

Action Plan

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 Inspection Report No:	MON-025899
Name of Service Area:	Carlow, Kilkenny, South Tipperary Child Protection and Welfare Service
Date of inspection:	21, 22, 23 and 24 January 2019
Date of response:	5 th April 2019

Theme 2: Safe and Effective Services

Standard 2.2

Non-Compliant Moderate

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

The majority of preliminary enquiries reviewed by inspectors were not completed in line with the Child and Family Agency's standard business processes.

Action required:

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

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

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

2.2.1 In order to improve on current timelines and promote greater adherence to business processes, fortnightly reports on IRs and monthly reports on IAs will be issued by Business Support to be reviewed by PSW Duty for oversight of timelines on allocated IRs.

Insert update here:

Update on timescale:

2.2.2

2.2.3 PSWs and SWTLs will audit allocated IR caseloads quarterly, to monitor for quality and any drift. Action plans to address issues highlighted in audits will be completed as per local protocol. These audits will address any practice and service deficits. The plans will be drawn up and adhered to, to promote service improvement. Actions arising from this audit activity will be reported to the Area Manager and Area Management team on a quarterly basis.

Insert update here:

Update on timescale

2.2.4

2.2.5

2.2.6 Case prioritisation workshops are scheduled for the year on a regular basis. The first workshop has taken place. Focus will include an overview of a large number of cases; identify any practice issues and challenges with timelines; ensuring children are referred to the most appropriate service. Action plans will be drawn up following these sessions which will focus on individual needs of children referred and training needs for staff. Action plans will be monitored by the PSW for duty with support from the area's QA lead.

Insert update here:

Update on timescale

2.2.7

2.2.8 To address the number of referrals and cases awaiting allocation, business cases are being made for two additional Social Work staff to improve timelines with Standard Business Processes and to achieve a reduction in cases awaiting allocation by 70% by end of 2019. Please refer to action 2.4.3.

Insert update here:

Update on timescale

Standard 2.3

Non-Compliant Moderate

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

Some children did not receive timely interventions.

Inspectors found risk associated with untimely interventions within two referral pathways, i.e. case waitlisted and cases allocated to social workers where there was undue drift and delay.

The governance of safety planning was inadequate as not all safety plans were adequate nor were they consistently reviewed in order to monitor their effectiveness.

Action required:

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

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

2.3.1 PSW and SWTLs will undertake sample audits of allocated cases quarterly (first audit completed 14/03/2019 – 41 open IR cases reviewed), collate findings and disseminate learning to the team via meetings. These audits will focus on potential drift or delay in children accessing necessary supports. Findings will also be shared with Area Manager and QA Lead in the area for discussion and review.

Insert update here:

Update on timescale

2.3.2 Business support will be issuing fortnightly and monthly reports on IRs and IA's. Any existing potential drift in casework will be reviewed by SWTLs on individual caseloads, in supervision every 4-6 weeks. SWTLs will highlight any concerns about individual staff performance with the PSW, and appropriate support/actions agreed.

Insert update here:

Update on timescale

2.3.3 SWTLs and Senior Practitioners for Assessment will continue to review waitlisted cases on an 8 weekly basis, recording this on the NCCIS file. To avoid drift, SWTL will oversee any new information on receipt to review risk that requires a response and ensure this is made by the available social care or social work staff. This will be reviewed at supervision.

Insert update here:

Update on timescale

2.3.4 Safety planning recorded within the IR and IA documents will be reviewed as part of audit and in supervision to ensure adequacy of plan to address the risks highlighted. These methods will also allow safety plans to be monitored for effectiveness, and will highlight the need for review of a plan. Safety will be agreed with families, as part of the IR/IA process, and will be reviewed in supervision and as appropriate within family network meetings. Where children are on a case awaiting allocation list, safety planning will be monitored and reviewed as outlined in 2.3.2.

Insert update here:

Update on timescale:

2.3.5

2.3.6 Social care staff under supervision of SWTL will be assigned to monitor safety plans of children awaiting allocation for Initial Assessment. These workers will be supervised by a Social Work Team Leader. Cases awaiting allocation to a SW will be secondary allocated to the social care staff, who will review and update plans on 8 weekly cycles, or when new information requires it.

Insert update here:

Update on timescale:

Standard 2.4

Non-Compliant Moderate

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

Children and families who were awaiting allocation for initial assessment did not receive a service in a timely manner.

The volume of cases awaiting allocation remained unimproved since the last inspection in October 2017.

The local protocol for managing cases awaiting a service was not always effective in ensuring that actions determined to progress a referral were initiated.

Action required:

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

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

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

2.4.1

2.4.2 National Project Management Office has commenced a review of processes at screening and intake under Lean Management. The recommendations arising from this review will inform the development of an action plan to improve systems/procedures at screening and assessment.

Insert update here:

Update on timescale

2.4.3 A full review of resources assigned to intake and assessment will be undertaken including caseloads. Identified staffing needs will form the basis of a business case for additional resources for the Area. See also action 2.10.5

Insert update here:

Update on timescale:

2.4.4 The potential to refocus resources via partner funded agencies in the community to undertake welfare initial assessments is being explored. A business case for additional resources to expand this option will be developed arising from this assessment and engagement.

Insert update here:

Update on timescale

Standard 2.5

Non-Compliant Moderate

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

The majority of assessments reviewed by inspectors were not timely.

Inspectors found that the system in place to ensure that all relevant information was notified to An Garda Síochána was not strong enough.

Action required:

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

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

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

2.5.1

2.5.2

2.5.3 Audits and review of IAs and IRs for 2019 will include a review of Garda notification requirement, highlighting if there is a deficit. A sample of IRs will be audited quarterly by PSW and SWTLs. This is in addition to SWTL and PSW oversight in supervision and team meetings.

Insert update here:

Update on timescale

2.5.4

2.5.5

Standard 2.10

Non-Compliant Moderate

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

Improvements were required in relation to formal supervision to ensure consistency of practice and timeliness of interventions with children and families.

The impact of quality assurance systems varied.

There was no plan in place to systematically reduce waitlists in the service.

There was no strategic plan to future proof a screening intake and assessment service which had capacity to progress referrals in line with Tusla's own standard business process and to ensure compliance with the national standards.

Action required:

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

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

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

2.10.1

2.10.2

2.10.3 Supervision files will continue to be audited on a six monthly basis by PSWs, to look for evidence of timely interventions and consistency of practice.

Insert update here:

Update on timescale

2.10.4 Quality assurance activity will continue throughout the year, with a schedule of audit activity and data analysis. Action plans are required from the PSWs, as per area protocol for internal audits. The impact of QA activity will be monitored through ongoing data analysis. Additional scheduled audits and feedback from a variety of sources will remain a focus of area management, Governance Committee and team meetings. Actions arising from workshops will be monitored to ensure they are completed. PSWs are responsible for drafting action plans which will then be approved or amended by the area management team. These will be reviewed by Area Governance Committee.

Insert update here:

Update on timescale

Please provide the dates and subject of all audits completed and the number of corresponding action plans put in place as a result – along with the update on each action plan.

2.10.5 Team meetings will focus on drift and delay to cases. Business support is issuing fortnightly and monthly reports detailing cases at process stage for IRs and IAs. This will assist the SWTL and PSW in monitoring drift and timelines, prioritising cases as required, and ensuring agenda item at each supervision session.

Insert update here:

Update on timescale

2.10.6 Under the implementation of the Tulsa Child Protection and Welfare Strategy the Tulsa Workforce Plan will be piloted in 2019 within this Area with a focus on multidisciplinary teams and strengthening existing administrative and business supports. An assessment of the staffing requirements to meet current service demands will be undertaken to the aim of sustainable staffing to substantially reduce the waiting list and improve adherence to business processes, reduce cases awaiting allocation.

Insert update here:

Update on timescale

2.10.7 An assessment of interim staffing requirements will be undertaken in Q2 to address current waiting list and a business case for additional staffing will be made arising from this assessment.

Insert update here:

Update on timescale:

2.10.8

2.10.9

2.10.10

2.10.11