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## Child protection and welfare, The Child and Family Agency (Tusla), Carlow/Kilkenny/South Tipperary, OSV-0004389, 19 October 2020

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## Service Area Inspection

Health Information and Quality Authority Regulation Directorate monitoring inspection on the progress of the service area's implementation of their child protection and welfare and foster care services actions

Name of service area:	Carlow/Kilkenny/South Tipperary
Name of provider:	Child and Family Agency Tusla
Type of inspection:	Risk based Service Area Inspection
Date of inspection:	19-23 <sup>rd</sup> October 2020
Lead inspectors:	Jane McCarroll / Erin Byrne
Support inspector(s):	Lorraine O' Reilly, Tom Flanagan, Susan Geary, Ruadhan Hogan, Olivia O' Connell, Caroline Browne, Leanne Crowe

## About this inspection

This inspection of Carlow Kilkenny South Tipperary (CKST) Service Area was undertaken due to the on-going risks within both the Foster Care and Child Protection and Welfare services in the area. Inspections of the child protection and welfare service in January 2019 and foster care service in May 2019 identified non-compliances and serious risks to the protection and welfare of children in the area.

This inspection was a combined foster care and child protection and welfare inspection aimed at assessing the progress within the area with respect to agreed actions by the area manager identified to address risks to children across both services in response to previous inspections. In the context of this inspection, the areas inspected related to identified risks and therefore the entire standard was not assessed in all cases.

## 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
- speaking with parents, children and foster carers
- the review of local policies and procedures, minutes of various meetings, staff supervision files, audits and service plans
- the review 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.

## Profile of the service area

### **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 director of services and integration, who is a member of the national management team.

### **Service area**

Carlow/Kilkenny/South Tipperary is one of the 17 areas within Tusla's Child and Family Agency. Situated in the South East of Ireland, Carlow/Kilkenny/South Tipperary is the 10th largest of the Tusla areas, it has a total population of 244,435 (census 2016) and child population of 65,080, representing 26.6% of the Area's total population, the second highest percentage child population in the South Region.

The area is under the direction of the Service Director for the South region and is managed by the Area Manager.

The following is the composition of the area;

- Three counties, Carlow, Kilkenny and South Tipperary (excludes South Kilkenny and includes part of West Waterford)
- three local Authority Areas (part of Tipperary County Council)
- two Garda Divisions with eight Garda Districts
- two Education & Training Boards (ETB's)
- three County Child Care Committees
- three Children and Young People Services Committees in Carlow/ Kilkenny and South Tipperary (CYPSC's) and
- two General Hospitals providing a range of medical, surgical, pediatric, maternity and psychiatric services.

The Children and Family Services are managed by an Area Manager, who has responsibility of the management team. The Area Management Team membership is as follows;

- Area Manager
- Principal Social Worker, Duty Intake Services across CKST
- Principal Social Worker, Child Protection & Welfare Services across CKST
- Principal Social Worker, Children in Care across CKST.
- Principal Social Worker, CIC reviews, Access and Complaints across CKST
- Principal Social Worker, Foster care & Aftercare Services across CKST
- Principal Social Worker, Child Protection Notification System Carlow, Kilkenny and Quality Assurance across CKST.
- Principal Social Worker, Child Protection Notification System South Tipperary and Foster Care Committee across CKST.
- Senior Manager, Partnership, Prevention and Family Support, Family Support Services and Outreach Services across CKST.
- Business Support Manager across CKST
- The area has three Children and Young People Services Committees (CYPSC); with two coordinators in place one for Carlow and Kilkenny, and one for Tipperary County (North and South Tipperary)

Many children and families in CKST are living in areas described as marginally below average to extremely disadvantaged in terms of deprivation. CKST stands out compared to national average in this category. The impact of living in areas of deprivation for children is seen in both referrals to Tusla and also the demand for family support services. The impact on families living in areas of deprivation is also further compounded by the fact that many areas are rurally situated and this caused further barriers to accessing services.

### **Children in Care:**

There were 316 children from the area in foster care.

There are three Principal Social Workers responsible for the Children in Care team, Child in Care Reviews and the Fostering, Leaving Care and Aftercare Services. There are four long term Children in Care teams, based in each of the three counties of Carlow (1), Kilkenny (1) and South Tipperary(2). Each team is managed by a Social Work Team Leader.

## **Child Protection and Welfare:**

The area's direct point of contact for child protection and welfare referrals is based in Clonmel and is overseen by the Principal Social Worker for the Intake Duty and Assessment team. The area is divided into three main offices based in Carlow town, Kilkenny City and Clonmel, South Tipperary. Referrals are received, acknowledged and screened in Clonmel and managed by a Social Work Team Leader. Each area has intake workers to complete intake records as required. Separately, staff within the three teams complete initial assessments and are managed by three Social work Team Leaders, based in each of the counties.

## **Carlow Kilkenny South Tipperary Service Area monitoring and inspection activity**

Below is a brief overview of inspection activity and engagement with the Carlow/Kilkenny/South Tipperary service area, including engagement with Tusla's chief operations officer in relation to the risks identified during 2019 within this service area.

### **January 2019**

In January 2019 an inspection of the CPW service in CKST service area was undertaken. Six standards were examined and moderate non-compliances were found in were five of six standards assessed. One standard was found to be compliant.

HIQA prioritised CKST service area for inspection due to ongoing concerns about governance and management within the service area, high levels of staff vacancies and findings of a previous thematic inspection of the CPW service in 2017, which found major non-compliances in five of six standards assessed.

During this inspection in January 2019 some improvements were found and no area assessed was judged as having major non-compliances with required standards. However, the governance, monitoring and oversight of the management of child protection and welfare cases required improvement. While the local and regional management teams were implementing service improvement plans, there was opportunity for further review and development of these plans.

The following are some of the key risks identified within the CPW service in January of 2019;

- The systems of monitoring and oversight of the waiting list could not reliably measure risk to children or effectively mitigate against potential risk to

children.

- Measures to safeguard children who remained at home with their families required improvement.
- The process of agreeing, developing and reviewing safety plans while evolving, required improvement to ensure appropriate review and monitoring of their effectiveness.
- The system in place for ensuring that all allegations of suspected abuse were notified by social workers to An Garda Síochána also required improvement and there were examples where notifications had not been sent as required.

## **May 2019**

In May 2019 an inspection of the Foster Care service in CKST service area was undertaken. Seven standards were examined and non-compliances were found in six of seven standards assessed, major non-compliances were found in three standards and moderate non-compliances in three standards. One standard was found to be compliant.

The key risks identified during the May 2019 inspection were:

- The area experienced significant challenges in retaining social workers within the service. The most serious impact of this was that children in care were not allocated a social worker to oversee their placement and ensure their needs were met. The allocation of social workers to children in care was chaotic and was not child centred practice.
- Children did not receive visits in line with statutory requirements, the recording of statutory visits was mixed and overall, the quality of visits was poor. Additionally, the oversight of statutory visits to children in care was poor.
- Systems to manage care planning were disorganised and negatively impacted children. The system for care planning and reviews was poorly managed and resulted in children's needs not being met. Care planning was significantly delayed and of poor quality.
- Significant events involving children in care were not always responded to.
- Actions agreed at child in care reviews and recorded in care plans were not adequately addressed. Specialist supports as set out in care plans were not always provided. Appropriate child centred links with families were not always maintained on a consistent basis. Due to a delay or lack in the provision of supports, some children's placements in foster care ended in an unplanned manner.
- Aftercare services were under resourced and not well established. Work between the children in care teams and the aftercare team was disjointed and systems to ensure all eligible children were referred to the aftercare service were not effective.

- Managerial oversight throughout the service area was not effective at ensuring good quality service delivery.

### **Sept 2019**

Due to ongoing risks, HIQA's Head of Programme for children's services, a Regional Manager and the Lead Inspector from the child protection and welfare inspection met with the Tusla chief operations officer and regional service director for Carlow/Kilkenny/South Tipperary service area. The following concerns were discussed;

- on-going delays in the management of allegations against foster carers
- a lack of timely assessment of relative foster carers
- an increase in the number of unallocated foster carers
- a lack of timely screening and preliminary enquiries of child protection and welfare referrals
- an absence of safety planning
- delays in the commencement and completion of initial assessments and
- poor quality assessments including inadequate analysis of risks in further assessments.

The chief operations officer was requested to submit a plan which identified measures to be implemented and actions to be taken to address the risks presented.

The COO response outlined the following actions to be undertaken within the service area:

- an organisational review and restructuring of the CPW service to include a new intake team in the area with a dedicated principal social worker
- development of performance and accountability framework in the area
- a project management plan to address all recommendations and implementation of service improvement plans, to be produced and implemented
- a new principal social worker with specific responsibility for managing allegations against foster carers and to improve practice and quality of screening and preliminary enquiries in the area to be introduced
- a review of the auditing, quality assurance and monitoring systems to be undertaken
- an increase in resources for intake, screening and preliminary enquiry, fostering, service improvement, and prevention, partnership and family support services across the service area.

### **November 2019**

HIQA Head of Programme for children's services requested a copy of Tusla's project plan as outlined within the chief operations officer's response detailed above. In

addition, the chief operations officer was notified of HIQA's intention to monitor progress including the implementation of the project plan, as it incorporated major risks within both services, as part of HIQA's monitoring activity for 2020.

### **January 2020**

A progress report on the implementation of Tusla's service area project plan was sought and subsequently received from the chief operations officer.

### **August 2020**

A provider assurance report was completed by the area manager in response to a request by HIQA. Assurances were sought and received in the following areas;

- service improvement plans
- an overview of cases and referrals
- details relating to unallocated cases
- information relating to the child protection notification system
- details of cases awaiting allocation for initial assessment and safety planning
- information on staffing for the child protection and welfare and foster care services
- PPFS and pathways to community based early intervention
- retrospective cases
- garda notifications
- children in care and
- implications of Covid 19 on service delivery within the foster care service.

In addition, a brief outline of progress made in relation to a number of areas as identified following the verification exercise undertaken by Tusla's national practice assurance and service monitoring team in December 2019 was requested. This information related to the implementation of action plans in relation to previous HIQA inspections of the foster care service.

### **October 2020**

A combined foster care and child protection and welfare inspection was carried out. The focus of this service area inspection was to assess progress in relation to implementation of measures to enhance the capability and capacity of the service to deliver safe and effective foster care and child protection and welfare services in Carlow, Kilkenny, South Tipperary, and the extent to which these measures have addressed the non-compliances found, as well as concerns escalated by HIQA, during monitoring inspections in 2019.

The inspection was undertaken on 19<sup>th</sup>- 23<sup>rd</sup> October and was conducted over five days.

## Compliance classifications

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

<b>Compliant</b>	<b>Substantially compliant</b>	<b>Non-compliant Moderate</b>	<b>Non-compliant Major</b>
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
19/10/2020	09:30 – 16:00	Erin Byrne Jane McCarroll Ruadhan Hogan Susan Geary Lorraine O'Reilly Olivia O'Connell Caroline Browne Leanne Crowe	Lead inspector Lead inspector Inspector Regional Manager Inspector Inspector Inspector (remote) Inspector (remote)
20/10/2020	09:30 – 16:00	Erin Byrne Jane McCarroll Ruadhan Hogan Susan Geary Lorraine O'Reilly Olivia O'Connell Caroline Browne Leanne Crowe	Lead inspector Lead inspector Inspector Regional Manager Inspector Inspector Inspector (remote) Inspector (remote)
21/10/2020	09:00 – 16:00	Erin Byrne Jane McCarroll Ruadhan Hogan Tom Flanagan Lorraine O'Reilly Olivia O'Connell Caroline Browne Leanne Crowe	Lead inspector Lead inspector Inspector Inspector Inspector Inspector Inspector (remote) Inspector (remote)
22/10/2020	09:30 – 16:30	Erin Byrne Jane McCarroll Ruadhan Hogan	Lead inspector Lead inspector Inspector

		Tom Flanagan Lorraine O'Reilly Olivia O'Connell Caroline Browne Leanne Crowe	Inspector Inspector Inspector Inspector (remote) Inspector (remote)
23/10/2020	09:30 – 13:00	Jane McCarroll	Lead inspector

## Views of people who use the service

### Child Protection and Welfare service

Inspectors spoke with ten parents and family members who were receiving a child protection and welfare service. Inspectors made attempts to contact children by phone but these attempts were unsuccessful.

Parents and family members had mixed views in relation to their experience of the service. Some positive descriptors amongst parents was that the service offered to them was supportive and social workers took action straight away. Five out of 10 parents described a prompt response from the service. Four out of 10 described their experience of the service as supportive.

One parent said that their social worker 'was accessible' and another said that the 'social worker made me feel at ease.' Five out of 10 parents said that they had developed a good rapport with their social worker.

Some parents had less favourable views of the service. Three out of 10 parents said that they were not satisfied that there were changes in the social worker assigned to their family. One parent said that they had met three social workers since May 2020 and this was difficult. Another parent told the inspector that they were 'not fully consulted initially by the service, but that this improved recently.' More than half of parents told inspectors that they were not informed of Tusla's complaints process.

All parents said that social workers met with them, and there was no delay or drift to scheduled meetings. Social workers visited them at home and met with their children face to face and communicated with children over the phone. All parents told the inspector that social workers explained their role and remit well and this meant that parents understood the reason for their involvement in their family. Parents were happy with the level of contact they had with the service during the COVID-19 pandemic, and they said that phone contact and meetings continued to take place.

The majority of parents said that their situation had improved as a result of the involvement of the child protection and welfare service. Two parents said that this was not the case, one parent felt that they did not get support to access community based services for their child and another parent said that they were not appropriately included in the social workers assessment.

## Foster Care Service

Inspectors spoke with five children, two parents and eight foster carers who were engaged with the social work department's children in care team. Four of five children talked about frequent changes in social workers but told inspectors that they felt things had improved. The majority of foster carers equally focused on changes in social workers as the biggest issue impacting on children however, also said that this has begun to improve. Both parents who spoke with inspectors reported poor communication and information sharing from the social work department and were very unhappy with their experience of the department.

When asked about their experience with social workers children spoke mostly about changes in social workers and getting to know new people;

"my new social worker visited me two days ago"

" I've had seven or eight social workers over the last two and a half years when I get to know them they leave and the new one picks up where the last one left off"

"got a new social worker last week, we haven't met yet"

"liked last social worker, all the changes are a nightmare"

"recent new social worker, few months, she's good at getting things done"

"had 12 social workers over a number of years, new social worker appointed last couple of weeks, not met yet"

"had social worker for four years".

Children did talk to inspectors about improvements they have experienced in their interactions with the social work department. Children said;

"it's improved, social workers used to change a lot"

"I have a social care worker and I'm happy things are getting done"

"I was one year without a social worker but had a link social worker and got a lot of stuff done"

"my new social worker said he plans to stay for a while and realises he's social worker number 7".

Inspectors asked children about their experience of participating in the care planning and child in care reviews, children said;

"was due but cancelled with Covid, not rescheduled usually have them before court"

"regular phone meetings with the social worker and GAL"

"Social care worker fills in the form with me and explains the review at the end, then notes get sent out. I'm happy I'm getting the actions done".

"had it over the phone, it was delayed, not sure why"

"had review fairly recently over the phone, happy with how it went.... Issues getting sorted".

Inspectors spoke with two parents both of whom were very unhappy with their experience of the social work department. Parents said;

"I'm not kept up to date and don't get copies of information"

"I've had four or five social workers this year and none between July and August. I don't feel heard"

"They don't inform me of things and I don't get invited to all meetings about my child"

"I'm not happy with the service".

Inspectors spoke with eight foster carers and asked them about their experience of the social work department. Foster carers spoke mainly about frustrations associated with changes in social workers and the impact of this on the children in their care.

Foster carers said;

"I get care plans, good reviews and good involvement, the only issue is the high turnover in social workers, it's hard to maintain relationships"

"There's a lot of changes in the girls social workers, they are used to it at this stage so there's no point in giving out. Any social workers they have had have been very good"

"supports are not great from social worker the children get on better with social care workers. Too much change it's very hard to get to know them, it's very frustrating and they don't want social worker now"

"within a month the child had six different social workers in the end she didn't have any for six or seven months..... Impossible situation, no support"

"there was a high turnover at the start. We went through a period of a lot of social workers, a lot of changes. It's settled down last couple of months...."

"had numerous social workers, not good for the child.... Affects how things are progressed, affects relationships, takes time to get used to somebody, child is nervous"

"child has had consistent social worker for four years who visits a couple of times a year. Always on the phone".

When asked about the care planning and review processes there were mixed views expressed by foster carers. Foster carers told inspectors;

"child voiced their opinion, they're very lucky no delays, got ...therapy straight away. I got the care plan two months after and it reflected what happened at the child in care review"

"social worker went through the forms with the child on 'face time'. Good review. Went through actions from last year and everything was followed through"

"completed over the phone, felt happy with the child in care review. Child didn't fill in the form but the social care worker spoke with her before the review. Aftercare worker was at the review"

"happy with it over the phone. Manageable. Felt things were discussed as best they can, decided actions for the child. Child didn't attend the review, social worker didn't do any work with him following the review or he wasn't told any decisions"

"child in care review before lockdown, went through everything with the child. I usually receive the care plan"

"had child in care review form completed with child in front garden two months ago"

"Minutes from the last child in care review have gone missing. Had review last week on conference call, child attended part of the call".

## Capacity and capability Leadership, Governance and Management

### Introduction

This inspection of Carlow/Kilkenny/South Tipperary Service Area was undertaken with the purpose of examining progress within the area in implementing actions identified to address risks to children in both the child protection and welfare and foster care services. Inspectors found that the management and staff of the Carlow, Kilkenny, South Tipperary service area were committed to providing a consistent, timely and responsive foster care and child protection and welfare service to children and families in the area. Since the last inspections of the child protection and welfare and foster care services in 2019, governance systems had strengthened the management of referrals and oversight of children in care. This meant that children and families experienced more timely and responsive action from the service. There was a culture of support, learning and improvement. While significant work had been undertaken and progress made, further improvements were required in order for the service area to reach full compliance with the standards. Inspectors found areas of non-compliance which needed action by the management team including;

- Waitlist management of retrospective cases
- the management of safety planning for children and families who were unallocated and on a waitlist either prior to or post initial assessment
- statutory visits to children
- child in care reviews.

### Service Area Management systems

Governance arrangements were in place and had strengthened since the last inspections. The management team had implemented strategic service improvement, focused on particular areas of the service. This was a welcome development. There was strong leadership provided by the management team, who was led by a recently appointed area manager. The area manager who had taken up position in July of 2020 told inspectors that her initial priority areas of focus for the service area was the recruitment and retention of staff and the elimination of waiting lists for children requiring a service. Improved communication with staff was also identified by the area manager as requiring attention.

Management structures were good. There was clarity of roles, accountabilities and responsibilities across the service. Managers monitored the service in a number of ways, through the provision and oversight of supervision, attendance at team meetings, review of case records, and the completion of audits. Senior management meetings and Quality Risk and Service Improvement (QRSI) meetings were both held monthly.

QRSI reports were provided to the area manager and these records showed the area manager was accountable for ensuring that risk management systems were in place and reviewed regularly.

Initiatives such as a review of terms of reference and membership of the child protection notification systems oversight group had also been undertaken. In addition, the area manager, who was new to the post, told inspectors that she had immersed herself in the operations of the service. For example, sitting and observing how referrals were received on duty and attending complex case forums, in order to fully appreciate and understand existing structures, systems and resources. This meant that she could identify further areas of improvement and make decisions about the best use of resources.

### **Communication**

Overall, there were good communication systems in the service area. Staff told inspectors that there was a culture of support and openness. A range of other systems of communication were also used to keep staff up to date such as team meetings, email communication, the intranet and memos were issued by the area manager. Team meetings frequently took place for the majority of teams across the service, and there was good critical analysis of what was working well and what required improvement. For example, one improvement which was actioned was that children who required a child protection conference were referred by social workers in response to risk, regardless of the stage in which the referral was being worked. This meant that children most at risk were dealt with. There were group supervision meetings taking place on average in the child protection service, every four weeks, to support ongoing development of practice and consistency in the implementation of the national practice approach to social work and standard business processes.

### **Governance of information**

The National Child Care Information System (NCCIS) was used to record children's records. There was an improvement in the use of this system since the last inspection, it was embedded more in day-to-day practice and procedures. Inspectors found that records were more accessible and identifiable. However, records relating to retrospective allegations of abuse were not recorded on NCCIS and inspectors found that the data management practices in relation to these cases were poor. In addition, inspectors were told that there were minutes for seventy three child in care reviews which had not been produced as required following reviews of children's care dating back to May 2019. Inspectors found that this issue despite being identified as early as May 2019 had not been effectively addressed and as a result impacted increasing numbers of children in the area over more than 12 months.

Inspectors sought assurances from the area manager following this inspection fieldwork that appropriate plans would be put in place to fully assess and address the impact of this on children in care. Satisfactory assurances were subsequently received.

### **Risk management**

There was a drive to develop a risk management culture amongst the management team, but overall risk management required improvement. Risk management systems were in place to identify, manage and escalate risks. Inspectors found that the area's risk register identified and prioritised the majority of risks within the foster care and child protection and welfare service. The highest level risks, were mainly related to the impact of staff vacancies on service provision throughout the service. Some risks were on the register for a number of years, but remained rated as a high level risk, for example the risk of being unable to provide services in line with statutory requirements for children in care since 2016.

Within the context of COVID-19, the area manager and her team ensured that actions were taken to minimise disruption to services, such as remote meetings and maintaining a high level of support to staff, including prioritising team meetings and supervision.

Management systems did not identify appropriate controls to mitigate against certain risks, and this was an element of practice that was escalated to the area manager. For example, the risk register identified risks to service users and children in the area due to the lack of staff to assess allegations of retrospective abuse. Inspectors found, however, that the potential impact of these risks and the actions to mitigate these risks were not fully considered or implemented. There were significant gaps. For example, inspectors found that high priority cases remained on the waitlist and safeguards had not been put in place in situations where it had been determined that the alleged perpetrator had contact with children. Furthermore the risk and impact of not providing an adequate service to adult victims of alleged abuse who were waiting on a waitlist to report their allegations to Tusla was absent from the register.

The risk register detailed risk to service provision due to staffing deficits in the child protection & welfare service. Risks relating to staffing and resources in the area remained a priority issue within the service. Staff vacancies impacted on services delivered to children and families. At the time of the inspection, the child protection and welfare service had six vacancies, two of which were on the retrospective team. There was also a vacant regional principal social work post with specific duties in relation to the management and oversight of retrospective allegations in the region, which was not identified on the services risk register.

Whilst the filing of this vacancy was outside of the control of the area manager, there were risks identified with this vacant post that were not identified. Staffing remained an issue for the foster care service, as the area was not in a position to fully meet the needs of children in care as required, in line with regulations and standards. The filling of these positions would enhance the quality and efficiency of the service. These risks were escalated to the regional service director in May 2020, but the posts remained unfilled. In the interim staff resources were managed and directed to where the area manager deemed would be most effective and this was recorded and detailed in the area's risk register.

The area manager appropriately escalated information/risks to the regional and national office which required action and or a response. Risks relating to staffing vacancies, long term staff absences, absent child in care review minutes and unallocated cases, as well as risks relating to individual children, were all identified and escalated as required. Despite, these escalations, this did not always impact on the reduction or mitigation of the risk.

### **Provider Assurance Reports**

Prior to this inspection, the area provided HIQA with a number of provider assurance reports in 2020 in relation to both the child protection and foster care service, which set out the progress achieved in relation to Tusla's own service improvement plan and actions taken to address non compliances in the previous HIQA inspections.

### **Child Protection and Welfare Service**

The area manager reported that all actions which formed part of Tusla's service improvement plan in 2019 had been completed. Inspectors found evidence that most actions related to the child protection and welfare service had been completed and had been effective in driving improvement in areas relevant to this inspection. These included actions to reduce waitlists and to improve the quality of preliminary assessments and initial assessments for example. However, there were other actions which had not been implemented effectively and did not impact positively on levels of compliance. For example, inspectors found that actions to monitor and review unallocated child protection and welfare cases on duty were not fully implemented and as a result safety planning for unallocated cases required improvement.

Tusla's national quality assurance and monitoring team, carried out a verification assessment in February 2020, to report on the status of actions arising from the previous HIQA child protection and welfare inspection in 2019. They gathered and concluded positive findings and provided verification that 97% of actions set out in the area's action plan, in response to the last HIQA inspection had been completed. The verification report however, did not assess the impact of completed actions on levels of compliance.

Inspectors found that one action which was incomplete did not have alternative measures in place to improve practice. For example, an action to assign social care staff to monitor safety plans for children awaiting a service had not occurred. Inspectors did not find that an alternative measure to replicate this level of oversight, was in place. Furthermore, inspectors also found that actions to ensure that safety planning was monitored and reviewed, had not been fully implemented to improve this area of the service. Inspectors found that the impact of these two deficits combined was significant and this had been missed by the services own internal monitoring systems.

In a provider assurance report to HIQA dated 4 August 2020, key priorities were identified for the child protection and welfare service in quarter three and quarter four of 2020 which included;

- Reduction of unallocated cases by a further 10%.
- New initiatives to promote staff retention.
- Embedding ongoing safety planning at all stages of Tusla's engagement with children.
- Implementation of revised changes to the national standard business process and changes to NCCIS to support this.
- Continuity of priority service provision in line with public health arrangements, and the recovery of elements of practice which had been impacted by the health pandemic, for example, face to face meetings and referrals.

This inspection found that work was progressing in all these areas. The service had really focused their attention on improving the management of child protection and welfare referrals through the service. The service had realigned resources and structures in order to reduce waiting lists, to improve screening, preliminary enquiries and assessments of cases, and to improve adherence to standard business process timeframes. In this inspection, Inspectors found that progress had been made to increase the quality content of assessments and adherence to two of the three standard business processes had improved. For example, inspectors found the following improvements in adherence to standard business processes compared to last year's inspection findings;

- 100% of cases screened in line with SBP compared to 91% in 2019.
- 33% of cases with completed preliminary enquiries in line with SBP, compared to 25% in 2019.
- 23% of cases with completed initial assessments in line with SBP which was the same in 2019.

Senior practitioners and an additional social work team leader had been appointed to the intake and assessment teams. Intake and assessment teams dealt with referrals to the service for children who were not already allocated or had cases open on other teams. Complex case forums were taking place to ensure good quality management of referrals to the service. Initial assessment and preliminary enquires had been subject to auditing this year, to assess their quality and to identify areas for improvement. 'Review, analyse and progress' meetings were also introduced to provide social workers with additional support to review, analyse and progress cases with managers in order to ensure a timely and responsive approach to the management of low to medium priority referrals allocated for initial assessment.

This inspection also found that the national approach to practice was embedded in the daily work of social workers on the child protection and welfare teams. To support practice, there was a suite of guidance and standard operating procedures in place. These supported social workers in the application of thresholds, the completion of screening and preliminary enquiries, initial assessment and safety planning. These policies reflected the requirements of Children First At 2015 and Children First: National guidance for the protection and welfare of children (2017). Standard business processes had been updated in June 2020 and there were some changes which still required implementation in the area, such as ensuring that safety networks were effective and substantiated.

As referenced earlier in the report, the area identified the management of retrospective cases as a risk. The provider assurance report to HIQA dated 4<sup>th</sup> of August 2020, provided details of the arrangements in place to manage cases involving retrospective allegations of abuse. Actions pertaining to the management of the waitlist for this cohort of referrals were reviewed for the purpose of this inspection. However, inspectors found that actions to improve governance and oversight of the waitlist had not been effective. Cases requiring immediate allocation at the time of the last audit had not been allocated and actions to format and standardise files had not been effective. A national audit for retrospective cases scheduled for August 2020 had not occurred.

### **Waiting lists in the child protection and welfare service**

This inspection found that the management of waiting lists in the child protection and welfare service required improvement. There were gaps in the monitoring and oversight of waitlisted cases, including the quality of safety planning. Assurances were sought from the area manager following this inspection, in relation to the effective monitoring and safety planning of cases awaiting allocation both prior to and after initial assessment. The area manager responded and she implemented additional oversight measures such as more frequent auditing of the waitlists, workshops and supplementary practice guidance to improve safety planning and

outreach teams to assist in the follow up of actions required with children and families. Furthermore, random audits to monitor the effectiveness of waitlist management will take place and the area manager has requested that Tusla Practice Assurance and Service Monitoring conduct an audit of the quality of safety planning by the end of 2020.

There were quality assurance systems in place and the impact of monitoring in the area had facilitated change and improvement to some areas of the service. For example, improvements in the notification of allegations of abuse to Gardaí and improvements in the quality of initial assessments and preliminary enquiries following programmes of auditing as well as a national self-assessment programme.

There had been eight serious incidents notified to HIQA in 2020 all of which related to the child protection and welfare service. The area manager in line with Tusla's policy, completed reviews of all serious incidents effectively identifying any learning which could inform and or improve practice within the service.

### **Foster care**

As outlined above, the provider assurance report submitted to HIQA in August 2020 outlined progress in key areas impacting on the quality of care for children including frequency and quality of statutory visits and the provision of aftercare services. Within assurances received the area manager provided details of governance and oversight arrangements in place which included audits of all unallocated cases every eight weeks, regular supervision of all staff, increased focus by managers on improving record keeping in the area and increased learning supports for staff. Inspectors found that all of these initiatives as outlined were in place at the time of inspection and while improvements in all areas were evident, further work was required.

This inspection found that the services for children in care within Carlow / Kilkenny / South Tipperary had improved and staff in the area were committed to implementing plans to fully address deficits as well as improve quality of services in the area. There were clear structures in place for the management and monitoring of foster care services. The service had detailed plans in place for addressing known deficits or non-compliances with required standards and regulations which at the time of inspection had begun to yield improvements. Gaps in service provision were known, risks were being tracked and there was evidence that some risks were being responded to through creative solutions where necessary to minimize impact on children and families. There was increased oversight and monitoring of the impact of deficits on children and this meant that services for children had improved. However, the need for further improvements were required and gaps in service provision remained.

Information and monitoring systems put in place informed decision making and this aided the team to better manage waiting lists where children awaited allocation to a social worker. Children who were not allocated a social worker were where possible, allocated a member of the social care team, overseen by a social work team leader. This practice ensured that children were in regular contact with a member of staff who had oversight of the child's placement. Decisions in relation to children who were unallocated were considered and decisions to allocate children were based on level of need and risks to the child, with those at greatest risk prioritised for allocation.

The principal social worker for children in care told inspectors that there were areas targeted for improvement within the service and progress had been made in all areas. Priorities included, engaging, recruiting and retaining staff, seeking the views of carers and children on what they wished to improve within the service. In addition, the principal social worker identified the need to improve and promote relationships with other professionals involved in the lives and care planning for children in care, this involved engagement with Guardian Ad Litem's and the courts.

The principal social worker told inspectors that progress had been made in every area of priority and this progress was set to continue. Social work and social care staff told inspectors that things had improved significantly for them. They told inspectors that supports had been improved, there were better structures to support their work and development and in general they felt positive about the service. Social workers told inspectors about workshops put in place to help support their practice development such as those completed on care planning and recording, legal supports and linking in with families. Social workers talked about additional practical supports in place to aid them in their day-to-day work such as, administrative/business supports to help with paperwork, new standard operating procedures and the addition of senior social work practitioner posts. With regard to staff retention the social work and social care workers told inspectors that they had enjoyed wellbeing days, had more regular supervision both formally and informally and they felt that the management team was available to them. Social workers and social work team leaders told inspectors about staff appraisals which had been introduced in the area that had great benefit to staff morale as they provided clear professional development goals and feedback on performance which was welcomed.

Promoting a child centered service was a key message evident throughout the interviews and focus groups held as part of this inspection. The principal social worker told inspectors about initiatives which had taken place in the area including engagement days with foster carers seeking input on the quality of the service and improvement planning.

A care day had been arranged whereby children were invited to spend time doing fun activities with social work staff outside of their home and offices. The aim of this was to build relationships with children and develop positive interactions with them. In addition a group of children were engaged to provide input into service improvement planning. This initiative had resulted in clear messages directly from children detailing their likes and dislikes about the service as well as what they wanted from the service. Children's views were distributed to all staff in the form of book marks, with the view to keeping the voice of children and child centered practice at the core of their interactions and daily work.

Inspectors found that child centered decision making had improved however, this was in the early stages and the impact of improvements was not yet evident in the experience of children who spoke with inspectors as part of this inspection. Children's experience of waiting for allocation of a social worker or of multiple changes in social workers remained the prominent feature of conversation with them about their experience of the service. Inspectors found however through examination of records and discussion with staff that difficult decisions had a more child centered focus and considered the needs and experience of the child.

Arrangements to visit a child who was awaiting allocation to a social worker or decisions to reallocate a child whose social worker may have left the team, were made with the best interest and previous experience of the child in mind. Clear efforts were made to ensure that children had a familiar professional within the department who maintained contact with them. While this did not assist in reducing the number of children visited in line with regulations it did certainly reduce risk to children while they waited.

Eliminating waiting lists for allocation to a social worker or indeed delays in child in care reviews were key goals for the service however safe management of waiting list and close monitoring of delays were the main priorities at the time of inspection. The social work team leaders told inspectors about safeguarding measures in place which ensured that children's statutory visits and reviews of their care plans were overseen appropriately. The principal social worker for child in care reviews maintained direct oversight of the child in care review schedule and the principal social worker for children in care conducted quarterly audits on timeliness and quality of statutory visits and care plans.

In response to the previous inspection findings an action plan was devised by the service area management team, detailing identified actions to be implemented to address non-compliances within the service. These actions had not all been implemented as agreed and those actions which had been put in place were not fully effective in addressing deficits relating to care planning and reviews.

Governance arrangements put in place to ensure compliance with agreed actions had not been effective. A detailed plan put in place to prioritise and address the backlog of child in care reviews was ineffective as a backlog remained and was set to continue into 2021. Enhanced oversight mechanisms including additional business support to aid with planning and recording of reviews, and the provision of quarterly reports to the area governance committee with regard to compliance, non-compliance and drift of care plans and reviews, in place for more than a year had not resulted in a clear plan for ensuring all children had an up-to-date care plan and review of their care as required. There was a commitment by the area manager to appoint an additional reviewing officer in the area by the end of quarter three of 2019 which remained outstanding at the time of this inspection.

Despite the introduction of quarterly oversight meetings of the child in care review service which were put in place following the previous inspection to provide an overview, analysis and trends of issues arising in the service, the issue of reviews taking place without any record of these being produced, continued for more than a year without effective intervention to minimize the impact on children and families. Plans to ensure progress for those effected were not put in place as required and generally the management response to the issue was poor. Communication between the two responsible principal social workers and previous area manager was not fully effective as despite the risk associated with absent records of reviews of children's care being acknowledged and indeed escalated through internal risk escalation systems, inadequate action was taken to prevent the issue worsening. At the time of inspection no plan to promptly and fully address the impact had been devised until this matter was escalated to the area manager by inspectors.

In addition, issues relating to case management had not been fully addressed and further improvements were required. Case supervision was found by inspectors to be poor quality or absent in a number of children's files examined. While managerial oversight throughout the service area had improved, vacant posts and movement of staff remained a significant factor influencing the quality of service provided to children and families in the area.

The principal social worker for children in care had a clear vision and plans for ensuring continued progress in implementing measures that would positively impact service delivery. The newly appointed area manager also had clearly considered goals prioritised in line with the needs of the service and had clear plans for achieving these, with recruitment and retention of staff being the key initial priority. While, as stated, gaps remained in service delivery, the staff team who spoke with inspectors were fully engaged, motivated and very positive about the service in particular the changes within the service. There was a clear message that the direction was set, the

<p>supports were in place and the commitment was there to achieve a quality service for children and families of children in care.</p>	
<p><b>Child Protection and Welfare</b> <b>Standard 3.1</b> The service performs its functions in accordance with relevant legislation, regulations, national policies and standards to protect children and promote their welfare.</p>	<p><b>Judgment</b> <b>Non compliant – moderate</b></p>
<p>The service had made good progress in their performance of key functions of the service in accordance with the required standards, legislation and policy. However, there were gaps which posed risk to the service, and these required attention, including the governance of retrospective cases and the management of safety planning for children and families on a waitlist for a service.</p>	
<p><b>Child Protection and Welfare</b> <b>Standard 3.3</b> The service has a system to review and assess the effectiveness and safety of child protection and welfare service provision and delivery.</p>	<p><b>Judgment</b> <b>Non compliant - moderate</b></p>
<p>Inspectors found that managerial oversight had improved in the area for the duty and intake social work service and the governance arrangements put in place to ensure compliance with screening, preliminary enquiry and initial assessments had achieved progress. Systems of monitoring were established in the area but not fully effective in identifying and addressing gaps. Service risks were not fully identified and responded to. Risk management systems therefore required improvement as appropriate controls were not in place for all identified risks and the escalation of risks was not always effective.</p>	
<p><b>Foster Care</b> <b>Standard 19</b> Management and monitoring of foster care services</p>	<p><b>Judgment</b> <b>Non-compliant</b> <b>Moderate</b></p>
<p>This inspection found that the services for children in care within Carlow / Kilkenny / South Tipperary had improved. However, the need for further improvements were required and gaps in service provision remained.</p>	

Actions agreed to address non-compliances identified during the previous inspection of the service in May 2019 had not all been implemented as agreed. Governance arrangements put in place to ensure compliance with care planning and child in care reviews regulations and standards had not achieved sufficient progress and systems for oversight of this process were not fully effective. Managerial oversight throughout the service area had improved however, vacant posts and movement of staff remained a significant factor influencing the services ability to progress ideas, improvements and quality of service provision. It is for these reasons that the service has been judged moderate non-compliant.

## **Child Protection and Welfare Service**

### **Screening and Preliminary Enquiry**

During the last inspection of the child protection and welfare service in January 2019 inspectors judged the service moderate non-compliance in relation to the management of referrals to the service. At that time, screening was timely and of good quality. Inspectors found that that content of preliminary enquiries was mostly comprehensive. However, drift and delay had compromised the overall quality of the management of referrals from the screening to completion of preliminary enquiry. This posed a risk to the service at that time.

During this inspection, inspectors found that area had maintained a strong screening system. Furthermore, the timelines for completion of preliminary enquiry had significantly improved. This meant that a greater proportion of children and families were receiving an initial response from the service at the right time. There was drive to increase service capacity and capability at the front door to ensure a prompt responses to referrals, in order to protect and promote the safety and welfare of children in the area.

Data provided to inspectors prior to this inspection showed that the area had received 2867 child protection and welfare referrals since 1 January 2020. These referrals were received through a dedicated online portal, in writing, by telephone or in person. The area reported that 100% of these referrals were screened within 24 hours, as per Tusla's own standard business process. Screening is the first step by a child protection social worker to manage a referral. It involves analysing the referral received to determine if the child or family requires a child protection and welfare response. If a referral does not meet the threshold, it is closed to Tusla and directed to other services of appropriate. If the referral meets the threshold a prioritisation category is applied to the case as well as a category of the abuse which is described in the referral.

Inspectors sampled 18 cases specifically for screening and preliminary enquiry and found that 100% of these cases were screened within 24 hours of receipt of the referral to the service. Evidence of screening was accessible and recorded on file. Initial checks of Tusla records were carried out to determine of the child was known to the service and appropriate thresholds to indicate risk were applied to each case. The process in place for screening referrals in the area was robust.

The timeframe for completion of preliminary enquiry had improved since the last inspection. This meant that children and families were met with by social workers at a time when the presenting risks and needs in their lives were current and relevant.

Information provided for the inspection indicated that 2386 or 83% of all referrals to the service in 2020 progressed to preliminary enquiry. The area had assessed themselves, and determined that between 37% and 39% of preliminary enquiries had been completed within the five day timeframe as set out in Tusla's own business process. This is an improvement compared to HIQA's findings during the last inspection in 2019.

Inspectors reviewed 18 preliminary enquiries and found that six (33%) were completed within the five day timeframe as set out in Tusla's own business process. A further nine preliminary enquiries (50%) were delayed only by a number of days (two to four days) and three preliminary enquiries (17%) were delayed between one to four weeks. These delays had reduced substantially compared to 2019.

Inspectors acknowledge that sometimes delays were appropriate in order to ensure that social workers obtained specific information to strengthen their assessment of individual needs and risks for children, and there were such two cases, where this was documented on file. Delays were also due to team leaders not reviewing and signing off the record in a timely manner. In other cases the reasons for the delay were not recorded or evident from the records. Practice in relation to meeting timeframes for completion of preliminary enquiries were significantly better but required some further improvement.

Similar to the findings of the last inspection in January 2019, inspectors found that the content of intake records which captured the preliminary enquiry process were of good quality. Inspectors found accurate classifications of abuse and appropriate priority levels assigned to cases. Social workers assessment and analysis of information was comprehensive and well recorded. There was evidence based decision making documented on file and in some cases, families did not have to wait for help while preliminary enquiries were being completed. Inspectors found that social workers were responsive to the needs of children and families and there was good practice in cases where support systems were developed and offered to children and families during the preliminary enquiry stage.

### **Initial Assessments**

The last inspection in January 2019 of the service identified moderate non-compliance in relation to the management of assessments of child protection and welfare concerns in line with Children First. At that time, inspectors found that although there was good quality analysis and assessment of risks and needs of children in 85% of cases sampled, drift and delay comprised the overall quality of assessments. For example, in 2019, 77% of cases sampled by inspectors showed timeframes from receipt of referral to completion of initial assessment ranging from three months to 11 months.

During this inspection, inspectors found that social workers and their managers had made progress in improving the quality and timelines of initial assessments. All of the cases (13) sampled by inspectors for review of initial assessment, showed good quality practice. There was good quality analysis of the impact of risks and unmet need for children which then determined the outcome and requirement for further intervention if appropriate. Children were observed and met with as part of the assessment process. Social workers used a range of tools to ensure that children could communicate their view and describe their understanding of the impact of any risk to their welfare and safety. There was good management oversight and proportionate evidence based decision making in relation to the next steps for children and families. This meant that once cases were actively worked, children and families received a thorough assessment by the service.

While initial assessments were of good quality, they were not always completed in line with the 40-day timeframe required by the Tusla standard business process. Out of the 13 cases reviewed, three out of 13 or 23% were completed within the 40 day time frame, which was on a par with the findings from the last inspection. The remaining 10, were delayed by a varying range of time. Four out of 13 or 31% were delayed between three to nine months from receipt of referral. However, the remaining six or 46% of initial assessments were delayed by between one to eight weeks. Inspectors found that delays had lessened since the last inspection and this was an indicator of progress towards full compliance with standard business processes.

### **Notification of suspected abuse to An Garda Síochána**

The Children First National Guidance for the Protection and Welfare of Children 2017, sets out the statutory function of both Tusla and An Garda Síochána in relation to child welfare and child protection concerns. The 'Joint Working Protocol for an Garda Síochána/ Tusla Child and Family Agency Liaison' makes explicit, that the child protection and welfare service must refer matters of abuse and neglect to an Gardaí Síochána for their assessment of suitability for criminal prosecution. At the time of the last inspection, the system in place to ensure that all relevant information was notified to An Garda Síochána was not adequate. Inspectors found at that time, that 27% of cases reviewed for compliance with this protocol showed no evidence of garda notification and there were individual cases escalated due to potential risk to children in this cohort of referral.

During this inspection, improvements in the notification to Gardaí were evident and there was a system in place to record and track garda notifications on individual case records. Inspectors reviewed 10 cases for the purpose of examining progress in this regard and 100% of notifications were made to Gardaí, and 90% of these were

timely. Tusla carried out a national self-assessment of notifications of suspected child abuse to An Garda Síochána in May 2020. This found that greater consistency was needed in ensuring that notifications were completed in a timely manner and in some cases where a child in care made an allegation of abuse, the child's social worker may not have made a notification in a timely manner. Written instructions had been issued to staff in order to address this issue.

There were good communication systems and interagency working between the service and the Gardaí. For example, liaison meetings with An Garda Síochána occurred in line with the Joint Protocol for An Garda Síochána/ Tusla- Child and Family Agency Liaison (2017), and this enabled good interagency working.

### **Further Intervention**

This inspection also focused on intervention afforded to children and families after the completion of an initial assessment. The rationale for a child's case to remain open to the service after initial assessment, is to support the child and family with further intervention which will continue to promote the protection, safety and welfare of children, and to provide a level of intervention which the family would not receive from other preventative services.

According to Tusla's standard business process, at the end of the initial assessment, the social worker makes a decision on the actions required, from one of following pathways or outcomes;

1. No further action
2. Child protection conference (safety planning)
3. Safety Planning
4. Family Welfare Conference
5. Admission to Care
6. Divert to another agency and close
7. Divert to PPFs and close

In cases where a decision was made to progress to CPC safety planning, safety planning and family welfare conference, these cases remained open to the child protection and welfare service. Data received from the area could not reliably determine the number of cases which required further intervention in each of these categories due to the capacity of their information system. Of the 2867 referrals received since 01 January 2020, inspectors were informed that 41 children were found to be at ongoing significant risk and progressed to a multidisciplinary case conference where a child protection safety plan was made. Inspectors were informed that a further 49 children required on-going safety planning due to ongoing risk of harm.

Inspectors reviewed 10 cases, comprising of 23 children, who required further intervention in order to determine the quality of service which children and families received and to ensure that services remained involved with families for as long as they needed support to keep children safe. Of the 10 cases, one case required a family welfare conference post initial assessment, six were ongoing for child protection safety planning and two cases for child welfare safety planning. Inspectors found that children and families, who required further intervention, and in situations where their cases were actively worked by the service, that good quality interventions were occurring.

Inspectors found that in two out of 10 cases, there was evidence of slight drift and delay but all 10 cases featured elements of good practice where services remained involved with families for as long as they needed support to keep children safe. For example, there were frequent visits by social workers to children and families. Social workers coordinated services around families to give them the support and assistance they required to promote children's safety and welfare. Strategy meetings were used appropriately in response to particular risks which required input from An Garda Síochána and there was evidence of child protection conferencing taking place over the phone during the initial COVID-19 lockdown to ensure that children's safety was paramount.

Inspectors found that in two out of nine cases, records to evidence decision making and the rationale for progression to a CPC were absent from the files and this required improvement.

### **Safety Planning**

Inspectors reviewed the measures in place to safeguard children against harm where there were reported child protection and welfare concerns. Safety planning refers to the arrangements in place by Tusla to ensure that children stay safe and protected. Inspectors found that levels of compliance remained quite static and had not improved since the last inspection.

For the purpose of this inspection, inspectors reviewed safety planning in 21 individual cases which were at various stages of the referral pathway and including cases on the child protection notification system (CPNS) who had a child protection plans. The CPNS is a confidential list of all children in the area who have been identified at a child protection conference as being at significant risk of harm. At the time of this inspection, the area was also in the process of implementing safety planning in line with the national approach to practice launched in June 2020, but this had not been embedded in practice.

Inspectors found that safety planning for children varied in quality and consistency. There were variations in the content of safety plans. Some safety plans contained bottom lines in relation to the behaviours expected of care givers and parents, to ensure that harmful behaviours which compromised the safety and welfare of children were reduced. Other safety plans incorporated these bottom lines but also included a safety network. A safety network included professionals, family, friends, and other key people who could promote and monitor safeguarding arrangements for the child and report on the effectiveness of the plan to the social work department.

Out of 21 cases reviewed, inspectors found that safety planning was of good quality in seven (33%) cases. In these cases, risks were clearly identified and addressed. Safety plans were reviewed and monitored to assess their effectiveness. Social workers were responsive to the changes in risks and needs. There was evidence of good interagency cooperation, and support networks were actively involved and consulted with in order to help keep children safe. All seven cases were allocated to social workers and four (57%) of the seven cases had a child protection case conference which had formalised protection and safety planning.

Inspectors found that improvements were required in 14 (66%) of 21 cases reviewed. In four of these cases there was no written safety plan on file while the cases were waitlisted. These cases were recently allocated to social workers. In a fifth case, there was a blank safety planning document dated September 2020 and signed, and a safety plan previous to this dated May 2019. Inspectors were informed by the social work team leader that that the safety plan had not been updated since May 2019. The child and their parent were receiving some parenting intervention from the child protection and welfare service, and while the risk to the child may be reduced, the safety planning arrangements were not revisited, reassessed or evaluated.

Other markers of poor quality included lack of appropriate interagency cooperation and in some cases, there was no identified safety network. In other cases where there was an identified safety network, there was no assessment of the reliability and effectiveness of these safety networks to ensure children were safe. In one case, one member of a safety network did not know about this role or responsibility when they were met with by a new social worker. Inspectors also found that safety plans did not always address the specific risks posed to children and in one case, the safety plan focused solely on the needs of the parent, rather than the risks to the child. Inspectors raised concerns directly to social workers and social work team leaders in six of these cases, and were assured that actions were taken to improve safeguarding arrangements.

Furthermore, there was an absence of monitoring and review of safety measures in some cases and this meant that safety plans were not updated in situations where there was a change in circumstance or risk. Inspectors found that 11 of these 12 cases were unallocated and on a waiting list for a service either at the time of the inspection or just prior to this inspection.

These findings did not assure inspectors that monitoring systems were robust enough to ensure that appropriate safeguarding measures were in place for children and families awaiting a service. Inspectors escalated this as a system risk to the area manager and requested assurances to address these risks.

### **Waitlist**

The management of waitlists required improvements. Inspectors found that nine out of 12 waitlisted cases were not managed well. Children who required immediate care and protection due to risk of serious harm were afforded timely access to child protection and welfare services. However, the existence of a waitlist at two stages of the child protection process meant that some children did not receive the service they required in a timely manner. Data provided by the area indicated that a total of 240 cases were on a waiting list for child protection and welfare services, 122 of these were waiting for an initial assessment and 118 of these awaiting allocation to the child protection and welfare team.

The continuity of service provision for children and families assigned to a waiting list was significantly reduced and the recommendations and actions completed by social workers at preliminary enquiry and initial assessment stage for these families were compromised. To mitigate against these risks, the area implemented a waitlist management policy and procedure to ensure oversight of the waitlist. Inspectors reviewed 12 cases which were awaiting allocation or had just been allocated following a period of being on a waitlist this year. Inspectors found that nine out of 12 or 75% of cases unallocated were not managed well.

Inspectors found that there was a lack of evidence of regular and consistent review of waitlisted cases on file. For example, inspectors found an eight month gap in the review of one waitlisted case and in another waitlisted case, the most recent safety plan was 17 months old, despite new and additional information available. This meant that the waitlist management systems did not identify gaps in safeguarding practice and were unaware of potential risks in this regard.

There were particular vulnerable service users in the area as a result of risks associated with COVID-19 and the restrictions in place. Inspectors found records in team meetings which identified categories of referrals for priority allocation during the health pandemic, which included referrals for children and families exposed to or experiencing addiction difficulties and domestic violence. However, inspectors found

the challenges associated with having a waitlist for the area meant that these particular groups could not always be prioritised.

Waitlist management was not robust enough to ensure that basic checks with network supports or regular check in's with children and families were completed. Assurances were sought from the area manager with respect to the management and oversight of cases on a waiting list for services. In response, the area manager detailed a plan being implemented to strengthen oversight of unallocated cases as well as detailing additional measures in the area to strengthen safety planning practices. For example, the frequency of waitlist reviews increased to monthly, an immediate training programme was put in place to increase staff competency in relation to safety planning, a guidance document was developed to support and strengthen immediate and interim safety planning, and Tusla's practice assurance and service monitoring team will conduct an audit of the quality of safety planning.

### **Closed Cases**

Inspectors found that the management of case closures had improved but there were further improvements required. Inspectors reviewed 10 cases which were closed to the child protection and welfare service in 2020. All cases documented a rationale for closure and inspectors found that, in all cases, the decision for closure was appropriate.

However, case closure summaries were not signed off by social work team leaders in three or 30% of cases and this was required to ensure evidence of oversight and accountability of decision making. All ten cases showed evidence of good interagency cooperation. Social workers referred children and families to other services following closure, and this meant that children and families received ongoing support from community based services in order to continue to address any unmet needs for children and prevent potential risks reoccurring.

There was evidence seven or 70% of cases, that parents were formally notified of the closure of the referral to the child protection and welfare service. However, in all 10 cases, inspectors could not see details on file to indicate that children were informed and about the service closing the case and ceasing their involvement in the child's life. This required improvement.

A good child protection and welfare service ensures that children and their families benefit from the service for as long as they need it. Inspectors found that in the majority of cases reviewed, they remained open and were not closed until there were appropriate and sustainable arrangements in place to keep children safe. In one case, inspectors found that there was outstanding communication required with children and family members in relation to a case closure. The inspector asked the social team leader to carry this out, which they did.

## **Retrospective Allegation of Abuse**

The management of retrospective allegations of abuse waitlisted in the area required was poor. This inspection focused on cases of retrospective allegations of abuse that were waiting to be allocated to a social worker. Inspectors assessed the quality and safety of the management of retrospective allegations of abuse in the area against the national standards. Retrospective allegations are those made by adults who alleged they were abused when they were children. This is an area of the service that was last inspected as part of HIQA's statutory investigation into the management of allegations of child sexual abuse against adults of concern by the Child and Family Agency (Tusla) in 2018. In response to the investigation, Tusla developed a national strategic action plan to address risks identified, with external oversight of an expert assurance group to the Department of Children and Youth Affairs.

Due to delays in the implementation of Tusla's own procedure in the management of retrospective allegations, (CASP- Child abuse substantiation procedure), coupled with information obtained by HIQA from the area manager in July and August 2020 in relation to gaps in active case management of these referrals, this inspection included a focus on waitlist cases for this cohort of referrals.

Inspectors found that there was a well-intentioned drive to develop a social work team with expertise in the management of retrospective allegations in the area. There was a social work team leader in place who was forging relationships with key stakeholders such as an Gardaí Síochána, and he had experience in the management of these cases. However, the principal social worker and social work team leader assigned to this team were in an untenable position in their efforts to manage these referrals, due to staffing deficits.

Inspectors sampled seven cases from the waitlist and found risks associated with poor waitlist management which were escalated to the area manager following this inspection. Inspectors found that full file reviews had not been completed on cases on a waitlist, so the determination of priority was flawed. The area used a risk estimation score to determine the level of priority afforded to a case, and high priority cases required immediate allocation. In four of the seven cases, pertinent information such as identified contact with children or previous alleged abuse, were not included in the risk estimation, despite this information being on file. This meant that decision making was not well informed and based all identified risk.

Inspectors also found that high priority cases remained on the waitlist and safeguards had not been put in place in two situations where it had been recorded on file that the alleged perpetrator had contact with children. No work had been undertaken to identify these children, which would have then prompted assessment

and possible safety planning by the duty social team. Inspectors also found that there were allegations of retrospective abuse dating back to 2013 on the waitlist and there was no system in place to ensure that new information was sought to determine the current potential risk to children who have contact with the alleged perpetrator of abuse. Furthermore, there was a lack of clarity of role from the social team leader and principal social worker regarding the process of implementing safeguards when allegations had not been substantiated. They were uncertain how to manage the paramountcy of children's safety and welfare versus the rights of the accused. Six out of seven cases reviewed by inspectors were brought to the attention of the principal social worker and a systems risk was escalated to the area manager.

The area manager responded with a detailed plan to address these risks. One case escalated by HIQA was prioritized for immediate follow up where there was an identified child. Screening will be improved to clearly identify any children at risk. An audit of all cases will take place by 08 December 2020 to ensure that any potential risk to other children will be identified and addressed. Other additional oversight arrangements have been put in place such as business support to be assigned to improve information governance and filing systems.

### **Case planning management and monitoring**

The local and regional management team had implemented various measures to improve case planning management in the area. This meant that additional children and families experienced more timely and responsive action and intervention from the service. The service had realigned its structures and resources to increase its capacity to meet the demands of referrals to the service, and to improve case planning upon receipt of a children protection and welfare referral to completion of initial assessment. Case management and planning was less robust on the adult retrospective social work team and in relation to waitlisted cases in the child protection and welfare service.

The service had policies, procedures and guidelines, including the management of caseloads, which guided and supported staff and managers in their respective roles. The screening, intake and assessment teams, and the child protection and welfare teams, were working towards consistent implementation of the service's policies and procedures and standard business process. Social workers were supported to engage with children and families and there were systems in place to increase continuity and consistency in service provision for children and families involved with the services. Social workers said and inspectors found that case loads were more manageable in the area for duty, intake and assessment teams compared to the last inspection. In contrast, and as highlighted above, there were delays in the implementation of Tusla's own new procedure in the management of retrospective allegations, (CASP-

Child abuse substantiation procedure). The adult retrospective team were not supported with the same rigour due to gaps in policy, procedure and resources.

Managers had a range of monitoring systems in place to improve the quality of service provided to children but there were gaps in their effectiveness. Staff supervision was used to monitor staff's progress on individual cases. Supervision timelines had improved since the last inspection and there was evidence of social workers being held to account for their practice, as well as support and professional development being provided during supervision. In addition to one to one case supervision, there were various mechanisms in place to improve social work practice, such as complex case forums, group's supervision, workshops and briefing sessions. Inspectors found that social work practice was good and there was a good level of management oversight in the area. Cases were subject to objective review, where additional or alternative actions could be formulated to improve outcomes for children. Social workers were supported to discuss and evaluate their work. However, social workers did not routinely reflect on the effectiveness of interventions with service users themselves. They did not always seek feedback from parents and children.

## **Foster care service**

### **The child and family social worker**

There had been improvements in the area with respect to the role of the social worker in that the number of children without an allocated social worker had been reduced and there were improvements in the process in place for allocation of social workers to children in care. Data provided to inspectors prior to this inspection stated that there were 30 children in care in the area without an allocated social worker, this was down from 72 in May 2019. However, further improvements were required to ensure a quality safe and effective service for all children.

Of 32 children's files examined seven of these were not allocated a social worker at the time of inspection. Five of seven had only recently become unallocated in the months prior to inspection, one since early 2019 and one child had been unallocated for almost two years. In six of seven of these cases despite having no allocated social worker there was clear evidence of progress in children's care such as, agreed actions relating to children health care and education were being appropriately followed up where required. Children's plans were progressing as required and the impact of not having an allocated social worker was effectively limited. Social care leaders were allocated to five of the seven children whose files were reviewed and inspectors found that this allocation meant that children experienced a consistent professional in their lives, their plans were implemented by social care staff overseen by social work team leaders. Despite not receiving statutory visits in line with regulations children were

seen regularly by a member of the social work department and had a familiar person within the team with whom they had or could begin to establish a relationship.

Inspectors found that where there was a consistent professional involved in a child's care there was evidence of better quality service for that child and their family. Children in the area experienced frequent changes in social workers and while there were plans in place to address this, these had not yet been successful at limiting the impact of staffing changes on all children. Inspectors reviewed 32 children's records for evidence that they had a consistent professional involved with them in the two years prior to inspection and found that this was only the case for 20 (62.5%) children. Twelve children (36.5%) had not had a consistent professional involved in their care which impacted on them in a number of ways including, slow progress in implementing actions agreed for their care, not being visited in line with regulations and a lack of appropriate opportunity for these children to develop trusting relationships with one professional in order to provide safe oversight of their care.

Of 32 children whose files were reviewed 21 had been visited by a social worker in line with statutory requirements, 11 children had not been visited as required. For some children despite recent visits by social workers there were gaps of more than a year since they were last visited and the social worker conducting the most recent visit was unfamiliar to them. Data provided by the area indicated that there were 109 children, representing more than a third of all children in care, who had not been visited by a social worker in line with regulations. The area had however made some improvements since the previous inspection in that they had introduced measures to track statutory visits so that children who had not been visited were known. In addition, there was improved recording and oversight of statutory visits. There were creative plans in place in the absence of a full complement of social work staff, to ensure that where children had not had a statutory visit by a social worker, they had been seen by a professional from the social work department. There was a schedule in place and a system for prioritising children for visits by social workers which was effective at improving compliance with requirements in this regard. However, further improvement was required as significant gaps remained.

Inspectors reviewed records of statutory visits on children's files and found that where visits had occurred these were good quality. In 20 of 21 such cases reviewed visits had occurred within the children's foster homes, children had the opportunity to meet with social workers in private where appropriate and there were clear records of visits including decisions and any actions agreed. One case reviewed by inspectors was judged by inspectors as poor quality, as despite having been visited as required the child concerned had three changes in social workers within the six months prior to inspection, records were poor or incomplete and actions were not followed up as required.

The quality of case management required improvement. Inspectors reviewed 32 files for the purpose of examining the quality of case management evidenced on children's files. While there was evidence of good quality discussions regarding the issues presented on 18 of the files reviewed, 14 files reviewed did not have adequate case supervision recorded on file. Other issues identified with case management included long periods of time between case supervision, failure to identify gaps in service provision or follow through on previous decisions and in six of 14 files examined, there were no case supervision records on file.

The joint protocol for interagency collaboration between Tusla and the HSE had been implemented in the area. Regular meetings attended by the senior managers within Tusla and the HSE ensured the needs of relevant children who required additional supports were discussed within this forum. Inspectors reviewed ten files relating to children with a disability and found that in nine of ten cases, practice effectively supported and promoted children's rights and needs. Children's needs relating to their disability were appropriately considered and addressed through care planning and review processes. In one case reviewed the needs of the child had not been effectively met due to frequent changes in social worker and failure to promptly and appropriately follow up on decisions agreed for the child. The inspection found that children with a disability did experience similar gaps in service as other children in the area in that they were not always visited in line with regulations and experienced frequent changes in social workers. However, for the majority of children with a disability, their needs were met and specialist services required to address specific needs were appropriately identified and provided to them.

### **Care planning and review**

Care planning and child in care reviews for children in care within the area had been improved in a number of areas however major non-compliances with national standards remained. Progress to address deficits identified during the previous inspection of the service in 2019 was slow and actions identified at that time had not all been implemented as required. Governance arrangements put in place to achieve compliance with required standards and regulations were not fully effective as not all children had an up to date care plan, a backlog of child in care reviews remained and there was no clear action plan in place to address this at the time of inspection. In addition, oversight of the child in care review process required improvement specifically with respect to ensuring that records of every review were entered into a child's case file as required by the Regulations.

The process for conducting Child in care reviews varied. There were independent chairperson's for child in care reviews operating in the area however where this option was not available social work team leaders took responsibility for chairing child in care reviews. The allocated social worker had responsibility for scheduling the child in care reviews and completing the updated care plan.

There was 1.5 whole time equivalent posts dedicated to independent chairs for child-in-care reviews, which were filled by two authorised persons known as reviewing officers. Both reviewing officers were supervised and their work overseen by a principal social worker. At the time of inspection one reviewing officer was on long term leave since July 2020. There was a centralised electronic schedule for child in care reviews which was maintained by a business support staff member and was accessible to social workers. Social workers had responsibility for notifying administrative supports of the need for a child in care review and referring their cases to be scheduled. The administrative support staff would then link in with the social workers to set up the review including inviting relevant people. Inspectors met with one reviewing officer who said it was standard practice to link in with a social worker prior to a child in care review in order to discuss actions from previous reviews and to consult with the social worker about relevant information prior to chairing a review. The principal social worker told inspectors that she had oversight of the schedule and would review this on a twice weekly basis with the help of business support.

Both the reviewing officer and principal social worker for child in care reviews told inspectors that there was a gap in required resources for chairing child in care reviews within the area. The principal social worker explained that the associated risks had been escalated and a business case for an additional reviewing officer had been accepted by senior management in June 2019 however, this post had yet to be assigned in the area. As cited above, the decision to appoint an additional reviewing officer by quarter three of 2019, was also identified as an action following the previous inspection of the service.

The principal social worker told inspectors that the area was not in a position to meet regulatory requirements currently as the demand for child in care reviews in the area far outweighed the resources available. At the time of inspection 28 children were known to require a review in the month of October however, the schedule for child in care reviews was full up to March 2021. This meant that children would continue to experience delays in reviews of their care and emerging demands, such as children coming into care, which may be placed on the service in the final quarter of the year would further impact on compliance with required standards and regulations.

Inspectors explored mechanisms in place for managing the waiting list and prioritising children for reviews in light of the areas inability to complete all child in care reviews as required. The principal social worker for child in care reviews told inspectors that she meets regularly with the principal social worker for children in care to discuss and prioritise children for child in care reviews. Priorities are decided based on a number of criteria including demands of court, needs of children and availability of staff. However, there was no written policy and procedure in place to inform decision making in relation to prioritisation of children for child in care reviews.

The principal social worker for child in care reviews told inspectors that the service goal to improve quality of and participation in child in care reviews had not yet been progressed, the fact that 50% of all children at the time of inspection required more than annual review, as well as responding to emerging demands meant that service improvement in this regard was not possible.

In addition to the requirement for an additional reviewing officer it was highlighted to inspectors that the area lacked capacity for reporting and efficient oversight of child in care reviews in the area. The reviewing officer and principal social worker were dependent on social workers to alert them of the need for a child in care review, for example in the event of an unplanned ending, and to schedule a review however this did not always occur as required.

Inspectors had the opportunity to observe the process for child in care reviews as part of this inspection. Those observed were found to be well managed. All parties in attendance were engaged in the process and the child's needs in every regard were reviewed. The reviewing officer was seen by inspectors to query progress on agreed actions from previous reviews and challenged the social work team where progress was slow or absent. The reviewing officer told inspectors that while responsibility for follow through on agreed decisions and actions lay with the social worker and team leader, they too kept a record of outstanding tasks from child in care reviews and challenged slow progress. The reviewing officer further noted that concerns arising from child in care reviews, such as poor social work practice or failure to complete agreed tasks would be notified to social work team leaders, or where necessary directly to the principal social worker with responsibility for the child.

The principal social worker told inspectors that they received the list of completed child in care review meetings from the social work team leaders. Social workers told inspectors that child in care review dates were monitored during supervision to ensure they were completed within the statutory timelines.

In examining the quality of care plans in the area it is necessary to examine the quality of care plan reviews and this is done through a variety of ways including, seeking the views of staff members in the area, speaking with children, their families and foster carers and an examination of minutes of child in care reviews. Inspectors identified an issue in the area in relation to missing child in care review records, in that it was noted on several care plans examined that the plan had been drawn up in the absence of child in care review minutes as these were not available.

The issue of child in care reviews being conducted and completed without minutes being produced was known in the area and they were in the process of introducing measures to address the impact of this at the time of inspection. Despite knowing about this issue a full review to assess the impact had not occurred and therefore the full implications for children and families and indeed the quality and accuracy of

children's care plans was unknown. Inspectors sought assurances on this matter following inspection. The area manager initiated a full review within the area and repeat or additional child in care reviews were promptly scheduled, where required, for the children impacted.

Reviewing officers in the area had responsibility for producing minutes of child in care reviews which clearly detailed discussion, decisions and actions agreed. Minutes also included details of persons responsible for implementing plans or actions and timeframes for completion in most cases. Minutes were then reviewed by the social worker who finalised children's care plans based on decisions and actions agreed as part of child in care reviews. Minutes and up-to-date care plans were then signed by social work team leaders and placed on children's files. In addition, the reviewing officers along with administrative support staff ensured that minutes of reviews were distributed to all relevant people. Social workers and team leaders had responsibility, following reviews, to follow up on the agreed actions and ensure that they were implemented.

Where child in care review minutes were available these were examined by inspectors and found to be of good quality. Each review considered the child's needs as required in every aspect of their development including but not limited to; health, education, family relationships, children's own views, their interests and their opinion of their placement and plans. Each review also clearly documented the views of parents whether in attendance or not, as appropriate. The views of foster carers were sought and presented. Reports from social workers for children and carers were also sought and considered when planning for all aspects of the child's care. Inspectors found that children and families attended reviews and where this was not possible or where they did not wish to attend their views were represented effectively. Inspectors examined 25 child in care review minutes for the purpose of exploring whether or not children actively participated in planning for their care. Children's participation was evident in all cases. Children attended their review in nine of 25 (36%) cases and in the remaining 16 where children choose not to attend their views were sought prior to the review and presented for consideration during their child in care review. The outcomes of reviews and decisions made at child in care review meetings were routinely communicated to children. Of 22 files examined to explore whether or not decisions were discussed with children there was evidence that they were in 19 of 22 files examined. In the remaining three there was no reference to discussion or relaying of decisions to children and no record of why children were not in attendance at their reviews. Two of these three children did complete child in care review forms so their views and opinions were considered as part of their review.

Parents were encouraged to attend child in care reviews and children's social workers made obvious efforts to ensure the views of parents were included in planning for their children's care. Inspectors reviewed 28 records for the purpose of examining if

parents were encouraged and facilitated to attend child in care reviews and there was evidence that they were in all cases.

Each child in the area had a written care plan which was drawn up with involvement from children, their families, foster carers and significant others. The majority of care plans were up to date as required however data provided by the area prior to inspection indicated that 18 children did not have a care plan updated in line with regulations at the time of inspection. Inspectors examined 32 care plans for the purpose of assessing the areas compliance with regulations in relation to timeliness of updating of care plans. Of 32 children's care plans reviewed for this purpose, 27 were up to date and five were overdue.

Inspectors reviewed 31 files for the purpose of examining quality of children's care plans and found that the majority (22), were good quality. The objectives of children's placements were clear, supports to be provided for children and carers were outlined, arrangements for children to see their families were clearly documented and aspects of their care such as health, education and specialist services were all detailed within children's care plans. Recording of timeframes for completion of agreed actions or interventions required improvement to ensure decisions were appropriately recorded, including timeframes as this was absent in nine of 31 files reviewed.

A review of files of four children with complex needs showed evidence of involvement of a range of multidisciplinary professionals in response to the child's needs. In all four every aspect of children's care and needs were reviewed. Children and their parents participated in all cases and three of four were good quality. In one case examined as referenced above in the context of frequent changes in social workers, the child was overdue a review of their care and actions agreed as part of the previous review had not been implemented as planned.

Data provided by the area prior to this inspection indicated that there had been four unplanned placement endings to date in 2020. Inspectors examined files relating to these four children and found that their care was well managed. The impact of an unplanned move from their placement was responded to and reviewed as required by social workers. Children and their families as well as their carers were provided with additional supports as required.

Inspectors reviewed six files for children who required additional reviews of their care due to circumstances arising in their lives, for example changes or challenges in their placement and/or an absence of records from previous child in care review due to ongoing issues with minutes of reviews in the area. In half of these, three of six, reviews occurred as required in line with timeframes and three were overdue or

delayed. The system for scheduling reviews depended on social workers notifying relevant people for the need for an additional or special review and this did not always occur as required.

Placement plans were not in use in the area, as was the case at the time of the last inspection. Inspectors examined eight children's files for quality of placement plans and found them absent in all files examined. Two of eight files did have old placement plans on record dating back to 2018 however they were not relevant to the children's current circumstances and had not been reviewed since that date. It is important to note that the focus within the service was on improving the care planning processes in the first instance and this was still ongoing at the time of inspection.

### **Preparation for leaving care and adult life**

The aftercare service in the Carlow Kilkenny South Tipperary service area had made significant progress compared with the last inspection and improvements were evident in all areas of aftercare service provision. This inspection found that the service was better resourced and had the capacity to respond in a timely manner to referrals of children and young people to the aftercare service. Children who were referred to the aftercare team were assigned an aftercare worker to have their needs assessed and to develop aftercare plans. A prioritisation system was now in place and was effective in ensuring that children and young people were formally allocated to an aftercare worker if required.

The aftercare service was provided by an aftercare team, whose work was informed by the Tusla national aftercare policy and associated guidance. The team had three full-time and one part-time aftercare worker posts but these were not filled to their full complement at the time of the inspection. Two full-time posts were being covered on a reduced hour's basis for staff who were on leave or temporarily unavailable to the service. There was no administrative post supporting the team. The team was managed by an aftercare manager who reported to the principal social worker for aftercare and fostering. The principal social worker acknowledged the significant work undertaken by the aftercare manager to provide a good quality aftercare service to children and young people in the area.

Work between the children in care teams and the aftercare team had improved since the last inspection. The area had developed a notification system for ensuring that children were referred to the aftercare service in a timely manner. The aftercare manager had presented an overview of the service to the various child protection and children in care teams and highlighted their role in referring children and young people. There were plans for these presentations to continue.

All referrals were sent to the aftercare manager in the first instance to ensure good oversight of referrals. Data provided by the area prior to the inspection showed that all 34 children in foster care eligible for aftercare had been referred to the service. The aftercare manager told inspectors that as well as the notification system, the child-in-care review chairperson also highlighted the need to refer eligible children to the service. Inspectors saw this recorded on children's records. Aftercare workers attended child-in-care reviews for relevant children referred to the service.

Inspectors reviewed the files of eight children in care who were over the age of 16 years who were eligible for the aftercare service. Four children were referred to the aftercare service when they turned sixteen years old and all eight had been referred before they were 16.5 years old. In addition to this significant improvement in the service inspectors found that engagement of children had also improved and practices in place were more child-centred. As involvement in the aftercare service was voluntary, children were asked to sign their consent to be involved in the aftercare process. The aftercare team developed an information leaflet on the services available, including a drop-in service. This information was distributed to relevant young people, carers and professionals, as well as being circulated to other agencies and services with the view to promoting the aftercare service in the area.

A system for prioritising allocation of an aftercare worker to a child had been developed. Local policies on referrals, eligibility, prioritisation and allocation of referrals to the aftercare service were in place. All children referred to the service were assigned to an aftercare worker meaning that they had one worker that they could contact if required. The area's prioritisation system included consideration of a comprehensive assessment of a child's needs completed by the assigned aftercare worker. This assessment sought to explore the child's needs in all areas relevant to their transition from care to aftercare including; their support network, stability of accommodation, education or employment. The assessments directly involved children and sought their engagement in the process. This assessment of aftercare needs was then considered in the development of each child's aftercare plan. A decision was then made to allocate a child to an aftercare worker or offer support through the drop-in service and electronic communication such as email and social media. Children were formally allocated to an aftercare worker at 17.5 years when their aftercare plan was developed. Data provided by the area noted that 24 of the 34 children in foster care referred to the service had an allocated aftercare worker.

Assessments of need were completed in a timely manner and included all aspects of the young person's needs. They were drawn up in conjunction with children and finalised with their agreement and signature. They addressed all the issues outlined in the standards and regulations and were produced on standardised templates. Six of the eight children had completed assessments of need as required by 17.5 years. One

assessment of need was ongoing and assessments had yet to commence for two 16-year-old children.

Five of the eight children had completed aftercare plans. Three children had signed their aftercare plans and all were signed by the aftercare worker and aftercare manager. There were delays in two young people signing their plans due to Covid-19 restrictions but their plans had been discussed with them. The aftercare workers were attempting to finalise these as soon as possible.

The service had two aftercare steering committees, one for the South Tipperary area and one for Carlow and Kilkenny area. These were chaired by the aftercare manager and attended by the principal social worker for aftercare and were held at least four times per year. They comprised of representatives from disability and mental health services, the local authorities and voluntary agencies. The children's social workers and the aftercare team made referrals to the steering committee. Minutes of the steering committee meetings showed that the committee considered the needs of children in care who had complex support needs or disabilities that required a multidisciplinary response.

The service had made efforts to obtain formal feedback from young people. A focus group had been planned prior to Covid-19. Surveys were then sent out for young people under 18 but the response rate was poor. The aftercare manager told inspectors that the learning from this was that letters could have been sent to foster carers as well to prompt the children to complete the questionnaires and that this would be considered in the future. An email was sent to young people over 18 but due to a technical issue young people could not complete these questionnaires. This issue was being addressed at the time of inspection. There were a few young people interested in meeting face-to-face to commence a forum and it is planned that this will commence in 2021. Feedback was received informally and the aftercare service documented these through the 'need to know' system.

Drop-in clinics were provided in the area on one day per week for children and young adults with a care history. The drop-in services were located in Kilkenny, Clonmel and Carlow. The service included the provision of practical support, advice or signposting to other agencies. The aftercare team maintained records of all contacts from young people for the purpose of review to inform future service delivery. The aftercare team also operated a duty service to children and young people and this was by appointment only. This continued to operate by phone contact during Covid-19.

The aftercare manager produced an annual report in 2019 of the adequacy of the service in line with national policy. She also maintained records and statistics on the activity of the aftercare team and on young people who had left care and were

provided with an aftercare service. The principal social worker told inspectors that she reported monthly on this activity to the area manager. She also submitted quarterly returns to the Tusla national office on referrals, assessments undertaken, and aftercare plans completed including timeframes involved. The aftercare manager provided inspectors with information on the outcomes for these young people under the headings of education and accommodation (figures for Quarter 3, July to September, 2020) as follows:

Of 141 young people between the ages of 18 and 22 years in receipt of an aftercare service, 108 were in educational or accredited training placements as follows:

- 35 (32%) were in secondary school
- 10 (9%) were in post-leaving cert courses
- 15 (14%) was in vocational training
- 34 (32%) were in third level college or university and
- 8 (7%) were in accredited training
- 6 (6%) were in training (not specified).

The accommodation arrangements of the 141 young people in the 18–22 years age group were as follows:

- 91 (65%) remained with their former foster carers
- 13 (9%) were living independently
- 3 (2%) were in residential care
- 23 (16%) were with family
- 8 (6%) were in designated care leavers accommodation
- 3 (2%) were in temporary accommodation.

**Child protection and welfare  
Standard 2.2**

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

**Judgment  
Substantially  
compliant**

Referrals were screened promptly. Staff members were knowledgeable about categories of abuse, thresholds of need and prioritisation levels. Timelines for the completion of preliminary enquiries had improved and their quality was good. Social workers made good evidence based decisions regarding the appropriate next steps for children and families. Further improvement was required in the timelines for completion of preliminary enquiries in order to ensure full compliance with the national standards.

**Child protection and welfare  
Standard 2.3**

Timely and effective action taken to protect children.

**Judgment  
Substantially  
compliant**

<p>Children who required immediate care and protection due to risk of serious harm were afforded timely access to child protection and welfare services. Their cases were actively worked and safety planning was good. Procedures were in place to ensure that social workers could manage and respond to risks of harm to children. Inspectors found that staff were alert to the indicators or signs of children requiring immediate help or protection.</p>	
<p><b>Child protection and welfare</b> <b>Standard 2.4</b> Children and families have timely access to child protection and welfare services that support the family and protect the child.</p>	<p><b>Judgment</b> <b>Non-compliant</b> <b>Moderate</b></p>
<p>There was good practice found in reviews of cases requiring further intervention. There was evidence of good support and intervention to promote children's safety and welfare. However, the existence of a waitlist at two stages of the child protection process meant that some children did not receive the service they required in a timely manner. Inspectors acknowledged that the volume of cases awaiting a service in totality has reduced since the last inspection and there was a strategy in place to continue this progress. However, waitlist management was not robust enough to ensure that basic checks with network supports or regular check in's with children and families were completed. Assurances were sought from the area manager with respect to the management and oversight of cases on a waiting list for services.</p>	
<p><b>Child protection and welfare</b> <b>Standard 2.5</b> All reports of child protection concerns are assessed in line with Children First and best available evidence.</p>	<p><b>Judgment</b> <b>Substantially</b> <b>Compliant</b></p>
<p>Inspectors found that social workers and their managers had made definite progress since the last inspection, in improving the quality and timelines of initial assessments. There was good quality assessment and analysis of risks and needs of children. Managerial oversight was found on assessment records. Timelines had also improved. Further action was required to continue this progress and ensure that all assessment were completed in line with the 40-day timeframe required by the Tusla standard business process. Garda notifications were made promptly.</p>	
<p><b>Child protection and welfare</b> <b>Standard 2.10</b> Child Protection and welfare case planning is managed and monitored to improve practice and outcomes for children.</p>	<p><b>Judgment</b> <b>Substantially</b> <b>Compliant</b></p>
<p>The local and regional management team had implemented various measures to improve case planning management in the area. This meant that children and families experienced more timely and responsive action and intervention from the service. However, monitoring systems required improvement. There were gaps in the quality of case management processes and standards in the service, this went unnoticed in the service.</p>	

<p><b>Child protection and welfare</b> <b>Standard 2.12</b> The specific circumstances and needs of children subjected to organisational and/or institutional abuse and children who are deemed to be especially vulnerable are identified and responded to.</p>	<p><b>Judgment</b> <b>Non-Compliant</b> <b>Major</b></p>
<p>This judgement refers to inspectors review and assessment of the waitlist for adult retrospective allegations of abuse only. Inspectors found poor waitlist management. The determination of priority for allocation of these cases was flawed. High priority cases remained on the waitlist and safeguards had not been put in place in two situations where it had been recorded on file that the alleged perpetrator had contact with children. There was no system in place to ensure that new information was sought to determine, current potential risk to children. In the absence of standard operating procedures and guidelines, there was a lack of clarity of role and remit in relation to progressing some of these cases.</p>	
<p><b>Foster Care</b> <b>Standard 5</b> The Child and family social worker</p>	<p><b>Judgment</b> <b>Non-Compliant</b> <b>Moderate</b></p>
<p>The area was not fulfilling its statutory responsibility in relation to statutory visits to children in care however the majority of children had been visited in recent months and there was a plan in place to address this. The area was striving toward compliance in this regard and this was stated by all staff and senior managers who met with inspectors. Where children were visited the quality of these visits was good. The joint protocol for interagency collaboration between Tusla and the HSE had been implemented in the area, and social workers coordinated specialist services as required to ensure that children who required them received specialist services in a timely way. Children continued to experience changes in social workers in the months prior to inspection and children's own views shared with inspectors was reflective of this however, some improvements had been made with regard to ensuring children had one consistent professional in their lives.</p> <p>This inspection found significant improvement in the systems in place for monitoring and allocating children to a social worker and children's needs and experiences were at the centre of such decisions. However, children's experience of the service had not sufficiently progressed. While improvements in contingency planning is acknowledged, children were not visited as required by regulations in all cases and the quality of case management required improvement. It is for these reasons that the service has been judged to be moderate non-compliant.</p>	
<p><b>Foster Care</b> <b>Standard 7</b> Care planning and review</p>	<p><b>Judgment</b> <b>Non-compliant</b> <b>Major</b></p>

Management oversight of care planning and review processes required improvement. Not all care plans were up to date. Child-in-care reviews were not taking place within statutory time frames for all children and there was no clear plan in place to address this failure. The waiting list for child in care reviews was expected to increase without effective measures in place to prevent this. There was a significant number of child in care reviews where minutes were outstanding. Where additional reviews of children's care were required due to circumstances arising for them and / or their placement, these were not always timely. Placement plans were not in place as required for children in care.

Despite improvements with regard to quality, participation and consideration of all children's needs in the care planning and review processes, the lack of capacity within the service to ensure compliance for all children and the slow rate of progress since the previous inspection in this regard, meant that the area was judged to be major non-compliant.

**Foster Care  
Standard 13**

Preparation for leaving care and adult life

**Judgment  
Compliant**

Managerial oversight of aftercare service provision had improved to ensure good quality service delivery. The aftercare service provided a timely and comprehensive service to children and young people in the area. While it did not have the capacity to allocate an aftercare worker to all children and young people, they were assigned an aftercare worker within the service as their primary contact. Work between the children in care teams and the aftercare team which was previously disjointed had significantly improved and there were established systems which ensured all eligible young people had been referred to the aftercare service. All files reviewed showed that children were involved in planning for their future and most had signed their assessment of need and aftercare plans. The area produced an annual review report in 2019 in line with national policy.

Significant progress had been made with respect to aftercare service provision and improvements were reflected in the experience of children, carers and allocated social workers. The service was judged to be compliant.

# Compliance Plan

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

<b>Provider's response to Report Fieldwork ID:</b>	MON 0030183
<b>Name of Service Area:</b>	Carlow Kilkenny South Tipperary
<b>Date of inspection:</b>	19 – 23 October 2020
<b>Date of response:</b>	9 <sup>th</sup> February 2021.

## Capacity and Capability

### Child Protection and Welfare Standard 3.1

#### Non-compliant Moderate

**The provider is failing to meet the National Standards in the following respect:** Not all actions following the last HIQA inspection 2019, had been effective in improving levels of compliance.

Actions not completed following the last HIQA inspection 2019, to improve management and oversight of waitlists had not been replaced with alternative measures to improve this aspect of the service. The management of safety planning for children and families waitlisted to the child protection and welfare service posed risk to the service.

The governance of retrospective cases required improvement including the monitoring and review of waiting lists and also the management of these case records.

#### **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:**

Not all actions following the last HIQA inspection 2019, had been effective in improving levels of compliance.

3.1.1 A tracker is in place to monitor progress of HIQA action and compliance plans and this is reviewed with PSWs in supervision and at Area Management Meetings.

**Action by: PSW**

**Time Frame: Ongoing**

3.1.2 Ongoing engagement with NPASM to support and monitor the implementation of action and compliance plans – including additional audits on areas of practice.

**Action by: AM**

**Time Frame: Ongoing**

3.1.3 QA Lead will conduct an audit in Q1 2021 on actions plans arising from audit activity in 2020, to ensure actions are being progressed as required. Issues arising will be addressed with PSWs and Area Manager as required.

**Action by: QA Lead**

**Time Frame: End of Q.1 2021**

3.1.4 QA Lead will collate summaries and learning from relevant reviews during 2020 and will present to the teams to promote learning.

**Action by: QA Lead**

**Time Frame: End of Q.2 2021**

3.1.5 The area will also continue to disseminate learning from audits through team meetings and supervision.

**Action by: PSW & SWTLs**

**Time Frame: Ongoing**

Actions not completed following the last HIQA inspection 2019, to improve management and oversight of waitlists had not been replaced with alternative measures to improve this aspect of the service. The management of safety planning for children and families waitlisted to the child protection and welfare service posed risk to the service.

### **Duty Team**

3.1.6. Waiting list audits from IR to IA will be increased in frequency to every 4 weeks.

**Action by: SWTLs**

**Time Frame: Every 4 weeks.**

3.1.7 If any additional referrals are received on cases on the waiting list for IA, these are screened by Intake team and Intake record is complete where appropriate. This process is overseen by a Team Leader. When necessary, there is an immediate response and the Safety Plan is reviewed. Where appropriate, cases are identified to close or divert.

**Action by: SWTL**

**Time Frame: Ongoing**

3.1.8. Actions arising from audits will continue to be tracked and managed by SWTLs.

**Action by: SWTL**

**Time Frame: Ongoing**

3.1.9 Prioritised actions and follow up will continue to be recorded on Post Prioritisation Sheet and scanned to NCCIS.

**Action by: SW, SWTL & Business Support**

**Time Frame: Ongoing**

3.1.10 Continue to prioritise actions and follow up are completed by SW and SC staff under the oversight of the relevant line management.

**Action by: SWTL, SW and SC staff**

**Time Frame Ongoing**

3.1.11 Continue weekly RED (Review, Evaluate, Direct) meetings evaluate cases with the priority level of low to medium and where there are three or more referrals on the same child.

**Action by: SWTL & SW**

**Time Frame: Ongoing.**

3.1.12 Continue weekly RED (Review, Evaluate, Direct) meetings to assist in determining cases suitable to be diverted to PPFS and or community agencies.

**Action by: SWTL & SW**

**Time Frame: Ongoing.**

3.1.13 Continue monthly RAP (Review, Action, Progress) meetings assisting with next steps and case progression on IAs in progress.

**Action by: SWTL**

**Time Frame: Ongoing**

3.1.14 QA Lead will conduct an audit on actions plans arising from audit activity in 2020, to ensure actions are being progressed as required. Issues arising will be addressed with PSWs and Area Manager as required.

**Action by: QA Lead**

**Time Frame: Q2 2021**

### **Child Protection and Welfare Team**

3.1.15 Waiting lists on CP&W team will continue to be audited by management team every 8 weeks.

**Action by: PSW**

**Time Frame: Every 8 weeks.**

3.1.16 Actions arising from audits will continue to be tracked and managed by Social Work Team Leaders.

**Action by: SWTL**

**Time Frame: Ongoing**

3.1.17 Prioritised actions and follow up will continue to be completed by SW and SC staff under the oversight of the relevant line management.

**Action by: SW & SC**

**Time Frame: Ongoing**

3.1.18 Prioritised actions and follow up will continue to be recorded on Post Prioritisation Sheet and scanned to NCCIS.

**Action by: SW, SWTL & Business Support**

**Time Frame: Ongoing**

3.1.19 The Area Manager will oversee audits to confirm that prioritised actions are progressed.

**Action by: Area Manager**

**Time Frame: Ongoing**

3.1.20 If any additional referrals are received on cases on the Child Protection Welfare waiting list, these are screened by SWTL. When necessary, there is an immediate response and the Safety Plan is reviewed. Where appropriate, cases are identified to close or divert.

**Action by: SWTL**

**Time Frame: Ongoing**

The governance of retrospective cases required improvement including the monitoring and review of waiting lists and also the management of these case records.

3.1.21 All ART cases were audited in December 2020; cases requiring to be escalated to duty were actioned.

**Action by: PSW**

**Time Frame: Completed**

3.1.22 Business Support has been assigned to organise the standardisation of ART files and archiving where relevant.

**Action by: Business Support Manager**

**Time Frame: Ongoing**

3.1.23 Staffing deficit on ART has been risk escalated to Service Director.

**Action by: Area Manager**

**Time Frame: Completed**

3.1.24 Current vacant social work posts on ART have been prioritised for filling.

**Action by: Area Manager**

**Time Frame: Ongoing**

3.1.25 All referrals (not referred by Gardaí to ART) are notified to An Garda Síochána.

**Action by: PSW**

**Time Frame: Ongoing**

3.1.26 PSW will continue to have oversight of all cases on the Adult Retrospective Team.

**Action by: PSW**

**Time Frame: Ongoing**

3.1.27 PSW will continue to alert the AM to any Need to Knows or complex cases on ART.

**Action by: PSW**

**Time Frame: Ongoing**

3.1.28 Area to devise a more robust screening process for ART cases that will clearly indicate if there is information on any identified children at risk. This will in turn inform priority levels.

**Action by: PSW**

**Time Frame: End of Q1. 2021**

3.1.29 An audit of waiting list cases on ART will be conducted on a quarterly basis.

**Action by: PSW**

**Time Scale: Quarterly**

3.1.30 Any new information received in relation to the waiting list is reassessed by line management and priority is reviewed. If children are identified as at risk, a referral is made to Duty for appropriate action.

**Action by: SWTL/PSW**

**Time Scale: Ongoing**

**Proposed timescale:**

**30/06/2021**

**Person responsible: PSW  
for ART, CP&W and Duty**

**Child Protection and Welfare Standard 3.3**

**Non-compliant Moderate**

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

Risk management systems required improvement as appropriate controls were not in place for all identified risks. The escalations of risks was not always effective.

**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:**

Risk management systems required improvement as appropriate controls were not in place for all identified risks. The escalations of risks was not always effective.

3.3.1 Risks on the Risk Register are regularly reviewed and mitigating actions are identified and recorded.

**Action by: Area Management Team**

**Time Scale: Quarterly**

3.3.2 AM to schedule review of Risk Register with Regional QRSI manager with particular emphasis on risks that are on the register for the longest time. A schedule of regular Risk Register review meetings will be formulated at this meeting.

**Action by: PSW and AM**

**Time Scale: End of Q1. 2021**

3.3.3 National Operations Risk Management and Service Improvement Committee (NORMSIC) chaired by the National Director of Services and meets every 8 weeks. NORMSIC is reviewing and updating its membership and terms of reference to ensure greater responsiveness to local risk and risk escalations. This will enhance support to the local area.

**Action by: AM**

**Timescale: Completed**

**Proposed timescale: 30/06/2021**

**Person responsible:  
PSW and AM, National  
Office**

## Capacity and Capability

### Child Protection and Welfare Standard 2.2

**Substantially compliant**

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

There were delays in the completion of preliminary enquiries.

#### 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:

221 NCCIS user liaison returned to work in January 2021, which has increased capacity to follow up with Team Leaders regarding timelines for individual cases.

**Action by:** NCCIS User Liaison

**Time Scale:** Ongoing

222 : Monthly monitoring of timelines for completion of Preliminary enquiries and follow up as required via supervision and team meetings.

**Action by:** Business Support/SWTL

**Time Scale:** Monthly

223 : Timelines will be reviewed at monthly area management meetings.

**Action by:** Business Support

**Time Scale:** Monthly

224 : Additional Business support Grade IV assigned to Direct Point of Contact to provide further administrative support to Duty team.

**Action by:** Business Support Manager

**Time Scale:** End of Q1 2021

**Proposed timescale:**

**31/03/2021**

**Person responsible:**

**PSW Duty and Intake**

**Child Protection and Welfare Standard 2.3**

**Substantially compliant**

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

The existence of waitlists, although reduced, both before and after initial assessment, meant that some children and families did not receive timely interventions.

**Action required:**

Under **Standard 2.3** you are required to ensure that:  
Timely and effective action is taken to protect children.

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

231 Risk Assessment is included on the Risk Register in relation to the unallocated cases.

**Action by: AM**

**Time Scale: Completed**

232 Bespoke campaign for the recruitment of Social Work Team Leaders has taken place and new Team Leaders are in the onboarding process.

**Action by: Human Resources**

**Time Scale: Completed**

233 Additional Social Care staff have been identified to carry out actions on child protection and welfare waiting lists, e.g. visit children, check safety networks and review safety plans.

**Action by: PSW**

**Time Scale: Ongoing**

234 There are a further three agency social workers approved for Duty and Assessment team since the time of the inspection. Once in post, this will enable the additional allocation of cases.

**Action by: Area Manager**

**Time Scale: Completed**

235 Two Senior Practitioners and one social worker are returning from leave to their substantive post on the CP&W team in early 2021. This will allow for the additional allocation of cases.

**Action by: PSW**

**Time Scale: End of Q.1 2021**

236 PSW will continue to ensure all children active on the CPNS are allocated.

**Action by: PSW**

**Time Scale: Ongoing**

237 Continue to ensure all children who require a CPC to be convened are allocated a social worker.

**Action by: PSW**

**Time Scale: Ongoing**

238 Continue to ensure all efforts are made to provide alternative support for a child such as allocation to a Social Care staff or referral to community based service.

**Action by: SWTL**

**Time Scale: Ongoing**

239 : Waiting list of cases awaiting allocation following IA is reviewed by PSW, SWTL and Child Protection Conference Chairs on an eight weekly basis.

**Action by: PSW, SWTL & CPC chairs**

**Time Scale: Eight weekly basis**

2310 : An action plan is developed by PSW after each review outlining the actions required.

**Action by: PSW**

**Time Scale: Eight weekly basis.**

2311 Area Manager will arrange random audits to be carried out to ensure identified actions from audits are completed.

**Action by: AM**

**Time Scale: Ongoing**

2312 To support staff retention the following will be put in place:

- Workforce learning and Development (WLD) to provide Resilience Training for the team.
- WLD have agreed to facilitate a support group for newly qualified social workers.
- Employee Assistance Programme (EAP) will provide support on self-care to all the team.

**Action by: PSW**

**Time Scale: Ongoing**

**Proposed timescale:**

**Person responsible:**

**31/03/2021**

**PSWs CP&W and Duty and Intake**

**Child Protection and Welfare Standard 2.4**

**Non-compliant Moderate**

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

The governance of waitlist management was not always effective and there were cases where basic checks with network supports or regular check ins with children and families were not completed.

Appropriate safeguarding measures were not in place for all children who were on a waitlist for allocation to a social worker as there was a variance in the quality and effectiveness of safety planning for these children.

**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:**

The governance of waitlist management was not always effective and there were cases where basic checks with network supports or regular check ins with children and families were not completed.

**Child Protection and Welfare**

2.4.1 Risk Assessment on the Risk Register in relation to the unallocated cases.

**Action by: Area Manager** **Time Scale: Completed**

2.4.2 Bespoke campaign for the recruitment of Social Work Team Leaders has taken place and new Team Leaders are in the onboarding process.

**Action by: Human Resources** **Time Scale: Ongoing**

2.4.3 Additional social care staff have been identified to carry out actions on child protection and welfare waiting lists, e.g. check safety networks and review safety plans.

**Action by: SWTL** **Time Scale: Ongoing**

2.4.4 There are a further three agency social workers approved for Duty and Assessment team since the time of the Inspection. This will enable the additional allocation of cases.

**Action by: Human Resources** **Time Scale: Ongoing**

2.4.5 Two Senior Practitioners and one social worker are returning from leave to their substantive post on the CP&W team in early 2021. This will allow for the additional allocation of cases.

**Action by: SWTL**

**Time Scale: Ongoing**

2.4.6 Training workshops focussing on SOS safety planning, identifying strengths and creating safety networks took place with the CPW team in Q4 2020.

**Action by: PSW**

**Time Scale: Completed**

2.4.7 Waiting list of cases awaiting allocation following IA is reviewed by PSW, SWTL and Child Protection Chairs on an eight weekly basis.

**Action by: PSW, SWTL & CPC Chairs**

**Time Scale: Eight weekly basis**

2.4.8 An action plan is developed by PSW after each review outlining the actions required.

**Action by: PSW**

**Time Scale: Eight weekly basis.**

2.4.9 Area Manager will oversee audits to ensure identified actions are completed.

**Action by: AM**

**Time Scale: Ongoing**

2.4.10 Further SOS workshops are planned in Q1 2021 for Safety Planning Workshop (Monitoring and Review) and a Trajectory Workshop.

**Action by: PSW**

**Timescale: End of Q.1 2021**

2.4.11 To support staff retention the following will be put in place:

- Workforce learning and Development (WLD) to provide Resilience Training for the team.
- WLD have agreed to facilitate a support group for newly qualified social workers.
- Employee Assistance Programme (EAP) will provide support on self-care to all the team.

**Action by: PSW**

**Time Scale: Ongoing**

2.4.12 A new tracker is being developed to track cases awaiting allocation which will also include tracking contacts with the network. This will be completed by social care leader/outreach service with oversight by SWTL/PSW.

**Action by: PSW/SWTL**

**Time Scale: Ongoing**

2.4.13 A tracker has been established for home visits for children active on the CPNS, this tracker will also include network meetings being held.

**Action by: PSW/SWTL**

**Time Scale: Ongoing**

2.4.14 NCCIS User Liaison will monitor allocated cases for evidence of recordings on networks. PSW CPW will have oversight of allocated cases having evidence of network meetings taking place and the network meeting form being completed.

**Action by:** NCCIS User Liaison/PSW

**Time Scale:** Ongoing

Appropriate safeguarding measures were not in place for all children who were on a waitlist for allocation to a social worker as there was a variance in the quality and effectiveness of safety planning for these children.

### Duty Team

2.4.15 Workshop completed on Safety Scaling held in December 2020

**Action by:** PSW

**Time Scale:** Completed

2.4.16 Safety plans are reviewed following each 4 weekly audits for children awaiting an IA.

**Action by:** PSW

**Time Scale:** Every 4 weeks.

2.4.17 Review workshop on Safety Scaling (scheduled for January 2021) (duty team)

**Action by:** PSW

**Time Scale:** Completed

2.4.18 Safety Planning will be on agenda at every team meeting. (Dutyteam)

**Action by:** SWTL

**Time Scale** Ongoing

2.4.19 Practice Assurance and Service Monitoring (PASM) to conduct an audit of the quality of safety planning (rescheduled to January 2021)

**Action by:** PASM

**Time Scale:** Completed

2.4.20 Guidance Document in place to support and strengthen immediate and interim safety planning. All future audits and reviews will be informed by this practice guidance.

**Action by:** PSW

**Time Scale:** Completed

2.4.21 Engagement will commence in early 2021 with SOS Implementation Team to better understand how social workers are using Signs of Safety to support their analysis and decision making at the "front door" for both IR and IA. These engagements will commence with looking at the breadth of use of the model in the area and to begin to look at depth and consider an area-learning plan based on the findings.

**Action by:** SWTL and SOS Practice Lead **Time Scale:** Commencing January

**Proposed timescale:**

**Person responsible:**  
PSWs CP&W and Duty and Intake

## Child Protection and Welfare Standard 2.5

### Substantially compliant

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

There were delays in the completion of initial assessments.

#### 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:

2.5.1: Timelines for completion of Initial Assessments to be reviewed at monthly area management meetings.

**Action by: Area Manager**

**Time Scale: Monthly**

2.5.2 Continue to prioritise High priority cases awaiting an IA for allocation to a social worker.

**Action by: PSW**

**Time Scale: Ongoing**

**Proposed timescale:**

Ongoing

**Person responsible: PSW**

**Assessment team**

**Child Protection and Welfare Standard 2.10**

**Substantially compliant**

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

Monitoring systems required improvement.

There were gaps in the quality of case management processes and standards in the service, which posed risks to the service and were not appropriately addressed.

**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:**

Monitoring systems required improvement

2.10.1 The frequency of audits for wait list cases has been increased in Duty and ART, with agreed procedures for follow up on cases where action is required.

**Action By: PSWs**

**Time Frame: Ongoing**

2.10.2 A SOP is in place between Duty and the Retrospective Team which outlines the process to ensure potential risk to known children is responded to appropriately.

**Action By: PSWs**

**Time Frame: Ongoing**

2.10.3 Area to devise a more robust screening process for ART cases, which will clearly indicate if there is information on any identified children at risk. This will in turn inform priority levels.

**Action By: PSW ART**

**Time Frame: Q1 2021**

There were gaps in the quality of case management processes and standards in the service, which posed risks to the service and were not appropriately addressed.

2.10.4 The audit schedule has been agreed for 2021. The QA Lead will track the completion of audits and actions plans arising. Further audits will be carried out to ensure action plans are being implemented. Findings will be addressed at Area Management Meetings and appropriate response made where necessary.

**Action By: QA Lead, PSWs**

**Time Frame: Ongoing**

2.10.5 NCCIS User Liaison will continue to provide weekly/monthly data to PSWs as required to allow them to have oversight of adherence to standards and timelines. Data will also be examined in Area Management Meetings.

**Action By: NCCIS User Liaison, AMT**

**Time Frame: Ongoing**

2.10.6 Under Covid 19 restriction limited use of information leaflets was recommended, which detailed the complaints process. During this time families were giving verbal information to advise of same.

**Action by: Social Workers**

**Time Frame: Ongoing**

**Child Protection and Welfare**

2.10.7 A working group will be set up to agree a child appropriate way to inform a child that their case is closing.

**Action by: SWTL**

**Time Scale: End of Q1 2021**

**Proposed timescale:**

**Person responsible: PSWs and QA Lead**

**31/03/2021**

## Child Protection and Welfare Standard 2.12

The specific circumstances and needs of children subjected to organisational and/or institutional abuse and children who are deemed to be especially vulnerable are identified and responded to.

### Non-compliant Major

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

The monitoring and review of the retrospective waitlists was poor.

There was no system in place to ensure that new information was sought to determine, current potential risk to children.

Information was missed in file reviews to determination the priority for allocation of waitlisted cases.

High priority cases remained on the waitlist and actions had not been taken in two situations where it had been recorded on file that the alleged perpetrator had contact with children.

#### Action required:

Under **Standard 2.12** you are required to ensure that:

The specific circumstances and needs of children subjected to organisational and/or institutional abuse and children who are deemed to be especially vulnerable are identified and responded to.

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

The monitoring and review of the retrospective waitlists was poor.

2.12.1 Quarterly reviews of all unallocated cases will be scheduled.

**Action by: PSW**

**Time Scale: Ongoing**

2.12.2 Priority to be given to Need to Knows or Complex Cases in relation to ART.

**Action by: SWTL**

**Time Scale: Ongoing**

2.12.3 A SOP is in place between Duty and the Retrospective Team which outlines the process to ensure potential risk to known children is responded to appropriately.

**Action by: PSWs ART, Duty**

**Time Scale: Ongoing**

2.12.4 CASP policy is due to be rolled out in early 2021 there is a commitment for training in relation to same. A CASP lead for the South will shortly be advertised. There are 3 CASP social workers allocated to the South region. This will support standardisation of practice and clarity of roles.

**Action by: National Office**

**Time Scale: End of Q.2**

2.12.5 Training and supervision will be provided to any new staff on ART team. Links will be made with other teams regionally to facilitate ongoing learning and support.

**Action by: PSW, ART**

**Time Scale: Ongoing**

2.12.6 PSW alerts the AM to any Need to Knows or complex cases on ART.

**Action by: PSW**

**Time Scale: Ongoing**

2.12.7 Cases will continue to be discussed regularly at Supervision.

**Action by: SWTL**

**Time Scale: Ongoing.**

There was no system in place to ensure that new information was sought to determine, current potential risk to children.

2.12.8 Area to devise a more robust screening process for ART cases, which will clearly indicate if there is information on any identified children at risk. This will in turn inform priority levels.

**Action by: PSW**

**Time Scale: End of Q1.2021**

2.12.9 All referrals are screened initially by the Duty team in relation to the identified PSAA's contact with children. Where the PSAA has contact with a child, this is followed up immediately by Duty Team.

**Action by: PSWs ART, Duty**

**Time Scale: Ongoing**

2.12.10 A SOP is in place between Duty and the Retrospective Team which outlines the process to ensure potential risk to known children is responded to appropriately.

**Action by: PSWs ART, Duty**

**Time Scale: Ongoing**

Information was missed in file reviews to determine the priority for allocation of waitlisted cases.

2.12.11 Area to devise a more robust screening process for ART cases, which will clearly indicate if there is information on any identified children at risk. This will in turn inform priority levels.

**Action by: PSW**

**Time Scale: End of Q1.2021**

2.12.12 Business Support has been assigned to organise the standardisation of ART files and archiving where relevant.

**Action By: Business Support**

**Time Scale: Ongoing**

2.12.13 All referrals (not referred by Gardaí to ART) will continue to be notified to An Garda Siochana.

**Action by: SWTL, ART**

**Time Scale: Ongoing**

High priority cases remained on the waitlist and actions had not been taken in two situations where it had been recorded on file that the alleged perpetrator had contact with children.

2.12.14 All ART cases were audited in December 2020; cases requiring to be escalated to duty were actioned.

**Action by: PSW**

**Time Scale: Completed**

2.12.15 A SOP is in place between Duty and the Retrospective Team which outlines the process to ensure potential risk to known children is responded to appropriately.

**Action by: PSW**

**Time Scale: Completed**

2.12.16 Staffing deficit on ART has been risk escalated to Service Director.

**Action by: Area Manager**

**Time Scale: Completed**

2.12.17 Current vacant social work posts on ART have been prioritised for filling. Start date now in place for new Social Work Team Leader on ART.

**Action by: Human Resources**

**Time Scale: Completed**

2.12.18 PSW will continue to have oversight of all cases on the Adult Retrospective Team.

**Action by: PSW**

**Time Scale: Ongoing**

**Proposed timescale:**

**Person responsible:**

**30/06/2021**

**PSW ART**

## Compliance Plan

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

<b>Provider's response to Report Fieldwork ID:</b>	MON 0030183
<b>Name of Service Area:</b>	Carlow Kilkenny South Tipperary
<b>Date of inspection:</b>	19 – 23 October 2020
<b>Date of response:</b>	9 <sup>th</sup> February 2021.

These requirements set out the actions that should be taken to meet the identified child care regulations and *National Standards for Foster Care*.

## Theme 2: Safe and Effective Services

### Standard 5 – The child and family social worker

#### Non-compliant Moderate

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

Not all children had an allocated social worker.

Statutory visits to children in care were not carried out at the frequency required.

Children continued to experience frequent changes in social workers and not all children had a consistent professional involved in their care.

Case management required improvement in relation to frequency and quality of case supervision.

#### **Action required:**

Under **Standard 5** you are required to ensure that:

There is a designated social worker for each child and young person in foster care.

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

Not all children had an allocated social worker.

5.1 Ongoing review and service oversight will continue to prioritise the recruitment of Social Workers for the Children in Care team.

Tusla's strategic approach to recruitment includes;

- Rolling recruitment social worker campaign continues;
- Agency continues to engage with Third Level Colleges within Ireland and beyond;
- A Practice Development and Improvement Project has been established, with the specific remit to train, recruit and retain social work staff;
- The C.E.O. has recently confirmed his intention to offer posts to all newly graduated social workers from the current final year Social Work cohort of students.
- Practice implementation plans are being introduced to support new graduates with a mentoring programme through their first year of employment with Tusla.
- Both the Child Protection and Welfare strategy and the Workforce Planning strategy are focused on the recruitment and retention of social work staff.

These initiatives will support the area in its recruitment and retention.

**Action by: AM and HR**

**Time Frame: Ongoing**

5.2 All children in care without an allocated social worker have a Social Care staff and Fostering Link Social Worker assigned. This is monitored on a weekly basis by PSW. The Social Care Leader/Worker ensures the child is visited, their child in care review and care plans are up to date.

**Action by: PSW**

**Time Frame: Ongoing.**

5.3 There is a Duty system in place whereby any issue that requires a social work response is provided. This includes activating the duty system should a social worker have unplanned leave/illness.

**Action by: SWTL**

**Time Frame: Ongoing**

5.4 The local area guidance document will continue to be referred to in respect of children in care awaiting social work allocation. This ensures that there is clear criteria for allocation to a Social Worker, and that children receive visits by a named member of staff who has reviewed the file and is under the direction of a Social Work Team Leader.

**Action by: SWTL**

**Time Frame: Ongoing**

5.5 Children in care without their own Social Worker will continue to have dedicated Social Care staff and Fostering Link Social Worker who will carry out specified tasks. Regular communication occurs between PSW for CIC and Fostering to ensure no children in care are dual unallocated at any given time.

**Action by: PSWs CIC & Fostering**

**Time Frame: Ongoing**

5.6 Audits of files for children awaiting allocation will continue to be carried out every 8 weeks. The information from these audits is used to set priorities for allocation.

**Action by: SWTL**

**Time Frame: Ongoing**

Statutory visits to children in care were not carried out at the frequency required.

5.7 Audits of statutory visits will occur quarterly and be discussed at Children in Care Management Meeting to ensure oversight of statutory visits. Statutory visits will continue to be discussed at monthly supervision meetings through line management structure (i.e. Social Worker discusses with Social Work Team Leader and Social Work Team Leader discusses with Principal Social Worker).

**Action by: PSW**

**Time Frame: Bi-Monthly**

Children continued to experience frequent changes in social workers and not all children had a consistent professional involved in their care.

5.8 To promote staff retention and consistency of allocation to children in care the following is in place:

- Protected time with cross cover arranged to provide staff with time to stay up to date with new policies, procedures and complete recordings in time, which has added to staff pressure in past. These days are continuing as a means to support staff and continue staff retention
- Practice workshops will be ongoing to focus on areas of practice identified by staff as requiring additional support, next theme relates to supervision (February 2021).
- Regular team meetings between SWTLs and their Teams will continue. PSW undertakes an audit of Team Meeting minutes annually.
- Regular management meetings between SWTLs and PSW will continue.
- Team Days for all CIC teams twice per year to occur with a focus on service provision.
- Team Development Days by each Team to set their priorities for year.
- Team wellbeing day by office building to promote staff wellbeing. (One has taken place, two further planned.)

**Action by PSW**

**Time Frame: Ongoing**

Case management required improvement in relation to frequency and quality of case supervision.

5.9 PSW will carry out regular audits of case supervision and action plans put in place to have oversight of frequency and quality of case supervision. Audits will be discussed monthly between Social Work Team Leader and Principal Social Worker at supervision.

**Action by: PSW CIC**

**Time Frame: Ongoing**

**Proposed timescale:**

**30/06/2021**

**Person responsible:**

**PSW Children in Care**

## **Standard 7 – Care planning and review**

### **Non-compliant Major**

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

Governance of the child in care review process did not bring about sufficient progress to address deficits identified following the 2019 inspection of the service and further oversight and management was required in this area.

Not all children had a child in care review as required by Regulations.

Child in care review minutes had not been produced as required for a significant number of children and therefore a record of the decision and actions taken were not available to inform the child's care plans.

The process for ensuring that minutes were produced and signed off in a timely manner, and circulated to all relevant people required improvement.

The system in place to identify when additional reviews were required, such as following a placement move, required improvement.

The quality of some care plans required improvement to ensure that they were up to date, completed and signed off in a timely manner, and had decisions clearly recorded that included timeframes for actions.

Placement plans were not completed for children in care as required.

**Action required:**

Under **Standard 7** you are required to ensure that:

Each child and young person in foster care has a written care plan. The child or young person and his or her family participate in the preparation of the care plan.

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

Governance of the child in care review process did not bring about sufficient progress to address deficits identified following the 2019 inspection of the service and further oversight and management was required in this area.

Significant improvements have been made in relation to the child review process, robust governance is in place including the following;

7.1 A tracker to monitor progress of HIOA action and compliance plans and this is reviewed with PSWs in supervision and at Area Management Meetings.

**Action by: PSW**

**Time Frame: Ongoing**

7.2 Ongoing engagement with NPASM to support and monitor the implementation of action and compliance plans – including additional audits on areas of practice.

**Action by: PSW**

**Time Frame: Ongoing**

7.3 QA Lead will conduct an audit in Q1 2021 on actions plans arising from audit activity in 2020, to ensure actions are being progressed as required. Issues arising will be addressed with PSWs and Area Manager as required.

**Action by: QA Lead**

**Time Frame: Ongoing**

7.4 Further processes are now in place, to ensure greater levels of compliance with regulations and standards, including

- additional staffing for reviews,
- SOPs in place to ensure reviews are taking place and care plans are completed in a timely way and actions are followed up on.

**Action by: PSW Reviews**

**Time Frame: Ongoing**

Not all children had a child in care review as required by Regulations.

7.5 A second full time Reviewing Officer has been appointed. Both reviewing officers have 12 reviews scheduled at a minimum per week. There is also 3 hours protected time each week to facilitate reviews for new admissions, change of placement etc.

7.6 Additional business support is in place to support the reviewing service.

7.7 Dedicated Business support continues to track the whole reviewing system, which enables the PSW to have complete oversight of process.

7.8 All children in care are diarised for their scheduled review for 2021.

7.9 PSW is completing a bi-annual audit of the quality of CIC Reviews.

7.10 A SOP will be devised to inform decision making in relation to prioritisation of children for child in care reviews by end of Q1. 2021.

**Action by: PSW Reviews**

**Time Frame: End Q1 and Ongoing**

Child in care review minutes had not been produced as required for a significant number of children and therefore a record of the decision and actions taken were not available to inform the child's care plans.

7.11 A further CIC Review for each child concerned has been held /will be held by end February 2021 with completed Child Review Record on file.

**Action by: PSW Reviews**

**Time Frame: End Q1 2021 and ongoing**

The process for ensuring that minutes were produced and signed off in a timely manner, and circulated to all relevant people required improvement.

7.12 Reviewing Officers will be responsible for ensuring minutes of reviews are completed and signed off within Standard Business Processes. Reviewing Officers will continue to liaise regularly with business support regarding circulation of same.

**Action by: Reviewing Officers**

**Time Frame: Ongoing**

7.13 NCCIS User Liaison has been assigned to conduct a comprehensive review through the NCCIS system on Child Care Reviews to facilitate ongoing oversight by PSWs. This will include actions to ensure reviews are completed and signed off appropriately.

**Action by: NCCIS User Liaison**

**Time Frame: Ongoing**

7.14 NCCIS User Liaison will provide monthly figures to the PSW Reviews to ensure minutes are being produced and signed off in a timely manner.

**Action by: NCCIS User Liaison**

**Time Frame: Ongoing**

7.15 To ensure appropriate distribution of review records, PSW Reviews receives a monthly report from business support outlining the number of CIC reviews on file and distributed. This allows oversight and follow up on any issues arising.

**Action by: Business Support/PSW Reviews Time Frame: Ongoing**

7.16 The review tracker will be updated to include details of and timelines for distribution of minutes and will be included in monthly report to PSW.

**Action by: Business Support**

**Time Frame: Ongoing**

The system in place to identify when additional reviews were required, such as following a placement move, required improvement.

7.17 A SOP has been agreed to ensure the timely scheduling of all additional reviews. Reviewing Officers now have protected time in their diaries to ensure availability for these reviews. This system will be supported by the NCCIS User Liaison and Business Support to CICR and information will be provided to the PSW Reviews to ensure oversight.

**Action by: PSW Reviews**

**Time Frame: Ongoing**

7.18 Quarterly meetings continue between the Principal Social Workers for Children in Care and Reviews and Reviewing Officers to ensure that reviews are prioritised correctly and take place in a timely manner.

**Action by: PSWs CIC & Reviewing Service**

**Time Frame: Quarterly**

The quality of some care plans required improvement to ensure that they were up to date, completed and signed off in a timely manner, and had decisions clearly recorded that included timeframes for actions.

7.19 Social Work Team Leaders will continue to review the proposed Care Plan as per Standard Operating Procedure and approves updates following Child in Care Review decisions. This ensures there is oversight of the decisions made and timeframe for actions.

**Action by: SWTL**

**Time Frame: Quarterly**

7.20 An audit of care plans will take place to identify gaps and reviews will be scheduled accordingly.

**Action by: PSW, CIC**

**Time Frame: End of Q.1. 2021**

7.21 NCCIS User Liaison collates monthly data on the timeliness, completion and signing of care plans and PSW/CIC reviews to determine actions required.

Placement plans were not completed for children in care as required.

7.22 PSW/CIC will review the position on Placement Plans by Q3 of 2021 with a view to implementing a phased introduction by end of 2021.

**Action by: PSW, CIC**

**Time Frame: End of Q.4. 2021**

**Proposed timescale: 31/12/2021**

**Person responsible: PSW  
Reviewing Service & CIC**

**Standard 19: Management and monitoring of foster care**

**services Non-compliant Moderate**

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

Actions agreed to address non-compliances identified during the previous inspection of the service in May 2019 had not all been implemented as agreed.

Governance arrangements put in place to ensure compliance with care planning and child in care reviews regulations and standards had not achieved sufficient progress and systems for oversight of this process were not fully effective.

Vacant posts and movement of staff remained a significant factor influencing the service's ability to progress ideas, improvements and quality of service provision.

Governance in relation to case management required further improvement to ensure that gaps in this area identified under Standard 5, in relation to quality, frequency, follow up to actions and supervision records, were fully addressed.

**Action required:**

Under Standard 19 you are required to ensure that:

Health boards have effective structures in place for the management and monitoring of foster care services.

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

Actions agreed to address non-compliances identified during the previous inspection of the service in May 2019 had not all been implemented as agreed.

19.1 A tracker is in place to monitor progress of HIQA action and compliance plans and this is reviewed with PSWs in supervision and at Area Management Meetings.

**Action by: PSWs**

**Time Frame: Ongoing**

19.2 Continue ongoing engagement with NPASM to support and monitor the implementation of action and compliance plans – including additional audits on areas of practice.

**Action by: QA Lead**

**Time Frame: Ongoing**

19.3 QA Lead will conduct an audit on actions plans arising from audit activity in 2020, to ensure actions are being progressed as required. Issues arising will be addressed with PSWs and Area Manager as required.

**Action by: QA Lead**

**Time Frame: End of Q.2 2021**

Governance arrangements put in place to ensure compliance with care planning and child in care reviews regulations and standards had not achieved sufficient progress and systems for oversight of this process were not fully effective.

19.4 Further processes are now in place, to ensure greater levels of compliance with regulations and standards,

- Additional staffing for reviewing service,
- SOPs in place to ensure reviews are taking place as per standards,

**Action by: Area Management Team**

**Time Frame: Ongoing**

19.5. Monthly data from NCCIS is provided to the AMT to promote adherence to timelines and standards so that any issues arising will be addressed and remedial action agreed.

**Action by: NCCIS User Liaison, AMT**

**Time Frame: Ongoing**

19.6 QA Lead and PSWs will maintain a tracker of audit activity and follow up on actions plans on an ongoing basis. Issues arising will be flagged with the Area Manager and the need for further service improvement plans will be kept under review.

**Action by: QA Lead**

**Time Frame: Ongoing**

Vacant posts and movement of staff remained a significant factor influencing the service's ability to progress ideas, improvements and quality of service provision.

19.7 Risks associated with staffing deficits will continue to be included and reviewed on the area's Risk Register and escalated to the Service Director as required.

**Action by: Area Management Team**

**Time Frame: Ongoing**

19.8 National Operations Risk Management and Service Improvement Committee (NORMSIC) chaired by the National Director of Services and meets every 8 weeks. NORMSIC is reviewing and updating its membership and terms of reference to ensure greater responsiveness to local risk and risk escalations. This will enhance support to the local area.

**Action by: National Office**

**Time Frame: Q2 2021**

Governance in relation to case management required further improvement to ensure that gaps in this area identified under Standard 5, in relation to quality, frequency, follow up to actions and supervision records, were fully addressed.

19.9 QA Lead and PSWs will maintain a tracker of audit activity and will follow up on action plans on an ongoing basis. Issues arising will be flagged with the AM and the need for further service improvement plans will be kept under review.

**Action by: QA Lead and PSWs**

**Time Frame: Ongoing**

**Proposed timescale: 30/06/2021**

**Person responsible:  
AM/ QA Lead**



# Compliance Plan

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

<b>Provider's response to Report Fieldwork ID:</b>	MON 0030183
<b>Name of Service Area:</b>	Carlow Kilkenny South Tipperary
<b>Date of inspection:</b>	19 – 23 October 2020
<b>Date of response:</b>	9 <sup>th</sup> February 2021.

## Capacity and Capability

### Child Protection and Welfare Standard 3.1

#### Non-compliant Moderate

**The provider is failing to meet the National Standards in the following respect:** Not all actions following the last HIQA inspection 2019, had been effective in improving levels of compliance.

Actions not completed following the last HIQA inspection 2019, to improve management and oversight of waitlists had not been replaced with alternative measures to improve this aspect of the service. The management of safety planning for children and families waitlisted to the child protection and welfare service posed risk to the service.

The governance of retrospective cases required improvement including the monitoring and review of waiting lists and also the management of these case records.

#### **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:**

Not all actions following the last HIQA inspection 2019, had been effective in improving levels of compliance.

3.1.1 A tracker is in place to monitor progress of HIQA action and compliance plans and this is reviewed with PSWs in supervision and at Area Management Meetings.

**Action by: PSW**

**Time Frame: Ongoing**

3.1.2 Ongoing engagement with NPASM to support and monitor the implementation of action and compliance plans – including additional audits on areas of practice.

**Action by: AM**

**Time Frame: Ongoing**

3.1.3 QA Lead will conduct an audit in Q1 2021 on actions plans arising from audit activity in 2020, to ensure actions are being progressed as required. Issues arising will be addressed with PSWs and Area Manager as required.

**Action by: QA Lead**

**Time Frame: End of Q.1 2021**

3.1.4 QA Lead will collate summaries and learning from relevant reviews during 2020 and will present to the teams to promote learning.

**Action by: QA Lead**

**Time Frame: End of Q.2 2021**

3.1.5 The area will also continue to disseminate learning from audits through team meetings and supervision.

**Action by: PSW & SWTLs**

**Time Frame: Ongoing**

Actions not completed following the last HIQA inspection 2019, to improve management and oversight of waitlists had not been replaced with alternative measures to improve this aspect of the service. The management of safety planning for children and families waitlisted to the child protection and welfare service posed risk to the service.

### **Duty Team**

3.1.6. Waiting list audits from IR to IA will be increased in frequency to every 4 weeks.

**Action by: SWTLs**

**Time Frame: Every 4 weeks.**

3.1.7 If any additional referrals are received on cases on the waiting list for IA, these are screened by Intake team and Intake record is complete where appropriate. This process is overseen by a Team Leader. When necessary, there is an immediate response and the Safety Plan is reviewed. Where appropriate, cases are identified to close or divert.

**Action by: SWTL**

**Time Frame: Ongoing**

3.1.8. Actions arising from audits will continue to be tracked and managed by SWTLs.

**Action by: SWTL**

**Time Frame: Ongoing**

3.1.9 Prioritised actions and follow up will continue to be recorded on Post Prioritisation Sheet and scanned to NCCIS.

**Action by: SW, SWTL & Business Support**

**Time Frame: Ongoing**

3.1.10 Continue to prioritise actions and follow up are completed by SW and SC staff under the oversight of the relevant line management.

**Action by: SWTL, SW and SC staff**

**Time Frame Ongoing**

3.1.11 Continue weekly RED (Review, Evaluate, Direct) meetings evaluate cases with the priority level of low to medium and where there are three or more referrals on the same child.

**Action by: SWTL & SW**

**Time Frame: Ongoing.**

3.1.12 Continue weekly RED (Review, Evaluate, Direct) meetings to assist in determining cases suitable to be diverted to PPFS and or community agencies.

**Action by: SWTL & SW**

**Time Frame: Ongoing.**

3.1.13 Continue monthly RAP (Review, Action, Progress) meetings assisting with next steps and case progression on IAs in progress.

**Action by: SWTL**

**Time Frame: Ongoing**

3.1.14 QA Lead will conduct an audit on actions plans arising from audit activity in 2020, to ensure actions are being progressed as required. Issues arising will be addressed with PSWs and Area Manager as required.

**Action by: QA Lead**

**Time Frame: Q2 2021**

### **Child Protection and Welfare Team**

3.1.15 Waiting lists on CP&W team will continue to be audited by management team every 8 weeks.

**Action by: PSW**

**Time Frame: Every 8 weeks.**

3.1.16 Actions arising from audits will continue to be tracked and managed by Social Work Team Leaders.

**Action by: SWTL**

**Time Frame: Ongoing**

3.1.17 Prioritised actions and follow up will continue to be completed by SW and SC staff under the oversight of the relevant line management.

**Action by: SW & SC**

**Time Frame: Ongoing**

3.1.18 Prioritised actions and follow up will continue to be recorded on Post Prioritisation Sheet and scanned to NCCIS.

**Action by: SW, SWTL & Business Support**

**Time Frame: Ongoing**

3.1.19 The Area Manager will oversee audits to confirm that prioritised actions are progressed.

**Action by: Area Manager**

**Time Frame: Ongoing**

3.1.20 If any additional referrals are received on cases on the Child Protection Welfare waiting list, these are screened by SWTL. When necessary, there is an immediate response and the Safety Plan is reviewed. Where appropriate, cases are identified to close or divert.

**Action by: SWTL**

**Time Frame: Ongoing**

The governance of retrospective cases required improvement including the monitoring and review of waiting lists and also the management of these case records.

3.1.21 All ART cases were audited in December 2020; cases requiring to be escalated to duty were actioned.

**Action by: PSW**

**Time Frame: Completed**

3.1.22 Business Support has been assigned to organise the standardisation of ART files and archiving where relevant.

**Action by: Business Support Manager**

**Time Frame: Ongoing**

3.1.23 Staffing deficit on ART has been risk escalated to Service Director.

**Action by: Area Manager**

**Time Frame: Completed**

3.1.24 Current vacant social work posts on ART have been prioritised for filling.

**Action by: Area Manager**

**Time Frame: Ongoing**

3.1.25 All referrals (not referred by Gardaí to ART) are notified to An Garda Síochána.

**Action by: PSW**

**Time Frame: Ongoing**

3.1.26 PSW will continue to have oversight of all cases on the Adult Retrospective Team.

**Action by: PSW**

**Time Frame: Ongoing**

3.1.27 PSW will continue to alert the AM to any Need to Knows or complex cases on ART.

**Action by: PSW**

**Time Frame: Ongoing**

3.1.28 Area to devise a more robust screening process for ART cases that will clearly indicate if there is information on any identified children at risk. This will in turn inform priority levels.

**Action by: PSW**

**Time Frame: End of Q1. 2021**

3.1.29 An audit of waiting list cases on ART will be conducted on a quarterly basis.

**Action by: PSW**

**Time Scale: Quarterly**

3.1.30 Any new information received in relation to the waiting list is reassessed by line management and priority is reviewed. If children are identified as at risk, a referral is made to Duty for appropriate action.

**Action by: SWTL/PSW**

**Time Scale: Ongoing**

**Proposed timescale:**

**30/06/2021**

**Person responsible: PSW  
for ART, CP&W and Duty**

**Child Protection and Welfare Standard 3.3**

**Non-compliant Moderate**

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

Risk management systems required improvement as appropriate controls were not in place for all identified risks. The escalations of risks was not always effective.

**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:**

Risk management systems required improvement as appropriate controls were not in place for all identified risks. The escalations of risks was not always effective.

3.3.1 Risks on the Risk Register are regularly reviewed and mitigating actions are identified and recorded.

**Action by: Area Management Team**

**Time Scale: Quarterly**

3.3.2 AM to schedule review of Risk Register with Regional QRSI manager with particular emphasis on risks that are on the register for the longest time. A schedule of regular Risk Register review meetings will be formulated at this meeting.

**Action by: PSW and AM**

**Time Scale: End of Q1. 2021**

3.3.3 National Operations Risk Management and Service Improvement Committee (NORMSIC) chaired by the National Director of Services and meets every 8 weeks. NORMSIC is reviewing and updating its membership and terms of reference to ensure greater responsiveness to local risk and risk escalations. This will enhance support to the local area.

**Action by: AM**

**Timescale: Completed**

**Proposed timescale: 30/06/2021**

**Person responsible:  
PSW and AM, National  
Office**

## Capacity and Capability

### Child Protection and Welfare Standard 2.2

**Substantially compliant**

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

There were delays in the completion of preliminary enquiries.

#### 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:

221 NCCIS user liaison returned to work in January 2021, which has increased capacity to follow up with Team Leaders regarding timelines for individual cases.

**Action by:** NCCIS User Liaison

**Time Scale:** Ongoing

222 : Monthly monitoring of timelines for completion of Preliminary enquiries and follow up as required via supervision and team meetings.

**Action by:** Business Support/SWTL

**Time Scale:** Monthly

223 : Timelines will be reviewed at monthly area management meetings.

**Action by:** Business Support

**Time Scale:** Monthly

224 : Additional Business support Grade IV assigned to Direct Point of Contact to provide further administrative support to Duty team.

**Action by:** Business Support Manager

**Time Scale:** End of Q1 2021

**Proposed timescale:**

**31/03/2021**

**Person responsible:**

**PSW Duty and Intake**

**Child Protection and Welfare Standard 2.3**

**Substantially compliant**

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

The existence of waitlists, although reduced, both before and after initial assessment, meant that some children and families did not receive timely interventions.

**Action required:**

Under **Standard 2.3** you are required to ensure that:  
Timely and effective action is taken to protect children.

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

231 Risk Assessment is included on the Risk Register in relation to the unallocated cases.

**Action by: AM**

**Time Scale: Completed**

232 Bespoke campaign for the recruitment of Social Work Team Leaders has taken place and new Team Leaders are in the onboarding process.

**Action by: Human Resources**

**Time Scale: Completed**

233 Additional Social Care staff have been identified to carry out actions on child protection and welfare waiting lists, e.g. visit children, check safety networks and review safety plans.

**Action by: PSW**

**Time Scale: Ongoing**

234 There are a further three agency social workers approved for Duty and Assessment team since the time of the inspection. Once in post, this will enable the additional allocation of cases.

**Action by: Area Manager**

**Time Scale: Completed**

235 Two Senior Practitioners and one social worker are returning from leave to their substantive post on the CP&W team in early 2021. This will allow for the additional allocation of cases.

**Action by: PSW**

**Time Scale: End of Q.1 2021**

236 PSW will continue to ensure all children active on the CPNS are allocated.

**Action by: PSW**

**Time Scale: Ongoing**

237 Continue to ensure all children who require a CPC to be convened are allocated a social worker.

**Action by: PSW**

**Time Scale: Ongoing**

238 Continue to ensure all efforts are made to provide alternative support for a child such as allocation to a Social Care staff or referral to community based service.

**Action by: SWTL**

**Time Scale: Ongoing**

239 : Waiting list of cases awaiting allocation following IA is reviewed by PSW, SWTL and Child Protection Conference Chairs on an eight weekly basis.

**Action by: PSW, SWTL & CPC chairs**

**Time Scale: Eight weekly basis**

2310 : An action plan is developed by PSW after each review outlining the actions required.

**Action by: PSW**

**Time Scale: Eight weekly basis.**

2311 Area Manager will arrange random audits to be carried out to ensure identified actions from audits are completed.

**Action by: AM**

**Time Scale: Ongoing**

2312 To support staff retention the following will be put in place:

- Workforce learning and Development (WLD) to provide Resilience Training for the team.
- WLD have agreed to facilitate a support group for newly qualified social workers.
- Employee Assistance Programme (EAP) will provide support on self-care to all the team.

**Action by: PSW**

**Time Scale: Ongoing**

**Proposed timescale:**

**Person responsible:**

**31/03/2021**

**PSWs CP&W and Duty and Intake**

**Child Protection and Welfare Standard 2.4**

**Non-compliant Moderate**

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

The governance of waitlist management was not always effective and there were cases where basic checks with network supports or regular check ins with children and families were not completed.

Appropriate safeguarding measures were not in place for all children who were on a waitlist for allocation to a social worker as there was a variance in the quality and effectiveness of safety planning for these children.

**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:**

The governance of waitlist management was not always effective and there were cases where basic checks with network supports or regular check ins with children and families were not completed.

**Child Protection and Welfare**

2.4.1 Risk Assessment on the Risk Register in relation to the unallocated cases.

**Action by: Area Manager** **Time Scale: Completed**

2.4.2 Bespoke campaign for the recruitment of Social Work Team Leaders has taken place and new Team Leaders are in the onboarding process.

**Action by: Human Resources** **Time Scale: Ongoing**

2.4.3 Additional social care staff have been identified to carry out actions on child protection and welfare waiting lists, e.g. check safety networks and review safety plans.

**Action by: SWTL** **Time Scale: Ongoing**

2.4.4 There are a further three agency social workers approved for Duty and Assessment team since the time of the Inspection. This will enable the additional allocation of cases.

**Action by: Human Resources** **Time Scale: Ongoing**

2.4.5 Two Senior Practitioners and one social worker are returning from leave to their substantive post on the CP&W team in early 2021. This will allow for the additional allocation of cases.

**Action by: SWTL**

**Time Scale: Ongoing**

2.4.6 Training workshops focussing on SOS safety planning, identifying strengths and creating safety networks took place with the CPW team in Q4 2020.

**Action by: PSW**

**Time Scale: Completed**

2.4.7 Waiting list of cases awaiting allocation following IA is reviewed by PSW, SWTL and Child Protection Chairs on an eight weekly basis.

**Action by: PSW, SWTL & CPC Chairs**

**Time Scale: Eight weekly basis**

2.4.8 An action plan is developed by PSW after each review outlining the actions required.

**Action by: PSW**

**Time Scale: Eight weekly basis.**

2.4.9 Area Manager will oversee audits to ensure identified actions are completed.

**Action by: AM**

**Time Scale: Ongoing**

2.4.10 Further SOS workshops are planned in Q1 2021 for Safety Planning Workshop (Monitoring and Review) and a Trajectory Workshop.

**Action by: PSW**

**Timescale: End of Q.1 2021**

2.4.11 To support staff retention the following will be put in place:

- Workforce learning and Development (WLD) to provide Resilience Training for the team.
- WLD have agreed to facilitate a support group for newly qualified social workers.
- Employee Assistance Programme (EAP) will provide support on self-care to all the team.

**Action by: PSW**

**Time Scale: Ongoing**

2.4.12 A new tracker is being developed to track cases awaiting allocation which will also include tracking contacts with the network. This will be completed by social care leader/outreach service with oversight by SWTL/PSW.

**Action by: PSW/SWTL**

**Time Scale: Ongoing**

2.4.13 A tracker has been established for home visits for children active on the CPNS, this tracker will also include network meetings being held.

**Action by: PSW/SWTL**

**Time Scale: Ongoing**

2.4.14 NCCIS User Liaison will monitor allocated cases for evidence of recordings on networks. PSW CPW will have oversight of allocated cases having evidence of network meetings taking place and the network meeting form being completed.

**Action by:** NCCIS User Liaison/PSW

**Time Scale:** Ongoing

Appropriate safeguarding measures were not in place for all children who were on a waitlist for allocation to a social worker as there was a variance in the quality and effectiveness of safety planning for these children.

### **Duty Team**

2.4.15 Workshop completed on Safety Scaling held in December 2020

**Action by:** PSW

**Time Scale:** Completed

2.4.16 Safety plans are reviewed following each 4 weekly audits for children awaiting an IA.

**Action by:** PSW

**Time Scale:** Every 4 weeks.

2.4.17 Review workshop on Safety Scaling (scheduled for January 2021) (duty team)

**Action by:** PSW

**Time Scale:** Completed

2.4.18 Safety Planning will be on agenda at every team meeting. (Dutyteam)

**Action by:** SWTL

**Time Scale** Ongoing

2.4.19 Practice Assurance and Service Monitoring (PASM) to conduct an audit of the quality of safety planning (rescheduled to January 2021)

**Action by:** PASM

**Time Scale:** Completed

2.4.20 Guidance Document in place to support and strengthen immediate and interim safety planning. All future audits and reviews will be informed by this practice guidance.

**Action by:** PSW

**Time Scale:** Completed

2.4.21 Engagement will commence in early 2021 with SOS Implementation Team to better understand how social workers are using Signs of Safety to support their analysis and decision making at the "front door" for both IR and IA. These engagements will commence with looking at the breadth of use of the model in the area and to begin to look at depth and consider an area-learning plan based on the findings.

**Action by:** SWTL and SOS Practice Lead **Time Scale:** Commencing January

**Proposed timescale:**

**Person responsible:**  
PSWs CP&W and Duty and Intake

## Child Protection and Welfare Standard 2.5

### Substantially compliant

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

There were delays in the completion of initial assessments.

#### 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:

2.5.1: Timelines for completion of Initial Assessments to be reviewed at monthly area management meetings.

**Action by: Area Manager**

**Time Scale: Monthly**

2.5.2 Continue to prioritise High priority cases awaiting an IA for allocation to a social worker.

**Action by: PSW**

**Time Scale: Ongoing**

**Proposed timescale:**

Ongoing

**Person responsible: PSW  
Assessment team**

**Child Protection and Welfare Standard 2.10**

**Substantially compliant**

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

Monitoring systems required improvement.

There were gaps in the quality of case management processes and standards in the service, which posed risks to the service and were not appropriately addressed.

**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:**

Monitoring systems required improvement

2.10.1 The frequency of audits for wait list cases has been increased in Duty and ART, with agreed procedures for follow up on cases where action is required.

**Action By: PSWs**

**Time Frame: Ongoing**

2.10.2 A SOP is in place between Duty and the Retrospective Team which outlines the process to ensure potential risk to known children is responded to appropriately.

**Action By: PSWs**

**Time Frame: Ongoing**

2.10.3 Area to devise a more robust screening process for ART cases, which will clearly indicate if there is information on any identified children at risk. This will in turn inform priority levels.

**Action By: PSW ART**

**Time Frame: Q1 2021**

There were gaps in the quality of case management processes and standards in the service, which posed risks to the service and were not appropriately addressed.

2.10.4 The audit schedule has been agreed for 2021. The QA Lead will track the completion of audits and actions plans arising. Further audits will be carried out to ensure action plans are being implemented. Findings will be addressed at Area Management Meetings and appropriate response made where necessary.

**Action By: QA Lead, PSWs**

**Time Frame: Ongoing**

2.10.5 NCCIS User Liaison will continue to provide weekly/monthly data to PSWs as required to allow them to have oversight of adherence to standards and timelines. Data will also be examined in Area Management Meetings.

**Action By: NCCIS User Liaison, AMT**

**Time Frame: Ongoing**

2.10.6 Under Covid 19 restriction limited use of information leaflets was recommended, which detailed the complaints process. During this time families were giving verbal information to advise of same.

**Action by: Social Workers**

**Time Frame: Ongoing**

**Child Protection and Welfare**

2.10.7 A working group will be set up to agree a child appropriate way to inform a child that their case is closing.

**Action by: SWTL**

**Time Scale: End of Q1 2021**

**Proposed timescale:**

**Person responsible: PSWs and QA Lead**

**31/03/2021**

## Child Protection and Welfare Standard 2.12

The specific circumstances and needs of children subjected to organisational and/or institutional abuse and children who are deemed to be especially vulnerable are identified and responded to.

### Non-compliant Major

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

The monitoring and review of the retrospective waitlists was poor.

There was no system in place to ensure that new information was sought to determine, current potential risk to children.

Information was missed in file reviews to determination the priority for allocation of waitlisted cases.

High priority cases remained on the waitlist and actions had not been taken in two situations where it had been recorded on file that the alleged perpetrator had contact with children.

#### Action required:

Under **Standard 2.12** you are required to ensure that:

The specific circumstances and needs of children subjected to organisational and/or institutional abuse and children who are deemed to be especially vulnerable are identified and responded to.

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

The monitoring and review of the retrospective waitlists was poor.

2.12.1 Quarterly reviews of all unallocated cases will be scheduled.

**Action by: PSW**

**Time Scale: Ongoing**

2.12.2 Priority to be given to Need to Knows or Complex Cases in relation to ART.

**Action by: SWTL**

**Time Scale: Ongoing**

2.12.3 A SOP is in place between Duty and the Retrospective Team which outlines the process to ensure potential risk to known children is responded to appropriately.

**Action by: PSWs ART, Duty**

**Time Scale: Ongoing**

2.12.4 CASP policy is due to be rolled out in early 2021 there is a commitment for training in relation to same. A CASP lead for the South will shortly be advertised. There are 3 CASP social workers allocated to the South region. This will support standardisation of practice and clarity of roles.

**Action by: National Office**

**Time Scale: End of Q.2**

2.12.5 Training and supervision will be provided to any new staff on ART team. Links will be made with other teams regionally to facilitate ongoing learning and support.

**Action by: PSW, ART**

**Time Scale: Ongoing**

2.12.6 PSW alerts the AM to any Need to Knows or complex cases on ART.

**Action by: PSW**

**Time Scale: Ongoing**

2.12.7 Cases will continue to be discussed regularly at Supervision.

**Action by: SWTL**

**Time Scale: Ongoing.**

There was no system in place to ensure that new information was sought to determine, current potential risk to children.

2.12.8 Area to devise a more robust screening process for ART cases, which will clearly indicate if there is information on any identified children at risk. This will in turn inform priority levels.

**Action by: PSW**

**Time Scale: End of Q1.2021**

2.12.9 All referrals are screened initially by the Duty team in relation to the identified PSAA's contact with children. Where the PSAA has contact with a child, this is followed up immediately by Duty Team.

**Action by: PSWs ART, Duty**

**Time Scale: Ongoing**

2.12.10 A SOP is in place between Duty and the Retrospective Team which outlines the process to ensure potential risk to known children is responded to appropriately.

**Action by: PSWs ART, Duty**

**Time Scale: Ongoing**

Information was missed in file reviews to determine the priority for allocation of waitlisted cases.

2.12.11 Area to devise a more robust screening process for ART cases, which will clearly indicate if there is information on any identified children at risk. This will in turn inform priority levels.

**Action by: PSW**

**Time Scale: End of Q1.2021**

2.12.12 Business Support has been assigned to organise the standardisation of ART files and archiving where relevant.

**Action By: Business Support**

**Time Scale: Ongoing**

2.12.13 All referrals (not referred by Gardaí to ART) will continue to be notified to An Garda Siochana.

**Action by: SWTL, ART**

**Time Scale: Ongoing**

High priority cases remained on the waitlist and actions had not been taken in two situations where it had been recorded on file that the alleged perpetrator had contact with children.

2.12.14 All ART cases were audited in December 2020; cases requiring to be escalated to duty were actioned.

**Action by: PSW**

**Time Scale: Completed**

2.12.15 A SOP is in place between Duty and the Retrospective Team which outlines the process to ensure potential risk to known children is responded to appropriately.

**Action by: PSW**

**Time Scale: Completed**

2.12.16 Staffing deficit on ART has been risk escalated to Service Director.

**Action by: Area Manager**

**Time Scale: Completed**

2.12.17 Current vacant social work posts on ART have been prioritised for filling. Start date now in place for new Social Work Team Leader on ART.

**Action by: Human Resources**

**Time Scale: Completed**

2.12.18 PSW will continue to have oversight of all cases on the Adult Retrospective Team.

**Action by: PSW**

**Time Scale: Ongoing**

**Proposed timescale:**

**Person responsible:**

**30/06/2021**

**PSW ART**

## Compliance Plan

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

<b>Provider's response to Report Fieldwork ID:</b>	MON 0030183
<b>Name of Service Area:</b>	Carlow Kilkenny South Tipperary
<b>Date of inspection:</b>	19 – 23 October 2020
<b>Date of response:</b>	9 <sup>th</sup> February 2021.

These requirements set out the actions that should be taken to meet the identified child care regulations and *National Standards for Foster Care*.

## Theme 2: Safe and Effective Services

### Standard 5 – The child and family social worker

#### Non-compliant Moderate

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

Not all children had an allocated social worker.

Statutory visits to children in care were not carried out at the frequency required.

Children continued to experience frequent changes in social workers and not all children had a consistent professional involved in their care.

Case management required improvement in relation to frequency and quality of case supervision.

#### Action required:

Under **Standard 5** you are required to ensure that:

There is a designated social worker for each child and young person in foster care.

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

Not all children had an allocated social worker.

5.1 Ongoing review and service oversight will continue to prioritise the recruitment of Social Workers for the Children in Care team.

Tusla's strategic approach to recruitment includes;

- Rolling recruitment social worker campaign continues;
- Agency continues to engage with Third Level Colleges within Ireland and beyond;
- A Practice Development and Improvement Project has been established, with the specific remit to train, recruit and retain social work staff;
- The C.E.O. has recently confirmed his intention to offer posts to all newly graduated social workers from the current final year Social Work cohort of students.
- Practice implementation plans are being introduced to support new graduates with a mentoring programme through their first year of employment with Tusla.
- Both the Child Protection and Welfare strategy and the Workforce Planning strategy are focused on the recruitment and retention of social work staff.

These initiatives will support the area in its recruitment and retention.

**Action by: AM and HR**

**Time Frame: Ongoing**

5.2 All children in care without an allocated social worker have a Social Care staff and Fostering Link Social Worker assigned. This is monitored on a weekly basis by PSW. The Social Care Leader/Worker ensures the child is visited, their child in care review and care plans are up to date.

**Action by: PSW**

**Time Frame: Ongoing.**

5.3 There is a Duty system in place whereby any issue that requires a social work response is provided. This includes activating the duty system should a social worker have unplanned leave/illness.

**Action by: SWTL**

**Time Frame: Ongoing**

5.4 The local area guidance document will continue to be referred to in respect of children in care awaiting social work allocation. This ensures that there is clear criteria for allocation to a Social Worker, and that children receive visits by a named member of staff who has reviewed the file and is under the direction of a Social Work Team Leader.

**Action by: SWTL**

**Time Frame: Ongoing**

5.5 Children in care without their own Social Worker will continue to have dedicated Social Care staff and Fostering Link Social Worker who will carry out specified tasks. Regular communication occurs between PSW for CIC and Fostering to ensure no children in care are dual unallocated at any given time.

**Action by: PSWs CIC & Fostering**

**Time Frame: Ongoing**

5.6 Audits of files for children awaiting allocation will continue to be carried out every 8 weeks. The information from these audits is used to set priorities for allocation.

**Action by: SWTL**

**Time Frame: Ongoing**

Statutory visits to children in care were not carried out at the frequency required.

5.7 Audits of statutory visits will occur quarterly and be discussed at Children in Care Management Meeting to ensure oversight of statutory visits. Statutory visits will continue to be discussed at monthly supervision meetings through line management structure (i.e. Social Worker discusses with Social Work Team Leader and Social Work Team Leader discusses with Principal Social Worker).

**Action by: PSW**

**Time Frame: Bi-Monthly**

Children continued to experience frequent changes in social workers and not all children had a consistent professional involved in their care.

5.8 To promote staff retention and consistency of allocation to children in care the following is in place:

- Protected time with cross cover arranged to provide staff with time to stay up to date with new policies, procedures and complete recordings in time, which has added to staff pressure in past. These days are continuing as a means to support staff and continue staff retention
- Practice workshops will be ongoing to focus on areas of practice identified by staff as requiring additional support, next theme relates to supervision (February 2021).
- Regular team meetings between SWTLs and their Teams will continue. PSW undertakes an audit of Team Meeting minutes annually.
- Regular management meetings between SWTLs and PSW will continue.
- Team Days for all CIC teams twice per year to occur with a focus on service provision.
- Team Development Days by each Team to set their priorities for year.
- Team wellbeing day by office building to promote staff wellbeing. (One has taken place, two further planned.)

**Action by PSW**

**Time Frame: Ongoing**

Case management required improvement in relation to frequency and quality of case supervision.

5.9 PSW will carry out regular audits of case supervision and action plans put in place to have oversight of frequency and quality of case supervision. Audits will be discussed monthly between Social Work Team Leader and Principal Social Worker at supervision.

**Action by: PSW CIC**

**Time Frame: Ongoing**

**Proposed timescale:**

**30/06/2021**

**Person responsible:**

**PSW Children in Care**

## **Standard 7 – Care planning and review**

### **Non-compliant Major**

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

Governance of the child in care review process did not bring about sufficient progress to address deficits identified following the 2019 inspection of the service and further oversight and management was required in this area.

Not all children had a child in care review as required by Regulations.

Child in care review minutes had not been produced as required for a significant number of children and therefore a record of the decision and actions taken were not available to inform the child's care plans.

The process for ensuring that minutes were produced and signed off in a timely manner, and circulated to all relevant people required improvement.

The system in place to identify when additional reviews were required, such as following a placement move, required improvement.

The quality of some care plans required improvement to ensure that they were up to date, completed and signed off in a timely manner, and had decisions clearly recorded that included timeframes for actions.

Placement plans were not completed for children in care as required.

**Action required:**

Under **Standard 7** you are required to ensure that:

Each child and young person in foster care has a written care plan. The child or young person and his or her family participate in the preparation of the care plan.

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

Governance of the child in care review process did not bring about sufficient progress to address deficits identified following the 2019 inspection of the service and further oversight and management was required in this area.

Significant improvements have been made in relation to the child review process, robust governance is in place including the following;

7.1 A tracker to monitor progress of HIOA action and compliance plans and this is reviewed with PSWs in supervision and at Area Management Meetings.

**Action by: PSW**

**Time Frame: Ongoing**

7.2 Ongoing engagement with NPASM to support and monitor the implementation of action and compliance plans – including additional audits on areas of practice.

**Action by: PSW**

**Time Frame: Ongoing**

7.3 QA Lead will conduct an audit in Q1 2021 on actions plans arising from audit activity in 2020, to ensure actions are being progressed as required. Issues arising will be addressed with PSWs and Area Manager as required.

**Action by: QA Lead**

**Time Frame: Ongoing**

7.4 Further processes are now in place, to ensure greater levels of compliance with regulations and standards, including

- additional staffing for reviews,
- SOPs in place to ensure reviews are taking place and care plans are completed in a timely way and actions are followed up on.

**Action by: PSW Reviews**

**Time Frame: Ongoing**

Not all children had a child in care review as required by Regulations.

7.5 A second full time Reviewing Officer has been appointed. Both reviewing officers have 12 reviews scheduled at a minimum per week. There is also 3 hours protected time each week to facilitate reviews for new admissions, change of placement etc.

7.6 Additional business support is in place to support the reviewing service.

7.7 Dedicated Business support continues to track the whole reviewing system, which enables the PSW to have complete oversight of process.

7.8 All children in care are diarised for their scheduled review for 2021.

7.9 PSW is completing a bi-annual audit of the quality of CIC Reviews.

7.10 A SOP will be devised to inform decision making in relation to prioritisation of children for child in care reviews by end of Q1. 2021.

**Action by: PSW Reviews**

**Time Frame: End Q1 and Ongoing**

Child in care review minutes had not been produced as required for a significant number of children and therefore a record of the decision and actions taken were not available to inform the child's care plans.

7.11 A further CIC Review for each child concerned has been held /will be held by end February 2021 with completed Child Review Record on file.

**Action by: PSW Reviews**

**Time Frame: End Q1 2021 and ongoing**

The process for ensuring that minutes were produced and signed off in a timely manner, and circulated to all relevant people required improvement.

7.12 Reviewing Officers will be responsible for ensuring minutes of reviews are completed and signed off within Standard Business Processes. Reviewing Officers will continue to liaise regularly with business support regarding circulation of same.

**Action by: Reviewing Officers**

**Time Frame: Ongoing**

7.13 NCCIS User Liaison has been assigned to conduct a comprehensive review through the NCCIS system on Child Care Reviews to facilitate ongoing oversight by PSWs. This will include actions to ensure reviews are completed and signed off appropriately.

**Action by: NCCIS User Liaison**

**Time Frame: Ongoing**

7.14 NCCIS User Liaison will provide monthly figures to the PSW Reviews to ensure minutes are being produced and signed off in a timely manner.

**Action by: NCCIS User Liaison**

**Time Frame: Ongoing**

7.15 To ensure appropriate distribution of review records, PSW Reviews receives a monthly report from business support outlining the number of CIC reviews on file and distributed. This allows oversight and follow up on any issues arising.

**Action by: Business Support/PSW Reviews Time Frame: Ongoing**

7.16 The review tracker will be updated to include details of and timelines for distribution of minutes and will be included in monthly report to PSW.

**Action by: Business Support**

**Time Frame: Ongoing**

The system in place to identify when additional reviews were required, such as following a placement move, required improvement.

7.17 A SOP has been agreed to ensure the timely scheduling of all additional reviews. Reviewing Officers now have protected time in their diaries to ensure availability for these reviews. This system will be supported by the NCCIS User Liaison and Business Support to CICR and information will be provided to the PSW Reviews to ensure oversight.

**Action by: PSW Reviews**

**Time Frame: Ongoing**

7.18 Quarterly meetings continue between the Principal Social Workers for Children in Care and Reviews and Reviewing Officers to ensure that reviews are prioritised correctly and take place in a timely manner.

**Action by: PSWs CIC & Reviewing Service**

**Time Frame: Quarterly**

The quality of some care plans required improvement to ensure that they were up to date, completed and signed off in a timely manner, and had decisions clearly recorded that included timeframes for actions.

7.19 Social Work Team Leaders will continue to review the proposed Care Plan as per Standard Operating Procedure and approves updates following Child in Care Review decisions. This ensures there is oversight of the decisions made and timeframe for actions.

**Action by: SWTL**

**Time Frame: Quarterly**

7.20 An audit of care plans will take place to identify gaps and reviews will be scheduled accordingly.

**Action by: PSW, CIC**

**Time Frame: End of Q.1. 2021**

7.21 NCCIS User Liaison collates monthly data on the timeliness, completion and signing of care plans and PSW CIC reviews to determine actions required.

Placement plans were not completed for children in care as required.

7.22 PSW CIC will review the position on Placement Plans by Q3 of 2021 with a view to implementing a phased introduction by end of 2021.

**Action by: PSW, CIC**

**Time Frame: End of Q.4. 2021**

**Proposed timescale: 31/12/2021**

**Person responsible: PSW  
Reviewing Service & CIC**

**Standard 19: Management and monitoring of foster care**

**services Non-compliant Moderate**

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

Actions agreed to address non-compliances identified during the previous inspection of the service in May 2019 had not all been implemented as agreed.

Governance arrangements put in place to ensure compliance with care planning and child in care reviews regulations and standards had not achieved sufficient progress and systems for oversight of this process were not fully effective.

Vacant posts and movement of staff remained a significant factor influencing the service's ability to progress ideas, improvements and quality of service provision.

Governance in relation to case management required further improvement to ensure that gaps in this area identified under Standard 5, in relation to quality, frequency, follow up to actions and supervision records, were fully addressed.

**Action required:**

Under Standard 19 you are required to ensure that:

Health boards have effective structures in place for the management and monitoring of foster care services.

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

Actions agreed to address non-compliances identified during the previous inspection of the service in May 2019 had not all been implemented as agreed.

19.1 A tracker is in place to monitor progress of HIQA action and compliance plans and this is reviewed with PSWs in supervision and at Area Management Meetings.

**Action by: PSWs**

**Time Frame: Ongoing**

19.2 Continue ongoing engagement with NPASM to support and monitor the implementation of action and compliance plans – including additional audits on areas of practice.

**Action by: QA Lead**

**Time Frame: Ongoing**

19.3 QA Lead will conduct an audit on actions plans arising from audit activity in 2020, to ensure actions are being progressed as required. Issues arising will be addressed with PSWs and Area Manager as required.

**Action by: QA Lead**

**Time Frame: End of Q.2 2021**

Governance arrangements put in place to ensure compliance with care planning and child in care reviews regulations and standards had not achieved sufficient progress and systems for oversight of this process were not fully effective.

19.4 Further processes are now in place, to ensure greater levels of compliance with regulations and standards,

- Additional staffing for reviewing service,
- SOPs in place to ensure reviews are taking place as per standards,

**Action by: Area Management Team**

**Time Frame: Ongoing**

19.5. Monthly data from NCCIS is provided to the AMT to promote adherence to timelines and standards so that any issues arising will be addressed and remedial action agreed.

**Action by: NCCIS User Liaison, AMT**

**Time Frame: Ongoing**

19.6 QA Lead and PSWs will maintain a tracker of audit activity and follow up on actions plans on an ongoing basis. Issues arising will be flagged with the Area Manager and the need for further service improvement plans will be kept under review.

**Action by: QA Lead**

**Time Frame: Ongoing**

Vacant posts and movement of staff remained a significant factor influencing the service's ability to progress ideas, improvements and quality of service provision.

19.7 Risks associated with staffing deficits will continue to be included and reviewed on the area's Risk Register and escalated to the Service Director as required.

**Action by: Area Management Team**

**Time Frame: Ongoing**

19.8 National Operations Risk Management and Service Improvement Committee (NORMSIC) chaired by the National Director of Services and meets every 8 weeks. NORMSIC is reviewing and updating its membership and terms of reference to ensure greater responsiveness to local risk and risk escalations. This will enhance support to the local area.

**Action by: National Office**

**Time Frame: Q2 2021**

Governance in relation to case management required further improvement to ensure that gaps in this area identified under Standard 5, in relation to quality, frequency, follow up to actions and supervision records, were fully addressed.

19.9 QA Lead and PSWs will maintain a tracker of audit activity and will follow up on action plans on an ongoing basis. Issues arising will be flagged with the AM and the need for further service improvement plans will be kept under review.

**Action by: QA Lead and PSWs**

**Time Frame: Ongoing**

**Proposed timescale: 30/06/2021**

**Person responsible:  
AM/ QA Lead**

