

Action Plan Update

Please provide an update in relation to the actions listed below.

We have removed actions from your action plan where an update is not required at this time. We may seek an update to all actions at a later date.

Provider's response to Report Fieldwork ID:	MON 0026251
Name of Service Area:	Carlow Kilkenny South Tipperary
Date of inspection:	21, 22, 23, 24 May 2019
Date of action plan:	12 September 2019
Date of response:	

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 Major

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

- 5.1 Retention of social workers was very poor and senior management had been ineffective at addressing the high turnover rates of social workers.
- 5.2 The allocation of social workers to children in care was chaotic and not child centred.
- 5.3 Children did not receive visits in line with statutory requirements.
- 5.4
- 5.5 The oversight of statutory visits to children in care was poor.
- 5.6
- 5.7
- 5.8
- 5.9 Staff who spoke with inspectors said they would not be sufficiently protected in the event of making a protected disclosure.

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:

- 5.1 Retention of social workers was very poor and senior management had been ineffective at addressing the high turnover rates of social workers.

5.1.2 A comprehensive review of the staffing requirements is currently underway. The assessment will be complete by October 2019 and will make recommendations to the Area Management Team and Regional Service Director.

Insert update here

Update on timescale

5.1.3 Six social work posts within the Children in Care team have been upgraded to Senior Social Work Practitioner grade to support and encourage staff retention.

Insert update here

Update on timescale

5.1.4 A number of initiatives have been identified by the PSW in consultation with the team and Area Manager, to support and promote staff retention such as:

- Targeted team development and key learning days have taken place and are scheduled for September and October to improve practice. Planned events include extensive training initiatives as well as reflective learning events.
- Feedback will be sought from the team and will be used to assess the effectiveness of such events, as well as areas for improvement or interest for further team days.
- Training has been arranged on legal issues, reviews and care planning and Signs of Safety in September, October and November.
- Proposals have been submitted to the National Project Management Office for training on Lean Management with a specific focus on assisting social workers on time management.
- The Area will participate on a national staff retention group.

Insert update here

Update on timescale

5.1.6 Exit interviews will routinely be conducted by managers and information from these will be collated by business support to identify themes and learning. This will be presented to the Area Management and Area Governance teams on a six monthly basis.

Insert update here

Update on timescale

5.2 The allocation of social workers to children in care was chaotic and not child centred.

5.2.2 Tracking of social worker allocation and children in care will be undertaken by the Principal Social Worker through NCCIS, this will be reported to the Area Governance Committee on a quarterly basis.

Insert update here

Update on timescale

5.2.3 A local area guidance document is in place 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 Team Work Leader. Children in care without their own Social Worker will have dedicated Social Care staff and/or Fostering Link Social Worker who will carry out specified tasks.

Insert update here

Update on timescale

5.2.4 Reviews of children awaiting allocation are carried out every 8 weeks. The information from these reviews is used to set priorities for allocation. The reviews are discussed monthly between Social Work Team Leader and Principal Social Worker at supervision.

Insert update here

Update on timescale

5.3 Children did not receive visits in line with statutory requirements.

5.3.1 Principal Social Worker & Social Work Team Leaders will ensure that all children are visited in line with regulations. This will be recorded on NCCIS case files. A focus programme on completing statutory visits to the end of 2019 is in place.

A report will be developed on a quarterly basis from NCCIS to track the compliance of statutory visits to Children in Care. Local audits will continue to take place between local QA and the Children in Care Team, to monitor adherence to the standard. Risks will be identified by the PSW and escalated to the local risk register for action and monitoring at Area Management and Governance Committee.

Insert update here

Update on timescale

5.3.3 Alert system will be devised and implemented by NCCIS Team with regard to the compliance of statutory visits as per the standards and regulations.

Insert update here

Update on timescale

5.5 The oversight of statutory visits to children in care was poor.

5.5.1 The supervision record has been amended to reflect all information needed for oversight of compliance with statutory requirements. Records of supervision will be subject to audit on a 6 monthly basis and will be discussed at Area Governance Meetings.

Insert update here

Update on timescale

5.5.2 There is a tracker in place which is supporting team leaders monitoring performance with regard to statutory visits. Challenges to meeting requirements will be brought to the PSW for attention in supervision. Progress will be monitored at Area Governance Committee meetings.

Insert update here

Update on timescale

5.9 Staff who spoke with inspectors said they would not be sufficiently protected in the event of making a protected disclosure

5.9.1 Guidance on protected disclosures has been recirculated. Additional briefings relating to Protected Disclosures will take place by the end of Q3. Progress on this action will also be informed by information available from exit interviews with staff as detailed in 5.1.6.

5.9.2 The area continues to consult and engage with staff through staff regular newsletters, surveys, team events and the open invitation to engage with the Area Manager/Management. This feedback will be reviewed and presented at Area Governance Meetings.

5.9.3 The area will review the current mechanism to respond to feedback to ensure that staff ideas and views are taken into account.

5.9.4 A staff broadcast on Protected Disclosures will be issued by the Regional Service Director.

Insert update here

Update on timescale

Standard 10 – Safeguarding and Child Protection

Non-compliant Moderate

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

10.1

10.2 While the management of risk and associated safeguarding measures ensured children were visited, these measures were not reliable at ensuring children could disclose potential abuse.

Action required:

Under **Standard 10** you are required to ensure that:
Children and young people in foster care are protected from abuse and neglect.

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

Standard 7 – Care planning and review

Non-compliant Major

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

- 7.1 Systems to manage care planning were disorganised and negatively impacted children.
- 7.2 Plans put in place to address the backlog of child in care reviews contributed to poor quality care planning.
- 7.3
- 7.4 Care planning was significantly delayed.
- 7.5
- 7.6
- 7.7
- 7.8 Case management was poor quality as social workers did not receive regular supervision.
- 7.9 Governance and oversight from the area management team was not effective at appropriately managing risks associated with care planning, particularly where children were not receiving the supports where 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:

- 7.1 Systems to manage care planning were disorganised and negatively impacted children.
 - 7.1.1 An alert system on NCCIS will be developed and implemented which will identify the need for a Child in Care review for the Social Worker and Foster Carer in advance of the review.
 - 7.1.2 A diary of Children in Care reviews 2020 has been developed for all Children in Care reviews for compliance and oversight. This will be maintained and updated by business support.
 - 7.1.3 The NCCIS support team will provide monthly reports of the unallocated children in care, their allocations to a Social Care Leader and review of their information .i.e. reviews,

care plans etc., for the attention of the Principal Social Worker who will report to Area Manager in supervision and to the Area Governance Committee.

7.1.4 Quarterly meetings are being held 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.

Insert update here

Update on timescale

7.2 Plans put in place to address the backlog of child in care reviews contributed to poor quality care planning.

7.2.1 A detailed plan is in place to prioritise and address the backlog of reviews. 100 reviews are scheduled per quarter. Based on figures there is a backlog of 92 reviews as a result. An additional reviewer will be appointed by the end of Q3 to address the issue of outstanding reviews.

7.2.2 Additional Business Support is assisting with the support, planning and recording of reviews.

7.2.3 Any child in care review that is postponed twice will be notified to the Principal Social Worker for Children in Care by the Principal Social Worker for Reviews.

Insert update here

Update on timescale

7.4 Care planning was significantly delayed.

7.4.1 The Principal Social Worker for Children in Care Reviews will set out a programme to address the backlog of outstanding Children in Care reviews to ensure compliance with National Standards, there are 100 reviews scheduled each quarter.

7.4.2 The NCCIS support team will provide the information for the purposes of tracking reports and will issue a report which will be sent to the Area Manager on a quarterly basis of the reviews that have occurred within the month and those that are due and overdue.

7.4.3 A report will be issued at the commencement of each quarter detailing what is due, activity in the previous quarter and outstanding tasks. This will be reviewed by the Principal Social Workers for Reviews and Children in Care and will be reported to the Area Manager and Area Governance Committee.

Insert update here

Update on timescale

7.8 Case management was poor quality as social workers did not receive regular supervision.

7.8.1 Supervision has been scheduled for the year for all staff.

7.8.2 Principal Social Workers will conduct six monthly audits of supervision files to ensure compliance with Tusla's supervision policy. The outcome of these audits will be reported to Area Manager, Area Governance Committee and recorded on the Area's quality assurance database.

Insert update here

Update on timescale

7.9 Governance and oversight from the area management team was not effective at appropriately managing risks associated with care planning, particularly where children were not receiving the supports where required.

7.9.1 This Action Plan and the associated Rapid Improvement Plan will be reviewed by the Regional Service Director where a monthly progress report will be forwarded to the Chief Operations Officer until the end of Q2, 2020. This will ensure greater governance and oversight at regional and national level.

The Area Governance Committee will continue to oversee the actions from this Inspection and the Area Rapid Improvement Plan to support implementation, identify and respond to the risks within the area.

7.9.2 The Area Governance Committee will review the data in relation to care planning and reviews on an ongoing basis. A report will be issued on a quarterly basis from NCCIS to the Area Manager, Principal Social Worker and Social Work Team Leader with regard to compliance, non-compliance and drift of care plans and reviews. This will be presented to the Area Governance Committee.

7.9.3 NCCIS will include all data relevant to Children in Care in the quarterly statistical report to the Area Management meeting and to the Area Governance committee.

7.9.4 The NCCIS support team will attend the Children In Care Review Oversight group meetings quarterly to provide an overview, analysis and trends of issues arising in the Children in Care service.

7.9.5 The Area Manager will continue to escalate cases to the Regional Service Director where children are not receiving the supports required, through the Need to Know process.

7.9.6 See 5.7.1 The Regional Service Director and Area Manager will continue to attend the regional HSE/Tusla Joint Protocol meetings and will escalate cases as required.

Insert update here

Update on timescale

10.2 While the management of risk and associated safeguarding measures ensured children were visited, these measures were not reliable at ensuring children could disclose potential abuse.

10.3

10.2.3 Social Workers will meet with children privately during statutory visits. Social Workers will ensure visits take place both within and away from the placement.

10.2.4 The frequency and quality of visits will be monitored through the supervision process and quarterly file audits undertaken by Social Work Team Leaders and Principal Social Worker.

Insert update here

Update on timescale

Standard 13: Preparation for leaving care and adult life

Non-compliant Major

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

1. Aftercare services in the Carlow Kilkenny South Tipperary service area were under resourced and not well established.
2. Systems to ensure all eligible children were referred to the aftercare service were not effective.
- 3.
4. Work between the children in care teams and the aftercare team was disjointed.
5. Prioritisation systems in the aftercare service had not been fully implemented at the time of the inspection.
- 6.
7. Managerial oversight throughout the service area was not effective at ensuring good quality service delivery.

Action required:

Under **Standard 13** you are required to ensure that:

Children and young people in foster care are helped to develop the skills, knowledge and competence necessary for adult living. They are given support and guidance to help them attain independence on leaving care.

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

13.1 Aftercare services in the Carlow Kilkenny South Tipperary service area were under resourced and not well established.

13.1.1 An assessment of the staffing requirements to meet current service demands is currently underway at National and Area level with the aim of developing sustainable staffing for Aftercare. Following this, a Business Case for service development will be submitted for 2020 development considerations nationally. In the interim 2 temporary staff will be engaged to undertake focussed work on aftercare planning and support.

13.1.2 The Aftercare Manager's post has been created in the Area and is currently being regularised in accordance with a national agreement.

13.1.3 The vacant post in aftercare is currently in the recruitment process.

Insert update here

Update on timescale

13.2 Systems to ensure all eligible children were referred to the aftercare service were not effective

13.2.1 All children aged between 16 to 18 have been prioritised to ensure that the area meets its requirements under legislation. To assist in planning for aftercare, a six monthly report will be generated through NCCIS on details of young people aged 16 and 17 years. This will ensure timely referral to aftercare service. These will be issued to Principal Social Workers and Social Work Team Leaders.

13.2.2 Supervision record forms have been amended to incorporate discussion of aftercare referrals for when a child is aged 16 years.

13.2.3 The Aftercare team are invited to all children in care reviews for all young people aged 16 and 17 years.

13.2.4 Business support to the children in care review service will track aftercare referrals and ensure that all young people eligible for Aftercare are referred prior to the care plan/review meeting in their sixteenth year.

Insert update here

Update on timescale

13.4 Work between the children in care teams and the aftercare team was disjointed

13.4.1 Principal Social Workers for Aftercare and Children in Care along with the Aftercare Manager will undertake workshops on Aftercare services and legislative requirements to Children in Care and Aftercare Teams.

Insert update here

Update on timescale

13.5 Prioritisation systems in the aftercare service had not been fully implemented at the time of the inspection.

13.5.1 The Area has developed and is implementing a prioritisation protocol for Aftercare. This has been disseminated to Aftercare and Children in Care Teams.

Insert update here

Update on timescale

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

13.7.1 Aftercare will be prioritised in supervision between the PSW for Aftercare and Area Manager. The PSW for Aftercare will advise the Area Manager regarding allocation, needs assessments and aftercare plans at each supervision session.

Insert update here

Update on timescale

Update on timescale