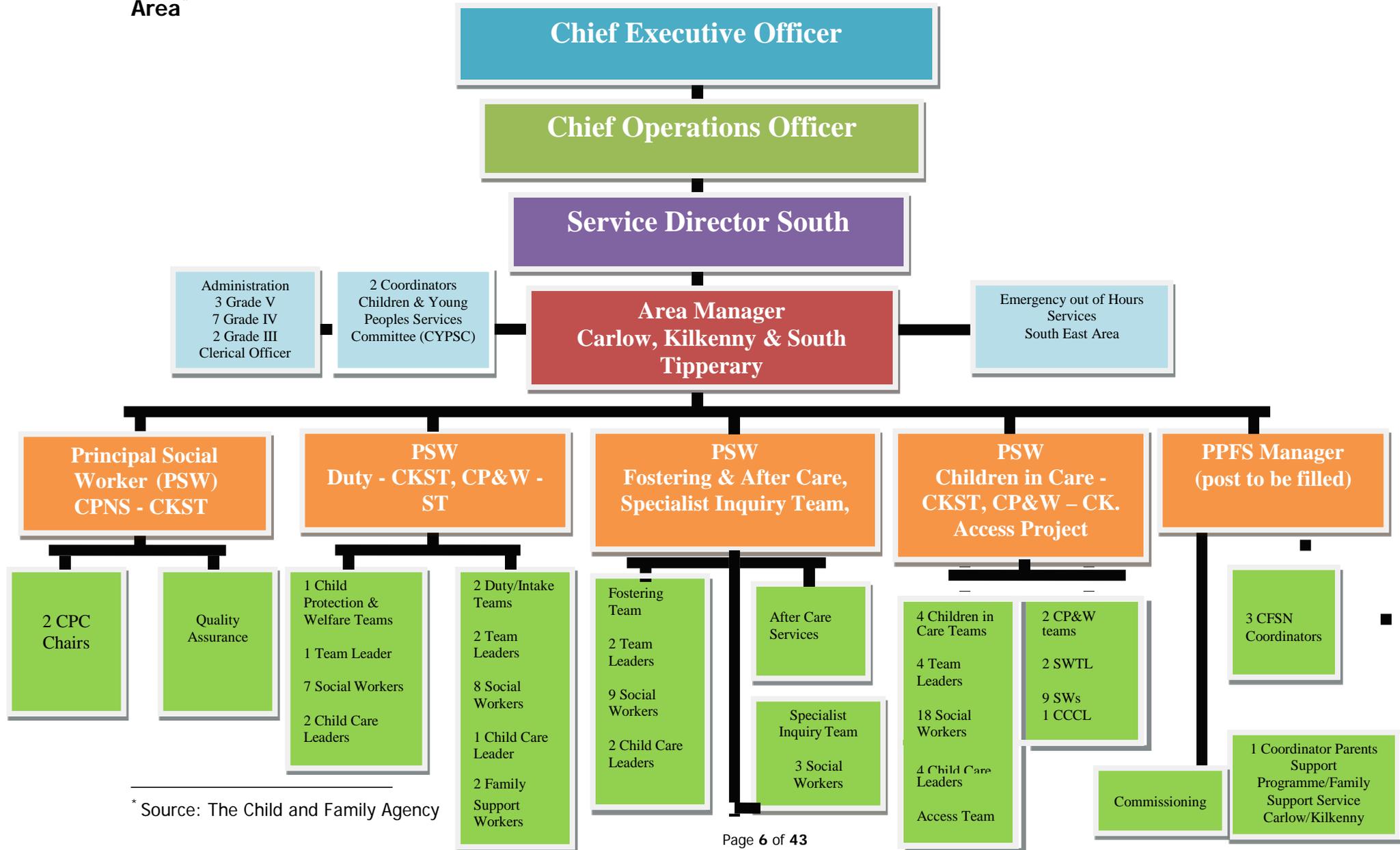
This report reflects the findings of a risk based themed inspection, in response to monitoring activity. This inspection was a triggered inspection as a result of:

- the findings of the inspection of the Carlow Kilkenny South Tipperary foster care service where significant concerns with how the allegations were managed were found and
- receipt of unsolicited information to HIQA in relation to the child protection and welfare service in Carlow Kilkenny South Tipperary
- concerns arising in relation to the management of child protection referrals during an inspection of a children's residential service in the area.

The area was under the direction of the service director for the Child and Family Agency South region and was managed by the area manager. The Carlow/Kilkenny/South Tipperary intake and assessment team had been established across the entire area and was overseen by a principal social worker, who also had oversight of the child protection team. The service was divided geographically into three areas and located between three offices in Carlow town, Kilkenny City and Clonmel. There were two intake and assessment teams one based between Carlow and Kilkenny and the other based in Clonmel. Each of these teams had a social work team leader (SWTL), who oversaw duty and intake enquiries and managed a team of social workers. The office in Clonmel took referrals for the South Tipperary area, while the offices in Carlow and Kilkenny alternated duty and intake enquiries between Carlow and Kilkenny every second week. The area had a plan to route all child protection and welfare concerns through one point in Clonmel but this had not yet been implemented.

The organisational chart in Figure 1 describes the management and team structure of the child protection and welfare service, as provided by the Service Area.

Figure 1: Organisational structure of the Child Protection and Welfare Service, Carlow Kilkenny South Tipperary Area *



* Source: The Child and Family Agency

3. Summary of inspection findings

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

This report reflects the findings of the inspection, which are set out in Section 5. The provider is required to address a number of recommendations in an action plan which is published separately to this report.

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

- **One standard was substantially compliant**
- **Five standards were non-compliant, all five of which were identified as major non-compliances.**

The area child protection and welfare service was last inspected by HIQA in 2012. At the time of that inspection, two child protection teams one based in Carlow and the other in Kilkenny City ensured delivery of the child protection and welfare service including the intake and assessment service. Since the last HIQA inspection in 2012, the area had been expanded to include the catchment area of South Tipperary. As a result the number of referrals received by the area had effectively doubled and a proportionate increase to the service provision was required. At the time of the last inspection in 2012, inspectors found the two teams had been operating different systems to manage referrals and complete initial assessments. At the time of this inspection, the area was moving towards a single point of contact for all referrals. In the interim, screening and preliminary enquiries, and initial assessments in both teams were carried out under the Tusla standard operating procedure and in line with Children First (2011) National Guidance for the Protection and Welfare of Children.

Screening carried out in the area was of poor quality. Checks in the form of area background checks, contact with the referrer, network checks with other professionals and appropriate contact with parents were not routinely undertaken as part of the screening process. Standard frameworks in place to determine thresholds of harm, levels of risk and prioritisation of cases were not rigorously and consistently applied at

the point of referral. Analysis was poor and the risk rating that was to be applied to the child and the circumstances was therefore based on this limited information. Referrals were not always signed off in a timely manner once received which delayed an appropriate response. Children, for whom multiple referrals had been made over time, did not receive a consistent response in line with national and local area procedures. When a new referral was received, it was dealt with on its own merit and often didn't include a history of previous referrals.

Three cases that had been screened had allegations of physical abuse that did not inform the classification and were not appropriately responded to, for example, undertaking immediate action to verify if physical abuse had actually taken place and if the child was safe. As a result, these children did not have timely interventions and did not receive the appropriate response from the social work department so their safety was ensured.

Some children and families who had allocated social workers had interventions that ensured children were safe while they were undergoing assessment or waiting for a child protection conference. Other cases that were allocated had poor quality safety plans which did not ensure effective and timely action to protect children.

The area operated a waiting list for children and families who had undergone screening and at the time of inspection, there were 213 cases on a waiting list for initial assessment. However, there was no formalised system in place for review of the waiting list and no plan to address the backlog. Waiting lists were not managed effectively and this resulted in children potentially being left at risk.

Children and families who were placed on a waiting list did not receive a service in a timely manner. Children, who were given a high priority level, were likely to be allocated a social worker for assessment. Children, who were given a medium or low priority level, were often placed on a waiting list for initial assessment, sometimes for over a year. Some children and families who received a service after being on a waiting list, were not provided with the right service at the right time.

An early intervention service was in place for children and families. However, the duty service did not know if children and families benefited from the service which meant that the duty service relied on a re-referral from the partner agency should the intervention have been unsuccessful.

The quality of initial assessments varied from good to very poor. Where assessments were of good quality, children's needs and circumstances were comprehensively assessed with good quality analysis and recommendations for action. Where assessments were poor, children's needs were not adequately assessed, risks were not

satisfactorily addressed and a quality service based on a comprehensive assessment was not guaranteed.

The systems in place for notifying An Garda Síochána of allegations of abuse was not effective or safe.

Where inter-agency contact was initiated, the quality was good. However, in three instances convening of strategy meetings were not timely as there had been delays.

The oversight of child protection and welfare cases in the area was poor which impacted on delivering consistent practice and quality outcomes for children.

Of the 133 cases reviewed by inspectors, 27 cases were escalated to the area management for assurances that appropriate action had been taken to address outstanding risks. A satisfactory response to the cases was subsequently received.

Overall inspectors found significant systemic deficits across a number of areas in the duty, intake and assessment team. The governance and oversight had not been effective in delivering the service. This was evident in the following areas:

- Oversight of the waitlist was ineffective and there was no plan to address it.
- Recording of individual supervision was poor.
- Audits undertaken by Tusla in 2016 had identified many of the deficits yet there had been no effective action to address them.
- The IT system was not fit for purpose and the management team was not able to tell inspectors how many children's cases were closed to the service. In the absence of a reliable IT system, there were no other formal systems in place to mitigate against the risks associated with the system.

The methods of assurance for senior managers was therefore not reliable.

Inspectors wrote to the service director for the area to outline these concerns and received a written response. A meeting was subsequently held with him to discuss the response. Assurances to indicate that these concerns would be addressed were provided to inspectors, some of which were completed in December 2017 and the remainder due for implementation by the end of quarter one, 2018.

4. Compliance Classifications

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

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

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

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

Actions required

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

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

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

¹ Where a major non-compliance judgment presents an 'immediate risk' to the safety, health or welfare of people using the service, the inspector may issue an immediate action plan on the day of inspection.

5. Summary of judgments under each standard

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

6. Findings and judgments

Theme 2: Safe and Effective Services

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

Standard 2.2:

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

The area had two dedicated duty teams, each managed by a social work team leader that screened referrals that were received. A qualified social worker was available to take calls, screen referrals and undertake preliminary enquiries during office hours, Monday to Friday. The two teams operated a rotating duty system for screening, which involved social workers screening referrals and following up on referrals on alternative weeks.

Once referrals were received, they were to be screened by a social worker who made a decision as regards whether they required immediate action or an emergency response, whether they could be referred on to another more appropriate service, or whether they met the threshold for a child protection intervention and required an assessment. This decision was then to be signed off by the social work team leader (SWTL), all within 24 hours according to Tusla standard operating procedures at the time of inspection.

Data returned by the area in advance of the inspection indicated that they had received 2387 referrals in the 12 months prior to the inspection. While all referrals were screened by a social worker, work carried out during the screening process was of poor quality. During the inspection, duty social workers were observed to undertake comprehensive and skilled screening calls. However, a review of information on a sample of referrals reviewed by inspectors found that information was minimal and did not adequately inform good decision making.

Preliminary screening checks in the form of area background checks, contact with the referrer, network checks with other professionals and appropriate contact with parents

were not routinely undertaken as part of the screening process. Some records did show that correct checks were undertaken that informed good decisions. However practice was not consistent and other records reviewed did not reflect that the referrer was contacted as part of the screening process, or that all appropriate checks were completed. In some circumstances, the screening decision was only based on information provided by the parent, as they were the only people contacted as part of the screening. Analysis by the social work department therefore did not reflect the vulnerability of the child and thresholds of harm. The priority level or risk rating that was to be applied to the child and the circumstances was therefore based on this limited information. Consequently, inspectors were not assured that a decision in relation to a proportionate and appropriate response from the social work department could be made.

Part of the screening process was to classify and prioritise referrals to ensure they received the appropriate response. Referrals received were to be classified as physical, sexual, or emotional abuse, neglect or child welfare concern. However, standard frameworks in place to determine thresholds of harm, levels of risk and prioritisation of cases were not rigorously and consistently applied at the point of referral. While the majority of referrals sampled by inspectors were correctly classified, three cases had been incorrectly classified and the information on the referrals did not appear to be fully considered. In these cases, specific concerns such as allegations of physical abuse did not inform the classification and were not appropriately responded to, for example, undertaking an urgent home visit to see the child to verify if physical abuse had actually taken place and if the child was safe. This meant that children did not always receive the appropriate response from the social work department and their safety was not ensured.

While some cases were correctly prioritised following screening, cases were not re-prioritised when there were repeat referrals, while others did not have the correct prioritisation following screening. A case was to be prioritised as low, medium or high following good quality and timely screening of risk and harm. Due to the poor quality of screening and length of time it took for screening to be signed off by a SWTL, the priority attached to referrals was not reliable. Of the 27 cases escalated to the area by inspectors, four had their priority level changed. Of 25 cases on the waitlist reviewed by inspectors, seven had multiple referrals but did not have a corresponding increase in prioritisation level. This meant that children and families remained on the waitlist when the need for intervention had increased.

Thresholds to determine a decision to undertake initial assessments were not consistently applied. The 23% of screening records that made recommendations for an initial assessment to take place was well below the national average of 40%, at the time of inspection. Inspectors found cases where decisions were made not to undertake assessments when assessments should have been undertaken, as they had met the threshold. In other cases where there were allegations of domestic violence, thresholds were not correctly applied which meant that, decisions were made to take no further action instead of intervening.

Some preliminary screening records were very long and similar to the detail in an initial assessment. Inspectors found examples of work, akin to the tasks undertaken through an initial assessment that were not captured as an initial assessment. For example, cases that had been recommended for closure held records of further work such as meeting parents and children to discuss interventions and possible referral to external agencies prior to closing. This meant that the area was not capturing all required work such as interviews with children on their own through a formal and comprehensive assessment.

Referrals were not always signed off in a timely manner once received which delayed an appropriate response. Inspectors were informed that the duty social worker did not attach a priority level to the case at the point of referral as the SWTL was responsible for prioritising cases at the point when the referral was signed off. This was concerning as there was a significant delay before SWTL's signed off on some referrals. Therefore information did not receive a timely risk rating and proportionate response to ensure that potential or actual risk was responded to in a timely manner.

As there was poor quality work undertaken during the screening process, background checks were not routinely undertaken, there was a variance in the application of priority and categorisation of cases and a delay in signing off on screening records, inspectors were not assured that oversight by a SWTL during this process was effective at ensuring consistency to determine thresholds of harm and levels of risk. This was compounded by staff vacancies and turnover of staff in one office in particular leading to inexperienced duty workers managing high numbers of referrals when their capacity to safely do so was compromised.

Inspectors sampled 57 referral records from all cases across the duty service to see how promptly they had been screened and signed off. Just 19% had been completed and signed off by a social work team leader within the 24 hour period. Twenty-four per cent had been completed between one day and five days. Twenty-six per cent had been completed between five days and 10 days and a further 31% had been completed

between two weeks and 11 months after opening. Auditing carried out in 2016 by the area and through the national office identified deficits in the service in relation to screening. Inspectors found similar deficits on this inspection.

Problems with the screening process were compounded by delays entering referrals onto the area computer system. Inspectors sampled 44 referral records from all cases across the duty service to see how promptly they were entered onto the system. While a large proportion of the referrals (63%) reviewed by inspectors were entered onto the system within a day of receipt, for others there were delays of between a week and two and a half months, before a referral was written up as an intake record and entered onto the area's database. Eighteen per cent of referrals sampled had been entered onto the system at least eight days after the referral was received. The area manager acknowledged during interview that there was a delay in putting up referrals and that work may have been commenced or completed, prior to the referral being opened on the area computer system and recorded on paper files. Consequently ensuring a timely response to risk was not possible when there were significant delays in uploading information to the system. This was a risk as up-to-date information may not have been included when reviewing cases, particularly multiple referrals and where there were concerns of long term harm and neglect.

Judgment: Non-compliant – Major

Standard 2.3:

Timely and effective action is taken to protect children.

Some children who were at immediate risk of harm did not have timely interventions. According to data returned to HIQA there were no children who were identified as requiring immediate action following a preliminary enquiry in the 12 months prior to inspection. Social workers spoken with demonstrated appropriate knowledge to recognise children who needed urgent care and protection. The area management were familiar with the legislative requirements where urgent care and protection was required. However, some children who were at risk of harm were not identified as requiring intervention at the point of screening. Inspectors escalated 27 cases, to the area management for review and subsequent action. These included three cases where allegations of physical abuse had not been identified at the time the referral was received. For these children, there wasn't an immediate response and it took between ten days and 11 months for them to be seen.

A satisfactory response was subsequently received which detailed that of the 27 cases escalated by inspectors, visits were planned for 22 children and families, with 21 allocated for an initial assessment.

For children and families who were allocated a social worker, action taken to support families and protect children through good quality safety planning was not consistent. Some allocated cases had interventions that ensured children were safe while they were undergoing assessment or waiting for a child protection conference. Inspectors spoke to social workers and reviewed records that showed some home visits were carried out to see children the day after the referral was received. Following this, detailed plans, that had been signed by parents, were drawn up to ensure the safety of children. Other cases that were allocated had poor quality safety plans which did not ensure effective and timely action to protect children. Inspectors escalated ten cases where safety planning was not of a good enough standard to ensure children were safe. Satisfactory responses were subsequently received in relation to these cases. During interview with inspectors, the PSW acknowledged that the quality of safety planning in the area required improvement.

Children assessed as being at ongoing risk of harm had a child protection conference (CPC). Upon completion of an initial assessment, if the outcome that was decided was that the child was at risk of ongoing harm, then a CPC was to be requested. According

to reports provided by the area, there were 67 requests for a child protection conference (CPCs) in the area in the 12 months prior to inspection. The majority of CPCs were held within a month of being requested. Nine were held outside of a month with justifications for delays listed as; the CPC was a pre-birth conference or the CPC was rescheduled due to a lack of quorum. A CPC was requested in one of these cases which, at the time of inspection, had been scheduled six weeks later. The area management provided assurances that the CPC had been appropriately delayed at the parents request and was subsequently held.

Children, for whom multiple referrals had been made over time, did not receive a consistent response in line with national and local area procedures. When a new referral was received, it was dealt with on its own merit and often didn't include a history of previous referrals. Inspectors reviewed a sample of 19 cases where there had been three or more referrals over time. Of these, only three had reference to previous referrals on the most recent referral. This meant there was little analysis of the impact of previous referrals together with the new referral and consequently the priority of cases often did not change. In addition, chronologies were not routinely used to assess and understand the impact of long term harm and neglect on children which meant that the cumulative harm was not always considered when reviewing cases.

Judgment: Non-compliant - Major

Standard 2.4:

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

The area operated a waiting list for children and families who had undergone screening and were deemed to require an initial assessment and at the time of inspection, there were 213 cases on a waiting list for initial assessment. While the area had a protocol for managing cases awaiting a service, this was not being followed.

There was no formalised system in place for review of the waiting list and no plan to address the backlog. Waiting lists were not managed effectively and this resulted in children potentially being left at risk. The SWTLs told inspectors that they regularly review waiting lists, however there was no system in place to provide evidence of this. Each of the social work team leaders maintained a separate list of cases on the waiting list for each office. However, this only held the most recent information and did not show ongoing and continuous review. Additionally, these lists were not available for senior management to review and assure themselves that waiting lists were being managed appropriately.

Following the announcement of the inspection, and one week prior to the inspection fieldwork, the principal social worker requested other team leaders from other parts of the service to review the waiting lists. Inspectors were informed that seven cases were escalated for action on foot of this review. Of the 35 cases on the waiting list that were reviewed as part of this inspection, a further 16 cases on the duty waiting list and two cases on a waiting list for the long term team were escalated to the area management for review and appropriate action. Risks had not been assessed despite meeting the threshold for an initial assessment and actions such as Garda notifications and safety plans were outstanding. A satisfactory response was subsequently by inspectors received in relation to these cases.

Children and families who were placed on a waiting list did not receive a service in a timely manner. Children who were given a high priority level, were likely to be allocated a social worker for assessment as the majority of cases that were allocated in the area, at the time of inspection, were high priority. Inspectors sampled cases that were allocated and did find examples of good quality work. However, there were significant delays for other children having their needs assessed and met. Children who were given a medium or low priority level, were often placed on a waiting list for initial assessment, sometimes for over a year. Therefore, the length of time that a case was on a waiting

list did not mean they would be allocated any sooner. Of the 133 cases that were on a waiting list for initial assessment in one social work office, 10 were of medium priority and waiting eight months for assessment, 21 were of medium priority and waiting over a year for an assessment. However, given that only high priority cases were allocated for initial assessment, the likelihood that medium or low priority cases would be allocated for initial assessment was low. Of the 16 cases on the duty waiting list escalated as part of the inspection, all were recorded as medium priority. Inspectors were of the view that the prioritisation of these cases should have been subject to more stringent and regular review to ensure a more timely access to intervention.

Some children and families who received a service after being on a waiting list, were not provided with the right service at the right time. Workers from the area who were allocated cases for initial assessment that had been on a waiting list for some time told inspectors that, when they met families, sometimes a year after they had initially been referred, family members expressed surprise and told the workers they thought their case had been closed. In some of these cases, inspectors found that the reason for referral was no longer current and the window for engagement, to make a meaningful intervention, had passed. In other cases, when social workers were allocated cases, it transpired that the families had moved out of the area. This meant that children and families did not receive a service at the time when it could make the most significant impact.

An early intervention service was in place for children and families, however, it was not adequately connected with the child protection and welfare service. A community based approach to prevention, partnership and family support known as Meitheal had been implemented in the area. The area employed three coordinators and interviews for a manager of the service had been held just prior to the inspection. According to data returned to HIQA, there were 361 referrals that required a Meitheal response. Inspectors interviewed a coordinator for the service who outlined how the outcomes for families were monitored by the Meitheal service. The coordinator said the community based service was a standalone service and not part of the child protection and welfare department. Inspectors reviewed cases where the outcome of assessments was that a referral to Meitheal was the most appropriate response. Other cases that had been screened were closed on the basis that they were to receive a Meitheal service. In these cases, the duty service did not know if children and families benefited from the service which meant that the duty service relied on a re-referral from the partner agency should the intervention have been unsuccessful. Other cases reviewed showed that families chose not to engage with the Meitheal service and this feedback only became known to the duty service five months later which was significantly delayed. This system of feedback was underdeveloped and led to risk, as initial lower priority ratings

were dependent on successful interventions from a Meitheal service. If families chose not to engage in a Meitheal service, then the priority required review. However, the area did not have mechanisms in place to ensure the social work department knew if the case needed to be reviewed or not and hence could not review the priority.

Judgment: Non-compliant – Major

Standard 2.5:

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

The area did not have sufficient capacity to undertake initial assessments throughout the 12 months prior to inspection. When a screening record was completed, a recommendation was made that a case was to be closed or an initial assessment was to be carried out. According to data returned to HIQA as part of the inspection, 539 of 2304 referrals or 23% of screening records recommended an initial assessment take place with 170 initial assessments completed in the 12 months prior to inspection. The area struggled to complete all initial assessments as a significant number, 213 at the time of inspection, remained on a waitlist for allocation.

In addition, inspectors were informed that due to a staff shortage for a two to three month period earlier in 2017, one of the social work teams stopped undertaking initial assessments on medium and low priority cases to focus solely on screening. This was a significant risk as assessments of children and families stopped and the window for engagement was potentially missed.

The quality of initial assessments varied from good to very poor. Inspectors reviewed 19 completed assessments and a further six undergoing assessment. Approximately half of the assessments sampled showed that network checks had been completed as part of the assessment and children had been seen, including seen on their own where appropriate. Two assessments related to children in care and were of good quality. Other good quality assessments also showed that children's needs and circumstances were comprehensively assessed with good quality analysis and recommendations for action. Some assessments were of adequate quality. There were delays in allocating some cases for assessment and other assessments did not show a good analysis of risk and protective factors. Some case files indicated that a child protection conference (CPC) was required, which was contrary to decisions recorded on the file.

Eight assessments were of poor quality as they were not comprehensive, didn't contact other professionals and there was poor analysis. Some recommendations as part of these assessments were contradictory and did not address the reason the referral had been made. For example, the outcome of one assessment was that physical abuse took place and no further action was required. Two initial assessments reviewed by inspectors had outcomes stating that children were at risk of ongoing harm. However, in these cases social workers told inspectors that children were safe and not at risk of harm. Another recommended closure when it should have remained open. The impact of this was children's needs were not adequately assessed, risks were not satisfactorily addressed and a quality service based on a comprehensive assessment was not

guaranteed. Standard frameworks to determine thresholds of harm and levels of risk in these initial assessments had not been applied. Three of these cases were escalated to the area as risks were not satisfactorily addressed throughout the assessment. A satisfactory response was subsequently received from the area that outlined actions to address the risks identified.

Initial assessments were not always completed in a timely manner. According to Tusla standard operating procedures at the time of inspection, initial assessments were to be completed within 20 days. Of the 25 assessments reviewed by inspectors, eight or 32% has been completed within 20 days. Three of these assessments had been completed within a day and were of poor quality. Eight assessments took over 40 days to be completed. Six assessments were ongoing at the time of inspection and three of these had been delayed by over 40 days.

Oversight of initial assessments to ensure they were of consistently good quality was poor. Inspectors found that despite assessments being of poor quality, they had been approved by SWTLs. Additionally two of the 25 initial assessments reviewed had, in the interest of efficiency, been completed and signed off by the SWTL which meant that they effectively had no oversight.

The systems in place for notifying An Garda Síochána of allegations of abuse was not effective or safe. Garda Notifications were not being sent as required under Children First (2011). Inspectors found 12 cases where records did not show that Gardai were notified of allegations of abuse against a child. Eleven of these cases were escalated to the area. A satisfactory response was subsequently received in which the area confirmed that Garda notifications had subsequently been sent on these cases. In the other case the child subsequently left the country with their parents before a notification was made.

There was no system in place for oversight of Garda notifications in one of the two duty offices up until a month prior to the inspection. One office had a comprehensive system that could track the progress of Garda notifications made and received to provide assurance on the status of investigations. Due to a lack of administration support, one office did not have a system and Garda notifications had not been tracked in this office prior to October 2017. The PSW acknowledged this and said that administration support had subsequently been provided and a system was in place from the beginning of October 2017. However, there was no system to track retrospective Garda notifications.

Judgment: Non-Compliant – Major

Standard 2.9:

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

Where inter-agency contact was initiated, the quality was good. Inter-agency contact and cooperation informed the work carried out by the duty, intake and assessment team. Where it was deemed appropriate, information was shared with services during the preliminary screening and initial assessment stage. Some preliminary screening records, where thresholds were met for a child protection response, showed that other professionals were contacted to determine risk and further action. Where thresholds were lower, consent was sought from families prior to undertaking checks with other professionals and checks in these circumstances informed initial assessments. In particular, where assessments were of good quality, the views of other professionals informed the assessment of children's needs which contributed to the analysis of the assessment. Other cases also showed good interaction between agencies such as disability services and the duty team.

Professionals meetings and strategy meetings held informed decision making in the area. Where there were allegations made against children in the care of foster carers, inspectors saw evidence of strategy meetings being held with the fostering department to determine the course of action to be taken. There were arrangements in place to work jointly with Gardai where required. However, in three instances convening of strategy meetings were not timely as there had been delays.

Recordings of meetings with Gardai did not demonstrate good quality cooperation with Gardai. SWTLs from each office met with Gardai from the respective Garda office at regular intervals to discuss the status of investigations. Joint liaison meetings held recorded individual cases on separate sheets which were subsequently recorded against a particular case. Some of these recordings had a just tick box which indicated if investigations were ongoing or not.

There was a process for liaison with external agencies. The area manager told inspectors that she met with external agencies such as Gardai, hospitals and community and voluntary organisations. Inspectors were provided with statistics which outlined the numbers of referrals individual external agencies made to the duty, intake and assessment team. The area manager told inspectors that she met with external agencies as part of Tusla's community engagement to enhance interagency working and cooperation along with assisting agencies understanding of what constituted an appropriate referral.

Findings under this standard on this inspection were based on interviews with Tusla staff, review of case records and minutes of inter-agency meetings supplied by the area manager.

Judgment: Substantially compliant

Standard 2.10:

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

The oversight of child protection and welfare cases in the area was poor which impacted on delivering consistent practice and quality outcomes for children.

The monitoring of cases through formal supervision did not provide adequate oversight. A review of case supervision by SWTLs on individual cases held by social workers found poor oversight with very little and often no recorded notes of supervision on the case. In addition, review of the individual cases on the area system showed that there was very little and in some cases, no records of supervision. This meant the status of a case, the actions to be taken and any confirmation that the SWTL had oversight was not recorded. The area manager said they relied on supervision with the principal social worker, who was informed through supervision with the SWTLs, who were in turn informed by supervision with social workers. The area manager and PSW told inspectors that in addition to file audits, serious case reviews, data analysis and service user and professional feedback, formal supervision was one of the primary methods of assuring themselves that the service was being delivered. This whole system of assurance was therefore not reliable as it was based on supervision of individual cases which was not occurring in line with Tusla Policy.

Some staff were inexperienced and required more frequent and stringent supervision and oversight of their case work. However this was not evident in the files reviewed by inspectors, which in turn led to poor practice. The impact of poor supervision coupled with inexperienced staff and high staff turnover in one office, led to deficits in the functioning of the duty team. The lack of staff in that office led to a significant decision to stop undertaking initial assessments for a two/three month period.

The national guidance on caseload management was not implemented across the area. Inspectors found that the social workers based between Carlow/Kilkenny had caseload management tools completed while social workers based in the Clonmel office did not. At times social workers were overloaded and unable to manage their high caseloads.

Some cases were closed appropriately and in a timely manner, while some cases had been closed where an initial assessment should have been carried out. The area management told inspectors that they were unable to verify how many children's cases had been closed to the service over specific timeframes, such as, in the week prior to inspection. Inspectors were informed that a SWTL in one office closed 130 referrals to

the team in the week prior to the inspection, some of which were referrals that had been entered retrospectively. A sample of 16 of these referrals were reviewed by inspectors who found that while the referral was closed, the case remained open in some circumstances and they continued to work with the family. Of the 27 cases escalated by inspectors three cases were earmarked to be closed when an initial assessment should have been carried out. These decisions were approved by a SWTL.

Auditing was carried out in the area, however, deficits identified as part of audits were not acted upon in a timely manner. Inspectors were provided with copies of reports and audits completed over the last number of years which identified trends and deficits in the service. Findings from this inspection found similar deficits where there had not been satisfactory changes to ensure learning was implemented. The PSW also requested that team leaders audit five cases from their waiting list every month. However, this was not effective as the team leaders were auditing their own cases and no actions were taken on foot of the audits.

There were risks associated with the current information system. However, the area was awaiting rollout of the new national child care information system (NCCIS) which the area manager said was to be implemented in the area in 2018. In the interim, the area was using an older system that had not been updated since 2011. Inspectors made several requests for reports and lists from the area manager in relation to numbers of children and details for children. The limitations of the system meant that the area manager could not produce these reports easily or in a timely manner. The area manager was not able to tell inspectors how many children had been closed to the service over a specific time. There were no other formal systems in use to mitigate against the risks associated with the system. Consequently inspectors were not assured that the area management was able to provide adequate oversight of the service.

Judgment: Non-compliant - Major

Action Plan

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

Provider's response to Inspection Report No:	0020358
Name of Service Area:	Carlow Kilkenny South Tipperary
Date of inspection:	24, 25, 26 October and 9, 10 November 2017
Date of response:	29 January 2018 (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-Major

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

The screening process was of poor quality and did not include preliminary screening checks and contacting referrers.

Referrals had not been correctly classified and prioritised.

Repeat referrals had not been re prioritised.

Thresholds to determine a decision to undertake initial assessments were not consistently applied.

The oversight of the screening process was poor and ineffective at ensuring consistency.

There were delays entering referrals onto the system.

Action required:

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

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

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

2.2.1

The central point of contact is now operational. All referrals are processed through the South Tipperary office. Screening is be undertaken by a team of three Social Workers (two of whom are Senior Practitioners), under direct supervision of a dedicated Social Work Team Leader who will ensure that screening is of high quality, will include preliminary checks and that referrers are contacted as part of the screening process. A new Screening Checklist has been devised detailing previous referrals, network checks, requirement for Garda notification etc. This is signed off by the SWTL within 24 hours of receipt of referral, and forwarded to intake Social Work team once threshold is established. Screening SWTL will monitor and review this process through supervision, management meetings, and RED meetings.

Audit of the screening process and unallocated cases will take be undertaken 6 monthly by the PSW.

Monitoring officer and QA Lead to conduct a bi-annual audit of screening process with focus on thresholds and timeline for closure of IRs.

2.2.2

Thresholds and prioritisation on new referrals will be reviewed by Intake and Assessment SWTLs on a weekly basis to ensure correct classification and prioritisation.

Duty PSW will undertake a workshop with all duty staff around thresholds, informing

categorisation and prioritisation of cases. This will be held in Q1 2018

This will be monitored by the PSW during supervision with SWTL and will also be audited by the PSW during bi-annual audit detailed in 2.1.1

2.2.3

Any child referred who;

- Is subject to a third referral (no time limit)
- Previously active on the CPNS
- Previously in care

will be reviewed and analysed by the SWTL for Screening to establish previous history, patterns of behaviour and risk/Protective Factors. These cases will also be presented to either the fortnightly RED meeting (low/medium priority level) or Duty Management meeting (medium/high priority) for review, agreement on prioritisation or reprioritisation and appropriate action.

2.2.4

Training in the application of Tusla Threshold Guidance will be undertaken by PSW with all members of the Intake/Assessment Teams. This will ensure that all staff are clear about thresholds and that these are consistently applied.

Application of thresholds will be overseen by the SWTL. Quality and consistency in application of thresholds will be monitored by the PSW through supervision with the SWTL and also via case audit, review and team discussion.

2.2.5

The screening is overseen by the newly appointed SWTL which will ensure consistency across the area. The decision to proceed to Initial Assessment will be reviewed during audit by the Monitoring officer and QA Lead bi-annually to highlight any issues with consistency.

2.2.6

The newly appointed Administrative Grade IV has full oversight of referrals being entered into the system. Currently referrals in South Tipperary are entered onto the system within 24 hours of receipt. Referrals for the Carlow/Kilkenny area are scanned to the Kilkenny office and entered on to the system by administrative staff. The referral is worked by the Intake worker upon receipt, and logged on the screening spreadsheet at the central point of contact. A proposal has been submitted and approved by the Area Manager to recruit a further 0.5 administration post which will allow all referrals to be entered onto the system in South Tipperary, which is the central point of contact. This will be fully operational by March 2018, ensuring all referrals are on the system within 24 hours of receipt.

An audit of referrals will take place on 6 monthly basis by Monitoring Officer and QA Lead to ensure that referrals are being entered on the system in a timely manner.

The introduction of NCCIS will also assist in this process – there will be a built in reminder system for TLs on documents that require sign off.

Proposed timescale:	Person responsible:
2.2.1 End of Q1 2018	PSW & SWTL
2.2.2 End of Q1 2018	QA Lead, Monitoring Officer, PSW & SWTL
2.2.3 31/01/2018	SWTLs
2.2.4 End of Q2 2018	PSW & SWTL
2.2.5 31/01/2018	PSW & SWTL
2.2.6 End of Q1 2018	PSW & SWTL, Monitoring Officer, QA Lead.

Standard 2.3

Non Compliant-Major

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

Some children who were at immediate risk of harm did not have timely interventions.

Action taken to support families and protect children through good quality safety planning was not consistent.

Children, for whom multiple referrals had been made over time, did not receive a consistent response in line with national and local area procedures.

Action required:

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

Timely and effective actions are taken to protect children.

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

2.3.1

Screening will be undertaken by Social Workers under the direction of a dedicated Social Work Team Leader. To facilitate this, an additional SWTL and SW post have been appointed. As detailed above, with thresholds consistently and effectively applied, cases will be prioritised correctly. Level 4 cases where children are at immediate risk will be identified quickly and given an immediate response. For all referrals categorised as having immediate risk a screening/intake Social worker and Assessment Social Worker will respond immediately, ensuring a smooth and timely response and allocation for immediate protective work and initial assessment.

Formal Audit of the screening process and unallocated cases will take be undertaken 6 monthly by the PSW, and will be discussed and reviewed with SWTL in supervision and management meetings.

Monitoring officer and QA Lead to conduct a bi-annual audit of screening process with focus on thresholds and timeline for closure of IRs. This will review if children at immediate risk had an appropriate and timely response.

2.3.2

Where necessary, safety plans will be completed by SWs – with support from SWTL - with families and will be overseen by the SWTL. Safety Plans will be audited by the SWTLs during supervision for QA purposes and to ensure consistent responses to children and families. Active safety plans will also be audited by PSW Lead bi-annually to ensure consistency and quality.

2.3.3

Any child referred who;

- Is subject to a third referral (no time limit)

- Previously active on the CPNS
- Previously in care

will be reviewed and analysed by the SWTL for Screening to establish previous history, patterns of behaviour and risk/Protective Factors. These cases will also be presented to either the fortnightly RED meeting (low/medium priority level) or Duty Management meeting (medium/high priority) for review, agreement on prioritisation or reprioritisation and appropriate action.

When implemented in March 2018 NCCIS will also flag re-referrals to assist the SWTL to ensure that children who are at heightened risk are prioritised appropriately.

Proposed timescale:	Person responsible:
2.3.1 End of Q1 2018	Area Manager & PSW
2.3.2 End of Q1 2018	PSW & SWTL
2.3.3 End of Q2 2018	PSW & SWTL

Standard 2.4

Non-Compliant-Major

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

There was no formalised system in place for review of the waitlist and no plan to address the backlog.

Children and families who were placed on a waitlist did not receive a service in a timely manner.

The early intervention service in place for children and families was not adequately connected with the child protection and welfare service.

Action required:

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

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

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

2.4.1

The Area has a plan in place to address waiting lists:

The area undertook a review of all cases awaiting allocation in December 2017 which was overseen by the Area Manager, PSW for Duty Intake and PSW CPNS and Quality Assurance and carried out with the SWTLs for Duty Intake. Each case was prioritised through Measuring the Pressure, Signs of Safety and using professional judgement. Actions were agreed arising from the review.

This exercise will be repeated on a 6 monthly basis.

Arising from the review, two agency Social Work Staff have been recruited to address the backlog on the current waitlist.

The Duty SWTLs will over see the waitlist in their respective areas. At its current level, the list will be audited on the system by SWTL every 8 weeks to review backlog and put actions in place. In addition Duty SWTL maintains a spreadsheet of Duty waitlist cases. This is accessible to all SWTLs and PSW. This spreadsheet assists the SWTL in easily identifying priority level and a brief case summary, to assist in allocation of cases. Any case notes, updates or management comments on cases are entered on RAISE, and recorded there. Where priority level is changed due to additional information or further referrals, screening SWTL will adjust the priority level accordingly and advise the relevant SWTL. Two additional agency SW staff have been recruited to address the backlog of cases on the waitlist.

2.4.2

All wait list cases have been reviewed by Area Manager, PSW for Duty, QA PSW, and

safety plans are put in place at the screening/intake stage and referrals to support agencies made. This ensures that for families awaiting allocation, the input of community support services is not delayed. The Duty team also have priority access to the Outreach Team, who can provide immediate interventions to families in need of support. This service can commence prior to an Initial assessment commencing.

The area will engage with the funded agencies through the Child and Family Network Steering Committees to ensure that children on waiting lists are prioritised for services.

A review of the implementation of the National Protocol between PPFS and Child Protection will be undertaken in Q2 by PPFS Manager.

2.4.3

The appointment of Senior Manager for Partnership Prevention and Family Support in January 2018 will ensure greater connectivity between early intervention and Child Protection and Welfare Service.

A shared spreadsheet has been set up in South Tipperary, whereby the screening team can undertake a network check of PPFS involvement at the time of screening. This is also being set up in Carlow/Kilkenny and will be operational by February 2018. This will ensure both services have access to appropriate information.

PPFS co-ordinator attends the fortnightly RED meetings which allows for exchange of information and input from all services.

Proposed timescale:	Person responsible:
2.4.1 End Q4 2017	Area Manager & PSW's
2.4.2 End Q2 2018	Area Manager, PPFS Manager & CFSN Co-ordinators.
2.4.3 End Q2 2018	Manager PPFS

Standard 2.5

Non Compliant-Major

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

The area did not have sufficient capacity to undertake initial assessments throughout the 12 months prior to inspection.

The quality of some initial assessments was poor and assessments were not always completed in a timely manner.

Oversight of initial assessments to ensure they were of consistently good quality was poor.

The systems in place for notifying An Garda Síochána of allegations of abuse was not effective or safe.

There was no system to track retrospective Garda notifications in one of the social work offices.

Action required:

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

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

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

2.5.1

Due to staff shortages in 2017, Initial assessments were paused for a period of time, and the waitlist grew substantially. The area undertook a review of all cases awaiting allocation in December 2017 which was overseen by the Area Manager, PSW for Duty Intake and PSW CPNS and Quality Assurance and carried out with the SWTLs for Duty Intake. This exercise will be repeated on a 6 monthly basis.

Business Cases have been submitted for all vacant posts in the Duty/Intake and Child Protection and Welfare Teams. These have been agreed and prioritised. In the interim agency staff have been recruited (4 on Duty, 2 on Welfare & Protection). This allows the area to undertake the initial assessments required and address the backlog.

One Child Care Leader has been assigned to the Duty/Intake team to assist screening workers by carrying out network checks and presenting information to the SW for assessment. Approval has been given for a second Child Care Leader Post.

2 additional agency Social Workers are in place to ensure that initial assessments are undertaken in a timely manner arising from the Duty Waitlist review.

2.5.2

The appointment of the additional SWTL to screening has created additional space for the existing SWTLs to focus on assessments. PSW will arrange an Initial Assessment

workshop, which will address quality of assessments. Additional training through Signs of Safety is being rolled out nationally in the first quarter of 2018.

Assessment SWTLs will sign off on closure requests weekly, set fortnightly targets for staff in terms of completed assessments, and ensure assessments are of a high quality. These will be collated for review by PSW monthly in supervision, so that any potential issues can be addressed at an early stage.

There are a number of inexperienced staff on the Duty Intake team especially in South Tipperary. To support these newly qualified staff, two senior practitioners have been recruited. This provides a good open learning environment, through peer supervision, formal supervision with SWTL and internal training. This will ensure that newer staff are clear on policy and procedure, and are in a position to undertake high quality and timely assessments, in a supported environment.

SWTLs are rolling out Signs of Safety which includes fortnightly peer review and supervision. The national training plan for Signs Of Safety will address the process of risk assessment in the early stages of referral and this will have a positive impact on quality of assessments. Initial Assessments will be reviewed during the area's internal audit schedule. Training workshops on Signs of Safety have commenced which will address the training needs associated with the quality of initial assessments.

2.5.3

SWTLs will have consistent oversight of the quality of Initial Assessments at sign off stage and will address any issues with the SWs via supervision. Trends will be highlighted to the PSW during SWTL's supervision.

QA Lead, PSW and SWTLs will review Initial Assessments as part of internal audit schedule to ensure that the quality is high and that standards are consistent. SWTLs will ensure that actions are clearly identified and completed in a timely manner. This will be monitored through file audit and supervision.

2.5.4

Social Work Team Leaders and Social Workers have been directed to notify the Gardaí of any suspected physical, sexual abuse and intentional neglect following the screening of a referral. This is also being reiterated in all supervisions, workshops, RED meetings, management meetings and peer supervision groups.

The newly devised screening checklist includes the decision for Garda notification which is signed off by the screening SWTL. This will provide increased effectiveness and safety.

Grade IV administrator in each area is maintaining a spreadsheet of all Garda referrals, which are then reviewed quarterly with Garda management in line with the national joint working protocol.

SWTL reviewing the waitlist will also audit for Garda notification and highlight any issues with the PSW.

The bi-annual audit undertaken by the Monitoring Officer and QA lead will review Garda notifications to ensure they are being completed effectively and in a timely manner.

2.5.5

The tracking system for Garda notifications is in place across the area. This will be reviewed in line with national protocol and in conjunction with Gardaí.

Proposed timescale:	Person responsible:
2.5.1 End of Q1 2018	Area Manager & PSW's
2.5.2 End of Q2 2018	PSW & SWTL
2.5.3 End of Q2 2018	PSW & SWTL
2.5.4 End Q4 2017	PSW, SWTL & SW
2.5.5 End of Q1 2018	PSW & SWTL

Standard 2.9

Substantially compliant

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

Convening of strategy meetings was not always timely as there had been delays.

Recordings of meetings with Gardaí did not demonstrate good quality cooperation with Gardaí.

Action required:

Under **Standard 2.9** you are required to ensure that:

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

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

2.9.1

The area is implementing the Joint Working Protocol for An Garda Síochána/Tusla – Child and Family Agency Liaison which outlines the process involved in relation to ongoing case management liaison with An Garda Síochána.

The operation of this working protocol will be an agenda item at An Garda Síochána /Tusla Senior Local Management Liaison Forum on a quarterly basis.

A workshop involving Gardai and Duty Social Work Teams is scheduled for the 2nd February 2018. In addition to new practice guidelines, time lines for strategy meetings will also be highlighted.

SWTLs and SW staff have been instructed to send written invitation to strategy meetings to the allocated Garda, Sergeant and Superintendent. Where there is no allocated Garda, so that delays are minimised, the invitation should be sent to the area Liaison Sergeant and Superintendent.

Any issues with Garda attendance at strategy meetings or delays in convening same will be highlighted to the PSW and Area Manager who will address with senior Garda management at the quarterly Local Management Liaison Forum meetings.

The issue of timely specialist interviews has been an ongoing concern in joint Garda investigations. To this end Social Work Staff have been instructed that at strategy meeting a maximum of 4-6 weeks will be allowed for the Gardaí to progress their investigation, however at this point the Social Work assessment will proceed. In cases where there is immediate risk to a child, SW will act immediately. Any issues with this will be highlighted to PSW who will liaise with the Superintendent.

2.9.2

The recording of meetings with Gardaí will be recorded in accordance with the Joint Working Protocol for An Garda Síochána/Tusla – Child and Family Agency Liaison. The Actions Form will be used by admin staff in the initial stages to record child's details and details of complaint, and later on by the SW to record strategy discussions and strategy meeting decisions and actions. This will ensure a comprehensive record of cooperation

between the Gardai and Tusla. Any additional liaison meetings will be recorded on Joint Action sheets and attached to RAISE also.

The Actions Forms and Joint action sheets will be signed by designated Gardai and SWs. This will ensure clarity of decisions and actions taken by both agencies.

Action Forms will be reviewed at the Liaison Management Team (SWTL and Inspector/Sergeant). These meetings will be recorded by admin staff to ensure there is a clear record of decisions taken and issues arising.

Similarly, the quarterly Liaison Forum meetings with senior Gardaí and Area Manager will be recorded by admin staff to ensure a record of discussion and decisions is maintained and distributed. These measures will demonstrate good quality cooperation between Tusla and Gardaí.

Proposed timescale: 2.9.1 End Q1 2018 2.9.2 End Q1 2018	Person responsible: Area Manager & PSW PSWs & SWTLs
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Standard 2.10

Non-Compliant-Major

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

The oversight of child protection and welfare cases in the area was poor which impacted on delivering consistent practice and quality outcomes for children.

Some cases had been closed where an initial assessment should have been carried out.

The monitoring of cases through formal supervision did not provide adequate oversight.

The national guidance on caseload management was not implemented across the area.

Deficits identified in audits carried out in the area were not acted upon in a timely manner.

There were risks associated with the current information system and there were no formal systems in use to mitigate against these risks.

Action required:

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

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

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

2.10.1

Approval has been given for the appointment of an additional PSW which will allow a greater level of oversight of protection and welfare cases and a focus on quality outcomes. The area has a protocol for the management and oversight of the unallocated cases. The operation of this protocol will be reviewed in supervision on a monthly basis by the PSW with the SWTLs.

2.10.2

The area has changed its screening process. Screening will be undertaken by 3 Social Workers (two of whom are senior practitioners) under the direction of a dedicated Social Work Team Leader. To facilitate this, an additional SWTL and SW post have been created. With thresholds consistently and effectively applied, cases will be prioritised and categorised correctly, thus ensuring that all cases that require initial assessment are identified at the screening stage and will proceed on to the assessment team.

For all referrals categorised as having immediate risk a screening/intake Social worker and Assessment Social Worker will respond immediately, ensuring a smooth and timely response and allocation for immediate protective work and initial assessment.

Formal Audit of the screening process will take be undertaken 6 monthly by the PSW, and will be discussed and reviewed with SWTL in supervision and management meetings to ensure children requiring an Initial Assessment have one in place.

Monitoring officer and QA Lead to conduct a bi-annual audit of screening process with focus on thresholds and timeline for closure of IRs

The appointment of the additional SWTL to screening has created additional space for the existing SWTLs to focus on assessments. PSW will arrange an Initial Assessment workshop, which will address quality of assessments and thresholds for proceeding to IA. Additional training through Signs of Safety is being rolled out nationally in the first quarter of 2018.

Assessment SWTLs will sign off on closure requests weekly, set fortnightly targets for staff in terms of completed assessments, and ensure assessments are of a high quality. These will be collated for review by PSW monthly in supervision, so that any potential issues can be addressed at an early stage.

There are a number of inexperienced staff on the Duty Intake team especially in South Tipperary. To support these newly qualified staff, two senior practitioners have been recruited. This provides a good open learning environment, through peer supervision, formal supervision with SWTL and internal training. Combined this will ensure that newer staff are clear on policy and procedure, and are in a position to undertake high quality assessments, in a supported environment.

2.10.3

Referrals that progress past IR stage will have supervision documents inserted in line with supervision policy. This will be monitored by the PSW and through supervision. For unallocated cases, SWTLs have been informed to complete a case note on RAISE under the 'case management' – 'audit' - subtype. This note will record that case was reviewed, if priority is changed and actions, including who is responsible.

For cases that close at screening/Intake, oversight is ensured by SWTL sign off on screening checklist (scanned and attached to RAISE), and of intake record (document on RAISE).

QA Lead and Monitoring Officer will audit screening every 6 months.

PSW will conduct a separate 6 monthly audit to increase oversight of cases.

2.10.4

PSWs and SWTLs will ensure compliance with the National Caseload Management tool through supervision. Given that three team leaders are new to their current roles, they have been briefed by PSW on the Caseload management tool, and will now use this for all cases following screening. Further Caseload management tool training has been requested and due to be held in Q1 2018. (awaiting confirmation of date from workforce development). This will ensure that all SWTL are using the caseload management tool consistently.

The PSWs will review use of caseload management through supervision with SWTLs and will inform Area Manager of any issues with caseload allocation. If it arises that individual Social Workers regularly has unmanageable caseloads Team Leaders will address allocation.

Resources will be consistently reviewed across the area, through the monthly Area Management Team Meetings, to ensure they are directed to the areas with highest need.

2.10.5

Standard Operating Procedures have been developed locally to manage and oversee audits and action plans arising. Action plans with timelines are a requirement for completed audits going forward. A new tracker template will be developed to enable agreed actions from audits to be tracked in terms of completion. Action plans from audits will be reviewed at the Area Management Team Meeting. This will ensure that actions arising from audits

are completed in a timely manner and that any issues can be highlighted at an early stage. Briefings will be provided to all staff regarding audits and actions arising from these so that learning within the service can be enhanced.

2.10.6

This area is currently preparing for the introduction of the NCCIS which is due to go live on 26th March 2018.

Until the new system is embedded and to support the information held on the current Raise system, the following spreadsheets are now in use:

- File management - to track paper files sent to storage
- New referrals - with dates of referral, referrer (mandated or not), category and priority level, area
- The Duty SWTL maintains a spreadsheet of Duty waitlist cases. This is accessible to all SWTL and PSW. This spreadsheet assists the SWTL in easily identifying priority level and a brief case summary, to assist in allocation of cases. Any case notes, updates or management comments on cases are entered on RAISE, and recorded there. Where priority level is changed due to additional information or further referrals, screening SWTL will adjust the priority level accordingly and advise the relevant SWTL.
- Garda notifications
- A new Screening Checklist has been devised detailing previous referrals, network checks, requirement for Garda notification etc. This is signed off by the SWTL within 24 hours of receipt of referral, and forwarded to intake Social Workers once threshold is established.

Proposed timescale:	Person responsible:
2.10.1 End Q1 2018	PSW
2.10.2 End Q2 2018	PSW & SWTLs
2.10.3 End Q1 2018	PSW & SWTLs
2.10.4 End Q2 2018	PSW & SWTL
2.10.5 End Q2 2018	PSW & SWTL

2.10.6 End Q1 2018	Area Manager, PSW & SWTL's
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