

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:	29 th January 2020

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:

- Retention of social workers was very poor and senior management had been ineffective at addressing the high turnover rates of social workers.
- The allocation of social workers to children in care was chaotic and not child centred.
- Children did not receive visits in line with statutory requirements.
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- The oversight of statutory visits to children in care was poor.
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- 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:

- 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.

- *Comprehensive Review was undertaken and draft report received.*
- *A review of service provision in the Children in Care Team was undertaken by the PSW for CIC and a business case was developed for two staff for the team.*
- *CIC Service in South Tipperary is at full complement since November 2019.*
- *CWKK team has one vacancy.*

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.

- *5 out of 6 posts have been filled. The vacant post will continue to be offered to panel.*
- *Action is completed and verified by The National Practice Assurance & Service Monitoring Service (NPASM) as above Report date 4th December 2019 (copy attached)*

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 in Q.3 and Q.4 2020. Planned events include extensive training initiatives as well as reflective learning events.*
- *Lean workshops have commenced and two workshops have been held with CIC team with focus on Supervision and assisting social workers on their time management in undertaking their statutory duties.*
- *4 Practice Workshops have been held with CIC teams which have been received positively by teams. These were workshops relating to care planning, business processes, aftercare, working together with fostering, standard operating procedures, legal work and supervision.*
- *Evidence informed Practitioner Programme (EPPI) presentation to staff held, 60 staff attended. Team Leader identified as nominated Practice Lead for student placements. Plan in place 6 students to commence in January 2020.*
- *Presentation given by National Manager for Risk and Incidents (Sharing Learning) copy on file held on Tuesday 16th December 2019. Forty one staff and management from across the area attended, information shared for dissemination to teams.*
- *Training was arranged on legal issues, reviews and care planning and Signs of Safety in September, October and November 2019.*
- *Staff workshops and briefings were held – care planning and reviews, protected*

disclosure, complaints, aftercare, business processes, supervision, legal work

- *-Staff workshop held 10/12/2019 in relation to working better together with colleagues in Fostering service and Aftercare*

5.1.4 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.

- *Feedback is sought after each training event in relation to content and what future workshops are required.*
- *2020 plan for CIC Service has been devised from staff input.*

5.1.4 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.

- *Lean workshops have commenced and two workshops have taken place with CIC teams in Q.4, 2019 and Q.1 2020.*

5.1.4 The Area will participate on a national staff retention group.

- *PSW attended National Staff Retention Group meetings and survey was circulated to all staff. Results of survey were collated by PSW QA and there is ongoing contact with National Office while outcome of surveys across the country are collated.*

Action is completed and verified by The National Practice Assurance & Service Monitoring Service (NPASM) as above Report date 4th December. *Verification Report December 4th 2019 attached*

Update on timescale

Lean management program will continue into 2020

More training dates scheduled for 2020.

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.

- *Report received from HR to Area Governance and Oversight meeting held 13/01/2020 (copy attached)*

Update on timescale

- Exit interviews will continue and will be reported on a six monthly basis.

- o 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.

At 31st January, 2020 303 children had an allocated social worker. There are 39 Children in Care currently without an allocated social worker.

- *Verified as complete by NPASM (verification report December 4th copy attached)*
- *Reports on unallocated cases are provided by NCCIS support to the PSW. PSW is providing reports to Governance Group meeting.*
- *Ongoing 8 weekly audits waitlists and issues raised to PSW by SWTLs/ QA Lead.*

Update on timescale

- *This will continue and report to Area Governance on quarterly basis.*

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.

- *Verified as complete by NPASM (verification report December 4th copy attached)*
- *There are local SOPs in place for the role of children in care staff as well as the governance of children awaiting allocation in the CIC team. Implemented 29th July 2019, reviewed November 2019.*
- *This includes an appendix to the local SOP for the management of foster carers without an allocated link worker (Feb 2018)*

Update on timescale

- *Monitored regularly through NCCIS and any dual unallocated children/Young person is referred to PSW for CIC and Fostering to prioritize allocation. PSWs for CIC and Fostering meet on an 8 weekly basis to review any dual unallocated cases.*

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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.

- *Verified as complete by NPASM(verification report December 4th copy attached)*

Update on timescale

- *This will continue on an 8 weekly basis.*
 - o 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.

- *Verified as complete by NPASM (verification report December 4th copy attached)*

Update on timescale

- Q.4 2019 is complete
- **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.
- *Verified as complete by NPASM(verification report December 4th copy attached)*

Update on timescale

- *This will continue on an ongoing basis.*

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.

- *Verified as complete by NPASM. (verification report December 4th copy attached)*
- *An audit of supervision took place in 3rd Quarter 2019. Report and actions dated 30th August 2019 provided to QA Lead/NPASM*
- *A further audit of supervision was carried out in October 2019 by PSW and findings presented to Area Governance Meeting in November 19 and Q1. 2020.*

Update on timescale

- Audits will continue as part of area audit schedule.

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.

- *Verified as complete by NPASM (verification report December 4th copy attached)*
- *Quarterly reports on statutory visits are provided to PSW by NCCIS support*
- *Statutory visits are monitored through supervision records between social workers and social work team leaders.*

Update on timescale

This will continue to be reported quarterly

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.

- *Verified as complete by NPASM(verification report December 4th copy attached)*
- *Staff will be reminded through team meetings and area events on an ongoing basis and posters are on display in staff areas informing of procedure regarding protected disclosures.*

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.

- *Annual staff newsletter circulated to all staff in December 2019.*
- *Good Practice Event held 6th November 2019, 140 staff attended, Staff presented in 6 different workshops on their own good practice. External speakers also supported the theme of growth and change.*
- *Feedback from staff reported at Area Governance meeting November 2019.*
- *Feedback from Good Practice Event entered on tracker with actions developed,*
- *Each county held a Christmas lunch event in each social work office.*
- *Area took part in National staff survey, RB, PSW QA collated responses from this area*

- *Quarterly area newsletter will issue to all staff informing of service developments reflecting on issues raised by staff and encouraging further engagement with management.*
- *Area Manager's office issues general emails and newscasts on a regular basis regarding services which also includes an invitation to staff to engage with Area Manager.*

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.

- *A tracker has been developed from Staff ideas at Good Practice Event and actions will arise.*
- *Four sub-groups have been formed to advance areas highlighted by staff as needing more support, these groups are
Communication between teams,
Working with children,
Using technology
Well being.*

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

- *RSD issued staff broadcast in relation to Protected Disclosures on 2.10.2019*

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.

- *Completed and will continue ongoing.*
- *An Alert system in place updated regularly by Local User Liaison NCCIS*

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.

- *Verified as complete by NPASM (verification report December 4th copy attached)*
- *Diary in place on shared folder for 2019 and 2020.*

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.

- *Verified as complete by NPASM (verification report December 4th copy attached)*
- *Local User Liaison provides reports as outlined and drift occurring in care plans and reviews are identified and reported to PSW and Area Governance Committee.*
- *As of 31.12.2019 all Children in Care have a care plan on NCCIS.*

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 prioritized correctly and take place in a timely manner.

- *Verified as complete by NPASM(verification report December 4th copy attached)*
- *Quarterly meetings are occurring as per action, two have taken place to date.*
- *NCCIS support attend CIC review Oversight Group to update on any progress for compliance, overdue reviews, planning for the diary and provide an overview power point and reports.*

Update on timescale

This will continue on a quarterly basis.

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.

- *Prioritisation meeting was held.*
- *All 92 reviews have been scheduled up to end of April 2020.*
- *Additional Reviewer has not been appointed to date.*

Update on timescale:

- *SWTL Reviewer: Business case has been submitted and is being considered in the context of the overall staffing levels across the area, however this post is a priority for this area in 2020.*

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

- *Action verified complete by NPASM. (verification report December 4th copy attached)*
- *Business Support is assisting with the support and planning of reviews. CIC reviewers are responsible for recording the minutes of review meetings.*

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.

- *Verified as complete by NPASM. (verification report December 4th copy attached)*
- *An email is sent monthly by Business Support to PSW CIC report on reviews held, reviews postponed and reviews postponed twice.*

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.

- *Action verified complete by NPASM. (verification report December 4th copy attached)*
- *All outstanding CIC reviews have been scheduled to take place before end of April 2020.*
- *This is reviewed and monitored on an ongoing basis and reported at area governance meeting.*

7.4.2 The NCCIS support team will provide the information for the purposes of tracking re 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.

- *Action verified complete by NPASM. (verification report December 4th copy attached)*
- *Report issued to Area Manager.*
- *Quarterly Performance Indicators circulated to reviewing team and Area Manager.*

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.

- *Q.4 2019 report issued, Q.1 2020 report completed.*

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 by their supervisor.

- *Supervision schedules have been provided to CIC PSW by SWTLs.*
- *SWTLs are responsible for alerting PSWs to any barriers to keeping to schedule.*

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.

- *Audit completed 30/08/2019*
- *Next Audit due end of Q.1 2020.*
- *Audit recorded on Area's Quality Assurance tracker*
- *Practice workshop has been held, with theme of supervision. Presentation was re-sent as a refresher to SWTLs.*

Update on timescale

- *Further audit to be scheduled for 6 months and continued 6 monthly basis*

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.

- *Area report submitted to RSD December 2019*
- *COO attended Area Governance Committee 9.12.2019.*
- *COO and RSD scheduled to meet with all staff on 7th February 2020.*
- *Rapid Improvement Plan and Actions from Inspection are reviewed at each Area Governance Meeting and all actions are monitored for delays or non-compliance.*

- *Verified as complete by NPASM (verification report December 4th copy attached)*

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.

- Verified as complete by NPASM (verification report December 4th copy attached)

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.

- *Verified as complete by NPASM (verification report December 4th copy attached)*

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.

- *Verified as complete by NPASM (verification report December 4th copy attached)*

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.

-Need to knows, where children are not receiving appropriate services are escalated to RSD as required.

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.

- *Monthly meeting takes place between Tusla and HSE which is attended by Area Manager, PSW for CIC, Fostering PSW, Aftercare Manager and NCCIS Local User Liaison to ensure that there is a system in place that children in care with a disability receive appropriate supports.*
- *A joint workshop is scheduled for Q.1 2020 between Area HSE and Tusla staff, to ensure that all staff are fully aware of both agencies, of the protocol and operating procedures.*

Update on timescale

- *A schedule of meetings for 2020 has been agreed between RSD, AMs, HSE Chief Officer and Heads of Services regarding the operation and management of cases under the joint protocol.*

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:

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.

- *This is reviewed through supervision records by SWTLs and through file audits.*
- *Quarterly report from NCCIS to provide data on completed statutory visits, to that quality of visits can be verified by SWTL.*

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.

- *Supervision records are amended to reflect information on visits to children.*
- *File audits are being undertaken by CIC SWTLs and PSWs. A tracker of outcome is completed following each audit.*
- *A schedule of these audits for 2020 has been agreed.*
- *All children turning 18 years have a file audit undertaken.*
- *File audits are undertaken quarterly in relation to allocated children and every 8 weeks in relation to children awaiting allocation.*

Update on timescale

- *Ongoing*

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.

- *Action Completed*
- *The post has been filled. Worker commenced in role 2nd January. 2020.*

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 and 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.

- *Quarter 3 and 4 reports were undertaken for aftercare referrals. The aftercare referrals for all children that were outstanding are now complete.*
- *Aftercare referrals are monitored through supervision and also from NCCIS six monthly report.*

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

- *Verified as complete by NPASM (verification report December 4th copy attached)*

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

- *In progress*

13.2.3 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.

- *In Progress*
- *Through monitoring it emerged that Aftercare were not been routinely invited as per action, following meeting with PSW in December this has now been rectified.*

Update on timescale

- *Revised due date end of Q.1 2020*

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.

- *Verified as complete by NPASM (verification report December 4th copy attached)*

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

- *PSW for aftercare has completed prioritisation SOP.*
- *PSW and Aftercare Manager have developed the Standard Operating Procedure for determining the eligibility, prioritisation and allocation of referrals to Aftercare Service. This SOP was completed in line with National Aftercare Policy for ALTERNATIVE CARE, 2017.*
- *SOP has been shared with PSWs of all teams for dissemination within their respective services via email on 08/12/19.*
- *Monthly supervision takes place with Aftercare manager*

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.

- *Verified as complete by NPASM (verification report December 4th copy attached)*

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.

- *Verified as complete by NPASM (verification report December 4th copy attached)*